Performance

Report

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| Name of service: | The Whiddon Group - Redhead |
| Service address: | 120 Redhead Rd REDHEAD NSW 2290 |
| Commission ID: | 0294 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
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| Performance report date: | 06 March 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 - Redhead (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 28 February 2023.

# 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

Consumers and representatives spoke highly of staff and said staff treat consumers in a kind and dignified manner and respect them as individuals. Consumers felt that staff supported them to express their individuality and said their privacy is respected and confidentiality of their personal information maintained.

Consumers said they are provided with accurate and timely information and could describe how they are supported to exercise choice and independence and maintain relationships with others. Consumers provided examples of how their individual preferences are accommodated including receiving breakfast in bed, going out into the community, accessing taxis, visiting friends, and participating in activities.

Care planning documentation for consumers reflected what is important to the consumer and provided information to guide staff in delivering care and services tailored to consumer preferences. Those people who are important to the consumers and who are involved in decision making were reflected in care planning documentation. For those consumers who chose to take risks, there was evidence of completed risk assessments and signed dignity of risk forms. Where consumers experienced barriers to communication such as impaired vision or cognition, corresponding strategies to support consumers’ communication requirements were documented.

Staff were observed treating consumers with dignity and demonstrated an understanding of consumers’ individual background, interests, and preferences. Staff knew specific details about individual consumers including their personal circumstances and life journey, their preferred names, and relationships of importance.

Staff could describe how they support consumers to take risks to enable them to live the best life they can. Staff explained how they discuss risk with the consumer, complete a risk assessment and implement risk minimisation strategies to ensure consumer safety.

Staff described the practical ways they maintain the personal privacy of consumers. For example, by knocking on bedroom doors to seek permission before entering, ensuring they do not discuss information related to consumers with those not responsible for their care or in communal areas, and by placing signs on bedroom doors to remind staff when consumers do not wish to be disturbed.

Lifestyle staff described various ways the service supports consumers to maintain their culture and how this influences care and service delivery. Staff provided examples of how they can access volunteers from culturally and linguistically diverse backgrounds to support consumers and how communication tools including electronic devices, communication boards, digital translation services and signage can be used to assist and support consumers.

The organisation has documents which outline consumers’ right to respect and dignity and provides training to staff in this regard. The service has policies on diversity, inclusion, choice, and decision-making to guide staff practice. Staff receive training on cultural safety and diversity and have access to pictorial cue cards and translation and interpreter services for consumers from a culturally and linguistically diverse background should this be required.

Various cultural and religious activities and celebrations are offered to consumers as part of the service’ lifestyle calendar including but not limited to Christmas, Easter, Oktoberfest and Australian New Zealand Army Corps (ANZAC) Day celebrations. The Assessment Team observed consumers socialising in the common areas, couples spending time together and families visiting consumers.

# 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

Consumers and representatives felt consumers’ care was well planned, individualised and tailored to meet their specific needs. Consumers provided examples of the care they received including in relation to their wound care, pain management and medication management and said they are involved in review processes.

Consumers and representatives reported staff actively engage them in the care planning process and said the service has supported them to understand the care plan and how it will meet the consumers’ needs. Consumers were aware they could access a copy of the care plan if desired.

Registered staff demonstrated an understanding of the assessment and care planning process and said that it occurred in consideration of risks to consumers’ health and well-being. Staff said they are guided by care plans when delivering care and that the electronic care management system that is in use includes alerts that advise staff when there have been changes relating to consumers’ care needs.

Care planning documentation demonstrated that consumers and representatives were involved in the process and that information was available to guide staff in care and service delivery. Planning included discussions relating to end of life care and where appropriate external practitioners, specialists and partner organisations were accessed to ensure consumers received the care they required. Care plans were reviewed regularly in accordance with the organisation’s policies and every three months.

# 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

Care planning documentation demonstrated that overall consumers received safe and effective personal and clinical care. The Assessment Team reviewed care related documentation including for consumers with chronic wounds, changed behaviours, falls, pain and compromised skin integrity. There was evidence of the involvement of specialist health care providers, non-pharmacological pain management interventions were in use and clinical equipment was available.

For those consumers who had restrictive practices applied, care planning documentation contained information to support the use of the restrictive practice including behaviour support plans and authorisations and consents; ongoing review had occurred.

Care related documentation demonstrated that risks associated with the care of consumers, including those with dysphagia, a tendency to fall, or those at risk of infection or pressure injury, generally receive care and support that minimises risk. However, for two named consumers, the site audit report raised concerns about whether the service had fully explored strategies to minimise falls and manage complex behaviours that were ongoing. The approved provider has submitted a comprehensive response, that includes documented evidence, outlining actions taken following the site audit to ensure care provided to the named consumers was safe and effective. For the consumer with a high falls risk, there has been a review by the medical officer and referral made to a geriatrician. Medications have been reviewed, analgesia commenced and strategies implemented to improve mobility. Falls have been analysed, a case conference conducted with the consumer’s representatives and the consumer’s care plan revised and updated. For the named consumer with complex behaviours the approved provider stated the service closely monitors the consumer, including prior to the site audit and had considered the possible impact of pain, infection, and delirium as contributing factors to their changed behaviours; changes had been made as required to the consumer’s care plan. Efforts were made to minimise possible behavioural triggers and referrals had been made to a dementia advisory service with recommendations implemented by the service. For both these consumers the service states incidents have reduced in 2023, with no incidents in recent times.

The approved provider’s response outlined additional local and corporate strategies that are in place to minimise risk to consumers including:

* a Nurse Practitioner is on site at the service two days per week to review consumers following an incident or deterioration
* risk mitigation meetings are to be held monthly to discuss incidents, including falls and behaviours, that occur within the memory support unit
* increased hours to support the leisure and lifestyle program to accommodate afternoon programs
* the provision of education to registered staff and care staff in behaviour management and falls prevention
* the Exercise for Life program; a targeted program where tailored interventions are used to address pain, bone health and falls prevention
* risk profiling by the organisational quality team, and
* a dementia framework has been rolled out across the organisation to improve service delivery for consumers with dementia, and the availability of falls prevention resources.

I am satisfied the service is providing safe and effective care to consumers, including for those named consumers, that optimises their health and well-being and minimises risk.

Personal and clinical care was monitored through clinical indicators, observation and feedback and complaints processes. Management described how analysing trends and health metrics contribute to the identification and mediation of arising risks within the service. The service had identified that falls were an emerging risk and had taken steps to address this including by conducting regular clinical meetings to discuss falls management; maintaining an increased focus on ensuring consumers have the appropriate mobility aid and ensuring increased staff awareness in responding to consumers’ mobility needs.

Management and registered nurses explained the service regularly engages or partners with specialists and allied health organisations to provide assessments, give advice, and provide treatment or therapy, including speech pathologists, dieticians, podiatrists, dentists, wound specialists, geriatricians, nurse practitioners and dementia advisory services. Staff could describe how they progress a consumer’s request for a visit from an allied health professional and evidence of this was available.

Staff explained that consumers and representatives are sensitively guided through the process of establishing consumers’ advanced care directives during the admissions’ process with their preferences retained in the service’s electronic care management system until they are reviewed. Consumers’ clinical documentation included information about consumers’ end of life preferences relating to emotional supports, pain management, comfort and nutrition and hydration as well as massage and music therapy.

Information about consumers is communicated to staff through the electronic care management system and through handover; staff said registered nurses provide consumer information and hardcopy lists are provided to ensure consumers’ needs are met. Consumer care records demonstrated staff frequently documented care and service requirements. The Assessment Team observed staff during handover and found they discussed consumers’ care needs including the needs of those consumers who had experienced a change or deterioration in their condition. Staff, including agency staff, demonstrated a sound understanding of consumers’ care needs.

The service minimised infection related risks with a documented infection prevention and control program that included policies and procedures that guided the management of an outbreak and supported antimicrobial stewardship; the service had infection prevention and control leads in place and maintains a current vaccination register. Management and registered nurses said staff have been educated in relation to minimising infections and understand the prevention and controls needed within their role. Management said training has included antimicrobial stewardship and the importance of hand hygiene. Consumers described how staff regularly wear gloves, use appropriate personal protective equipment, and wash their hands regularly.

# 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

Consumers and representatives said the lifestyle program supports consumers’ needs and said staff assist them to be as independent as possible. Consumers said they take part in community activities outside the service and are able to visit family and pursue previous interests. They provided examples of enjoying music, barbecues, swimming, participating in choirs, going on bus trips, undertaking art classes, having luncheons, and attending various clubs and entertainment venues.

Consumers said they are able to continue cultural and religious practices at the service. They said they are provided emotional and spiritual support when needed, and nursing and care staff were able to describe how they support consumers when they are feeling low. Nursing staff stated they spend time with consumers, encourage them to become involved in activities and refer them to lifestyle staff or the medical officer if a need is identified.

Consumers were satisfied with referral and appointment processes and said these were arranged promptly when a request was made. Care related documentation included evidence of referrals to medical officers, physiotherapist, dementia advisory services and other service providers.

The service provides weekly religious services and celebrates various cultural events such as St Patricks Day, Australia Day and National Aborigines and Islanders Day Observance Committee (NAIDOC) week to support consumers’ emotional and spiritual wellbeing. Pastoral care staff attend the service regularly with Catholic and Anglican services held once a month and an all-faith communion service held fortnightly.

Consumers said staff know their individual preferences and needs and share that information with other providers of care and services where required. Staff explained how they are updated on changes in a consumer’s condition, needs or preferences as they relate to services and supports for daily living, including handover and alerts in the service’s electronic care management system. Staff said contact information for consumers’ representatives and significant others is held and is used by staff when supporting consumers to stay connected and to maintain relationships of importance. Catering staff said information about consumers’ dietary needs and preferences is available in hard copy in the main kitchen and kitchenettes, and through the electronic care management system. Catering staff said they also receive regular updates in consumer preferences through care and clinical staff.

Care documentation reflected strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Documentation described the activities consumers enjoyed, strategies to support consumers’ emotional needs and their individualised dietary preferences. Consumers’ needs and preferences relating to lifestyle are reviewed three monthly and consider consumer participation and preferences.

Consumers were satisfied with the quality and quantity of meals provided and said they had input into the menu through food focus groups and through consumer meetings. Consumers provided feedback including ‘food is great’, ‘taste is superb’ and ‘you would never go hungry’. Consumers said that if they do not wish to eat the food offered on the menu that staff will promptly provide an alternative. The service’s menu lists a variety of options including a choice of hot meals, salad or sandwiches for lunch and dinner and a hot or continental style meal for breakfast. There are also options available for consumers who prefer other diets including for example vegetarian. An all-day menu was introduced recently and is available for consumers to order from any time of the day or night. The Assessment Team reviewed recent food focus meetings which demonstrated meal options, preferences and ideas are regularly trialled and kept as permanent menu items if favoured by consumers.

Consumers were satisfied with the equipment provided and said it is clean and well-maintained. Staff said they have the equipment they require and could describe the processes they implement when equipment breaks or is faulty; they said maintenance staff are quick to respond to these concerns. Equipment for activities, such as boardgames and dining tables were observed to be clean, and electronic equipment such as communal and personal radios and televisions were operational.

The Assessment Team observed consumers participating in and enjoying activities including chatting, knitting for charitable organisations, and attending the on-site hairdressing salon. Staff were observed checking with consumers on preferences for meals and beverages.

# 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 provides a safe, welcoming, and comfortable living environment for consumers. The environment is easily navigated, has accessible indoor and outdoor areas, enables consumers to optimise their independence and supports consumers to feel a sense of belonging.

Consumers provided feedback about the service environment including ‘the service is kept beautifully’, ‘feels like home’ and that that ‘maintenance staff are always about and available’. Consumers reported feeling safe and said that staff are competent in using equipment to provide care and services.

The environment and equipment are clean, well-maintained and repairs are attended promptly. Maintenance staff described processes to ensure maintenance requests are prioritised and delegated to appropriate staff or service providers as required. Cleaning staff said, and a review of the service’s cleaning schedule confirmed, consumer rooms and common areas are cleaned weekly, with high touch points being cleaned daily. Consumers, staff, and a review of the maintenance register confirmed that maintenance requests are actioned in a timely manner.

The Assessment Team observed consumers moving freely throughout the building, participating in activities, spending time with visitors, and enjoying the common areas including lounge areas and the café. Consumers’ rooms were decorated with personal items, artworks, and photographs. Consumers were observed using manual and electronic mobility aids and navigating outdoor areas on wide concrete pathways with handrails and areas to sit and rest. Consumer call bells were noted to be working and within reach of consumers. The kitchen, laundry, common areas, equipment, and cleaning storage areas were observed to be clean and well maintained with materials appropriately stored.

# 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

Consumers and representatives said they are encouraged and supported to provide feedback, raise concerns, and feel safe to do so. The majority of consumers were satisfied with the complaints process and said appropriate action is taken in response to complaints that they had raised. Consumers and representatives said, whilst they are aware of the service’s formal mechanisms for providing feedback such as via feedback forms, they prefer to raise concerns via consumer meetings or speak to staff or management directly.

While some consumers could not recall how to make a complaint to an external organisation other consumers provided examples of raising a complaint with the Aged Care Quality and Safety Commission. The Assessment Team found that consumers receive written complaints information such as the consumer handbook which includes contact information for external complaints agencies and advocacy services.

Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff were aware of how to access interpreter and advocacy services if these were required.

Staff and management demonstrated an understanding of the principles of open disclosure and provided examples of where an open disclosure process had been applied in response to complaints and incidents. Review of the service’s documentation identified timely and appropriate response and resolution of complaints.

Management described the service’s process in relation to documenting and responding to feedback and complaints. Complaints are entered into the service’s feedback register maintained by service management who hold responsibility for closing off each complaint. Where a broader issue is identified, this is also captured under the service’s Plan for Continuous Improvement. Consumers were able to identify examples of where improvement had been made in response to their suggestions and complaints.

Policies and procedures relating to complaints processes are available to guide staff. Management advised a relatives’ and friends’ focus group was recently commenced at the service as a new initiative and is an avenue for families to meet with service management, receive information and raise any concerns. Management said consumers and representatives can also submit feedback by contacting the organisation’s head office directly. They said the service actively seeks feedback on care and services through the completion of yearly surveys. Once completed, the results are analysed, and actions implemented to address any areas of concern.

The Assessment Team observed hard copy feedback and complaints forms and information relating to external complaints bodies and advocacy services available at the reception areas. The Assessment Team reviewed consumer meeting minutes and the consumer handbook and identified consumers are made aware of methods to submit feedback and complaints and are encouraged to do so.

# 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

Consumers and representatives spoke highly of staff and expressed satisfaction with staffing levels. Consumers felt staff are available when needed and attended to them promptly when they used the call bell. Feedback from consumers and representatives included staff treat consumers ‘beautifully’, are ‘kind’, ‘treat consumers well’ and are ‘nice and respectful’. The Assessment Team observed staff and management interacting with consumers respectfully and in a kind and caring manner.

Staff advised although they can be busy there are adequate staff to provide care and services in accordance with consumers’ needs and preferences. Management described the processes in place to ensure there are sufficient staff to meet consumers’ care and service needs and to ensure staff interactions are appropriate. Call bell response times are monitored, complaints are reviewed and feedback is collected through surveys and consumer and staff meetings. A review of the roster was conducted in 2022 and changes were made following this including the recruitment of staff to fulfill the increased hours allocated for the clinical care co-ordinator role; additionally, increased hours were allocated in care and hospitality services.

Consumers and representatives said staff had the skills to fulfill their roles and consumers were confident with the training provided to staff. Consumers provided examples of how staff effectively met their specialised nursing care needs. Staff said they have position descriptions and duty lists to guide them in their roles. Management staff said the organisation provides staff with an orientation that includes ‘buddy’ shifts, online training, competency assessments, role specific training and training on the Aged Care Quality Standards. The Assessment Team reviewed staff records and identified national criminal history checks, Australian Health Practitioner Regulation Agency qualifications and staff vaccinations were current.

The organisation supports staff to undertake further training and professional development and has initiated improvements in the staff education and training program. Education consultants have been involved in reviewing the education program and as a result of their involvement there has been an increase in staff compliance with mandatory training. Mandatory training topics include the serious incident response scheme, restrictive practice, infection control, manual handling, and fire safety.

Staff competency is monitored through undertaking observations of staff practice, reviewing clinical records and care delivery, ensuring attendance at orientation, and seeking feedback from consumers. Regular performance appraisals are conducted with supervisors providing feedback on performance and opportunities for improvement. Staff and supervisors are notified electronically of due dates when performance appraisals are due and overdue appraisals are monitored. Where a need is identified, performance management processes are initiated with support from the organisation’s people and culture team.

The service employs clinical staff, care staff and staff to support service areas including administration, hospitality, maintenance, laundry, and cleaning. A registered nurse is rostered 24 hours per day seven days per week and senior clinical staff provide after hours on call support for staff.

The service has policies to guide staff in relation to consumer dignity and respect and diversity and inclusion. Staff receive training on consumer dignity, privacy, and respect as part of orientation and ongoing education. Information on the Charter of Rights is displayed on noticeboards around the service.

# 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 organisation actively engages with consumers and representatives in the development, delivery and evaluation of care and services and was able to provide evidence of how consumer feedback had influenced care delivery. Management described how annual surveys are completed which include interviews with consumers and representatives. Survey results are discussed at consumers’ meetings and published in the organisation’s newsletter.

There are policies and procedures that promote a culture of safe, inclusive, quality care and services across the organisation. The governing body is supported by a number of committees including those relating to risk and compliance, audit and finance, quality care and advisory, and people and culture. Monthly reports are provided and incidents are monitored; an annual report outlining how the service meets the Aged Care Quality Standards is uploaded onto the approved provider’s website.

The service demonstrated effective governance systems and processes in areas including information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints.

Management described the various ways in which the organisation communicates with consumers, representatives, and staff regarding updates on policies, procedures, or changes to legislation with these generally communicated via staff and consumer meetings, electronic mail, newsletters, and the training provider’s website.

Management explained opportunities for improvement are identified through a range of sources that include consumer and representative feedback, complaints mechanisms, analysis of incident data, staff meetings, internal audits, self-assessment, and incidents from other services within the organisation. A plan for continuous improvement was reviewed by the Assessment Team and identified actioned and completed improvements across various areas of care and service delivery.

The service demonstrated there are policies and procedures to support the management of risk including high impact and high prevalence risks; responding to abuse and neglect; consumer choice and decision-making; and the reporting and management of incidents. Staff are aware of these policies and are able to describe what they meant for them in a practical way when responding to incidents. Clinical indicator data is recorded electronically, analysed, and reported to the governing body. Management said analysis of clinical indicators resulted in a revision of policies and procedures and the identification of opportunities to improve service provision. The service provided an example where the Dysphagia and Swallowing Management Policy and Guide was updated to include symptom management, roles and responsibilities and escalation pathways following consumer choking incidents.

An effective clinical governance framework is embedded into systems and practices with policies, procedures, and training available to guide staff practice including in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Training attendance records identified staff are provided education in relation to a range of topics on clinical care as part of mandatory education, toolbox sessions and through online modules and external providers. Staff confirmed they are aware of these policies and described examples of how they apply the procedures relevant to their role.

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