Performance

Report

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| Name: | The Pioneers Lodge |
| Commission ID: | 0080 |
| Address: | 15 - 23 Sidlow Road, GRIFFITH, New South Wales, 2680 |
| Activity type: | Site Audit |
| Activity date: | 19 February 2024 to 21 February 2024 |
| Performance report date: | 12 April 2024 |
| Service included in this assessment: | Provider: 1729 The Pioneers Lodge Limited  Service: 96 The Pioneers Lodge |

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 The Pioneers Lodge (**the service**) has been prepared by E Woodley, 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 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 5 April 2024.

# 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 | **Not 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 | **Not 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.

* Standard 3, Requirement 3(3)(a) – the provider must demonstrate personal and clinical care provided to consumers is safe, effective, best practice, tailored to their needs, and optimising their health and well-being. The service must demonstrate effective systems and processes to ensure consumers subject to restrictive practices are identified appropriately, with informed consent, assessment, and behaviour support planning undertaken in line with legislative requirements.
* Standard 8, Requirement 8(3)(e) – the provider must demonstrate the clinical governance framework implemented at the service effectively ensures the oversight, monitoring, and evaluation of safe and quality clinical care for consumers. The clinical governance framework must support and provide appropriate guidance for the service to provide safe and quality clinical care including regarding restrictive practices and to manage unplanned weight loss.

# 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 the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said that consumers are treated with dignity and respect and that their identity, culture, and diversity is valued. Staff were able to describe the cultural backgrounds of sampled consumers and explain how this influences their care. Care planning documentation for sampled consumers demonstrated respectful language was used, and reflected consumer’s identity and diversity and how this influences care delivery. Staff interviewed were able to describe how they support consumers to make choices, maintain their independence, and engage in relationships of choice. Care planning documentation identified consumer’s individual choices regarding care delivery, who is involved in their care, and how the service supports them in maintaining relationships that are important to them.

The service demonstrated processes to support each consumer to take risks in order to live their best life. This included conducting and reviewing risk assessments when necessary, discussion of risks with the consumer and their representatives, implementing risk mitigation measures, and having supporting policies and procedures in place. Consumers and representatives interviewed confirmed that they are kept informed through verbal reminders, printed information, noticeboards and emails, and this information enables them to exercise choice.

The service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Consumers interviewed felt their privacy is respected, including by staff knocking on doors before entering their rooms and giving them privacy when they are spending time with family and friends. The Assessment Team observed staff practices were effective in maintaining consumer privacy. For example, nurse stations were locked, computers were password protected and locked when not in use, care was provided to consumers in a private setting, and the service had policies to ensure that personal information collected is kept confidential and used for relevant purposes only.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as compliant as the five specific Requirements have been assessed as compliant.

The Assessment Team found that consumer care planning documentation generally identified and addressed consumer’s current needs, goals and preferences, including end of life planning if the consumer wishes. However, for two consumers assessment and planning did not reflect their current needs and condition regarding catheters. While for these two consumers, their care plans did not accurately reflect their current catheter requirements, this was rectified during the Site Audit with continuous improvement action taken to prevent further deficits in catheter care planning. Since the Site Audit, the service has improved their continence management plans and assessments including prompts for catheter care, and delivered staff education.

I am satisfied that, overall, the service has effective processes to ensure assessment and planning identifies and addresses consumer’s needs, goals and preferences, including end of life and advanced care planning.

Consumers and representatives confirmed that staff regularly discuss consumer care needs with them, and any changes requested are addressed in a timely manner. Some care planning documentation for sampled consumers identified evidence of review on both a regular basis and when circumstances changed, such as deterioration or incidents. However, the Assessment Team found the service had not followed their policy to review care plans at least every three months, and the service had not identified that care plans were not being reviewed in accordance with their policy.

The provider’s response to the Site Audit report acknowledges that not all consumer’s care plans were reviewed in accordance with the service’s policy. The service provided evidence they have reviewed and updated care plans for consumers to ensure documentation is current and comprehensive. The service has implemented additional processes and oversight to ensure care plans are reviewed regularly including daily reviews of the clinical management system, development of a new review schedule with care plans designated to specific staff members, and increased oversight of these processes.

While the service had not reviewed all consumer’s care plans in accordance with their policy during the Site Audit, most care plans reviewed by the Assessment Team were reflective of consumer’s current condition, needs, goals and preferences. The Assessment Team did not identify any adverse impacts to consumers as a result of care plans not being reviewed in line with the service’s policy, and the service has implemented continuous improvement to ensure care plans are reviewed regularly in line with relevant policies.

Overall, I am satisfied that the service has processes to ensure 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.

The Assessment Team reviewed several care plans for sampled consumers which generally demonstrated effective assessment and care planning with consideration of individual risks to the consumer’s health and well-being. The Assessment Team found risks associated with medication management, skin integrity, and dietary and mobility requirements are considered in assessment and planning. The service demonstrated assessment and planning is completed in partnership with consumers, relevant representatives, and other providers of care the consumer wishes to involve. For sampled consumers, relevant representatives, medical officers, and allied health professionals were involved in regular care plan evaluations. Consumers and representatives interviewed said the service regularly communicated changes relating to care and services with them and that staff explain things to them if needed. Consumers and representatives interviewed were aware they could access and receive a copy of the consumer’s care plan if they wish.

# 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. | Not 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

The Quality Standard is assessed as not compliant as one of the seven specific Requirements has been assessed as not compliant.

Overall, the service demonstrated effective wound management, and identification and management of pain for consumers including those with changed behaviours. For consumers who were identified by the service as subject to restrictive practices, the Assessment Team found evidence of informed consent and the use of behaviour support plans that identified individualised non-pharmacological interventions to manage behaviours. However, the service had not identified several consumers who were subject to chemical restrictive practices and therefore these consumers did not have the appropriate consent and documentation in place. The Assessment Team identified that consumers were subject to environmental restrictive practice due to locked doors with keypads that had codes removed and not replaced following maintenance. The Assessment Team also identified some gaps in wound assessment and monitoring for one consumer, and for two consumers blood glucose levels were not monitored in line with their directives.

The provider’s response to the Site Audit report identifies that following the Assessment Team’s feedback, the service reinstalled codes on keypads ensuring consumers have free access throughout the facility. The service formalised their approach to environmental restrictive practice, and completed assessments, consents and relevant behaviour support plans for consumers identified as subject to restrictive practices. The service undertook training and review with staff and medical officers to ensure accurate identification of restrictive practices. Deficits in wound and diabetes management for identified consumers have been rectified, with additional staff training delivered in response.

While the service has implemented continuous improvement in response to the Site Audit report, the service had not self-identified deficiencies in their identification and management of chemical and environmental restrictive practices. This led to consumers being subjected to restrictive practices without appropriate consent, assessment, and behaviour support planning. Continuous improvement implemented by the service requires times to ensure it is effective in identifying and managing consumers subject to restrictive practices in line with legislative requirements.

I find Standard 3, Requirement 3(3)(a) is not compliant.

Consumers and representatives interviewed by the Assessment Team expressed satisfaction with how the service manages high impact and high prevalence risks associated with consumer’s care, and described actions taken by the service to manage these risks which aligned with care planning documentation reviewed. The service demonstrated the effective management of consumers post-fall to mitigate risk of injury and of further falls. The service has systems to communicate high impact and high prevalence risks for consumers with staff across the service. While the Assessment Team found that risks associated with monitoring of blood glucose levels and restrictive practices were not effectively managed for consumers, I have considered this in my assessment of Standard 3, Requirement 3(3)(a). I am satisfied that the service has processes to effectively manage the high impact and high prevalence risks for consumers.

The service demonstrated the needs, goals, and preferences of consumers nearing the end of their life were recognised and addressed, with their comfort maximised and dignity preserved. Sampled consumer care plans evidenced the inclusion of an advanced care directive and discussions with representatives regarding palliative care where appropriate. Consumers and representatives confirmed that the service had initiated end of life planning conversations with them and expressed satisfaction about how the service provides care to consumers nearing the end of their life.

Care planning documentation for sampled consumers evidenced timely identification of deterioration and changes in condition. Clinical staff explained the process to communicate and manage deterioration. For example, discussion during handovers, commencement of monitoring and charting, referrals to a medical officer or specialist, and review of care planning documentation. Staff described how information regarding consumer condition, needs, and preferences are documented and communicated within the organisation and with others where clinical care is shared. The Assessment Team observed that care planning and handover documentation generally provided consistent and accurate information to support effective and appropriate sharing of the consumer’s information.

Care planning documentation for sampled consumers evidenced the involvement of medical officers, allied health professionals, and other providers of care. Consumers and representatives interviewed said referrals made were timely and appropriate, and described how they had access to a range of organisations and health professionals relevant to their care needs.

The service demonstrated that infection-related risks were adequately managed, and measures were in place to prevent infectious outbreaks. All consumers and representatives interviewed expressed confidence in the service’s minimisation of infection-related risks and said that staff were always observed to be practicing hand hygiene, consistent with the Assessment Team’s observations. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they take to minimise the need for antibiotics. The service has implemented policies and procedures to guide staff regarding antimicrobial stewardship, and infection prevention and control.

# 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 the seven specific Requirements have been assessed as compliant.

All consumers interviewed by the Assessment Team said they feel supported to pursue activities of interest to them, and their emotional, spiritual, and psychological well-being is supported by the service. The service demonstrated it partners with consumers and/or representatives to conduct assessments which identify the consumer's individual preferences including their likes, dislikes, leisure interests, social, emotional, cultural, or spiritual needs, and any traditions important to them. Staff interviewed could describe what is important to specific consumers and what they enjoy regarding activities of daily living, and this aligned with information in the consumer’s care planning documentation. Activities of daily living enabled consumers to participate in their community within and outside of the service environment and keep in touch with people who are important to them. The service demonstrated the religious needs of consumers are met, and strategies are in place to identify consumers who require additional emotional or psychological support.

Interviews with consumers and staff demonstrated information about the consumer’s condition, needs and preferences for daily living is communicated within the organisation, and with others where responsibility for care is shared. This included information regarding dietary needs and preferences, and any allied health support required in response to a consumer’s condition. The service demonstrated timely and appropriate referrals are made to providers of care and services to support consumer’s daily living. For example, to the local library, religious ministers, volunteers, and for visiting performances.

Consumers and representatives interviewed expressed satisfaction with the quality, quantity and variety of meals provided at the service, and said any feedback on the meals is acted on. Staff described how they ensure that consumer choices are supported and arrange alternative meals if the consumer wishes. Documentation reviewed described the dietary needs and preferences of consumers, and observations by the Assessment Team demonstrated that meal services in all dining areas were punctual and well-coordinated, with staff providing supervision and assistance as needed.

Consumers reported having access to equipment, including lifestyle equipment and gardening tools, to assist them with their daily living activities. Staff interviewed could describe how equipment is kept safe, clean, and well maintained. The Assessment Team observed clean and well-maintained equipment throughout the Site Audit.

# 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 the three specific Requirements have been assessed as compliant.

Interviews with consumers and representatives, and observations by the Assessment Team, demonstrated the service environment is welcoming, easy to understand, makes consumers feel at home, and creates a sense of belonging, independence, interaction, and function. The Assessment Team observed the service environment to have sufficient lighting, handrails for consumers to move around, and clear signage throughout the service including for room numbers. Consumers are encouraged to decorate their rooms with personal photos and belongings.

The Assessment Team observed the service environment to be clean and well maintained. While the Assessment Team identified that some locked doors prevented consumers from moving freely between different areas of the service, this was rectified by the service during the Site Audit by placing the codes on the relevant keypads. Consumers were generally able to move around the service, and no consumer raised any issues regarding access to locked areas. I have considered the deficiencies in the identification of environmental restrictive practice in Standard 3, Requirement 3(3)(a).

Consumers and representatives interviewed said service environment, furniture and equipment is safe, clean, and well maintained. The service’s processes and schedules for cleaning and maintenance of the service environment, furniture, fittings, and equipment were demonstrated to be effective.

# 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 the four specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team described the different ways they were able to provide feedback and make complaints, and said they felt comfortable raising any concerns. The Assessment Team observed information about the feedback and complaints processes, as well as feedback forms with locked boxes for submission of these forms, throughout the service. Consumers and representatives interviewed said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints but preferred to raise concerns within the service. The Assessment Team observed information about external advocacy services displayed throughout the service and in the consumer handbook.

Consumers and representatives said the service responds appropriately to concerns or complaints, and described how the service practices open disclosure in response. Review of complaint documentation by the Assessment Team demonstrated the service responds to feedback and complaints in a timely and appropriate manner, including keeping the complainant informed throughout the investigation process and using open disclosure. The service demonstrated that feedback and complaints were trended to make improvements across the service and improve the quality of care and services delivered. For example, a representative identified that the service had recently implemented a new communication application in response to feedback from consumers and representatives about communication from the service.

# 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 the five specific Requirements have been assessed as compliant.

Most consumers and representatives interviewed by the Assessment Team said that the service has sufficient staff to provide safe and quality care and services to consumers. Service management demonstrated effective workforce planning to ensure adequate staffing levels to meet consumer needs, fill unplanned vacancies, and ensure consumer call bells are answered in a timely manner. The service demonstrated workforce interactions with consumers are kind, caring, and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives interviewed said staff are kind and caring, and always gentle when providing care and services. Staff were observed by the Assessment Team always interacting with consumers in a positive, caring, and respectful manner throughout the Site Audit.

Consumers and representatives interviewed said staff perform their duties effectively and expressed confidence in staff competency. The service demonstrated systems to ensure staff have the required qualifications, competencies, legislative checks and registrations for their relevant roles. The service ensures staff are competent and capable to perform the functions required by their job description through orientation processes, mandatory and ad hoc training regarding the Quality Standards, and annual competencies relevant to their position. Consumers and representatives said that staff are well trained and have the knowledge and skills required to deliver care and services to consumers. Care and clinical staff interviewed confirmed they are supported by the service with sufficient training to deliver quality care and services to the consumers. Staff said they feel comfortable requesting additional training from management when they identify gaps in knowledge. Staff were able to demonstrate an understanding on topics including the serious incident response scheme, elder abuse and open disclosure, and were able to explain their roles and responsibilities when it came to these areas.

The Assessment Team found staff did not demonstrate an adequate understanding of restrictive practices to appropriately identify and manage consumers subject to chemical and environmental restrictive practices. However, I have considered this in my assessment of Standard 3, Requirement 3(3)(a) regarding restrictive practices not being in line with best practice and legislative requirements, and Standard 8, Requirement 8(3)(e) regarding clinical governance not being effective to minimise the use of restrictive practices. While the service’s policy regarding weight loss did not provide adequate guidance for staff on managing significant weight loss, I have considered this in my assessment of Standard 8, Requirement 8(3)(e). The provider’s response to the Site Audit report identifies that the service has delivered education and training sessions in response to the issues identified in the Site Audit report, and implemented continuous improvement plans that outline ongoing commitment to workforce development and education. I am satisfied that the workforce is competent and staff have the qualifications, and overall have the knowledge, to effectively perform their roles.

Staff interviewed by the Assessment Team said they have received a performance appraisal within the last 12 months, during which they felt supported by management and were provided with opportunities for improvement. Service management described how the performance of staff is monitored through an annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when the need arises as per the service’s policy. Management described how they regularly assess, monitor, and review the performance of staff outside of the formal appraisal process using observations and feedback from other staff members, and provide additional education and training as required. The service demonstrated staff performance management in response to incidents. However, service documentation identified that not all staff had participated in a formal performance appraisal in the last 12 months, in line with the service’s policy.

The provider’s response demonstrates the service has implemented improvements to the performance appraisal process, including increased executive oversight and additional tracking and prompting systems, to ensure all staff appraisals are conducted in accordance with the service’s policy. While the service had not completed formal performance appraisals for all staff in accordance with the service’s policy, since the Site Audit the service has implemented additional systems and processes to ensure compliance with this policy. Additionally, at the time of the Site Audit the service did demonstrate they were undertaking regular assessment, monitoring and review the performance of staff outside of the formal appraisal process.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The Quality Standard is assessed as not compliant as one of the five specific Requirements has been assessed as not compliant.

The Assessment Team found the service’s clinical governance framework was effectively ensuring the provision of quality and safe clinical care relating to antimicrobial stewardship and open disclosure. However, the service did not demonstrate that their clinical governance was effectively minimising the use of restrictive practices. The service did not demonstrate effective processes to ensure consumers subject to chemical and environmental restrictive practices are appropriately identified to ensure informed consent, assessment and behaviour support planning is undertaken in line with legislative requirements. As the service had not identified consumers subject to restrictive practices, appropriate processes to minimise the use of restrictive practices for these consumers were not undertaken. The Assessment Team found the service’s policies regarding restrictive practices and weight loss did not provide effective guidance to staff on best practice to ensure safe and effective care.

The provider’s response to the Site Audit report acknowledges that their clinical governance framework required further strengthening, particularly around the use of restrictive practices. Since the Site Audit the service has reviewed and improved their practices regarding restrictive practices including updated policies, conducting staff training, and establishing a system for regular review and oversight of restrictive practice use aiming to minimise its application. The service also updated their policy to include a clear definition of significant unplanned weight loss and dietitian referral pathway.

While the provider has implemented continuous improvement in response to the Site Audit, the provider’s clinical governance systems had not identified deficiencies in policies, procedures, and processes to ensure safe and effective clinical care regarding restrictive practice and unplanned weight loss. The continuous improvement identified by the service requires time to ensure clinical governance is effective in its oversight, monitoring, and evaluation of safe and quality clinical care for consumers.

I find Standard 8, Requirement 8(3)(e) is not compliant.

The service demonstrated that consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through various meetings, feedback mechanisms, and care reviews. Service management provided examples of improvements to the service as a result of consumer feedback, including evidence this had been discussed at Board level meetings. The service demonstrated that the organisation is governed by a Board that promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The Assessment Team found the organisational structure facilitates the oversight and governing of the delivery of quality care and services. Review of Board meeting minutes evidenced the regular monitoring of consumer satisfaction by management and the organisation’s governing body. The Board ensures compliance with the Quality Standards through monthly reporting of clinical indicators which are discussed during Board meetings, feedback from consumers and representatives, continuous monitoring around service practices, and through internal audits.

The Assessment Team found the service demonstrated effective organisational governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. The service’s information management systems were demonstrated to be effective and fit for purpose including to enable staff access to relevant documents and policies, and regarding care delivery, incident management and training. The service is supported by the governing body to make financial purchases to improve the service and for the needs of consumers. The Board has oversight over feedback and complaints through regular reviews of the service’s feedback and complaints during monthly Board meetings. Service management described how the service’s workforce is governed and managed to make sure the workforce is sufficient and skilled to provide safe and quality care and services. While the service did not have effective processes to follow legislative compliance requirements regarding restrictive practices, I have considered this in my assessment of Standard 8, Requirement 8(3)(e).

The service generally demonstrated effective risk management systems and practices, including management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. The service demonstrated they identify high impact and high prevalence risks through clinical indicators, internal audits, and regular reporting, and manage these risks in line with the service’s policies and procedures. The service demonstrated incidents are identified, reported and managed in line with the service’s policies and procedures, including lodging incidents in the service’s incident management system. The service has several mechanisms to ensure that all serious incidents are appropriately reported including daily review of the service’s incident register, daily catch-ups with clinical staff, internal audits and monthly clinical and Board meetings during which clinical indicator data is discussed.

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)