Performance

Report

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| Name of service: | Uniting AgeWell Box Hill |
| Service address: | 75 Thames Street BOX HILL VIC 3128 |
| Commission ID: | 3088 |
| Approved provider: | Uniting AgeWell Limited |
| Activity type: | Site Audit |
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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 Uniting AgeWell Box Hill (**the service**) has been prepared by M Franco, 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.

# 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

At the time of the performance report decision, the service is:

* Supporting in consumer choice to participate in activities of interest to them and allowing consumers to define themselves as individuals.
* Gathering information upon admission and through reviews that include consumer’s life history, cultural identity, activities of interest how consumers are supported to take risks.
* Ensuring that staff have individual knowledge of each consumer’s needs, respect their choice and maintain their dignity when providing care.
* Providing information to consumers that enables them to exercise choice and respecting each consumer’s privacy.
* Supporting each consumer to exercise independence and to take risks to enable them to live the best life they can.

Consumers sampled from culturally diverse backgrounds said that their culture was respected, they could express their cultural identity and interests and gave examples of how staff support them to meet their cultural preferences. Staff interviewed was able to describe consumers with different culture and consumer’s spiritual needs. Staff were able to describe how they ensure consumers cultural identity and spiritual needs are respected. Staff and consumer feedback was consistent with information captured in a sample of consumer care plans reviewed, which included information on consumer`s cultural background and spiritual needs.

Consumers/representatives sampled said consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff could describe ways in which each sampled consumer is supported to maintain relationships of choice. Consumer’s care planning documents identified individualised consumer choices for care and services and supports for maintaining independence.

Care planning documentation describes areas in which consumers are supported to take risks to live the life they wish. The organisation has documented policies on managing risk for consumers and a process with accompanying forms supporting consumers to take risks. The policy for independence was observed to outline the dignity of risk concept.

Consumers/representatives sampled said the service enables them to take risks to encourage consumers to live their best life. Staff are aware of consumers who want to take risks and demonstrated how they support them. The service supports consumers to make decisions about their care and who should be involved in it. Sampled staff were able to describe the practical ways they respect the personal privacy of consumers and this information aligned with the feedback received from consumers/representatives. The organisation has documented policies and procedures regarding privacy and the protection of personal information which guides staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers. Staff confirmed that all consumers’ personal information is kept confidential and is not discussed in front of other consumers, and how consumers’ files are kept locked in the nurse’s station and all computer passwords are protected.

# 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

At the time of the performance report decision, the service is:

* Adequately undertaking assessment and planning of consumers, including the consideration of risks, to inform the delivery of safe and effective care and services.
* Ensuring that needs, goals, and preferences for each consumer is identified and detailed in the care and services plan.
* Including other partners in care and specialist services in assessment and care planning processes.
* Reviewing assessment and care planning documentation on a regular basis and where circumstances change, or incidents occur and making care planning information readily available to consumers or representatives.

Consumer assessments and care plans sampled included information to inform the delivery of safe and effective care and services and included the consideration of risks to consumer’s health and well-being. Staff interviewed detailed to the Assessment Team the assessment and planning processes undertaken for new and continuing consumers at the service and how they assess and consider risks. The service has documented policies and procedures to guide staff practice in relation to the completion of assessments and care plans and the assessment and management of risk. The service utilises an electronic documentation system to support assessment and care planning processes of new and ongoing consumers at the service. Consumers and representatives interviewed by the Assessment Team provided feedback that they were satisfied their assessment and care planning was adequate, included the consideration of risks and informs the delivery of safe and effective care by the service.

Consumer 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. Consumers and representatives interviewed by the Assessment Team provided feedback that the service takes into consideration their needs, goals and preferences when undertaking assessment and planning with consumers. Consumers and representatives interviewed provided feedback that they have participated in conversations in relation to advanced care planning and end of life planning. The service has policies and procedures to guide staff practice in relation to assessment and planning and the identification of needs, goals, and preferences for individual consumers. Staff detailed how they involve consumers and representatives in the assessment and planning to contribute to the identification of needs, goals, and preferences.

Consumers and representatives interviewed provided feedback to the Assessment Team that the service regularly provides updates via phone calls or in person in relation to the outcomes of assessment and planning and felt they were up to date with the health status of their loved ones. Staff interviewed detailed processes whereby they inform consumers and representatives of the assessment and planning processes and how they keep them up to date with the outcomes of these assessments. The service has processes in place for the regular review of care and services for effectiveness, when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Staff interviewed detailed the processes in relation to how often the care plans for consumers is regularly reviewed and examples where the care plan had been reviewed following an incident or change in care needs. The Assessment Team observed several examples of where care and services had been reviewed where consumer needs, goals and preferences had changed. The service has policies and procedures to guide staff practice in relation to the care, as required care and service review processes.

# 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

At the time of the performance report decision, the service is:

* Providing safe and effective personal and clinical care that is best practice, tailored to consumer needs and optimises their health and well-being.
* Supporting consumers with the management of high impact or high prevalence risks associated with the care of each consumer.
* Involving and referring to individuals or other organisations and providers of other care and services where required.
* Identifying and acting when a consumer experiences deterioration and taking action to ensure the consumer needs are attended.

Consumers sampled receive safe and effective personal and clinical care that is best practice, tailored to meet their individual needs and optimises their health and well-being. Consumers and representatives interviewed provided feedback that they were satisfied with the care and services provided to consumers at the service. Registered nursing and care staff interviewed demonstrated they understand the individualised personal and clinical needs of consumers. Care planning documentation for sampled consumers reflected individualised care that is safe and tailored to their needs. The service has policies and procedures in place to support the delivery of care provided such as wound management, restrictive practices and skin integrity and pressure injury prevention. Meeting minutes, incident reports and conversations with management demonstrated effective monitoring and clinical oversight of these areas of care for consumers.

The service was able to demonstrate risks for each consumer including but not limited to, falls, weight loss and skin integrity are effectively managed. Consumers and representatives interviewed were satisfied that high impact or high prevalence risks for consumers are effectively managed. Care planning documentation identified effective strategies to manage key risks and were recorded in assessment tools such as the falls risk assessment tool or skin assessment. Care plans and progress notes for sampled consumers identified risks and interventions relevant for each consumer. Staff interviewed by the Assessment Team were able to detail processes in relation to the identification of high impact or high prevalence risk associated with the care of each consumer through ongoing assessment and planning. The service has policies and procedures available to guide staff practice in relation to high impact or high prevalence risk management.

The Assessment Team reviewed care documentation for consumers nearing end of life, including evidence that the needs, goals, and preferences of consumers was recognised and addressed with their comfort maximised and their dignity preserved. Staff interviewed explained processes in relation to the assessment of consumers nearing end of life and detailed procedural requirements for those requiring this assessment. Staff interviewed at the service provided the Assessment Team with examples of consumer deterioration and steps taken following the identification of same. Care documentation reviewed by the Assessment Team evidenced the service can identify and respond to the deterioration or change of consumers health condition, function, or capacity. The service has resources available to guide staff practice in relation to the identification of and response to deterioration of a consumer. Representatives interviewed at the service of consumers who had experienced deterioration indicated they were satisfied the service identified the deterioration and responded to it in a timely manner.

The service has systems and processes to ensure that information about consumers’ care is documented and effectively communicated within the organisation, and with others where responsibility for care is shared. Most consumers and representatives are satisfied with the delivery of care including the communication of changes to consumers’ condition. Staff described how changes in consumers care and services are communicated through verbal handover, meetings and accessing care plans. For consumers sampled, review of documentation such as progress notes and care plans identify adequate and accurate information to support effective and safe sharing of the consumer’s care. Information is specific to each consumer, such as falls risks, pain, skin care and mobility changes.

The service promotes the minimisation of infection related risks through implementing standard and transmission-based precautions. The service has processes in place to promote practices of appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff interviewed by the Assessment Team could detail strategies to reduce the inappropriate prescription of antibiotics such as increasing fluids, completing pathology testing and providing personal hygiene to prevent infection. Consumers and representatives interviewed in relation to the management of COVID-19 transmission in the community and potential risks of transmission within the service were satisfied the service managed the potential impact of COVID-19 to the best of their ability.

# 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

At the time of the performance report decision, the service is:

* Providing a range of leisure and lifestyle activities that are planned with the consumers at the service to optimise their independence and quality of life and promote each consumer’s emotional and spiritual well-being.
* Providing services and supports that assist each consumer to have social and personal relationships and do the things of interest to them.
* Able to demonstrate a safe and homelike environment where meals are varied and of suitable quality and quantity.
* Completing referrals to individuals and providers of other care and services, and engaging consumers in the community through volunteer programs and Dementia Support Australia (DSA).

Consumers/representatives sampled were satisfied services and supports for daily living meet their needs, goals, and preferences. Consumers receive safe and effective services that maintain their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Assessments and care plan documentation captures the consumers’ life story and identifies consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, and provides information about supports consumers require to do the things they want to do.

Consumers said they are supported by the service to participate in their community within and outside the service environment as they choose. The service supports consumers to maintain social and personal relationships and do the things of interest to them. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identifies activities of interest for consumers, how they are supported to participate in these activities and also in the wider community. Leisure and Health staff review activity care planning three monthly in consultation with consumers and their representatives. The Assessment Team observed the monthly activity program displayed in all communal areas and the same displayed in consumer bedrooms. The service has a documented policy on assessment and care planning that provides guidance for staff in meeting this requirement.

Consumers said their services and support are consistent with their needs and preferences. Staff advised consumer care needs and condition are shared internally at handover and preferences are obtained by speaking with the consumer daily. Staff were able to detail the process for communicating internally at the service and externally to others where responsibility for care is shared. Care planning documentation outlines conditions and needs of consumers and what their preferences may need however it is also documented to support consumer choice. Tools such as the service’s handover sheet and electronic reminders on the care planning system support effective communication at the service. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services including volunteers through the service’s lifestyle team. Consumers said the service has referred them to external providers to support their care and service needs. Staff could describe how consumers are referred to other providers of care and services and gave examples. Care planning documentation showed the service collaborates with external providers.

Consumers said they feel safe using the equipment provided by the service. That it’s suitable for their needs, clean and well maintained. Clinical, care, lifestyle and environmental staff demonstrated awareness of how to report any maintenance issues, maintenance staff demonstrated how anything reported is attended to promptly. The Assessment Team reviewed maintenance documentation which demonstrates preventative and corrective maintenance.

# 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

At the time of the performance report decision, the service is:

* A clean, safe and welcoming environment that is well maintained and comfortable. It promotes independent mobility with levelled floors and wide corridors.
* Providing equipment, furniture and fittings that are safe, adequate for consumers, clean and well maintained.
* Promoting accessibility to different activities in areas of the service or in the community.
* Ensuring all maintenance tasks are completed in a timely manner

Consumers/representative sampled consider they belong and feel welcomed and comfortable at the service. Staff described how they support consumers to personalise their rooms with furniture, and bedding to promote a sense of belonging and independence. Each ‘cottage’ has access to the beautifully maintained gardens/courtyards for consumers/representative to visit and spend time outdoors. The Assessment Team observed signage to direct consumers and visitors to different areas of the service. The Assessment Team observed consumers interacting in communal areas and participating in activities. For Example:

* There are communal indoor and outdoor areas for consumers and consumers were observed moving about the service. The outdoor areas are easy to navigate on the pathways with a few shaded areas and outdoor furniture.

Sampled consumers/representatives said they feel that furniture, fittings and equipment are safe, clean, well maintained and suitable for them, and they feel safe when staff are providing care using mobility or transfer equipment with them. Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. The Assessment Team reviewed maintenance documentation which demonstrated regular maintenance of the service environment and equipment. The service demonstrates an infection control practice system with shared equipment. The service also demonstrates sufficient stocks of clinical and care equipment.

# 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

At the time of the performance report decision, the service is:

* Supportive of consumers and others providing feedback, complaints and suggestions about the care and services they receive.
* Responsive to feedback and complaints that consumers and others make formally or informally, written or verbally to the organisation.
* Actively working to improve and better inform improvements to care and services.
* Able to tackle barriers and resolve issues for consumers and others, creating a culture that encourages and welcomes feedback.

Consumers and representatives sampled stated that they are supported to provide feedback and make complaints. Consumers and representatives said that complaints are dealt with in a timely manner with continuous communication by senior management regarding the status being the main focus. Staff were able to describe the avenues that are available for consumers their representatives and staff to provide feedback or make a complaint. The service demonstrates that it has a process in place to encourage and support consumers and representatives and staff to prove feedback and make complaints. For Example:

* Staff interviewed demonstrated an understanding of the feedback mechanisms and how they encourage consumers and representatives to utilise the feedback forms or assist them to write these for the consumer as required. Care staff interviewed were aware of the location of the feedback form boxes and stated that the monthly Resident and Relative Meetings is where concerns could be raised and addressed.
* Management stated that the service provides information about the feedback and complaints systems during preadmission and on admission with ongoing information about the organisations feedback systems and supports to access information through newsletter, Resident and Relative Meetings and through care consultations. They stated that the residential manager has an ‘open door policy’ whereby consumers and or representatives are encouraged to speak with them or make an appointment to voice any feedback or complaints. Consumers and representatives interviewed are aware and have access to advocates and can raise concerns verbally with care staff and management. Staff interviewed have been working in the aged care sector for a number of years and are able to recognise when a consumer requires assistance and other supports, including those with high care needs. The service showed evidence of how consumers and their representatives can access advocacy services and other external agencies to resolve issues and concerns. Consumers and their representatives sampled said management promptly address and resolve their concerns following the making of a complaint, or when an incident has occurred. Staff and management were able to describe the process that is followed when feedback or a complaint is received, including escalation to senior clinical personnel or management if applicable. Management was able to provide examples of recent actions taken in response to complaints made and feedback provided by consumers and representatives, which evidenced a timely resolution and appropriate actions being undertaken inclusive of an open disclosure process.

# 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

At the time of the performance report decision, the service is:

* Ensuring that interactions with consumers are kind, caring and respectful of each consumer identity, culture, and diversity.
* Monitoring and assessing the performance of each member of the workforce and acting on concerns raised by consumers or others as required.
* Recruiting and training staff to ensure they can deliver the outcomes required by Quality Standards.
* Ensuring that staff have the appropriate qualifications and knowledge to perform their role.

All consumers and representatives sampled stated they are satisfied with the number of staff and felt that their care needs are being met. Consumers and representatives interviewed said call bells are answered promptly and the observations by the Assessment Team indicate staff are available when consumers require assistance. All consumers and representatives interviewed said that staff are kind, caring and respectful in their delivery of care and services. Staff interviewed could describe and demonstrate consumers specific needs and preferences and are able to articulate an in-depth knowledge of consumers clinical and/or medical needs, including strategies to apply when behaviours of concern arise. The service manager and care managers provided examples as to how the interactions of the workforce are monitored, for example through observation and consumer/representative feedback. Documents reviewed and observations made by the Assessment Team show the service’s commitment to diversity.

Consumers and representatives interviewed said they feel confident staff are competent, know what they are doing and are able to address their social, clinical, and personal needs. Staff interviewed were able to articulate consumers care needs, using their knowledge and skills to meet the requirements of their role to support and implement policies, processes, and practices within the service. Documents reviewed by the Assessment Team showed evidence that staff are suitably competent and qualified to provide effective, safe, quality care and services.

Consumers and representatives interviewed said that they are confident in the service workforce’s ability to deliver care and service. Staff interviewed received ongoing training, support, professional development, supervision, and feedback to carry out their roles and responsibilities. Training records demonstrate the service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. Documents reviewed by the Assessment Team showed evidence that recruitment and selection processes are aligned with the Quality Standards and demonstrated relevant regulatory compliance requirements and high completion rates of required training for staff.

# 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

At the time of the performance report decision, the service is:

* Adequately engaging consumers and representatives in the development, delivery and evaluation of care and services and supporting them in this engagement.
* Promoting a culture of safe, inclusive, and quality care and services and is accountable in its delivery.
* Providing adequate organisation-wide governance systems relation to key areas such as continuous improvement, regulatory compliance, and workforce governance.
* Providing clinical governance systems that include monitoring antimicrobial stewardship, restrictive practices, and the use of open disclosure.

Consumers and representatives are confident that the service is run well, and that they are satisfied with their level of engagement in the development, delivery, and evaluation of care services. Management and staff were able to describe the ways in which consumers and representatives are encouraged to be engaged and involved in decisions about changes to the service, the development, delivery and evaluation of care and services they receive. The Assessment Team observed, and reviewed feedback sought from consumers and representatives about the service environment, delivery of clinical and personal care, lifestyle activities, food and meal service, staffing, and their overall satisfaction via the following mechanisms: consumer and representative meetings, feedback, complaints, and compliments register, surveys, postcards and discussions with consumers and representatives on a regular basis.

The service was able to demonstrate that the governing body is accountable for the delivery of care and services, and promotes a culture of safe, inclusive, and quality driven care. The service has implemented systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of staff, inclusive, and quality care and services. The governing body receives various consolidated reports, generated by the service on a monthly basis, which outline information relating to audits, consumer/representative and staff feedback, complaints, continuous improvements initiative, reported hazards and risks and clinical and incident data analysis. The governing body uses this information to identify the services compliance with the Quality Standards to initiate improvement actions to enhance performance and to monitor care and services delivered.

The Assessment Team observed documentation for sampled staff and management that demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives provided feedback that they felt the organisation encourages feedback and complaints and uses this information for continuous improvement. Staff were able to describe the key principles of the organisation-wide governance systems, such as feedback and complaints, workforce governance and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice.

The service demonstrates that the clinical governance framework has been implemented at management and service levels, and all staff are expected to apply the principles of the framework when delivering clinical care. This ensures the delivery of safe, quality clinical care and continuously improves services by involving consumers and representatives, other clinicians or medical specialists, workforce training reviews, risk management and other relevant information to improve consumer outcomes. Open disclosure is embedded in several of the organisation’s policies and procedures.

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