Performance

Report

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| Name of service: | St Ezekiel Moreno Nursing Home |
| Service address: | 77-79 Cheltenham Road CROYDON NSW 2132 |
| Commission ID: | 2810 |
| Approved provider: | St Ezekiel Moreno Limited |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 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 St Ezekiel Moreno Nursing Home (**the service**) has been prepared by K. Spurrell 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives said consumers are treated with dignity and respect; consumers feel accepted and valued whatever their background, gender or spirituality and said they are treated fairly and do not experience discrimination. Training records evidenced staff are trained to deliver inclusive, consumer-centred care and services as per policies and procedures outlining the services’ commitment to diversity. Staff explained how they respect and promote cultural awareness in their everyday practice.

Consumers said staff deliver care and services as per their needs and preferences, they feel respected, valued, and safe. Representatives confirmed they feel comfortable visiting consumers and staff make them feel welcome. Staff described how they adapt care and services, so they are culturally safe for each consumer. Management considers the opinions of consumers and representatives when reviewing cultural safety of care and services.

Consumers say the service supports them to make decisions affecting their health and well-being and they can change decisions at any time. Staff described how they support consumers to make day-to-day choices such as accessing assistance with the help of an interpreter should they require this. Care planning documentation evidenced that assessments, case conferences and communication identify consumer choices, and consumers can make changes to their care plan, nominated representatives as decision makers were recorded where a consumer chooses.

Consumers said the service assists them to considers risk, benefits and possible harm when making decisions about taking risks. Staff described how the service supports consumers to have choice and control through conducting a risk assessment with and for consumers who wants to take risks. Decisions regarding risk are documented in care planning documentation.

Consumers said the service provides them with information in a way they can understand, they participate in meetings, are encouraged to ask questions about their care and are offered hard copy such as care plans, meeting minutes and calendars. Staff described different ways information is communicated to make sure it’s easy to understand and accessible to consumers including strategies to communicate with consumers with poor cognition, hearing or other communication barriers. Brochures and information provided on noticeboards provided consumers with a range of relevant information including interpreter services if a consumer should need this.

Consumers said the service protects their privacy and confidentiality, and staff respect their personal space and privacy when friends, partners or significant others visit. Staff described how they support consumers to communicate their privacy preferences and were familiar with individual consumers’ privacy needs. Care planning documentation is stored in the password protected electronic care management system; a privacy policy outlining how the service maintains and respect the privacy of personal and health information was in place, this included processes to support staff to appropriately manage requests for information from others, such as family members or significant others.

# 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

Following a site audit in June 2021, the service was found non-compliant in Requirements 2(3)(a),2(3)(b),2(3)(c), 2(3)(d) and 2(3)(e). Evidence brought forward in the site audit report dated 29 November 2022 to 1 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 2(3)(a)

The service uses a range of assessment tools including risk assessments which are inbuilt into the electronic care planning system to prompt staff in identifying risks for consumers during admission such as for falls, wounds, behaviours and lifestyle and wellbeing. Staff demonstrated sound knowledge of the online care planning systems, procedures, and processes including those to ensure care is reviewed regularly and where care needs change. Policies, procedures, clinical guidelines, and flow charts guide the clinical staff in the decision making and care planning process. Staff demonstrated knowledge of online care planning systems, procedures, and processes including for identifying risks to inform the delivery of safe care and services.

Requirement 2(3)(b)

Consumers said that they were involved with the development of their personal care plan, and they are supported to complete advance health directives. Care planning documentation identified consumers goals and preferences including clinical and personal care, nutrition and lifestyle choices as well as end of life preferences. Staff were equipped to provide end of life care and a palliative care service was available to support consumers for their end-of-life care.

Requirement 2(3)(c)

Consumers and representatives said they are actively involved in the assessment, planning and review of care and services; assessment and planning processes were coordinated, and appropriate people are involved in their care planning. Staff described how the service partners with consumers to assess, plan and review care and services. Care planning documents demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers.

Requirement 2(3)(d)

Consumers and representatives were aware of their care plan and confirmed outcomes of assessment and planning are communicated to them, they can request a copy of the care plan if they choose. Care planning documentation evidenced that outcomes of case conferences with consumers, representatives and external providers were effectively communicated to the consumer. Care plans were observed to be provided in an appropriate language for consumers to understand.

Requirement 2(3)(e)

Consumers and representatives said the service communicates with them about their care and services, seeks feedback, and makes changes to meet current needs, goals and preferences. The service has policies and procedures to guide the care plan review process, staff were observed engaging with consumers whilst reviewing care plans.

# 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

Following a site audit in June 2021, the service was found non-compliant in Requirements 3(3)(a),3(3)(b),3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g). Evidence brought forward in the site audit report dated 29 November 2022 to 1 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 3(3)(a)

Consumers and representatives said the service meets consumers’ care needs and optimises their health and well-being. Staff were familiar with the personal and clinical needs of consumers and care planning documentation evidenced care is safe, effective, and customised to each consumer. Consumers receiving restrictive practices have an assessment, alternatives are trialled, behaviour support plans are in place and restrictive practices are used as a last resort.

Requirement 3(3)(b)

Consumers and representatives said that risks are effectively managed and care planning documentation evidenced key risks were assessed, documented in the electronic care management system including decisions made regarding consumers living with complex care needs. Effective management and mitigation strategies were in place to manage identified risks including for behaviour management and falls; these were recorded in care plans and progress notes.

Requirement 3(3)(c)

Consumers and representatives said the service manages the needs and goals of consumers nearing the end of life, where a consumers’ condition deteriorates, their wishes are known, and staff know what to do. Family members said they could visit and support their loved ones, they were involved in palliative care decisions, and staff were skilled in providing palliative care. Care planning documentation identified personal choices and preferences, including an advance care directive where a consumer chose to have one. The service has policies and procedures in place to guide staff practice regarding clinical deterioration and changes in condition.

Requirement 3(3)(d)

Consumers said staff recognise and respond appropriately to changes in their condition, health or abilities. Staff described how they identified signs of deterioration and demonstrated an effective response to any observed changes in a consumer’s condition. Care planning documentation reflected consumers care needs are recognised and responded to in a timely manner and training records demonstrated staff attendance at training to meet this requirement.

Requirement 3(3)(e)

Consumers said information is shared effectively to deliver their care and care is well coordinated amongst those providing care. Staff and other providers sharing the care of consumers had access to the information and clinical systems according to their role, automatic alerts and reports facilitated care and handover. Care planning documentation detailed information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

Requirement 3(3)(f)

Care planning documentation identified other health professionals involved in the assessment and care of consumers. Consumers said the service refers them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs. Staff described how changes in a consumer’s health or well-being would prompt referral to a relevant health professional such as the medical officer and physiotherapist including for review following a fall or incident.

Requirement 3(3)(g)

The service has effective processes are in place for infection prevention and control including for an infectious outbreak and practices to promote evidence-based use of antibiotics; an outbreak management plan, policies, and procedures to guide staff in infection control, prevention, and antibiotic management were in place. Staff were observed using personal protective equipment when providing consumer care and using hand sanitiser regularly; staff, contractors and visitors were observed undergoing COVID-19 entry screening prior to entry.

# 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

Following a site audit in June 2021, the service was found non-compliant in Requirements 4(3)(a) and 4(3)(f). Evidence brought forward in the site audit report dated 29 November 2022 to 1 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 4(3)(a)

Consumers said the service supports them to do the things they wanted to do and described how supports for daily living had improved their independence, health, well-being, and quality of life. Staff described the enablement program developed for consumers with cognitive impairments including activities such as singing, music therapy and one on one interactions such as doing puzzles. Consumers were observed engaging in a wide variety of lifestyle activities including those with cognitive impairments.

Requirement 4(3)(f)

Consumers confirmed they can choose from suitable and healthy meals, snacks, and drinks, and they participate in planning their menu. Staff were familiar with consumers’ nutrition and hydration needs and preferences and how to support consumers’ independence including preferred meal size, dietary or cultural needs. The service demonstrated that it had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences including for texture modified diets.

Regarding the remaining requirements of Quality Standard 4

Consumers said they feel connected and engaged in meaningful activities and they can acknowledge and observe sacred, cultural, and religious practices; they are supported to celebrate days meaningful to their culture or religion to support and promote their spiritual, emotional, and psychological well-being. Staff described how they support the emotional, psychological, and spiritual well-being of consumers such as assisting them to attend religious services held at the service. Care planning documentation contained information about the consumers emotional, spiritual, and psychological needs, goals, and preferences.

Consumers confirmed they have an active social life; can follow their interests at the service and are supported to maintain personal relationships and take part in community and social activities. Staff described various organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Care planning documentation shows the service designs lifestyle services and supports with the consumer and representative, these are adjusted to reflect the consumer’s changing needs, goals, and preferences.

Consumers said they have provided consent for their information to be shared with others regarding their care needs and personal preferences and confirmed continuity of services and supports. Consumers said the organisation coordinates their services and supports well and they benefit from different organisations working together and sharing information about them. Staff described how they are kept informed regarding a consumer’s condition, needs, goals and preferences as it relates to their own roles, duties, and responsibilities; the service has an electronic care management system to manage information effectively. Care planning documentation evidenced updates, reviews, and communication alerts from multiple sources.

Consumers said they are referred to appropriate individuals, organisations, or providers to meet their changing services and support needs and referrals are prompt when their needs, goals, or preferences change. Care planning documentation showed the service collaborates with a range of allied health care providers to support the diverse needs of consumers. Staff were familiar with the referral process including how consumer consent was obtained.

Consumers said they felt safe when using equipment and knew how to report any concerns about the safety of equipment. Staff described how they are trained to safely use equipment, how they would identify potential risks when using equipment and responsibilities they share for the safety, cleanliness, and maintenance of equipment. The service has suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment and evidenced that equipment is used, stored, and maintained in line with manufacturers’ instruction.

# 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 has a welcoming environment and consumers were observed to be moving around the service using mobility equipment such as wheeled walkers. Consumers said they could mobilise around the service easily and feel comfortable and at home in the service. Staff described aspects of the environment that assists consumers, such as directional signage and room numbers clearly displayed. The service was observed to include a mix of comfortable sitting rooms and community rooms with access to books, activities, games, tea and coffee and audio-visual equipment. Outdoor areas were well-maintained and easy to navigate.

Consumers said the service environment was clean and comfortable. Cleaning staff described and demonstrated schedules to ensure efficient and thorough cleaning of consumer rooms and communal areas. Maintenance staff demonstrated preventative maintenance schedules and processes for reactionary maintenance. Consumers were observed to be enjoying a variety of areas across the service.

A range of furniture and equipment was observed in the service. Consumers said that equipment is well maintained and clean. Staff said they have access to equipment needed for consumer care. Furniture and equipment are maintained under a schedule maintenance plan with specialist contractors in place where required.

# 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

Following a site audit in June 2021, the service was found non-compliant in Requirement 6(3)(b). Evidence brought forward in the site audit report dated 29 November 2022 to 1 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with this Requirement.

Requirement 6(3)(b)

Consumers were aware of external avenues for raising complaints including advocacy services, felt comfortable raising concerns directly with management and felt confident staff would escalate their complaint if not resolved to their satisfaction. Staff demonstrated an understanding of internal and external complaints and feedback systems, advocacy and translation services available for consumers to assist consumers with a cognitive impairment or communication difficulties.

Regarding the remaining requirements of Quality Standard 6

Consumers said they are encouraged and supported to make complaints and provide feedback and had no issues talking with staff or management should they have a concern. Information regarding internal and external complaints system was observed on noticeboards and in service publications. Staff described multiple methods for raising complaints and providing feedback including feedback forms, consumer/representative meetings, or speaking directly with management.

Consumers and representatives said management promptly addresses and resolves their concerns after making a complaint, or when an incident has occurred; staff provide an apology when things go wrong. Staff said if consumers and representatives raise an issue with them directly, they will escalate all complaints to management for investigation and follow-up. Staff demonstrated an understanding of the principles of open disclosure, including providing an apology to impacted person/s, and implementing actions to prevent recurrence of the incident.

Consumers said management is responsive to their feedback and complaints and improvements are made in response. The service has a continuous improvement process, and feedback and complaints provide a key area of input for identifying areas for improvement. Management explained how complaints and feedback are used to improve how care is delivered and were included in the continuous improvement plan.

# 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

Following a site audit in June 2021, the service was found non-compliant in Requirements 7(3)(c), 7(3)(d) and 7(3)(e). Evidence brought forward in the site audit report dated 29 November 2022 to 1 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 7(3)(c)

Consumers said staff perform their duties effectively, are trained appropriately and skilled to meet their care needs. Management described monitoring staff competency through the completion of mandatory training modules and competencies for all staff; position descriptions detailed duties including qualifications and capabilities required for each role. Staff were observed performing their roles with confidence and competence.

Requirement 7(3)(d)

Consumers and representatives said staff are trained, equipped and supported to deliver the outcomes required by the standards. Staff were able to describe the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Management described how the analysis of incidents, clinical indicators and feedback and complaints inform staff training needs. Staff records confirmed a rigorous recruitment and onboarding process is in place and evidenced staff qualifications, certifications, and experience are documented.

Requirement 7(3)(e)

Staff records demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Consumers said staff treat them with respect regardless of their background and this was due to their training and supervision by management. Staff have a performance appraisal regularly, including during their probation, which guides the services education and staff development program. Management maintains an effective staff performance appraisal system and staff who have missed an appraisal will be followed up. Staff were observed practicing a shared understanding of their roles and responsibilities and direction or assistance was provided by management when required.

Regarding the remaining requirements of Quality Standard 7

Consumers and representatives said there are enough staff at the service. Staff described how the base roster includes designated levels of care and clinical staff to attend to needs of all consumers. Management described how unplanned staff absences are mitigated through strategies including scheduling extra staff per shift. Staff described working as a team to meet consumer needs and handovers ensure continuity of care for consumers; the service had recently recruited additional clinical and care staff.

Consumers said staff are kind, gentle and caring when providing care. Staff were observed greeting consumers by their preferred name which was also reflected in care planning documentation. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management described policies and procedures to guide staff practice, including for care and services to be delivered in a respectful, kind, and person-centred manner.

# 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

Following a site audit in June 2021, the service was found non-compliant in Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e). Evidence brought forward in the site audit report dated 29 November 2022 to 1 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 8(3)(b)

The service demonstrated that the governing body promotes a culture of safe, inclusive care. The board meets regularly with the management team and uses information from consolidated reports to identify the service’s compliance with the Quality Standards; initiate improvement actions to enhance performance; and to monitor care and service delivery. Reports to the Board include information and data from internal audits, clinical indicator reports, incidents or near misses, consumer/staff feedback and staff education and development needs and audit outcomes.

Requirement 8(3)(c)

The service has an effective organisation wide governance system in place which guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Management explained the electronic care management system including an incident register that drives improvement activities. Information regarding risk and incidents and call bell management allow for service wide access to live information on performance indicators.

Requirement 8(3)(d)

The electronic care management system is effective in collecting and reporting incident data. Regular staff and board meetings are used to share information on performance and to improve service compliance and to promote best practice. The service has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to; and how incidents are managed and prevented.

Requirement 8(3)(e)

The service has a clinical governance framework governed by a multidisciplinary team including clinical staff, medical officers and allied health professionals including specialists in mental health when an identified need arises. Management described overseeing each consumers’ initial assessment to guide clinical staff in developing clinical and personal care strategies. Regular care conference consultations with the residents and their representatives are at the centre of care planning and ongoing reviews and these are all undertaken with the resident or family member in attendance if they wish.

Regarding the remaining requirement of Quality Standard 8

Consumers and representatives said they provide ongoing input into how consumers’ care and services are delivered; the service seeks their input in various ways such as resident meetings, regular surveys, and face to face discussions. Management said feedback or suggestions made by the consumers and representatives are included in the service’s improvement register for investigation and actioning. Minutes of resident meetings evidenced consumer input and evaluation of services, such as the hospitality services and the activity program.

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)