Performance

Report

**1800 951 822**

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| Name of service: | The Whiddon Group - Narrabri - Jessie Hunt |
| Service address: | 84 Gibbons Street NARRABRI NSW 2390 |
| Commission ID: | 2678 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 16 June 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 The Whiddon Group - Narrabri - Jessie Hunt (**the service**) has been prepared by Melissa Buhagiar, 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 conducted 9 to 11 May 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional Circumstances Determinations dated; 15 December 2022, 21 June 2022 and the 2 December 2021.

**Assessment summary**

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

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

**Areas for improvement**

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

**Standard 1**

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

**Findings**

The Assessment Team interviewed consumers and representatives who confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Sampled consumers care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. Staff were observed interacting with consumers respectfully and were familiar with consumer’s backgrounds. The service has policies that outline what it means to treat consumers with dignity and respect.

The Assessment Team found that the service demonstrated that care and services are culturally safe. Staff were able to identify cultural backgrounds and preferences of consumers that were reflected in care plans. Care plans reviewed included information on consumers’ individual care and service preferences, relevant cultural and religious beliefs. Care staff were able to describe how the consumer’s culture influenced delivering care and services in a culturally safe way. Consumers are supported to decorate their rooms reflecting their individual taste and identity.

Consumers and representatives interviewed described how they are supported to exercise choice and independence and maintain relationships that are important to them. Staff were able to describe how consumers are supported to make informed choices about their care and services. The organisation has policies on supporting consumers to maintain relationships of choice and to drive decision making, which staff were able to explain.

The Assessment Team found that the service was able to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. Staff interviewed were able to provide examples of consumers who are supported to take risks. These risks were reflected in consumer care planning documentation including completed risk assessments, consumer preferences and risk-taking activities with consent given.

Consumers interviewed indicated they are kept informed about what is happening and have information available to them in a format that is easy to understand. The service has a range of mechanisms in place to ensure consumers are provided with current, accurate and timely information to enable them to exercise choice.

The Assessment Team found that the service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representatives confirmed their privacy is respected. Staff were able to describe the practical ways they respect the personal privacy of consumers, including knocking and waiting for a response before entering their rooms. The Assessment Team observed staff respecting consumers’ privacy and dignity when delivering care and services and staff were aware of the service’s policy on privacy and confidentiality.

**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 Assessment Team found that service was able to demonstrate assessment and planning considers risks to each consumer’s health and wellbeing and informs the delivery of safe and effective care and services. Consumers and representatives interviewed confirmed that they receive the care and services they need. Staff were able to describe the assessment and care planning process, and how it informs the delivery of care and services. The Assessment Team reviewed sampled consumer care plans, which demonstrated effective assessment and care planning and identified individual risks to the consumers.

The Assessment Team reviewed consumer files which demonstrated assessment and planning reflect consumers’ goals and preferences. Advance care directives and/or end of life discussion outcomes are in place for several consumers. The management team advised end of life and advance care planning is discussed with consumers and representatives at admission and/or care conferences/reviews, and documentation supported this process.

The service was able to demonstrate that it partners with consumers, and others who consumers wish to involve, in the planning and assessment of care. Care planning documentation evidence regular review and evaluations and involvement of a diverse range of external providers and services such as medical officers, physiotherapists, dietitians and speech pathologists in consumer care. Consumers and representatives interviewed were able to explain who was involved in their care. Staff explained how they actively collaborate with consumers, representatives and other providers of care to ensure quality care is provided.

The Assessment Team found that the service was able to demonstrate the outcomes of assessment and planning are effectively communicated to the consumer and representatives and documented in an electronic care planning system. Consumers and representatives interviewed said they feel the service maintains good communication with them, particularly around changes in care and medication, and said that staff explain things to them clearly and clarify clinical matters if needed. Clinical staff said representatives are contacted through telephone and email conversations.

For all consumers sampled, care planning documentation identified evidence of review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents such as falls. Management and clinical staff could describe how and when consumer care plans are reviewed. Consumers and representatives interviewed said that clinical staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner.

**Standard 3**

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

**Findings**

The Assessment Team reviewed documentation for sampled consumers which indicated consumers consistently received safe and effective personal or clinical care that is considered best practice, tailored to individual needs, and optimises their health and well-being. The service attends root cause analyses of consumer incidents to assist with ensuring consumer care is safe and effective. Consumers and representatives interviewed indicated satisfaction with clinical and personal care they received. Staff demonstrated a sound knowledge of the consumers care and how they provide personal care that is tailored to consumer needs. The registered and enrolled nurses demonstrated how they provide care for consumers that is effective and safe.

Documentation reviewed for sampled consumers who have restrictive practices in place or psychotropic medications prescribed indicated they all had documentation confirming the medication prescribed and informed consent is in place. Documentation supports regular review of consumers restrictive practices. Reviews have led to the cessation of consumers psychotropic medication and chemical restrictive practices as their medical and behaviour conditions allow.

Documentation for consumers sampled indicated their clinical care is being well managed by staff. All consumers who are living with diabetes have their blood glucose levels (BGL) monitored in line with their needs. Documentation indicated staff are managing consumers' diabetes effectively. For consumers sampled with ongoing wounds, a review of documentation indicated the registered nurses or enrolled nurses are attending consumer wounds. This includes the wound healing process, pain monitoring during care and following wound care instructions. For consumers sampled who experience acute or chronic pain documentation indicated staff are monitoring and managing consumers individual pain and overall providing effective pain management strategies. Documentation for consumers sampled indicated that consumers receive personal care tailored to their needs, optimising their wellbeing and health.

The Assessment Team interviewed consumers and representatives who overall, indicated satisfaction with the management of risks associated with the care of consumers. The service demonstrated high impact and high prevalence risks are overall effectively managed through clinical governance systems and procedures to identify and manage risk. Management and registered staff were able to describe the high impact and high prevalence risks for consumers at the service.

Management indicated they monitor key clinical indicators related to incidents to aid the identification of high impact and high prevalent consumer risk. This includes such indicators as falls, medication management, pressure injuries and other skin injuries/conditions, psychotropic medication usage, choking, unplanned weight loss and restrictive practices. Risks were updated in the consumer care planning documents, and planned interventions to minimise risk were implemented.

For the consumers sampled who are nearing the end of their lives, documentation indicates the consumers’ care needs and preferences have been identified by staff. Their wishes and directives (advance care/end of life/case conference) has been incorporated into the consumer’s care plan and associated documents. The service ensures a substitute decision-maker is identified and documented. Consultation occurs with consumers and representatives when referral to palliative care is required or when a consumer commences on a palliative pathway and or is nearing end stage/end of life.

The service demonstrated consumers who have experienced a deterioration or change in their cognition, condition, function and/or mental health have their needs recognised and responded to in a timely manner. The registered nurses liaise with deputy director of care services and the consumer’s medical officer when a consumer’s care deteriorates. Communication and consultation with the consumer and their representative occur. For consumers sampled, their care planning documents and/or progress notes reflect the identification of, and response to deterioration or changes in function/capacity/condition.

The service communicates the consumer's condition, needs and preferences within the organisation and with others where responsibility for care is shared using the electronic care program, referral system, emails and verbal and written handover communication. All consumers have comprehensive care plans in place. Preferences are documented on admission and whenever raised by consumers.

The Assessment Team reviewed care planning documents which evidenced the input of others such as allied health professionals and specialists. Referrals were made when required. For example, there was evidence of referrals to a speech pathologist, dietician, wound specialist and Dementia Services Australia. The input from the specialist and allied health professional is generally documented in the consumers’ clinical file.

The Assessment Team spoke to staff who demonstrated an understanding of antimicrobial stewardship and the principles for outbreaks as well as standard precautions. The service had an outbreak preparedness/management plan and associated documents in place to guide their practice in the event of an outbreak. There is an infection prevention control lead (IPC lead) for the service, who manages Jessie Hunt and their co-located service Robert Young. The service has a surveillance system in place to record when infection incidents occur. The IPC lead indicated the staff request the medical officer to order pathology prior to commencing antibiotics. Consumers who have consented have had their COVID-19 and influenza vaccinations. Antiviral medication consents for all consumers who have consented to the medication usage. Staff were observed wearing face masks and washing and sanitising hands throughout the Site Audit.

Care planning documentation for consumers sampled indicated when consumer infections have occurred and or preventative measures to mitigate risk of reoccurrence of a repeat infection.

**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 Assessment Team interviewed consumers and representatives who indicated they feel supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Consumers provided a range of positive feedback around recreational activities, laundry, and cleaning services. Lifestyle and care staff could explain how consumers’ preferences and needs are identified and communicated. Staff could explain what sampled consumers like to do and this is aligned with information in their care plans. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities on several occasions during the Site Audit.

Consumers indicated their emotional and spiritual needs are met. They consistently expressed satisfaction with the caring and supportive attitude of staff. The service has systems to support consumers spiritual needs and refers to appropriate services for psychological and other supports if needed. Information about consumers spiritual and emotional supports is captured in their care and services planning documentation.

Consumers interviewed said they are supported to keep in touch with people who are important to them, and visitors feel welcomed to the service. Consumers said they are supported to do the things they like to do both inside and outside the service. Consumers said they feel information regarding their daily living, choices and preferences is effectively communicated and staff who provide daily support understand their needs and preferences. For the consumers sampled, the care documentation inclusive of progress notes, assessments, care plans and handover notes, provide adequate information to support effective and safe sharing of the consumer’s care.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer’s care planning documentation provided evidence the service collaborates with external providers to support the diverse needs of consumers this includes Dementia Services Australia, hairdressers, pet therapy, audiologists, NDIS and spiritual leaders.

The service demonstrated they provide meals that are varied and of suitable quality and quantity. The service provides meals on an 8-week rotating menu which are prepared seasonally (summer and winter). Recipes have been reviewed by a dietitian to ensure they are nutritionally sound. The chef said prior to implementing seasonal menu, feedback is sought from the consumers to gain approval and feedback. Consumers interviewed gave positive feedback saying the food was hot, had variety and there was enough to eat.

Consumers interviewed indicated they felt safe using the service’s equipment while feedback from management and staff as well as observations by the Assessment Team indicate equipment to support consumer lifestyle is safe, suitable and clean. Four-wheel walkers, lifters, slings and other activity equipment appeared to be suitable, clean, and in good condition. The service has a system for ensuring equipment is cleaned by staff following use.

The Assessment Team interviewed staff who confirmed they have access to the equipment and resources they need to support consumers. They indicated if there are issues with the equipment, they report this to maintenance, and if necessary, maintenance report to management and discuss opportunities for replacement or replenishment. The lifestyle staff said management was supportive when they have requested new equipment.

**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 service is currently under renovations, (with one wing nearly at occupancy stage), however consumers interviewed indicated the renovations were not causing major disruption to their interaction, function and independence in moving around the service. Consumers and representatives indicated the service is welcoming and feels like home despite the renovations in progress (currently consumers are residing in the 2 un-renovated wings). The consumers interviewed also indicated they are kept well informed of the renovation progress. For example, consumers who are currently residing in Boheena wing indicated they will be relocated to Nandewar wing when occupancy handover occurs. There is an outdoor garden area for the consumers to enjoy the fresh air and communal area for activities, watching television and dining. Consumers were observed moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. Consumers interviewed indicated they feel at home, and the service optimises their sense of belonging.

The service demonstrated that there are processes in place to for a safe, maintained environment. However, on day one of the Site Audit the service did not have construction curtains erected/hung in the lounge/dining/ kitchen area allowing building dust to float throughout the area. Management immediately addressed the issue when the Assessment Team raised this with them. Building curtains to minimise the spread of building dust were immediately hung and were in place for the remainder of the Site Audit. The service environment still enables consumers to move freely, both indoors and outdoors at the service despite the building works.

Furniture replacements in common areas and consumer rooms (as needed) will occur as part of the renovation. Currently furniture and fittings are tired, stained and/or worn. Equipment such as lifters and wheelchairs were observed to be generally clean, maintained and used safely. Cleaning and maintenance schedules are in place and carried out by the Maintenance officer. Most consumers said they felt their equipment was suitable for their needs.

Consumers interviewed described the service, furniture and equipment as mainly clean, generally maintained and comfortable. They indicated they report maintenance issues to the staff and maintenance staff attend to their request in a timely manner.

**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 Assessment Team interviewed consumers and representatives who confirmed they are comfortable providing feedback and complaints at the service and staff listened to them when they have a complaint. Management has an open-door policy for consumers and representatives to offer suggestions and or tell their concerns. Also, consumers and representative have the opportunity during their case conference to provide feedback and or offer suggestions for improvement. The service provided examples of how consumers and their representatives are encouraged to give feedback.

The service demonstrated consumers and their representatives are encouraged and supported to provide feedback and make complaints. There are processes for complaints to be made internally and externally. Staff were able to describe complaints processes and how they can assist consumers to provide feedback. Internal processes to provide feedback and complaints include feedback forms, a secure mailbox at the service for anonymous complaints, consumer meetings and verbal communication to staff or management.

Some consumers and their representatives sampled indicated they are aware of advocacy and language services that are available to them and referenced the promotional material displayed at the service. Most consumers and representatives interviewed however, indicated they preferred to raise their concerns directly with staff and/or management and these were addressed. Management indicated that they did not currently have any consumers who required any advocacy or interpreter services.

Management indicated the representatives of consumers with a cognitive impairment are encouraged to advocate for their consumer to ensure their needs are being met. Management explained the NDIS workers if required will advocate for the consumers they visit.

The Assessment Team observed brochures and posters displayed around the service and in the services handbook which provided information on external complaints agencies, advocacy services.

The service’s feedback and complaints policy include a section explaining open disclosure. Staff interviewed were able to explain how they applied open disclosure should they receive feedback or a complaint. Most sampled consumers and representatives said they had no need to make formal complaints as the service addressed any concerns they had in a timely manner and acknowledged when there was an issue and provided an apology.

The Assessment Team reviewed the service’s complaints and compliments register that showed that feedback, compliments, and complaints have been managed in accordance with the service’s feedback and complaints policy which included the use of open disclosure.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of consumer care and services. Management and staff confirmed the service has an effective quality system and feedback is used to identify improvements. The service has a process of tracking complaints and feedback received through its complaints register and feeding the information into its plan for continuous improvement (PCI) as required.

The main improvement in response to feedback to the services offered is the renovations which will provide consumers with the maximum of 2 consumers sharing a bathroom instead of 5 that is currently in place.

**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 Assessment Team interviewed consumers and representatives who were happy with the care and services provided at the service. Consumers and representatives provided feedback that staff them with required care and services in a timely manner. The service was able to explain how its workforce is planned to meet the needs of the consumers and provide safe and quality care. While some staff said some shifts are not filled, feedback and review of care and services showed the reduced number in staffing level does not have a negative impact on consumers. Consumers and representatives interviewed indicated workforce interactions with consumers are kind, caring and respectful. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful of consumer’s identity culture and diversity during the Site Audit.

The service demonstrated the workforce has the necessary qualifications to effectively perform their roles. The service described its orientation program for all new staff including agency staff. The management team provided evidence that staff were mostly up to date with their competency assessments required to maintain their skills. The competencies completed by staff include, medication management, hand hygiene, donning and doffing, and manual handling. The management team provided the organisation’s matrix of required staff competencies. They also provided records of staff completion dates of the annual competency assessments. The organisation has documented core competencies/capabilities for different roles, and a range of mandatory training programs include practical competency-based assessments. Professional registration documentation reviewed indicated that all staff clinical/care registrations are current.

The service has processes for recruitment, orientation and training that equips staff to deliver most outcomes required by the Quality Standards. This was evidenced by reviewing staff training completion rates, feedback from consumers and representatives, management and staff.

New staff were able to describe the orientation process and said they think the buddy shifts work well.

Review of staff training records indicated the service was over 50% for all mandatory training in 2023 and all staff had completed mandatory training in 2022.

However, most staff interviewed could not describe the new reform Code of Conduct for Aged Care. Most staff thought it related to the organisation’s code of conduct.

When this was raised with management they indicated and provided evidence they had sent out information to staff regarding the Code of Conduct for Aged Care in December 2022 and followed this up at a staff meeting in January 2023.

While most staff could not describe the new Code of Conduct for Aged Care, management provided evidence of further training being provided to staff and other training was up to date and being monitored.

The service demonstrated how the performance of staff is regularly reviewed, goals are set by staff and action is taken in response to staff performance. Staff outlined how their performance is monitored through annual performance appraisals.

Management described the performance appraisal process where staff complete a formal discussion with management at least annually. Management said the discussion provides employees with an opportunity to receive feedback and contribute to their performance and development opportunities. All staff interviewed could describe the annual performance appraisal process and the outcome of their last performance appraisal.

The quality manager provided evidence that 100% of staff performance appraisals have been completed for 2022 and 2023 has commenced.

**Standard 8**

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

**Findings**

The Assessment Team found the service was able to demonstrate it supports consumers and their representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service incorporates consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. Management indicated the service encourages consumers to engage in the development, delivery, and evaluation of care services through different means, for example, resident meetings, feedback processes and surveys.

The service is currently undergoing renovations as a result of consumer and representative feedback requesting more bathrooms and space. Consumers and representatives indicated they have been engaged in the renovation process and the service has kept them well informed of renovation timelines and progress.

The Assessment Team reviewed the service’s feedback register indicating consumers input into changes at the service. For example, consumers at the strategic planning roadshow 2023 raised the issue about the lack of bus outings at the service due to lack of a volunteer bus driver. As a result, the chief executive officer approved the funding of an employed bus driver in direct response to consumer feedback/engagement. Recruitment is currently underway for the position.

The service was able to demonstrate its governing body promotes a culture of safe, inclusive, and quality care and services. The Assessment Team interviewed the regional general manager who provided examples of how the governing body monitors the services compliance with the Quality Standards, and how the governing body ensures it is accountable for the delivery of care and services across the organisation.

The organisation promotes quality care and services at Jessie Hunt that is culturally safe, inclusive and being mindful of consumers, community expectations, cohorts and diversity. The service demonstrated the organisations values and policies in relation to the promotion of culturally safe care is effective in meeting consumer needs. The organisation demonstrated accountability/monitoring for the service’s delivery of culture of safe, inclusive, and quality care and services, through the services reporting process to the executive.

The Assessment Team reviewed the organisation’s governance structure and framework which identifies a leadership structure who hold accountability for the quality and safety of care provided to consumers.

The service was able to demonstrate it has effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Information management systems include an electronic care planning system, quality, incident, feedback and risk management system with reporting capabilities for service management and executive staff to monitor and evaluate. There are a range of meetings, reports and other information that are reported from the service to the executive team, addressed/analysed at relevant subcommittees and as required escalated to the board.

Improvements from audit findings, identified areas for clinical improvements such as increased clinical indicators, surveys and feedback are added to the organisational PCI and findings are then filtered up to the relevant subcommittee for review, and escalated to the board when required. An example of a 2023 organisational wide/global system improvement is the proposed roll out of a new electronic medication management program to improve organisation wide medication management systems, processes and safety.

There are financial delegations assigned to ensure expenditures are within budget and there are processes in place to purchase out of budget items when required. An example of purchasing outside budget was the purchase of floor line beds to improve the safety of the consumers with the assessed need to mitigate significate falls. The regional general manager approved these purchases in line with their delegated authority.

The service has a workforce baseline roster framework in place to direct staffing numbers, to endeavour to ensure there are sufficiently skilled and qualified staff to provide safe, respectful and quality care and services to consumers. The organisation has clear roles and responsibilities assigned to each staffing department and has an organisational human resources management department with oversight responsibilities in areas of workforce regulations, training and recruitment. The Assessment Team was informed the organisation are recruiting from overseas to the rural homes including Narrabri and supporting staff to obtain their registered nursing degrees and enrolled nursing diplomas. To encourage staff to the area the organisation has purchased houses that staff can reside for nominal rent for a few months until they can find rental accommodation. The organisation continues to monitor this as they are aware rental accommodation is limited in the area due to the mine in Narrabri.

The organisations feedback and complaints policy include a section explaining open disclosure. The clinical governance committee monitors complaints at the service and escalate to the executive and board as required. The organisation demonstrated feedback and complaints are reviewed and used to improve the quality of consumer care and services.

The regional general manager indicated that changes in legislation are reviewed at relevant subcommittees, policies are reviewed and ratified by the board or the subcommittee depending on the delegation authority of the subcommittee. The organisation is responsible to ensure legislative or regulatory changes are implemented at the service level.

The service demonstrated the organisations risk management systems and practices were effective to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best quality of life they can. The Assessment Team reviewed the services incident management system which demonstrated how the service effectively manages 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 Clinical Governance Framework, policy relating to antimicrobial stewardship, policy relating to open disclosure and policies and procedures relating to the use of restrictive practices, these were reviewed by the Assessment Team who found that the service demonstrated the effective implementation and application of these policies.

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