Performance

Report

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| Name of service: | Stroud Community Lodge |
| Service address: | 51-53 Cowper Street STROUD NSW 2425 |
| Commission ID: | 0283 |
| Approved provider: | Stroud Community Lodge Inc |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 28 April 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 Stroud Community Lodge (**the service**) has been prepared by T Solomon, 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 11 April 2023.

# Assessment summary

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a

* Ensure assessment and planning is completed according to the organisation’s policies and procedures to ensure the delivery of safe and effective care and services.

Requirement 3(3)(d)

* Ensure the deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is responded to in a timely manner.

Requirement 8(3)(c)

* Effective organisation wide governance systems relating to information management.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives indicated they feel accepted and valued, and staff treat them with dignity and respect. Staff demonstrated a good knowledge of consumers’ backgrounds and preferences which were consistent with consumers goals and well-being needs. Care planning documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. The Assessment Team observed staff assisting consumers with kindness, and respectfully guiding consumers where they needed to go.

Consumers and/or representatives were able to describe how staff respect their culture and values. Care plans contained information about consumers’ life history, cultural, religious, and spiritual needs. Staff were able to describe how they become familiar with a consumer’s culture and how they deliver care in accordance with the consumer’s cultural preferences.

Consumers and/or representatives stated they can make choices about how their care is delivered and who is involved in their care. Staff were able to describe how consumers maintain relationships of choice and that consumers can choose whom they want involved in their care. Consumers and/or representatives confirmed they are consulted and are able to make decisions regarding when others should be involved in their care and were satisfied that they can maintain relationships in line with their wishes.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Documentation shows risk assessments have been completed to support consumers to undertake everyday life as they choose. The service has systems in place to identify, inform, support and review consumers to ensure dignity of risks is maintained when engaging in activities of choice.

Staff interviews, and care planning documentation reviewed by the Assessment Team identified that consumers are supported to undertake activities that may involve risk. Management reported staff have been provided with training on consumer dignity of risk and consent and has a right to make their own choices.

Consumers and/or representatives stated the information they receive is current, timely and easy to understand enabling them to exercise informed choice. Staff were able to describe the different ways they use to communicate with consumers and/or representatives. Consumers can attend monthly meetings where information around menus, activities, and what is happening at the service is shared and consumers are encouraged to provide feedback.

Consumers and/or representatives stated their privacy is respected and indicated they have confidence that their personal information is kept confidential. Staff were able to describe how they respect consumers privacy and maintain their personal information confidential. The service has policies and procedures in place to guide staff on how to protect consumer privacy.

Management reported it is the policy of the service to always maintain the security of consumer information and to ensure consumer information is only available to authorised staff and nominated consumer representatives.

# 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. | Non-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

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

The organisation has policies and procedures to guide staff practice in relation to conducting assessments and developing care plans, however documentation reviewed showed the policies and procedures are not consistently followed by staff and identified that comprehensive risk assessments are not always completed for consumers when required.

The Approved Provider responded with actions completed to address the identified deficits including but not limited to an updated Clinical Pathway for falls, and an updated Work Guidelines Post Fall document.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 2(3)(a) is non-compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are compliant.

Consumers care and service documentation consistently and adequately addressed all areas of care and services and contained consumers’ individual preferences and current needs. Consumers and/or representatives provided positive feedback in relation to their needs, goals and preferences being met. Staff were able to describe the current needs and preferences for consumers. Consumers and/or representatives stated they had been given the opportunity to discuss end of life care and their wishes.

The service has processes in place to ensure assessment and planning is based on an ongoing partnership with consumers, the people they wish to be involved in their care and other organisations and providers of care. Care and service documentation provided evidence of case conferences, involvement of the consumers and others they wished to be involved and the involvement of a range of other health providers such as dietitians, speech pathologists and wound consultants. Consumers and/or representatives confirmed they had been involved in their care planning and their needs were being met.

The service demonstrated 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. Care and service documentation showed discussions around care have been occurring. Consumers and representatives confirmed they had been involved in case conferencing and had been provided with a copy of their care plan. Staff explained how they keep the consumers and representatives updated with any changes. The service uses an electronic documentation system to record all documentation and generate care plans. Care plans were readily available to consumers and representatives.

The service demonstrated that comprehensive review of care and services is conducted for effectiveness when circumstances change, or incidents occur that impact on the needs, goals, or preferences of consumers. Consumers and/or representatives provided positive feedback and stated they are informed when a change occur.

# 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. | Non-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

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

Consumers and/or representatives provided positive feedback regarding the service’s actions when there is a change in their condition. Staff were able to describe escalation processes such as informing the registered nurses, getting consumers reviewed by a medical officer or calling an ambulance. However, a review of care and service documentation showed deterioration or a change in condition was recognised but a timely response to these changes were not attended, resulting in a negative impact on the consumer.

The Approved Provider responded with actions completed to address the identified deficits including but not limited to an updated Deteriorating resident work guidelines document.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 3(3)(d) is non-compliant.

I am satisfied the remaining six requirements of Standard 3 Personal care and clinical care are compliant.

The service demonstrated consumers get safe and effective personal care or clinical care that is tailored to their needs and preferences and is best practice. Consumers with wounds/pressure injuries, restrictive practices, pain management and complex care needs documentation reviewed showed care provided was aligned to each consumer’s individual care plan and with best practice. Consumers and/or representatives provided positive feedback about their clinical care and staff knowledge around consumer care needs was sound.

Consumers and/or representatives provided positive feedback about their clinical care, and staff knowledge around high impact, high prevalence risks and strategies to mitigate those risks were effective. Observations and documentation showed these risks are being managed effectively.

A review of clinical files of consumers who had passed away showed their needs, goals and preferences regarding end-of-life care were documented and met, their comfort was maximised, and their dignity preserved. Consumers and/or representatives who were receiving palliative care during the Site Audit provided positive feedback. Staff knowledge around end-of-life care was sound.

The service demonstrated 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. Consumers and/or representatives provided positive feedback around communication of their needs between staff. Observations made by the Assessment Team identified that information was effectively shared between staff, as well as between external service providers when required.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services is being undertaken. A review of care and services documentation showed appropriate referrals to relevant health professionals were undertaken in a timely manner. Consumers and/or representatives provided positive feedback regarding access to health professionals, and staff were able to describe the processes for referring consumers to other health professionals.

The service has standard and transmission-based infection control systems to manage an outbreak and minimise infection related risks. It has practices in place to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics. Consumers and/or representatives provided positive feedback around the management of their infections and infection control practices of the service.

# 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

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

Consumers and/or representatives indicated they are receiving safe and effective services to support their needs, goals, and preferences. They said there is plenty to do at the service, including a group activities program. Management explained each consumer is assessed for their lifestyle needs, goals and preferences when they enter the service, and a lifestyle care plan is developed for each consumer. Management stated the service has a community focus and is well connected with the local community through their community services.

A review of care documentation showed each consumer has a lifestyle assessment and care plan including a detailed life story to help staff know the consumer and what is important to them. The lifestyle team prepare a monthly activities program informed by the identified interests of consumers and this is regularly reviewed and evaluated in consultation with consumers.

Consumers and/or representatives confirmed consumers receive the support they need for their emotional, spiritual, and psychological wellbeing. Emotional, spiritual, and psychological needs, goal and preferences are assessed when consumers enter the service. Care staff and lifestyle staff provide ongoing support for consumers and representatives from local churches visit the service on a regular basis.

Consumers and/or representatives confirmed they are supported to participate in the community within and outside the service, have social and personal relationships and do things of interest to them. Visitors from the local community such as family and friends, volunteer entertainers such as line dancers, and representatives from local churches come into the service. The service facilitates social and personal interaction through its community services where members of the community are encouraged to come into the service to have a meal with the consumers.

Consumers and/or representatives stated staff know them well and are aware of consumers’ individual needs, goals, and preferences. Staff explained how information is shared and they are kept informed of the changing needs and preferences of consumers. All staff have access to the care documentation system, and there is a handover process for each shift and lifestyle and catering staff are updated about changes to consumer’s condition. Care documentation reviewed contained the relevant information for the effective delivery of services and support for daily living.

Consumers and/or representatives confirmed they are supported by other organisations and providers of other care and services. The director of care explained there are other organisations and providers that provide services to support the wellbeing of consumers, including lifestyle services, such as hairdressing; spiritual support with visits from local ministers; and support from community carers. Management explained staff can refer consumers to specialist services such as counsellors, or Dementia Support Australia if needed.

Consumers and/or representatives were satisfied with the quality and variety of meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The catering staff explained that all new consumers have a dietary assessment completed by the registered nurse when they enter the service, and this information is provided to the kitchen. The kitchen is able to cater for individual dietary needs and preferences, and special needs such as pureed and textured meals, gluten-free and vegetarian requirements. Care planning documents reviewed reflect the individual dietary needs and preferences of the consumers.

The service provides equipment to cater for the needs of consumers and has processes in place to ensure it is safe, suitable, clean, and well-maintained. Consumers and/or representatives confirmed they have the equipment they need, and staff stated they have sufficient and appropriate equipment to provide for the care and lifestyle needs of consumers. The Assessment Team observed the equipment provided to consumers as safe, suitable, clean, and well maintained. This includes equipment for routine and specialised care and to support consumer lifestyle needs and preferences.

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers are accommodated in single rooms with an ensuite bathroom, and each room has access to an outdoor area.

There are outdoor areas and gardens available for consumers to access, including a walking pathway right around the service and a rose garden where memorial plaques for consumers who have passed away are located. Consumers are encouraged to bring their own belongings and personalise their room. The service has comfortable furniture in the lounge area as well as outdoors. There is a central dining room, a large activities room and other facilities such as a gym and hairdressing salon.

The service environment was observed to be safe, clean, and well maintained with comfortable furnishings in common living areas. The layout of the service environment and the accessibility to the outdoor environment promotes the free movement of consumers and visitors both indoors and outdoors. Consumers confirmed they feel safe and at home at the service. Management and staff explained the systems in place for the cleaning and maintenance of the service environment, and for ensuring the safety of the environment.

Cleaning staff explained the cleaning schedule used at the service. They follow a cleaning checklist for the day covering specific areas that have to be cleaned daily. They also do touchpoint cleaning and wipe down equipment like shower chairs and beds and additional cleaning during an outbreak. Maintenance staff advised they work off two schedules, reactive and preventative maintenance. A review of maintenance records and maintenance communication book reflect reactive maintenance is generally carried out in a timely manner.

Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained. Consumers indicated their satisfaction with staff capability to use the equipment safely.

Staff stated the equipment used for transferring consumers is safe and shared equipment such as hoists, is regularly checked and serviced by the manufacturer. These items are cleaned before and after each use.

# 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

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

Consumers and/or representatives stated they are supported to give feedback or make a complaint and said they feel comfortable doing so. Management and staff were able to describe processes in place to encourage and support feedback and complaints. Staff could describe how they will assist consumers to complete feedback and complaints forms and/or provide feedback to the service.

Consumers and/or representatives reported they are aware of advocacy and language services that are available to them. Management reported they have recently been engaged with advocacy, and also guardianship services for consumers.

Staff were able to describe how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff included assisting them in completing a feedback form, using communication aids, or contacting the consumers’ representative for assistance.

The Assessment Team observed various promotional material displayed at the entrance to the service: including the Older Persons Advocacy Network and senior rights service.

Consumers and/or representatives were confident management will address and resolve any concerns which are raised. Staff demonstrated an understanding of the principles of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong.

Consumers and/or representatives that have made a historical complaint were able to describe the open disclosure process that was followed by the service.

Management described the processes in place to escalate complaints, and how they are used to improve the care and services available to consumers. Staff were able to describe improvements, which were driven by consumer feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team identified gaps in the assessment, monitoring and review of the performance of each member of the workforce. Management stated that they have already identified this as an area for improvement in their plan for continuous improvement and have committed to having this completed by September 2023.

The Approved Provider responded with their plan for continuous improvement that contained actions already completed to address the identified deficits, as well as a detailed plan on how to address the remaining deficits.

Based on the information provided by The Assessment Team as well as the Approved Provider, and the minimal impact on consumers I feel satisfied that requirement 7(3)(e) is compliant.

The service was able to demonstrate staffing allocations adequately meet consumer needs and ensure the delivery of safe and quality care and services. Consumers and/or representatives felt they were very well cared for by the staff and had no complaints about the care they received. Management explained the service has contingency plans in place to replace staff when required and rosters are reviewed on an annual and as required basis to ensure staff allocations are adequately meeting the changing needs and preferences of consumers.

Consumers and/or representatives spoke about the kindness and caring attitude of the staff who cared for them. The service was noted to have a staff culture of inclusiveness and advocacy for consumers. The service has completed training and earned a rainbow tick for inclusivity. Staff respect for all consumers identity, culture and diversity was apparent, and staff were observed assisting consumers with their meals exercising patience and speaking to consumers in a kind and caring manner.

Feedback from consumers and/or representatives identified that they felt the workforce is competent and that staff have the knowledge to deliver care and services that meet the needs and preferences of consumers. Management stated staff competencies are monitored on an annual basis and are determined depending on the staff members role. Management reported staff can be required to undertake a competency test earlier than planned if performance issues are identified or upon staff requests.

The service demonstrated the workforce is recruited, equipped, and supported to deliver the outcomes required by these standards. Staff complete training on a regular basis, and staff at the service had appropriate experience and skills to perform the roles required. The organisation has processes in place to ensure staff complete their mandatory training. The Assessment Team reviewed training records noting training on Serious Incident Response Scheme, restrictive practices, The Quality Standards, code of conduct, open disclosure, and anti-microbial stewardship was undertaken and completed by staff.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

The service was able to demonstrate it has effective systems in place for the governance of continuous improvement, financial governance, workforce governance and regulatory compliance as well as feedback and complaints.

However, the service was unable to demonstrate it has effective governance systems in place relating to information management. The service is currently progressing through a purchased policies and procedures package and management is committed to modifying these policies to reflect and individualise these for the service. The service identified they have not completed all policies and procedures related to assessments for wounds, falls, and behaviour management, or completed their expectations for restrictive practice.

While they have a clinical governance framework; they have not included an overarching document that collates and clearly describes this framework. As these documents have not been completed or approved, training for staff in best practice and clear expectations of management for staff in these areas, has not been delivered or reviewed. This has resulted in inconsistencies in practice by staff in these areas.

The Approved Provider responded with actions completed to address the identified deficits.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 8(3)(c) is non-compliant.

I am satisfied the remaining four requirements of Standard 8 Organisational governance are compliant.

The service was able to demonstrate it supports consumers and/or representatives to be involved in the development, delivery and evaluation of care and services. Consumers and/or representatives are encouraged to engage in the development, delivery, and evaluation of care services through different means, for example, resident meetings, focus groups, verbally and surveys. Management provided examples of how the service incorporates consumer and/or representative feedback and suggestions into changes implemented at the service to improve care and services at the service.

The service was able to demonstrate its governing body promotes a culture of safe, inclusive, and quality care and services. The Assessment Team interviewed representatives from the organisation’s management team, including the chair of the board, who provided examples of how the governing body monitors that the service is compliant with the Quality Standards, and how the governing body ensures it is accountable for the delivery of care and services across the organisation.

The service provided evidence to show it has effective risk management systems and practices in place to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best life they can. The Assessment Team reviewed the service’s incident management system which demonstrated how the service effectively manages incidents and acts to prevent future incidents.

The service has a Clinical Governance Framework in place that is underpinned by policies and procedures to guide staff. The service provided the Assessment Team with the following documents: antimicrobial stewardship policy, open disclosure policy and policies and procedures related to the use of restrictive practices.

Staff demonstrated knowledge surrounding the principles of open disclosure. Care staff interviewed, referenced that when an incident occurs, it is important to say sorry and keep consumers and families informed during the complaints process. Staff reported they have received education on restrictive practices and were able to provide examples of restrictive practices as defined under the new legislation and how they use behaviour support plans.

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)