Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Strathalbyn & District Aged Care Facility |
| Service address: | 14 Alfred Place STRATHALBYN SA 5255 |
| Commission ID: | 6181 |
| Approved provider: | Barossa Hills Fleurieu Local Health Network Incorporated |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 14 March 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 Strathalbyn & District Aged Care Facility (**the service**) has been prepared by A Kasyan, 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 16 February 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 3(3)(b) – consumers’ high impact or high prevalence risks including risks associated with changed behaviours and weight loss are effectively managed.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

All consumers and representatives interviewed confirmed the consumers are treated with dignity and respect at all times with their culture and identity valued. Consumers reported feeling well informed about their care and the services available to them and said information is provided in a timely and accurate manner. They also reported feeling supported to exercise choice and independence, with staff encouraging them to make decisions about their care and daily activities. Consumers provided examples of how the service supports them in risk taking, such as leaving the service independently, while ensuring their safety and well-being. Finally, consumers reported feeling that their privacy is respected and their personal information is kept confidential.

The assessment team observed staff interactions with consumers to be friendly and respectful, allowing consumers independence to make their own choices. The service has policy and procedures on consumer dignity and choice, and the Resident Information Handbook includes reference to consumers’ rights to privacy and dignity, and that staff are trained on these principles at regular intervals.

Staff were knowledgeable about how to provide culturally safe care and provided examples of how they ensure they are sensitive to the needs of all consumers, taking into consideration the consumers’ specific needs, goals and preferences. The service demonstrated commitment to cultural safety by promoting cultural events and celebrations.

Staff were able to describe how they ensure each consumer is supported to exercise choice and independence and is encouraged to make decisions about their care and daily activities by providing support and guidance where necessary.

The service provides timely and accurate information to consumers ensuring they are well informed about their care and the services available to them. The assessment team observed information provided to consumers and their families in a range of formats, including through emails to consumer representatives, noticeboards, menu boards in the dining rooms, the activity program, resident meetings, monthly newsletters and one-to-one visits.

The service has systems and processes in place to ensure the consumers’ personal information is kept confidential and that their privacy is respected at all times. The assessment team observed staff were taking every possible step to ensure that consumers’ privacy is protected, including closing doors during personal care activities, ensuring the nurses' stations containing consumer information are fully enclosed and secure, there was no private consumer information on display and computers in the nurses' stations are locked when not in use.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers confirmed they were directly engaged in the initial and ongoing assessment and planning of their care which helps them to get the care and services they need. Consumers reported that their care and services are regularly reviewed and that when something goes wrong, or their needs or preferences change, the service is quick to communicate with them.

The care planning documents reviewed showed appropriately skilled staff members conduct thorough assessments of each consumer's physical, emotional and social needs, as well as identifying their goals, needs and preferences. These assessments demonstrated ongoing partnership with the consumer and others to ensure the consumer’s wishes and preferences were fully considered.

Individualised care plans are developed for each consumer outlining their current needs, goals and preferences. The care plans reviewed also demonstrated assessment of potential risks to the consumer’s health and well-being, and identified strategies for minimising these risks, while still promoting the consumer's independence and choice.

Staff were able to describe, and documentation in relation to advance and end-of-life care reviewed confirmed, staff work closely with consumers and their families to ensure that the consumers’ wishes are fully respected. The service has policies and procedures in place for managing end-of-life care to guide staff practice.

The service ensures effective communication with consumers and their families and this is achieved through regular face-to-face conversations, telephone calls to consumer representative, and electronic correspondence. Care plans reviewed were noted to be documented in a clear manner, were generally regularly reviewed and updated based on ongoing assessments.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Non-compliant, as Requirement 3(3)(b) in this Quality Standard has been assessed as Non-compliant.

The assessment team found the service is Not Met in Requirement 3(3)(a) because the service was unable to demonstrate consumers receive safe and effective personal and clinical care which is tailored to their needs and is best practice, specifically in relation to weight loss, monitoring of blood glucose levels and skin integrity, including wound management and repositioning. The assessment team’s report included evidence and information relevant to their recommendation of Not Met, including:

Repositioning chart for Consumer A who developed pressure injuries to their heels was not completed consistently. Wounds chart had no measurements and both wounds were documented on the same chart.

Consumer B who was at high risk of developing pressure injuries was on 2 hourly repositioning. However, repositioning chart did not reflect 2 hourly repositioning with significant gaps in documentation. Whilst a registered nurse is required to undertake weekly review of all wounds, documentation did not confirm this process is followed.

Consumer C required their blood glucose levels tested 3 times a day and medication to be administered when the blood glucose reading is above a certain range. Blood glucose charting reviewed over 10 days’ period had missing entries.

Consumer D had a significant weight loss in 5 days. The consumer was commenced on a food and fluid chart, and a referral to a dietician was sent on the second day of the site audit. No other actions had been taken by the service.

The provider has commenced an action plan to address the deficiencies identified by the assessment team. This information and improvement actions include, but are not limited to:

Task list has been created in an electronic care management system as a reminder for care staff to complete the documentation. Clinical team completes a fortnightly audit to ensure the compliance of the documentation.

Refresher education sessions to all nurses have been completed by the wound champion. A second daily monitoring of unresolved wounds is completed by a nurse and wound champion.

The wound champion nurse reviewed all the wound management plans including the regime. The wound champion will continue to review all wounds on a fortnightly basis.

A designated clinical staff conducts review of 24 hours progress notes and ensures staff are recording the blood glucose check as per the directive.

After reviewing the evidence and information presented in the assessment team’s report and the provider’s response, I have come to a different view from that of the assessment team and find Requirement 3(3)(a) Compliant.

I considered evidence and information across other requirements in Standard 3 and Standard 7 relevant to this requirement, such as that consumers interviewed confirmed they were satisfied with the personal and clinical care being provided, staff knew their needs and representatives said doctors visit the service regularly and review the consumers appropriately and in a timely manner. Consumers said staff were able to provide care in a way that meet their needs, including assistance with showering and transfers and felt care was safe. Furthermore, the organisation has policies and procedures to assist and guide staff in delivering care and services around personal and clinical care, and staff are competent in using them in practice and refer to the consumer’s care plan to ensure care is tailored to each consumer’s needs.

In addition, I considered there was no feedback from consumers or consumers’ representatives about personal and/or clinical care not being safe, effective and not tailored to the consumer’s needs.

In relation to Consumer A and Consumer B, I consider that there are some deficits in relation to documentation of wound dressings and repositioning, however, I find this does not indicate there has been a failure to provide Consumer A and Consumer B with safe and effective care. I have also considered that the service has acknowledged there is an opportunity to improve record keeping practices and have initiated remedial actions. In addition, I have considered the provider’s response and evidence in relation to all wounds which shows at the time of submitting its response, Consumer A did not have pressure injuries and Consumer B was reviewed by the nurse practitioner who found the existing wound management plan appropriate.

Whilst I acknowledge there were missing entries in blood glucose charting for Consumer C, I took into consideration information in the assessment team’s report that evidence was not sighted if medication was required on the day the consumer’s blood glucose levels were not captured on the chart. I have also considered that the service has acknowledged there is an opportunity to improve record keeping practices and have initiated remedial actions, including the review of 24 hours progress notes to ensure staff are recording the blood glucose check as per the directive.

I considered information about Consumer D’s weight loss under Requirement 3(3)(b) where it is more relevant.

Accordingly, I am satisfied Requirement 3(3)(a) is Compliant.

The assessment team recommended Requirement 3(3)(b) Not Met because it found the service was not able to demonstrate effective management of high impact and high prevalence risks, specifically in relation to behaviour management of 3 consumers and pain management of one consumer. The assessment team’s report included evidence and information relevant to my finding, including:

Consumer E had 26 verbal and physically aggressive behaviours within 2 weeks prior to the site audit. The vast majority of the incidents were recorded on a behaviour chart. However, they were not reported as incidents through the incidents management system. In addition, the consumer was administered sedative medication on two occasions with no corresponding record of the reason why it was administered.

Consumer F had 50 incidents of verbal and physical aggression recorded on a behaviour chart in a month prior to the site audit with only some reported through the incident management system. The consumer was going into other consumers’ rooms and becoming aggressive, speaking aggressively to staff and other consumers. Documentation recorded one consumer felt scared of Consumer F’s behaviour.

Consumer G has ongoing verbally and physically aggressive behaviours and was required assistance from a family member at night when staff were unable to settle the consumer.

Consumer B’s pain was not managed effectively because staff providing care to them said the consumer was crying in pain. Staff also said the wounds seem to be getting worse. There have been incongruency between pain charting and when an additional pain relief was administered.

The provider has commenced an action plan to address the gaps identified by the assessment team and have provided further information in relation to Consumers E and G. This information and improvement actions include but are not limited to:

Consumer E has been transferred to an acute facility as the consumer’s behaviours were not manageable in the service.

Consumer G is on a behaviour chart, pain chart and is planned to be comprehensively assessed.

All missed incidents identified during the audit have been entered into the incident reporting system.

After reviewing the evidence and information presented in the assessment team’s report and the provider’s response, I find Requirement 3(3)(b) Non-compliant.

I find the service did not put effective measures in place to manage three consumers’ ongoing challenging behaviours, impacting other consumers who expressed fear.

I consider, Consumer D’s risk associated with weight loss was not managed effectively because it was not identified by the service in a timely manner and no actions have been put in place until after the assessment team discussed it with management during the site audit.

While I acknowledge staff said Consumer B had signs of pain during the delivery of personal care, I considered other evidence in relation to the consumer’s pain management in the assessment team’s report. The consumer was on a strong regular analgesia twice a day for treatment of moderate to severe pain, and an additional pain relief, the same medication, was administered prior to wound dressing. I have also considered that the service has acknowledged there is an opportunity to improve record keeping practices and has initiated remedial actions, including the review of 24 hours progress notes to ensure staff are recording pain assessment as per the policies and procedures.

I am satisfied the remaining Requirements in this Standard, 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g), are Compliant.

Consumers and their representatives confirmed medical officers and other health specialists are available and involved in managing consumers’ clinical needs or following an incident or change. Consumers are referred to specialists when ongoing incidents or deterioration occurs. Consumers’ files viewed showed consumers at end of life have appropriate personal and clinical care implemented to support consumer dignity and comfort.

Changes in consumers’ care and services are communicated through verbal handovers each shift, clinical meetings and through the electronic system. Staff generally demonstrated and confirmed infection control practices in line with current infection control guidelines. Although staff could demonstrate knowing the consumers' needs and informed through handover, some staff were not aware of one consumer’s infection and a requirement to don additional personal protective equipment when being attended to. However, this information was observed to be readily available to all staff through the consumer’s care plan and recorded on a handover sheet.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers reported feeling supported and encouraged to participate in social and other activities, and the staff were responsive to their individual needs, goals and preferences which optimised their independence and quality of life.

The service has a range of programmes and services in place to support the emotional, spiritual and psychological needs for the consumers. These programmes include individual sessions, group therapy, recreational activities and spiritual services. Consumers said they are provided with opportunities to participate in activities that promote socialisation and community involvement both within and outside the organisation service environment. These included assistance with attending social and recreational activities, support for maintaining personal relationships with family and friends and opportunities to pursue hobbies and interests.

There are effective systems for communicating information about the consumer’s condition, needs and preferences within the organisation and with others where responsibility for care is shared. Staff were aware of each consumer's unique needs and preferences.

Through review of documentation and staff interviews, the assessment team found that the service has established relationships with a wide range of external service providers, including Dementia Support Australia, the Council of the Aging, spiritual leaders, volunteers and community organisations. Staff were able to describe how they effectively referred consumers to external services when required, ensuring their needs are met in a timely and effective manner.

The assessment team observed meals were well-prepared and presented. There was a variety of options available for the consumers, including snacks, such as sandwiches, yogurts, fruit and biscuits, available throughout the day from kitchenettes.

Staff were observed to pay attention to any dietary requirements or restrictions the consumers had, ensuring their nutritional needs were met. Documentation reviewed showed the menu was regularly updated and reviewed to ensure that it remained appropriate for the consumers’ needs and preferences. The feedback from consumers indicated that they were satisfied with the meals provided. However, some consumers expressed dissatisfaction with the temperature of the meals, reporting it is sometimes not hot enough. Management was able to describe actions taken to address these concerns, including meal temperature data logging and a plan to create a Food Focus Group to address any meal service issues consumers have.

The equipment provided is assessed for suitability to the individual consumer’s needs and preferences, and regular maintenance is performed to ensure safety and effectiveness. The observations of the equipment in use by consumers demonstrated that it was clean, well maintained and functioning effectively to support the consumers’ daily living activities.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers and representatives provided positive feedback about the service environment. They said they were able to decorate, arrange and personalise their rooms with their own furniture, photos, pictures on the wall and bedding accessories. Consumers also confirmed they feel safe living at the service, are satisfied with cleaning and maintenance services, and they can access outdoor courtyards, balconies and garden areas freely with or without staff assistance.

The environment was observed to be welcoming, easy to navigate and had enough space for consumers to sit or conduct activities in communal spaces, including outdoor areas. Administration staff were observed welcoming visitors and supporting navigation of the service. There are various communal seating areas where consumers were observed to be engaging with visitors, pets brought in and other consumers.

Observations confirmed consumers are able to go outdoors within the service as they wish, and the environment is clean and well maintained. They stated they often go outside for walks and at times to water the garden or pot plants. Staff were able to describe internal processes for notifying management of hazards and logging maintenance requests.

Equipment was observed to be safe, clean and well maintained. The maintenance officer was able to demonstrate the use of an electronic documentation system for monitoring preventative and reactive maintenance for furniture, fittings and equipment. Cleaning staff were also able to provide records for the cleaning and upkeep of laundry equipment. Observations showed soft furniture and fittings are clean, consumers’ portable equipment is inspected, tested, cleaned and maintained.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives said they were aware of mechanisms available to make a complaint, give feedback and suggestions and generally felt supported by management to give feedback. They also confirmed they have access to interpreters, advocacy and external complaint handling services and are aware of external agencies who could assist them in raising concerns. All consumers and representatives interviewed were generally satisfied with the way in which management manage and respond to complaints and feedback to improve the quality of care and services.

Staff could describe how they support consumers who wish to make a suggestion, compliment or a complaint, and were aware of the organisation's complaints handling processes. Staff interviewed confirmed they liaise with family or friends when consumers have difficulty communicating and they will assist them in raising concerns or complaints with the service. Staff were familiar with the terminology of open disclosure and understood the importance of transparency and apologising when things go wrong.

The organisation has processes in place to ensure all feedback is captured, monitored, analysed, trended and reviewed for areas of continuous improvement with improvements logged on their Plan for Continuous Improvement.

Advocacy and external complaint information is provided within the Resident Handbook. Noticeboards were observed to be displayed throughout the service detailing mechanisms for raising complaints and accessing language services as well as feedback forms and a confidential feedback box.

The service has feedback, complaints and open disclosure policies and procedures in place which guide management and staff in practice. The complaint log demonstrated open disclosure was applied appropriately.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and representatives said overall there were enough staff to care for consumers and their needs were met in a timely manner. Management interviews and a review of rosters and allocation sheets showed the service planned staffing levels and mix. Observations of care and services demonstrated staff provide care promptly and in an unrushed, calm manner.

All consumers and representatives said staff were kind, caring and respectful. Consumers confirmed staff know them very well and are trained to ensure person centred care is provided in a kind and respectful manner. Observations of care in practice showed staff interactions towards consumers were kind, caring and compassionate.

Overall, consumers and representatives expressed confidence in staff competency. Management advised, and documentation confirmed, staff are recruited with appropriate qualifications to perform their designated role and are supported with ongoing training.

Staff complete an orientation program which includes mandatory training. Staff advised they receive the training and education they need to provide safe and effective care. Management advised, and documentation showed, the service appropriately identifies and addresses staff knowledge or experience gaps through consumer and representative feedback, feedback from staff, direct observation, training/skills competency, staff performance appraisals, audits and incidents.

The service demonstrated it regularly assesses and monitors the performance of each member of the workforce. Performance appraisals are conducted formally every 6 months. There are systems in place to ensure performance management processes are initiated following feedback from consumers, their representatives and staff, and where incidents have occurred. Management supports staff to improve performance, and where the need for improvement is identified, training takes place.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers interviewed said they are actively involved in the development and delivery of their care and can suggest improvements about their care and services by providing feedback verbally and through feedback forms, through surveys and attending resident meetings. Consumers and representatives interviewed confirmed they are encouraged to participate in continuous improvement initiatives through feedback, surveys and meetings, and they feel safe living at the service. They also confirmed the service is open and transparent in their approach and notifies them promptly when incidents occur.

Management described how consumers and representatives are engaged using various communication methods, including those identified by consumers, as well as newsletters, noticeboards and communication platforms where feedback and improvements are actively sought. The organisation has a ‘Consumer and Community Engagement Strategy’ which outlines their commitment to engaging consumers in service delivery and mechanisms available to do so.

The organisation has up-to-date policies, procedures and frameworks in place which describe responsibilities, accountabilities and service expectations and a range of reporting mechanisms to ensure the Board and sub-committees are aware and accountable for the delivery of care and services.

The organisation has governance wide systems, including a governance framework, monitoring systems, assigned delegations and accountabilities, and policies and procedures. Information systems and processes are in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role. Management described the annual financial planning process and financial delegation systems for out of budget expenditure, with examples, including equipment and new furniture provided.

Processes are in place to support the service to ensure staff are selected, trained and supported to meet the organisation’s values and job specifications of each role. The organisation has memberships with peak bodies to monitor changes to aged care law to ensure regulatory obligations are met and regularly monitor communications distributed by the Aged Care Quality and Safety Commission. Feedback and complaints are managed at a site level and reported at relevant leadership and Board meetings and monitored by the Quality and Safety Team.

The service has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The use of restrictive practices is monitored, with informed consent sought and behaviour support plans completed.

The service has systems for preventing, managing and controlling infections and antimicrobial resistance, which are monitored and reported through clinical indicator data and internal audits. There are systems to support communication with consumers about incidents that have caused harm and staff were familiar with open disclosure principles. Staff could also describe best practice guidelines for antimicrobial stewardship and legislative requirements relating to restrictive practice and how this is managed in practice.

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)