Performance

Report

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| Name of service: | Performance report date: |
| Tarago Views Aged Care | 29 July 2022 |
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| Neerim District Soldiers’ Memorial Hospital Inc | 31 May 2022 to 2 June 2022 |

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 Tarago Views Aged Care (**the service**) has been considered by Melissa Frost, 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 22 July 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-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 4(3)(a): ensure consumers get safe and effective services and supports for daily living that meet their needs and optimise their independence, health, wellbeing and quality of life.
* Requirement 4(3)(c): ensure services and supports for daily living assist consumers to participate in the community beyond the service, have social and personal relationships and do things which interest them.
* Requirement 4(3)(e): ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services for supports for daily living.
* Requirement 5(3)(b): ensure the service environment is safe, clean, well-maintained and comfortable.
* Requirement 5(3)(c): ensure furniture, fittings and equipment are safe, clean, well-maintained and suitable for consumers.
* Requirement 6(3)(a): ensure consumers, representatives and others are encouraged and supported to provide feedback and make complaints.
* Requirement 6(3)(c): ensure appropriate action is taken in response to complaints and an open disclosure process is used.
* Requirement 6(3)(d): ensure feedback and complaints are reviewed and used for continuous improvement.
* Requirement 7(3)(e): ensure staff performance appraisals are regularly conducted and staff supported to identify and undertake suitable development activities.
* Requirement 8(3)(c): ensure effective organisation wide governance systems relating to continuous improvement, workforce governance and feedback and complaints.

# Standard 1

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

## Findings

Consumers and their representatives said staff treat consumers with dignity and respect their culture, values and beliefs. Staff knew consumers’ cultural backgrounds and interests. Care plans detailed consumers’ backgrounds and key relationships. Information about cultural identity, language and religion is gathered on admission.

Consumers and their representatives confirmed consumers are supported to maintain family relationships. Staff offer options to consumers and ask how they want care and services delivered. Consumers confirmed they are supported to take risks they want to take, as reflected in care plans. Staff outlined how consumers are supported to understand and accept risks.

Consumers said the service generally provides the information needed to make informed choices about care and services. Staff described how information is conveyed, including through direct conversation and in writing.

Consumers considered staff respect their privacy. Staff were observed knocking and introducing themselves before entering consumers’ rooms and closing curtains for privacy. Staff maintain confidentiality through conducting handover privately and securing consumers’ information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care plans reflect consumers’ assessed needs, goals, preferences, risks, advanced care and end of life plans. Consumers said staff manage their risks and were satisfied with advanced care and end of life planning. Representatives confirmed involvement in care decision-making.

Consumers and their representatives said staff know what is important to consumers and they can access care plans. Care plans reflect recommendations and directives from other providers. Staff confirmed changes in care or condition are communicated to representatives, and the electronic care management system is accessible to other health professionals.

Care plans showed review of care and services occurs in response to changes in consumers’ condition and circumstances. Consumers and their representatives were satisfied with how the service responds to changes in condition. Staff described the monthly care plan review process and outlined how information about changes is disseminated.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Care plans demonstrated consumers receive tailored, safe and effective care. Consumers said they receive the personal and clinical care they need. The service monitors personal and clinical care to ensure consumer health and well-being is optimised. Skin integrity, pain and restrictive practices management at the service aligns with best practice.

Care plans identified key risks for consumers and effective management strategies, and staff described relevant strategies they apply for individual consumers. Consumers and their representatives were satisfied with management of risks.

Staff described how they support consumers nearing end of life, including providing emotional support and clinical care, to maintain consumers’ comfort and dignity.

Care plans demonstrated the service identifies and responds to changes in consumers’ mental, cognitive and physical health and condition. Staff gave examples of consumer change or deterioration and how these were recognised and responded to. Progress notes and incidents are reviewed daily to ensure action is taken.

Care plans contained adequate information to support the provision of safe and effective personal and clinical care. Consumers considered their needs are communicated between staff, who know consumers’ routines and preferences for care. Handovers were observed and found to contain information about current consumer needs.

Care plans documented referrals to other services and individuals, including medical officers and allied health professionals. Staff described how referrals are made. An organisational procedure outlines the process for internal and external referrals.

Staff understood key antimicrobial stewardship strategies and confirmed they had received training on infection-prevention measures. Management outlined infection diagnosis measures used. Documentation review confirmed policies and procedures are in place to guide infection prevention and control practices.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-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. | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.
* Services and supports for daily living assist each consumer to:
  + participate in their community within and outside the organisation’s service environment; and
  + have social and personal relationships; and
  + do the things of interest to them.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 22 July 2022.

# Regarding requirement 4(3)(a)

The Assessment Team found the service did not provide lifestyle activities that meet consumer preferences and optimise well-being. The Site Audit Report identified the service had no dedicated lifestyle program staff and cited consumer and representative feedback indicating a lack of outings and activities. Lifestyle activities were not planned in advance and acting lifestyle staff could not identify activities tailored to needs of consumers with cognitive impairment.

The Approved Provider’s response acknowledged the deficits and provided a continuous improvement plan (CIP) with appropriate steps to address the shortcomings, including reviewing and redeveloping lifestyle procedures, recruiting a Lifestyle Coordinator, identifying transportation options for outings and creation of a gardening program. I acknowledge the suitable improvements contained in the CIP, however they will take time to implement and show effectiveness. At the time of the Site Audit, each consumer did not receive effective supports for daily living to optimise their quality of life. Consequently, I find requirement 4(3)(a) non-compliant.

# Regarding requirement 4(3)(c)

The Assessment Team found care plans did not identify community activities consumers want to participate in, or key relationships they wish to maintain. At a consumer meeting in 2021, consumers requested bus outings and excursions occur and a gardening group and garden walks be arranged, however these requests were not actioned. The Assessment Team found no evidence of links between the service and external groups or organisations to support community participation. Religious personnel visits to the service had ceased.

The Approved Provider’s response acknowledged the deficits and the CIP contained planned actions to address them, including refining use of templates to ensure information about community connections, interests and preferences are captured on admission, developing a weekly activities calendar, developing a database of visiting community groups and entertainers and enhancing the volunteer program. While I acknowledge these appropriate improvements, as they are being actioned after the Site Audit, they do not demonstrate compliance. The service did not ensure consumers are supported to participate in the community and to do things of interest to them. Therefore, I find requirement 4(3)(c) non-compliant.

# Regarding requirement 4(3)(e)

The Assessment Team found the service does not make timely and appropriate referrals to external providers or organisations, to support consumers’ lifestyle or daily living needs. Consumers and representatives interviewed were not aware of any such referrals. The service did not demonstrate access to a network of external services, groups, volunteers or providers to support consumers to lifestyle and daily living needs. No consumer impact was listed, however, in combination with the other non-compliance referenced above this reflects a deficit in providing services and supports to optimise consumers’ wellbeing.

The Approved Provider’s response acknowledged the deficits identified and the CIP stated a non-clinical referral pathway would be developed and religious personnel visits reinstated. I acknowledge the comprehensive plan to address the identified deficits, however they will take time to demonstrate effectiveness and as they are being actioned after the Site Audit, they do not evidence compliance. Consequently, I find Requirement 4(3)(e) non-compliant.

# I am satisfied the remaining 4 requirements of Quality Standard 4 are compliant.

Consumers said staff are kind and caring and that they are comfortable speaking with them. Care plans contained strategies to support consumers’ emotional wellbeing, including social supports and meaningful activities. Staff described individualised strategies used to support consumers. Staff were observed reassuring consumers.

Representatives said information about consumers’ condition is communicated to them. Care plans and staff interviews demonstrated the service effectively communicates information about consumer condition, needs and preferences, though no examples of communication with external services involved in daily care were identified.

# Consumers were generally satisfied with the quality and quantity of meals provided. Care plans generally recorded consumer dietary requirements. Kitchen staff knew consumer preferences since there are few consumers. Kitchen staff were not aware of any policies and procedures relevant to their roles, however no deficits or detrimental consumer outcomes were identified as a result of this. The kitchen and dining environments were observed to be suitable, and staff were assisting consumers in a friendly and patient manner.

# Equipment used for activities of daily living were observed to be clean, fit for purpose and well maintained. The service has a preventative maintenance schedule and a corrective maintenance log.

# Standard 5

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| Organisation’s service environment | | Non-compliant |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* The service environment:
* is safe, clean, well maintained and comfortable; and
* enables consumers to move freely, both indoors and outdoors.
* Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 22 July 2022, which included a continuous improvement plan (CIP).

* Regarding requirement 5(3)(b)

The Assessment Team brought forward consumer, representative and staff feedback reflecting an overall need for refurbishment of the service. Representative feedback identified deficits in the operation of the service laundry, with one representative reporting clothes going missing and long delays in clothes being returned, resulting in a consumer not having relevant items when they need them. A representative reported a consumer had stopped accessing outdoor areas which they enjoyed, and staff could not explain why.

Observations confirmed outstanding maintenance issues, including repair of an eave outside a consumer room and painting of two wings. Two high priority maintenance issues identified in May 2022 remained outstanding, namely a sensor and a call bell not working in a consumer room and a dryer requiring lint removal in the laundry. Cycle temperature check and cleaning schedules for the laundry had not been completed in many months and the Assessment Team identified an overall lack of cleanliness in the laundry area.

The Approved Provider’s response and CIP contained actions to rectify the identified deficits, some of which had been completed and others planned for future action. The response noted approval was obtained to build ensuites for a further six rooms, increased allocation of personnel hours to the laundry service, review of laundry policies and procedures with education for staff, and introduction of a new laundry auditing procedure. I acknowledge the appropriate steps to address the identified deficits, however at the time of the Site Audit the service was not consistently safe, clean, well-maintained and comfortable. Consequently, I find requirement 5(3)(b) non-compliant.

# Regarding requirement 5(3)(c)

Although monitoring processes were in place to ensure furniture, fittings and equipment are safe, clean and well-maintained, the Assessment Team found deficits in the availability of equipment and examples of equipment not well-maintained or fit for use, including an air-conditioning unit vent without a cover in a consumer room, a leaking dishwasher and a bed pan washer with repetitive maintenance problems. A consumer reported not having a shower chair available for use. Kitchen staff said they lacked cutlery and other food handling equipment in the kitchen, while two consumers reported concerns with overly sensitive sensors in their room and lack of a power point in their bathroom, respectively.

The Approved Provider’s response and CIP included actions planned to address some of the deficits, including a review of existing air conditioning units with view to upgrade, steps to assess safety of installing a power point and education for staff to ensure maintenance requests are actioned according to service policy and procedure. I acknowledge the plan to address the identified deficits and the Approved Provider’s commitment to achieving compliance. However, as deficits were not identified and addressed prior to Site Audit, the service did not demonstrate items were well-maintained and suitable. Consequently, I find requirement 5(3)(c) is non-compliant.

I am satisfied the remaining 1 requirement of Quality Standard 5 is compliant.

The service is laid out across a single level, attached to a hospital, and has three wings, all with street frontage. There are communal areas for consumers to dine, socialise and relax. Corridors are wide and uncluttered, with sufficient lighting, handrails and signage to support consumer mobility, independence and function. Some wings require refurbishment, which is funded to commence in future.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 22 July 2022, which included a continuous improvement plan (CIP).

* Regarding requirement 6(3)(a)

Consumers and their representatives said consumer meetings had ceased and consumers were unsure why. A consumer and a representative were unaware of feedback processes and concerned about a lack of feedback forms and box. Management conceded the feedback system was not functioning effectively, consumer surveys had not been performed recently and the feedback box was removed. A feedback and complaints register for 2022 had not been created and information on how to make a complaint was not displayed in the service.

The Approved Provider’s response clarified some representative feedback contained in the Site Audit Report. I acknowledge this clarification and have not considered that example in reaching my finding. The response acknowledged most remaining deficits identified by the Assessment Team and the CIP contained a detailed set of actions to achieve compliance, including reinstating consumer meetings and developing supporting policies and procedures, terms of reference, agenda items and a meeting schedule. Other CIP actions included complaints handling training and new processes to inform consumers and representatives of the complaints and feedback system, including embedding feedback and complaints into Resident of the Day case conferences.

As the steps are being taken after the Site Audit, they cannot demonstrate compliance and will take time to demonstrate effectiveness in supporting consumers and others to give feedback and complaints. Therefore, I find the service non-compliant with requirement 6(3)(a).

* Regarding requirement 6(3)(c)

The Site Audit Report brought forward examples of consumer feedback raised at the last consumer meeting in 2021, which had not been actioned, including previously discussed requests for bus outings, gardening and a consumer who requested a power point in their bathroom.

The Approved Provider’s response acknowledged the deficits and outlined steps being taken to respond to the concerns and improve the overall handling of complaints and feedback at the service, as was outlined above in requirements 6(3)(a) and 5(3)(c). I acknowledge the service’s undertaking to improve complaints and feedback handling, however I am satisfied that the service has not consistently responded to feedback and complaints raised by consumers. Steps taken after the Site Audit cannot demonstrate compliance. Consequently, I find the service non-compliant with requirement 6(3)(c).

* Regarding requirement 6(3)(d)

Evidence of non-compliance with this requirement was presented throughout Standard 6 in the Site Audit Report. Consumers confirmed their meetings had been cancelled and they were not informed why, staff confirmed consumer surveys were not being completed, feedback from consumers was not input to the continuous improvement system and management confirmed the organisational continuous quality improvement register was not functioning effectively.

The Approved Provider’s response outlined comprehensive improvement actions to address these and other deficits related to complaints and feedback handling, with some planned prior to the Site Audit, including a new online feedback platform. Other planned improvement actions include review of the organisational feedback policy, education for staff, consumers and representatives on the new online system, updated terms of reference for the Quality and Safety Committee who will also provide ongoing oversite of complaints and feedback handling. As the improvements were not implemented prior to the Site Audit, they do not demonstrate compliance with ongoing review and improvement of care and services. Therefore, I find Requirement 6(3)(d) non-compliant.

I am satisfied the remaining 1 requirement of Quality Standard 6 is compliant.

Contact information for an advocacy service and information about the Aged Care Charter of Rights is displayed in the service. Advocacy and language service information is also provided in the service admission pack. One consumer recalled being provided this information and another was confident staff would support them to make an external complaint if needed.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Staff interviews and document review demonstrated performance appraisals for 14 staff members were overdue, contravening the service’s performance management policy and procedure. The Approved Provider’s continuous improvement plan, provided with their response of 22 July 2022, acknowledged the deficit and included action items to bring appraisals up to date, to review performance management procedures and to update appraisal tools for clinical and non-clinical staff.

The Approved Provider has identified appropriate improvement actions. However, the service’s own procedures were not followed prior to the Site Audit to support regular monitoring and assessment of staff performance. Consequently, I find the service non-compliant with requirement 7(3)(e).

I am satisfied the remaining 4 requirements in Quality Standard 7 are compliant.

Consumers confirmed there were sufficient staff to meet their needs and said staff respond promptly to call bells. Staff said there are sufficient personnel deployed at the service.

Consumers and their representatives were highly positive about staff at the service, confirming they are kind, caring and thoughtful. Observations confirmed positive interactions and rapport between staff and consumers.

Consumers and their representatives were confident staff have the skills and training to perform their roles and were satisfied with the care provided. Staff said the induction process was effective. Observations showed the service has established processes to ensure staff are competent, trained and have the relevant experience, qualifications and probity checks. Some staff expressed the need for further training, however no feedback indicated staff were unable to safely and effectively perform their roles.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Effective organisation wide governance systems relating to the following:
  + information management;
  + continuous improvement;
  + financial governance;
  + workforce governance, including the assignment of clear responsibilities and accountabilities;
  + regulatory compliance;
  + feedback and complaints.

The Assessment Team brought forward deficits in continuous improvement, workforce governance and feedback and complaints, as outlined previously in Quality Standards 6 and 7. Relating to continuous improvement, the Site Audit Report noted the organisation-wide Continuous Quality Improvement Plan had expired and contained only four items relating to the service, including a requirement for internal audits and outcomes reporting which was not completed in 2021. Management confirmed deficits in the complaints handling system impacted on the service’s continuous improvement system and considered the service would benefit from a separate continuous improvement plan.

The Approved Provider’s response of 22 July 2022 acknowledged the identified deficits and referred to improvement actions previously outlined in Quality Standards 6 and 7. They outlined continuous improvement governance initiatives, including the development of procedures to support use of the service’s continuous improvement plan, a new audit schedule and appointment of an experienced project manager to implement the response to audit findings.

I acknowledge the Approved Provider’s plan to achieve compliance and to improve governance and oversight at the service, however I am satisfied there were deficits in three relevant governance systems at the time of Site Audit. I find existing governance systems either did not identify or did not address shortcomings discussed above. Improvement efforts identified since the Site Audit cannot demonstrate compliance and will require time and resources to embed. Consequently, I find the service non-compliant with requirement 8 (3)(c).

I am satisfied the remaining 4 requirements of Quality Standard 8 are compliant.

Consumers said they have direct input to care delivery but would like consumer meetings to resume, as previously discussed. Staff described representative input into care.

The service is linked with an adjacent hospital and is part of the same organisation. The governing body supports the delivery of safe, inclusive and quality care through a clinical governance framework supported by the hospital and relevant clinical governance policies. Recent safety initiatives driven by the governing body demonstrate its commitment to safety and quality.

The service has a documented risk management framework covering high impact and high prevalence risks, abuse and neglect, incident management and consumer quality of life. Staff understood how the policies apply to their roles.

The service has a documented clinical governance framework which addresses minimisation of restrictive practices, antimicrobial stewardship and open disclosure. Staff confirmed they had received instruction on those policies and understood how they apply to their roles.

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)