Performance

Report

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| Name of service: | The Whiddon Group - Narrabri - Robert Young |
| Service address: | 52 Gibbons Street NARRABRI NSW 2390 |
| Commission ID: | 0218 |
| 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 - Robert Young (**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 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 reported that they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed throughout the Site Audit interacting with consumers in a dignified manner. Consumers care planning documentation included information about their individual preferences, identity and culture.

The Assessment Team found the service provides culturally safe care and services. Information about consumers’ life history including their cultural and spiritual needs is captured in care planning documentation. Consumers and representatives interviewed did not raise any concerns about the service meeting their cultural needs. Staff are aware of and deliver care and services in ways that consider consumers’ preferences and needs in relation to their cultural needs.

The service demonstrates that each consumer is supported to exercise choice and independence. All consumers and representatives interviewed confirmed consumers are consulted and can make decisions whenothers should be involved in their care.

Consumers are supported to take risks to enable them to live the best life they can. Dignity of risk assessments including risk mitigation strategies are completed to support consumers who undertake activities of risk. Staff described processes they follow to support consumers to take risks to lead the best life they can. Consumer’s dignity of risk assessments completed include scooters, personal fridges, bed rails, smoking and risk of falls and injury.

The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice. Consumers interviewed indicated they are satisfied with information they receive, such as menus and lifestyle programs, to enable them to exercise choice. Consumers and representatives confirmed they receive information regarding COVID-19 updates and visitor restrictions at the service.

Documents and posters in relation to the service and other aged care services were observed throughout the service These included the monthly activity schedule; internal and external complaints mechanisms; information about advocacy services; the daily menu and meal options.

The Assessment Team found that the service has processes which are followed by staff to ensure that consumers’ privacy is respected, and their personal information is kept confidential. Consumers and representatives interviewed did not raise any concerns and confirmed the consumers personal privacy is respected and were confident their personal information is kept confidential. All consumers interviewed said staff always knock on their door before entering and that staff close the door and close curtains when assisting consumers with their personal hygiene requirements or activities of daily living. Staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumers’ privacy. Staff were observed knocking on the doors to consumers’ rooms and talking quietly to individual consumers in communal areas.

# 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 the service demonstrated assessment and planning considered risks to consumers health and well-being such as falls, high and low blood glucose levels, skin integrity, pressure injuries, co-morbidities, and previous medical history to facilitate safe, effective care delivery.

The Assessment Team reviewed consumer files which demonstrated assessment and planning reflects consumers’ goals and preferences. Advance care directives and or end of life discussion outcomes are in place for consumers sampled. Documentation reviewed indicated consumers’ behavioural goals, needs and preferences were individualised within the behaviour support plan for consumers sampled.

The Assessment Team found that overall, the service demonstrated they have a partnership with consumers and representatives to involve the consumer and representatives in the care assessment and planning of the consumer. Assessment and planning documentation included other organisations, individuals and providers of care and services that are involved in the care of the consumer such as Dementia Services Australia, speech pathologists, dietitians, occupational therapists, pain and wound specialists.

Management indicated case conferences occur with consumers and representatives regularly where care and services for consumers are discussed. Consumers and representatives interviewed indicated that staff discuss the outcomes of consumer assessment and care planning with them. The service has a care planning schedule and a case conferencing schedule which showed no outstanding reviews or case conferences.

The service has systems and processes in place to review consumer care and services on a scheduled basis, and when changes occur. Sampled consumer files demonstrated care is reviewed and updated regularly. The service demonstrated incident reports were consistently completed for incidents and near misses and that incident review/investigation and evaluation had occurred following incidents.

# 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 which demonstrates that overall consumer clinical care is effective, safe, meets their needs and optimises their well-being. Consumer and representatives indicated satisfaction with the clinical and personal care they receive. Staff interviews indicate consumers are generally receiving effective clinical and personal care tailored to their needs. Interviews with the deputy director of care services indicated they have overall responsibility for clinical oversight and the management of the care processes at the service.

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. Parameters for optimum management of a consumers BGL are in place and documentation reflects staff are managing the consumers diabetes effectively. For consumers sampled with ongoing wounds documentation indicated the registered nurses or enrolled nurses who attend consumer wounds are using best practice, demonstrating wound healing progress, 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. Consumers interviewed indicated their personal care can be altered to meet their needs and preferences on the day.

The Assessment Team reviewed consumer records for those who have restrictive practices in place or psychotropic medications prescribed, all have documentation confirming discussion of prescribed medication and the obtaining of informed consent. Documentation also indicated regular reviews with consumers and representatives are undertaken. The service is actively working towards the ongoing reduction in the use of chemical restraint, psychotropic medication and restrictive practices in general.

The Assessment Team found that the service has processes to manage high impact or high prevalence risks associated with the care of the consumer including choking and falls management. Documentation reviewed by the Assessment Team demonstrates the service is effectively managing high impact and high prevalence risks. Management and registered staff were able to describe the high impact high prevalence risks for consumers at the service. Management explained how the clinical indicators for the service aid the identification of high impact high prevalence risks.

For the consumers sampled who are nearing the end of their lives, documentation indicated the consumers’ care needs and preferences had been identified by staff. Their wishes and directives (advance care/end of life/case conference) had been incorporated into the consumer’s care file 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 the palliative pathway and or nearing end stage/end of life care.

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 service has policies to direct staff in the identification and management of the deteriorating consumer. Registered nurses liaise with the deputy director of care services and the consumer’s medical officer when a consumer’s care deteriorates.

The Assessment Team identified that communication and consultation with the consumer and their representative occurs. 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 well within the organisation and with others where responsibility for care is shared. All consumers have comprehensive care plans in place. Preferences are documented on admission and whenever raised by consumers. The service has a comprehensive verbal handover between shifts and outstanding matters are followed up by staff. Appointments and special requirements for consumers are documented, so all responsible for the care of the consumer can be aware.

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 with clinical 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 Robert Young and their co-located service Jessie Hunt. 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 influenzas vaccinations. Antiviral medication consents are in place 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 provided positive feedback indicating they receive safe and effective services and support for daily living and that the staff support their well-being and quality of life. Consumers provided a range of positive feedback around recreational activities, laundry, and cleaning services.

Consumers, representatives and leisure and lifestyle staff interviewed were able to consistently describe the services and supports available to promote consumers emotional, spiritual, and psychological wellbeing. The service has a weekly Catholic or Anglican church, an occasional Seventh Day Adventist minister and all services are available on request/referral to support consumers who request them. Documentation in care plans generally described the supports that are important and available to consumers.

Consumers and representatives interviewed spoke positively about consumers opportunities to participate in activities provided at the service. Documentation supports that consumer needs are identified in relation to their interests. Staff gave examples of how they support consumers to participate in things of interest to them and to connect with others outside the service. Three consumers indicated they had entered their flower arrangements at the Narrabri show the week before the Site Audit and had won prizes for their entries.

The service has processes are in place to document and share information about consumers’ needs and preferences both within the organisation and with others when required. The information is up to date and accurate and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. For the consumers sampled, care planning documentation provides information as it relates to services and supports for a consumer’s daily living. Care plans included documentation regarding the consumers’ condition, needs and preferences, which was consistent with the information obtained during interviews with consumers and representatives.

The Assessment Team found that the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. Staff said referrals are made to Dementia Services Australia, pet therapy, audiologists and the visiting ministers to assist with lifestyle services and supports.

The service demonstrated they endeavour to provide meals that are varied and of suitable quality and quantity. Most consumers interviewed gave positive feedback saying the food cooked on site, was hot, had variety and there was enough to eat. Overall consumer feedback indicated the food has improved since the new chef has started.

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 a new seasonal menu, feedback is sought from the consumers to gain approval and feedback.

However, some consumers provided negative feedback around the food. While there was mixed feedback around food and provision of consumer choice of meals at the service, the organisation demonstrated they have responded to the problem appropriately and are monitoring the situation. Most consumers interviewed said the food they receive is varied and of suitable quality and quantity.

Consumers interviewed together with management and staff interviews and observations indicate equipment to support consumer lifestyle is safe, suitable and clean. The Assessment Team observed a range of equipment which included such items as lifters, lifter slings and activity equipment. The equipment appeared to be suitable, clean, and in good condition. The service has a system for ensuring equipment is cleaned by staff following use.

Staff advised they have access to the equipment and resources they need to support consumers. They said if there are issues with the equipment, they report this to maintenance, or they report this to management and discuss opportunities for replacement or replenishment.

# 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 Assessment Team observed the service has a welcoming environment with single rooms and ensuites. There are outdoor garden areas for the consumers to enjoy the fresh air and communal area for activities, watching television, reading or sitting quietly. The service has a memory support unit which had a large communal area and access to the garden courtyard with pathways for the consumers to walk freely. The Assessment Team observed some wayfinding signs for consumers to assist them locate their room. Consumers were observed moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. Consumers and representatives indicated the service is welcoming and easy to navigate their way around.

The Assessment Team interviewed consumers who confirmed that the environment is welcoming to them, their friends and family, they feel supported and have developed some nice relationships/friendships with staff and other consumers. Two consumers interviewed indicated they feel at home, and that the service optimises their sense of belonging.

The service demonstrated that there are processes in place to for a safe, maintained and comfortable environment. The service environment enables consumers to move freely, both indoors and outdoors at the service.

Consumers and representatives interviewed indicated they consider the service environment to be safe, well-maintained, comfortable and that consumers can move freely indoors and in the outdoor courtyards of the service. However, the Assessment Team observed the door access from the memory support unit to the courtyard were heavy and hard for consumers to open without staff assistance. This was raised with management who had the door access fixed during the site audit. There is now easy access to the outdoors for consumers who reside in the memory support unit.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained. This included cleaning and maintenance schedules. Most consumers said they felt their equipment was suitable for their needs. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, maintained and used safely.

Consumers interviewed described the service, furniture and equipment as clean, generally maintained and comfortable. They said they report maintenance issues to the staff.

# 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. All consumers indicated 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 Assessment Team observed the organisation complaints forms titled ‘have your say’ and the Aged Care Quality Commission feedback brochures, 'Have you got a concern'. The newsletter has a complaints/suggestion form attached which offers the consumers and representatives another avenue to offer feedback. The ‘Resident’ meeting agenda offers opportunity for consumers and representatives to provide feedback. The catering chef attends the meeting which gives opportunity for feedback with regards to the food. In addition, there is a ‘foodie’ consumer committee which offers the consumers an additional opportunity to give feedback on the food and dining experience.

Most consumers and representatives interviewed indicated they have been made aware of information available to them around senior rights services, advocacy and language services if needed to raise or resolve complaints. This information was observed located around the service. Other consumers indicated they would ask staff to assist them in making a complaint if needed.

Management indicated the representatives of consumers with a cognitive impairment are encouraged to advocate for their consumer to ensure their needs are being met. The senior rights services visited the service in March 2023 and explained to the consumers the services they provide to assist them if/when needed. Management indicated that although they have no one currently at the service who does not understand the English language, the service would access communication cards and/or translator services in other languages to assist consumers if needed. Management explained the NDIS workers if required will advocate for the consumers they visit.

Consumers and representatives indicated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff interviewed were able to explain how they applied open disclosure should they receive feedback or a complaint. All feedback received showed the current management team are supportive of receiving feedback.

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. Management and staff confirmed the service has an effective quality system and feedback is used to identify improvements.

# 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 found that overall consumers and representatives interviewed were happy with the care and services provided at the service. Consumers and representatives provided feedback that staff attend to their 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. All consumers interviewed indicated staff answer their call bells and attend their care promptly.

The roster showed regular use of agency staff which the administration/roster coordinator indicated is block booked 2 months in advance to prevent any issues. The regional general manager indicated the service has implemented strategies to attract and maintain staff to the regional area. She said the organisation employs temporary contracted (fly in and fly out) registered nurses and care staff that are accommodated at the service. The regional general manager said the organisation has purchased 2 homes in Narrabri to service staff working at this site, its co-located service and another service 30 minutes away.

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 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 showed that all staff clinical/care registrations are current.

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

All staff interviewed including cleaning, laundry, leisure and lifestyle, care staff and registered nursing staff indicated they are up to date with their training, and they feel comfortable to ask for more training if required. New staff were able to describe the orientation process and said they think the buddy shifts work well.

The Assessment Team found that the service was able to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. All staff interviewed indicated they have had a performance review in the past 12 months. The quality manager provided evidence that 100% of staff performance appraisals have been completed for 2022 and appraisals for 2023 has commenced. Performance reviews are conducted annually with service having a register of all staff members and their last performance review dates.

# 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 that 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, through meetings, feedback process, and surveys.

The organisation developed their strategic business plan using consumer feedback and input regarding the development and delivery of care and services. The chief executive officer and deputy chief executive officer conducted a strategic planning roadshow and discussed the strategic plan with consumers and representatives to ensure they addressed consumer feedback and input.

The regional manager visits the service regularly and will engage with consumers and representatives and provide feedback to the executive managers as needed. The regional manager will feedback to the service as needed.

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 underway for the position.

The Assessment Team found that 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 that the service is compliant with the Quality Standards, and how the governing body ensures it is accountable for the delivery of care and services across the organisation.

The organisation has a board that meets on a regular basis containing members with a variety of skills and qualifications. The board is supported by a number of sub committees, including executive managers and a board member who analyse data, monitor and implement changes, such as changes to policies and procedures to align with new legislative requirements.

The organisation promotes quality care and services at Robert Young 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 Assessment Team found that 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 escalated to the board when required.

Improvements from audit findings, identified areas for clinical improvements such as increased clinical indicators, surveys and feedback are added to the organisational planned continuous improvement plan (PCI), and findings are then filtered up to the relevant subcommittee for review and as required escalated to the board. 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. For consumers in need of a king single bed 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 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 delegated authority of the subcommittee. The organisation is responsible to ensure legislative or regulatory changes are implemented at service level.

The Assessment Team found 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.

Consumers who are classified with high impact or high prevalence risks are regularly monitored to ensure staff are providing quality clinical and personal care.

The service completes dignity of risk forms for consumers who choose to take risks. A full risk management approach is implemented in line with organisational protocols.

The Assessment Team reviewed the Service’s Clinical Governance Framework that is underpinned by policies and procedures to guide staff. The service demonstrated the effective implementation and application of these policies. Registered staff indicated a sound knowledge and application of the principles of antimicrobial stewardship, restrictive practices mitigation and risk approach and open disclosure practices.

Staff receive training to understand the antimicrobial stewardship, minimising the use of restrictive practices and open disclosure policies and procedures relevant to their work roles.

Data reviewed by the Assessment Team indicated there have been reductions in consumer falls skin tears and the use of psychotropic medication as a result of clinical review, practice review and clinical governance.

The organisation’s regional manager advised ways in which the governing body satisfies clinical governance is being met. The clinical governance subcommittees review clinical care in areas such as risks, psychotropic medication use, restrictive practices, falls, unintended weight loss, infections, pressure injuries, complaints, serious incidents reported as priority 1 or 2 and medication incidents.

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)