Performance

Report

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| Name: | St Vincent's Care Services Maroochydore |
| Commission ID: | 5418 |
| Address: | 37 Baden Powell Street, Maroochydore, Queensland, 4558 |
| Activity type: | Site Audit |
| Activity date: | 10 July 2024 to 12 July 2024 |
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| Service included in this assessment: | Provider: 794 St Vincent's Care Services Ltd  Service: 19369 St Vincent's Care Services Maroochydore |

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 Vincent's Care Services Maroochydore (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information 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 staff respected their culture, identity, and diversity. Staff were knowledgeable of consumers’ life stories and demonstrated an understanding of consumers’ needs and preferences, personal circumstances, life experiences, and cultural backgrounds, which were in line with care planning documentation. The service had policies, procedures, and training in place to guide staff in treating all consumers with dignity and respect whilst valuing their unique and diverse identities and cultures. The service displayed documentation expressing the values of the service and the rights of the consumers including the Charter of Aged Care Rights.

The service recognised and respected consumers’ cultural background and provided care consistent with consumers’ cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received the care required according to their care plan. Consumers from cultural and linguistic backgrounds had care plans which identified their cultural needs and preferences, and consumers were provided culturally safe care and services. The service had cultural educational modules as part of the orientation for all staff including Aboriginal and Torres Strait Islander cultural awareness and cross-cultural awareness.

Consumers were supported to make choices about their care and when family and friends should be involved in their care, and communicate their decisions and maintain relationships of choice, including intimate relationships. Consumers were given choice about when care was provided, and their choices were respected. Care staff provided examples of how consumers and representatives could make choices about consumers’ care and services and who should be involved in consumers’ care, which was reflected in care planning documentation. Care planning documents identified the consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported consumers in maintaining relationships.

The service demonstrated consumers were supported to take risks to enable them to live their best lives. Consumers described how the service supported them to take risks. Staff were aware of the risks taken by consumers, and supported consumers’ wishes to take risks to live the way they choose. Care planning documentation demonstrated the service identified and completed risk assessments for consumers through their assessment and care planning processes. Staff and management provided examples and demonstrated how they supported consumers to take risks and discussed mitigating strategies to enable consumers to live the best life they can. The service had a dignity of risk policy in place to guide staff and management.

Information surrounding care and services was provided to consumers and representatives in a timely manner, clearly and easy to understand which supported consumers to make informed choices. Consumers and representatives were kept updated by management on any changes via the service’s newsletter. Hard copies of the newsletter and other resource material were also available within the service, including monthly menus, monthly and weekly activity calendars, corporate newsletters, and meeting minutes.

Consumers confirmed staff respected their privacy. Consumers’ personal information was kept confidential and was not discussed in front of other consumers, and consumers’ files were kept locked and all computers were password protected. The service had protocols in place to protect consumer privacy. The service provided all staff privacy and confidentiality learning modules as part of their orientation pack. These learning modules were supported with privacy and confidentiality policies which highlighted the required legislative requirements.

Based on the above information, this Standard is 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

Assessment and planning processes considered risks to each consumer’s health and well-being. Consumers and representatives confirmed consumers received the care and services they required, their risks were considered, and they are involved in and had a say in the care planning process. Staff described the care planning process in detail, and how it informed the delivery of safe and effective care. Care planning documentation evidenced a suite of assessment forms to guide staff through the entry process, with risk screening and assessments built into the electronic care management system. The service used assessment and care planning policies, aligned to best practice principles to guide staff with care delivery.

Consumers and representatives confirmed the service took into consideration consumers’ needs, goals and preferences when undertaking assessment and planning with consumers. Consumers and representatives confirmed they had participated in conversations in relation to advance care planning and end of life planning for consumers. Consumer assessment and planning identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wished. The service had policies and procedures to guide staff practice in relation to assessment and planning and the identification of needs, goals, and preferences for individual consumers.

Consumers and representatives felt involved and partnered in the assessment, planning, and review of consumers’ care and services and the service included other organisations or providers as required. Registered staff utilised processes whereby other providers were involved, and consumers and representatives were partnered with, in the initial and ongoing assessment and planning process. Consumer care documentation demonstrated consumer involvement through routine contact and when changes occurred to the health status of consumers. Care documentation demonstrated other organisations and individuals were involved in the assessment and planning process for consumers as required. The service had documented policies referring to involvement of other providers to guide staff practice.

Consumers and representatives were involved in the assessment and planning of consumers’ care and services and were aware they could access consumers’ care plans. Staff described the processes for documenting and communicating assessment outcomes. Management confirmed care consultation is undertaken as part of the monthly review or as clinically required or requested, where the outcomes of assessment and planning are discussed. Care planning documentation showed outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives confirmed consumers’ care planning information was updated following changes to their health or in response to incidents. The service had processes in place for the regular review of care and services for effectiveness, when circumstances changed or when incidents impacted the needs, goals, or preferences of the consumer. Registered staff had processes in relation to how often the care plans for consumers were regularly reviewed and where the care plan had been reviewed following an incident or change in care needs. Care planning documentation evidenced care and services had been reviewed where consumer needs, goals and preferences had changed. The service had policies and procedures to guide staff practice in relation to care and service review processes when circumstances change, or the needs and preferences of consumers were impacted by an incident.

Based on the above information, this Standard is 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 and representatives confirmed the care provided by the service was safe and right for consumers, care delivery was consistent with their needs and preferences, and the care provided supported their health and well-being. Staff understood the individualised personal and clinical needs of consumers. Care planning documentation reflected individualised care was safe and tailored to consumers’ needs. The service had policies, procedures, and systems to support safe and effective personal and clinical care and delivered care according to consumers’ needs, goals, and preferences.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer, which included weight loss, falls and complex needs management. Consumers and representatives were satisfied with the care consumers were receiving and the care they received was relevant to their needs. Care documentation reflected the identified risks and mitigation strategies associated with clinical and personal care and demonstrated effective management. Staff described the high impact, high prevalence risks of consumers and how staff mitigated those risks. The service had effective processes and a range of clinical policies and procedures to guide staff practices in managing high impact and high prevalence risks.

Consumers and representatives confirmed consumers’ advance care planning including their end of life care planning was discussed with them. Care and registered staff articulated how to care for consumers nearing the terminal phase of life to ensure comfort was maximised and their dignity preserved. Guidance would be sought from medical officers relating to the involvement of a palliative care team. The service completed an end of life care plan via care consultation with consumers and representatives, which directed staff how to care for a consumer who is on end of life care specifically in line with consumers’ needs, goals, and preferences.

Consumers and representatives stated the service recognised and responded to changes in consumers’ condition and communicated them in a timely manner. Deterioration was discussed during handover and daily huddles with care staff, which triggered a nursing and medical officer review, hospital transfer if needed and a subsequent review of care planning documentation. Care documentation for consumers reflected any change in condition or deterioration was responded to in a timely manner including informing representatives, contacting the medical officer and referring to external providers. The service had policies, procedures, and quick reference guides in place to guide staff in identifying and responding to the acute deterioration of consumers.

Consumers and representatives confirmed care delivery was constant and dependable, and information was communicated well. Effective information exchange occurred between the care and clinical teams, and elsewhere where care was shared. Staff stated information was accessible to them according to their roles and was documented in progress notes and shared with representatives and other health professionals as relevant. Care planning documentation reflected regular case conversations involving consumers and representatives, with consumer’s needs discussed and interventions and referrals agreed on. Information systems were effective and privacy policies and staff training were in place to protect consumer information, and consumers were informed and provided consent for information sharing. Staff attended shift handover and daily huddles to ensure information regarding consumers ongoing care was consistently shared and understood.

Consumers and representatives confirmed the service partnered with other providers of care and services with appropriate specialist providers, organisations, or individuals to meet consumers’ care needs. Evidence of referrals sought when needed were documented, in consultation with consumers and representatives and recommendations were implemented and documented in care plans. The service had a network of internal and external individuals, organisations, or providers to which they could refer consumers. Care plans reflected the organisation collaborates with other individuals, organisations, or providers to support the diverse needs of consumers.

Consumers and representatives were confident with the procedures the service had in place for the minimisation of infection-related risks. Staff received training in infection minimisation strategies, including infection control and management of outbreaks. Staff understood precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service had a consumer vaccination program, and records were maintained for influenza, COVID-19 and varicella zoster vaccinations for consumers. The service had an infection prevention and control lead, who had responsibility for infection control practices at the service. The service implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak.

Based on the above information, this Standard is 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 confirmed consumers received safe and effective support for daily living which assisted consumers to be as independent as possible and maintain a sense of well-being. The service sought goals and preferences from consumers and representatives as part of the entry process and at every yearly care plan review meeting. Care plans reflected consumer’s needs, goal, and preferences. The service followed the entry policy and process for each newly arriving consumer, where staff completed a set of information, including life stories, social and cultural backgrounds, and interests, and discussed individual goals for each consumer. The service distributed personalised care and partnership in care information as part of the welcome pack. The service had processes and surveys to monitor how effective the activity and lifestyle services was for consumers.

The service demonstrated it undertook initial and ongoing assessment and planning for consumers in partnership with the consumer, their representatives, and other organisations involved with consumer care. Consumers confirmed the service provided support and services to promote each consumer’s emotional, spiritual, and psychological well-being. The service provided information about spiritual, pastoral care, and culturally appropriate care in the consumer handbook. Cultural, emotional, and spiritual needs were assessed and discussed with consumers as part of the initial care planning for entry into the service. The service had a palliative care related initiative named Family Circle and informed all consumers via posters around the service and through care planning documents. The initiative provided psychological support and family involvement for palliative care consumers and all consumers through care planning.

Consumers and representatives advised the service supported consumers in staying connected to their community through external services, maintaining their social relationships, and doing things they enjoyed. Management and staff stated the documentation process included leisure and lifestyle assessments which informed the care plan in association with the dignity of risk policy.

Consumers and representatives felt the service communicated information effectively relating to consumers’ needs and preferences internally and externally. There was consistent information sharing between departments, including when a consumer’s condition, needs and preferences changed. The electronic care system and handover processes were efficient and suitable for staff to support the delivery of care and services to consumers. The service held regular meetings, and outcomes were shared within the service and other supporting providers via email and meetings minutes were distributed. Handover and communication processes were in place for management and staff delivering care. The organisation used a range of information systems to assist in information communication between staff and external services.

Consumers and representatives confirmed consumers had support for daily living with appropriate and timely referrals to external organisations. Management and lifestyle staff had access to a suite of internal and external referral resources. There were processes in care planning to process to guide and prompt referrals to external organisations if required by consumers. Staff provided examples of consumers referred to other organisations and receiving services from these organisations.

Consumers provided positive feedback regarding the quality and quantity of the food provided, menu choices, and mealtime experience. A dietary assessment and care plan with personalised preferences, culturally and religiously specific requirements, and clinical and dietitian recommendations was completed and reviewed within the last six months for consumers. Staff shared an understanding of the individual dietary requirements of consumers. The mealtime experience was observed, which was not rushed, consumers were assisted with dignity, and consumers were observed enjoying their dining room experience and meal. The service had a robust consumer engagement process in the four weekly menu plan and continuous improvement of the food provided.

Consumers felt the equipment used to support their lifestyle needs was safe to use, clean, and well-maintained. Staff could access a variety of equipment to support the lifestyle needs of consumers. Equipment used to support the lifestyle needs of consumers was observed to be clean, suitable, well-maintained, and stored safely in designated areas throughout the service The service had processes and records of cleaning, registering and routinely servicing of the equipment used to support consumers’ daily living.

Based on the above information, this Standard is 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 advised they felt the service was warm and welcoming with a modern look and they could find their way easily. Consumers confirmed they were able to personalise their rooms with items of importance to them. Staff described features of the service which enhanced consumers' sense of belonging and their independence, interaction, and function, such as internal courtyards with seating areas and raised garden beds where consumers were observed to be interacting with each other. The service also had a seated balcony area per floor, café, library and cinema for consumers to utilise, spend time on individual activities or with each other or visitors. Consumers’ rooms were personalised, with some consumers’ room doors also having decorations attached. There was easy to understand signage throughout the service to direct consumers to locate their desired area of the service.

Consumers stated the service environment was safe, clean, comfortable and well maintained in both indoor and outdoor areas. Consumers could mobilise freely inside and outside the service. Staff described the process when hazards were identified or when equipment may have broken down. Preventative and reactive maintenance was undertaken by the Maintenance officer to ensure the service environment remained safe, well-maintained, and comfortable for consumers. Maintenance documentation evidenced preventative and reactive maintenance was completed for the service’s living environment. The cleaning team had schedules and checklists to follow and complete daily with cleaning audits completed monthly by management. Closed circuit television was used to monitor the safety of the service environment in communal living areas of the service.

Consumers and representatives confirmed the furniture, fittings, and equipment were clean and in good working condition. They indicated that the service took prompt action on any requests for maintenance and repairs. Staff had a process of routine cleaning and maintenance of shared equipment. Staff explained the process of raising a maintenance request and described how the requests were being followed up and actioned. Clean and appropriate furniture was observed within the service, equipment had its own storage area and there were processes and procedures in place to ensure the suitability and maintenance of equipment was monitored and regularly audited.

Based on the above information, this Standard is 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 their representatives were encouraged, supported, and understood how to provide feedback or make a complaint and said they felt comfortable doing so, especially when contacting management. Management and staff described processes in place to encourage and support feedback and complaints. Locked boxes were observed in various communal areas for feedback, suggestions, and complaints. The service’s complaints and feedback processes were supported with respective frameworks, policies, and procedures. The service had an open-door policy, where all consumers and representatives were supported to voice their complaints directly with staff or management. Consumer and representative meetings and food focus meetings were held regularly, where consumers were supported to raise any complaints, concerns, or improvement opportunities with staff or management.

Consumers and representatives were aware advocacy services were available to them and felt confident using these services if needed. Information on accessing advocacy and language services were observed to be available around the service in posters and pamphlets in communal areas throughout the service, including at reception and information notice boards and included in the consumer handbook. There were multiple mechanisms for sharing feedback externally and all consumers had access to advocates, language services and other methods for raising and resolving complaints. Staff demonstrated an understanding of processes in place to access advocacy or translation services for consumers, should they require it. Staff supported consumers to understand the external complaint mechanisms and to lodge external complaints, when applicable.

Consumers and representatives confirmed management addressed and resolved the concerns that were raised following the making of a complaint, or when an incident occurred. Staff understood open disclosure, including how they would apologise to a consumer in the event of something going wrong. Staff were guided by a documented policy on open disclosure and complaints management. Procedures relating to complaints management outlined best practice guidelines.

Consumers and representatives reported their feedback was used to improve quality of care and services. They said improvements in meal offerings, consumer meetings and activity development demonstrated improvements were actioned. Management had processes to escalate feedback and complaints, and how they were used to improve the care and services available to consumers. Staff described improvements, which were driven by consumer feedback, including food quality and communication processes. Consumers and representatives acknowledged continuous improvement at the service through the feedback process and ongoing follow-up with consumers and representatives was consistently evidenced in management feedback and documentation. All feedback and complaints were reviewed for trends and analysed for continuous improvement opportunities. Documentation evidenced feedback and complaints from consumers and representatives was included in the complaints register and a corresponding plan of action completed in a timely manner.

Based on the above information, this Standard is 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 provided positive feedback about staff and the care consumers received, noting care provision was not rushed and was provided in a timely manner. Staff reported having sufficient time to undertake their duties and described processes for filling vacant shifts when unexpected leave occurred, including utilising agency staff as required. Staff were scheduled to work in the same areas of the service, which helped them to better understand consumers' needs and preferences and provide continuity of care. Management had processes and strategies for retaining regular staff and reducing agency staff usage for continuity of care to the consumers. Management reviewed consumer care needs weekly and incident trending in different areas of the service to allocate and adjust staffing to ensure an appropriate number and skill mix to meet consumer care needs.

Consumers and representatives confirmed staff were kind, caring and respectful to the consumer’s identity, diversity, and culture. Staff provided examples of consumers’ cultural needs and preferences and how to support them. Staff received training in relation to the consumer experience, person-centred care, and code of conduct. Meeting minutes indicated the consumers and representatives were happy with the staff stating they showed them kindness and are caring. Staff interactions with consumers were observed to be kind and respectful throughout the Site Audit.

Consumers and representatives stated staff were appropriately qualified and knew how to perform their roles. Staff confirmed management supported them through recruitment, orientation training and supervised shifts to transition into the service. All staff completed various competencies required to perform their role and were required to attend annual mandatory training. Current registration requirements, criminal history checks, visas for work rights and Aged Care Banning Order Register were monitored at the organisation level and reported to the service management. Position descriptions and detailed duty listings which provide guidance to staff relating to their role and responsibilities were in place at the service.

Staff describe the training, support, professional development, and supervision they received during orientation and on an ongoing basis and felt comfortable requesting additional training to enhance their performance. The organisation managed staff recruitment using a formal recruitment process including compliance checks. Staff were required to undergo orientation training and were supported by the service to complete ongoing mandatory training and additional training as required by the service or staff. An online training and record management system was used to track staff training to ensure that mandatory training was completed within the required timeframes. All staff completed their mandatory training for 2023 and mandatory training for 2024 had commenced.

Staff confirmed they participated in annual performance appraisals, training, and professional improvement when it was identified. Staff performance was monitored on an ongoing basis through daily observations, incident analysis, and peer and consumer feedback. Where needed, performance management plans with specific strategies were completed for staff and monitored by management. Experienced staff were allocated to mentor staff who required additional support and guidance. Staff competency was monitored through observations and yearly competency assessments. Organisational policies and procedures were consistent with the process described by the management. Performance appraisal review dates were tracked through the service’s electronic management system.

Based on the above information, this Standard is 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 participated in consumer and representative meetings, food focus meetings, and completed surveys and feedback forms, to provide their input. Consumers and representatives provided feedback the service was well run, and they were engaged in the development, delivery and engagement of consumer care and services. Staff and management confirmed consumers and representatives were encouraged and supported to be involved in meetings and they actioned changes from consumers and representatives’ input. Monthly meeting minutes and the complaints register confirmed consumers were engaged and supported in the development, delivery and evaluation of care and services.

The organisation promoted safe and inclusive quality care and took accountability for care and service delivery. Monthly clinical indicators, quality initiatives and incidents were discussed at the regional and organisational clinical governance committee meetings. The organisation’s governance structure included direct feeding of information to the Board and the relevant organisational subcommittees from the front-line managers of each service. Through this process, the Board was constantly aware of the performance of all aspects of each service.

The service demonstrated an effective organisation wide governance system and how it was applied, and governed in relation to information management, continuous improvement, workforce governance, regulatory compliance, feedback and complaints and financial governance.

The service’s information system included an effective electronic care system and electronic incident management system, with an automated system alerting management and executives to incidents logged according to the level of risk classification. Service-wide communication systems were in place, and computerised information was password protected. Staff had access to policies and procedures online via the organisation’s intranet web page.

Results from audits, incident reporting, data and trend analysis and feedback and complaints from consumers/representatives were captured in the continuous improvement plan. The service completed monthly internal audits to monitor and review performance against the Quality Standards. Continuous improvement was a standing agenda item discussed in the monthly leadership and team meetings, and all improvements were documented and monitored.

The Board was supportive of providing funds for expenditure required to improve the service and care for consumers. The service was supported by effective financial management systems and expenditures to support the changing needs of consumers. Budgets were set annually and considered the facility managers’ requests, and a capital expenditure forecasting plan is completed for more expensive items required.

The organisation has a suite of resources to inform staff and management regarding workforce expectations, requirements, roles, and responsibilities. The Assessment Team reviewed several detailed position descriptions such as RNs and care staff with clear roles and responsibilities. Staff received ongoing training to maintain their competencies to ensure they provide quality care and services to consumers and the service ensures staff perform duties within their scope of practice and competency. The service was supported by management and the Board with respect to recruitment approval processes to ensure compliance with the care minutes and delivery of an appropriate skill mix of staff.

Regulatory compliance was managed by the governing organisation who received updates on legislative changes from industry experts, alerts from the Commission and the Department of Health. Organisational governance cascades appropriate and updated information regarding the Quality Standards to the service. Changes or updates to policies and procedures were provided and approved from the Board to the service. At service level, changes or updates to policies and procedures were communicated through staff meetings, emails, organisationally developed newsletters and electronic messaging through the electronic systems with training provided as required.

Consumers and representatives had access to the feedback and complaints system, and could make a verbal, paper based or electronic based complaint. Feedback, complaints, and suggestions raised by consumers and representatives were documented in the feedback and complaints register which fed into the service’s continuous improvement plan. Feedback and complaints were used to improve the quality of care and services with appropriate actions taken in response to the complaint and an open disclosure process applied.

The organisation had effective risk management systems in place to monitor and assess high impact or high prevalence risks associated with care of consumers whilst supporting consumers to live the best life they can. Risks were identified, reported, escalated, and reviewed by management at the service level and then at the organisational level by subgroups, senior executive team, and the Board. The service completed incident reports through the electronic incident reporting system. Management analysed incidents and identified issues or trends, and these were reported to the clinical governance committee and final data went to the Board leading to improvements to care and services for consumers.

The organisation had policies and risk management systems in place related to the Serious incident response scheme. The clinical governance committee maintained oversight of serious incidents. The service maintained a serious incident register. The service used an electronic incident management system to capture incidents and critical incidents were escalated to management and the quality team for follow up. Serious incidents for the last six months evidenced timely reporting of incidents, investigations, actions taken, and open disclosure provided to consumers or representatives.

The organisation had risk management systems and policies in place in relation to supporting consumers to live the best life they can, to guide staff. The organisation ensured reviews of incidents and risk assessments completed identifies the risks and harm to the consumer and had detailed risk management strategies to mitigate the risks which were completed in consultation with consumers and representatives in care planning assessments and reviews recorded in care planning documentation.

The organisation had risk management systems and an incident management policy in place. The clinical governance committee maintained oversight of all reported incidents and addressed any wider trends across the organisation.

The service had a clinical governance framework and systems to ensure the quality and safety of clinical care and promote antimicrobial stewardship systems, minimise the use of restraints and the use of an open disclosure process. The service had policies, procedures and other tools supporting effective clinical governance. Registered staff provided feedback the service’s clinical governance framework functioned effectively and reported they were trained in the systems supporting clinical governance.

Based on the above information, this Standard is Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)