Performance

Report

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| Name: | Uniting Kari Court St Ives |
| Commission ID: | 0548 |
| Address: | 251-257 Mona Vale Road, ST IVES, New South Wales, 2075 |
| Activity type: | Site Audit |
| Activity date: | 5 February 2024 to 7 February 2024 |
| Performance report date: | 15 March 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 5174 Uniting Kari Court St Ives |

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 Kari Court St Ives (**the service**) has been prepared by Patricia Golledge, 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 Performance Report dated 9 November 2023 for an Assessment Contact – Site undertaken from 5 September 2023 to 7 September 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Representatives said consumers are treated with dignity and respect and staff are aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included information about consumers’ life history including an ‘About Me Profile’ capturing consumers identity and individual preferences to support the delivery of care and services.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Representatives considered staff were aware of their cultural backgrounds and supported their customs and traditions including providing staff who speak the same language as consumers from non-English speaking background. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of individual consumers’ cultural needs and preferences.

Consumers sampled reported that they are supported to maintain relationships. Consumers and representatives said consumers are supported to make and communicate decisions about their care, including who is involved in their care and decision making and maintain relationships of their choice. Staff gave examples of how they support consumers to make informed choices about their care and services in a way that supports their independence and maintains relationships of their choice.

Management explained how the service supports consumers to have choice, including when their choice involves an element of risk. Management and staff described strategies they use to support consumers to take risks and enable them to live the best life they can. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans. Management reported risks taken by consumers were recorded in the risk register, with weekly review of strategies to ensure they addressed and managed risks of choice

Representatives described how information regarding consumer’s care was provided promptly and expressed their confidence in receiving information anytime they require it. Staff described various ways information is communicated to consumers in a manner that is accessible and easy to understand, including strategies to support consumers living with a cognitive impairment.

Management and staff described how they respect consumers’ privacy, such as knocking on consumers doors prior to entering, respecting consumers privacy when they have visitors, closing blinds in consumers rooms, asking consumers permission before providing care and closing of doors to consumers rooms. Staff were observed staff using individual logins and passwords to access the information stored in the electronic care management system (ECMS).

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Actions have been taken to address non-compliance in Standard 2 in relation to Requirement 2(3)(e) identified following an Assessment Contact Site visit conducted on 6 September 2023 to 7 September 2023. These actions have included:

* Utilisation of the action log of the revised Clinical Governance Program to monitor the progress of 3 monthly care plan reviews or reviews required as a result of a change in consumers condition or circumstances.
* Education for all Registered Nurses including the Completion of the Skills Assessment-Dynamic Care Plans, developing knowledge on how to view, evaluate, and archive care plans in the ECMS.

Evidence in the site audit report dated 5 February 2024 to 7 February 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Staff could describe the assessment and care planning processes, including how they consider risks for individual consumers, and how these processes inform the delivery of safe and effective care and services. Care planning documentation evidenced a range of assessments being completed on entry and on an ongoing basis which includes considerations of risks. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks to consumers such as falls, diabetes, skin integrity, changed behaviours and application of restrictive practices.

Care planning documentation was individualised, reflected consumers’ current needs, goals, preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, preferences, and the service had discussed and documented palliative care preferences.

Representatives said they were involved in the assessment and care planning process, and aware of input from other health professionals and specialists. Staff reported it is their practice to inform consumers and representatives of changes to consumers’ care needs and ask for their consent prior to referrals to other health professionals and specialists. Care planning documentation reflected the involvement of consumers, their representatives, Medical Officers, other health professionals including Geriatricians and dementia specialists into consumer assessments and care planning. Management and registered staff described how they partner with consumers and representatives to assess, plan, and review care and services.

Care documentation evidenced the outcomes of assessment and planning for each consumer, including changes, reviews, updates, and communication with consumers and representatives. Representatives said the service regularly communicates changes relating to consumer’s care and services with them. Staff confirmed care and services for consumers were constantly reviewed in partnership with consumers, representatives, medical, and allied health professionals.

Representatives reported consumers care and service plans are consistently reviewed, and changes to consumers care needs were well communicated to them. Care planning documentation demonstrated care and services are regularly reviewed for effectiveness, when circumstances change and when incidents impact on the needs, goals, or preferences of the consumers. Clinical staff explained how the service reviews and evaluates consumer care and services through the 3-monthly care plan review process and in response to incidents or changes in consumers condition for example deterioration in consumers skin integrity.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Actions have been taken to address non-compliance in Standard 3 in relation to Requirements 3(3)(a), 3(3)(b) and 3(3)(g) identified following an Assessment Contact Site visit conducted on 6 September 2023 to 7 September 2023. These actions have included:

* A falls committee was established on 17 November 2023 with the services physiotherapist, Registered Nurses, Quality Co-ordinator and Care Coaches.
* Education for Registered Nurses and ongoing training in relation to falls management, wound care, pain management and pressure injuries.
* Development of a Consumer Risk Register and weekly Consumer Risk meetings to ensure all consumer risks are identified, addressed and mitigated with appropriate documentation and support strategies to manage consumer risks.
* Ongoing review of consumer care and service plans by Clinical Care Consultants.
* Monitoring and supervision of staff infection control practices by Care Coaches, team leaders, and Registered Nurses.
* Completed actions logged on 2 January 2024, indicate an infection prevention and control lead (IPCL) audit was conducted during the outbreak in December 2023 to promptly correct and identify infection control breaches in staff practice as well as to enhance overall infection control measures.
* Multiple sessions for infection prevention and control have been delivered between September 2023 and December 2023 with 100% training completion rate being achieved on 11 December 2023. Additional respiratory infection and outbreak training was convened on 13 December 2023 following the commencement of a COVID-19 outbreak.

Evidence in the site audit report dated 5 February 2024 to 7 February 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers were receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practice, falls management, behaviour management, skin integrity, pain management and other areas to support best practice personal and clinical care.

Consumers said known risks were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, weight loss, pain management diabetes management, skin integrity and catheter care. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks. Staff were guided by policies and protocols, including a risk management framework.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced end-of-life care was delivered in a way to support consumers’ comfort and dignity. The service completes an end-of-life care plan on the ECMS in consultation with consumers’ and representatives’ identifying end-of-life wishes and preferences. Registered Nurses and management reported how the parent organisation of the service provides internal Clinical Nurse Consultancy services to support staff providing palliative care and end-of-life care to consumers.

Representatives expressed confidence that changes in consumer care needs were identified and addressed. Staff demonstrated knowledge regarding effective recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Representatives reported the service provides good communication in a timely manner regarding consumers’ needs and condition including emails after hours. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes, alert mechanisms on the services ECMS and documentation practices. Management described and provided evidence of Registered Nurse shift reports which included comprehensive information regarding changes to consumer needs or preferences, incidents and follow ups required. Management described how information relating the consumers care and services is communicated throughout the service including the utilisation of communication books.

Care planning documentation demonstrated the service collaborates and makes timely referrals to health professionals including a local health district geriatric service to meet the care needs of consumers. Consumers and representatives said the service’s referrals were timely and appropriate. Management and clinical staff described other providers of care available to consumers, including but not limited to health professionals and aged care specialists.

The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks, and the service had ample supplies of personal protective equipment (PPE). Representatives reported the service managed a recent COVID-19 outbreak very well. Staff were observed adhering to infection control practices such as hand washing, rapid antigen testing upon entry and using PPE in line with the requirements of the service. Staff said they have received training in relation to infection prevention and control, hand hygiene, and donning/doffing competencies. Registered nurses and management clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship and advised they continuously review their outbreak management plan (OMP).

# 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 |

Finding

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Actions have been taken to address non-compliance in Standard 4 in relation to Requirement 4(3)(a) identified following an Assessment Contact Site visit conducted on 6 September 2023 to 7 September 2023. These actions have included:

* The service consulted with a consumer program specialist and introduced a new sensory stimulation program on 6 November 2023.
* Consumers social and cultural care plans were reviewed and updated by 17 November 2023.
* Consultation with consumers regarding their activities of preference and the lifestyle activity program. Individual preferences were accommodated, and the lifestyle program updated to reflect activities of preference and individual preferences.
* Review of the lifestyle activity program is a standing agenda item at the monthly lifestyle meetings.
* Review of the services lifestyle activity program for effectiveness by The Governance Team during November and December 2023.
* Recruitment of a new a Lifestyle and Wellness Coordinator in January 2024.

Evidence in the site audit report dated 5 February 2024 to 7 February 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers said the service supports them to do the things they want to do including individual pursuits. The Lifestyle and Wellbeing coordinator explained the diverse range of activities and supports available were based on consumers individual needs and preferences. Staff described how services and supports could be modified so consumers could continue to do things of interest to them and maintain their independence. Care planning documentation identified the consumers’ individual needs, goals, and preferences.

Consumers considered their emotional well-being and religious practices were supported. Lifestyle and care staff explained how they tailored services and supports in line with consumers’ well-being needs, such as religious services, and one-to-one visits by volunteers and the Pastoral Care Practitioner. Staff were aware of which consumers choose to attend church services and those consumers whom they provide one-on-one support to. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers and representatives said the service supported them to continue their social and personal relationships, maintain friendships, undertake leisure interests within the service and in the broader community. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining leisure interests, community connections, and relationships of importance to them.

Consumers said staff are well informed about their needs and preferences. Staff explained how they are informed of any changes to the consumer’s condition for example dietary needs via daily handover and updated information available on the services electronic care management system. Care planning documentation reflected consumers current needs and preferences including those consumers who prefer to attend to their own personal laundry.

Care documentation demonstrates the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers. Care planning documentation demonstrated that the consumers were referred to volunteer services, and the services Pastoral Care Practitioner. The Pastoral Care Practitioner described the services referral process and advised they are involved in regular meetings in relation to consumers’ needs and requests for one-to-one visits. Consumers and representatives said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers.

Consumers and representatives said consumers enjoy the meals provided and their preferences were accommodated. Menus are reviewed by a Dietician with input from consumers gathered, including feedback from the Food Focus meetings. Staff had access to consumers dietary information and care planning documentation included consumers’ dietary preferences, allergies, and specific diet types. Management explained a new initiative of a drinks and snacks station in each wing was introduced in January 2024, to ensure consumers have easy access to drinks, as well as a variety of savoury and sweet snacks which had been selected by the consumers. Meals were observed to be of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime.

Management reported care staff are responsible for the cleaning of shared equipment and mobility aids. Consumers said their mobility aids are kept safe and clean. Equipment such as walking aids were clean and regularly maintained. Staff demonstrated knowledge on reporting items that require repair via the service’s electronic maintenance log. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said consumers were able personalise their rooms how they choose. Consumers reported enjoying using the communal areas of the service to interact with other consumers. Consumers were observed to move independently around communal and garden areas of the service; and consumer rooms were personalised with personal belongings, photographs and items of importance displayed. The service environment had spacious outdoor courtyards with seating and shared areas for the consumers

Consumers and representatives expressed their satisfaction with the safety and cleanliness of the service. The service had sufficient lighting, walls had handrails attached and outdoor areas had wide walking paths with well maintained gardens. Consumers said they can move freely between the indoor and outdoor areas of the service including the garden areas. Consumers unable to mobilise independently were observed being assisted by staff to access outdoor areas with the use of their mobility aid. Cleaning and maintenance staff were guided by work schedules.

Management reported the service had recently purchased equipment to meet the changing needs of consumers including pressure relieving devices. Review of the service’s maintenance records identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule including testing and tagging of electrical items. Staff were observed cleaning and disinfecting shared equipment in between each use. Furniture in communal areas and outdoors were observed to be clean and in good condition.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said the service promotes feedback, and they feel comfortable discussing their concerns with staff or management. Management and staff advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback and how they support them to raise any issues. These avenues included, consumer meetings, food focus meetings, directly verbal feedback to staff, and using the service's feedback forms. Suggestion boxes were observed on display throughout the service, and feedback posters on notice boards promoting consumers, representatives, visitors and staff to provide feedback.

Representatives said they were aware of external agencies to raise complaints. Staff and management were aware of how to access interpreter, translation, and advocacy services for consumers. Staff were able to describe how they support consumers living with a cognitive impairment if they needed to raise a concern. Information on how to raise external complaints and access to advocacy and translation services was displayed around the service.

Representatives said the service are very forthcoming at discussing feedback and complaints and responded to and resolved their complaints in a timely manner. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Review of the services complaints register identified complaints were responded to appropriately and in a timely manner.

Representatives said changes occur at the service as a result of their feedback and complaints, The service demonstrated feedback and complaints received via different avenues are recorded, reviewed, and used to improve the quality of care and services. Review of the services complaints register, monthly quality audit report, consumers and representatives meeting minutes, food focus meeting minutes, and the PCI, identified consumers’ input, feedback and suggestions resulted in improvements at the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service had an adequate number of staff to fulfill the care and service needs of consumers and reported that staff were prompt in responding to their call bell requests. Management and the roster clerk said vacancies are managed with the service’s casual pool, the organisation’s casual pool and permanent staff to fill vacant shifts and as a last resource the service utilises agency staff. Management advised the service has a Registered Nurse on each shift providing 24 hour coverage and there has been an increase in registered staff and lifestyle staff the past few months. Staff said management and the organisation were very supportive and in the past few months there has been an improvement in staffing levels which allows them to provide better care and services to consumers.

Consumers and representatives advised staff interacted with consumers in a kind and caring manner and respected their cultural background, needs and preferences. The service’s Care Coach Educator described the cultural inclusion and diversity training program. Policies and procedure including the services staff handbook outlined the commitment to cultural safety, diversity and inclusion, and ways to uphold this in an appropriate manner for consumers. ‘staff interactions with consumers were observed to be kind and demonstrated familiarity’

Representatives said staff had the required knowledge to perform their roles and know what they are doing. Staff interviewed said they received ample training to ensure they have the knowledge and skills to perform their duties and are supported to undertake additional training. Management explained they monitor staff competency through orientation and on-boarding processes, including competency-based assessments and buddy shifts, prior to staff commencing their shift. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Review of staff records identified professional registrations, national police checks were monitored for compliance and up to date.

Consumers said they had confidence the staff are well skilled to provide their care needs. Staff were able to describe the training, support, professional development, and supervision they received during orientation and on an ongoing basis. It was evidenced the organisation checks the banning order/register during recruitment processes. Review of mandatory training records identified training is provided on a range of topics and completion of all training was recorded and monitored.

Staff reported participating in probationary and annual performance reviews and stated they feel supported by the management team through the performance management process, and they were encouraged to enrol in further self-learning via the online education platform. Management advised that staff performance was monitored through observations, feedback from consumers and representatives, other staff, training attendance, and through the analysis of internal audits and clinical data. Management said the service does not wait till the annual performance appraisal to provide feedback to staff and encourages a process of continuous conversations throughout the year.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Actions have been taken to address non-compliance in Standard 8 in relation to Requirements 8(3)(b) and 8(3)(d)) identified following an Assessment Contact Site visit conducted on 6 September 2023 to 7 September 2023. These actions have included:

* The organisation reviewed the service-level clinical governance process, tools, and report templates and commenced daily leadership meetings for monitoring and reporting of clinical governance.
* A new position for a Deputy Service Manager (DSM) was introduced to oversee the clinical governance at a service level. The new DSM was recruited and commenced on 15 January 2024.
* The new regional manager commenced on 15 January 2024 and introduced monthly ‘head of services’ (regional managers) meeting at a service level and a weekly escalation meeting with the service manager to review any high impact high prevalence risks associated to consumers and any other significant issues requiring action.
* Mentoring and increasing supervision of staff practices while providing education on priority organisational policies and procedures and assessing staff knowledge. The service increased the hours of the Care Coach from 3 days to 5 days a week and further support from the Clinical Nurse Educator and the organisation’s CNCs.
* Additional support from the regional quality team who ensure risk management systems and practices are effective.
* Weekly review of the services Consumer Risk Register.
* Review and improvement of the service’s incident management process and further education to all staff via the e-learning system as well as face to face sessions.
* The service introduced a new ‘flourishing’ project in January 2023 with extra Registered nurses allocated 3 days a week with the purpose to further enhance consumer care planning review and best practices at the service.

Evidence in the site audit report dated 5 February 2024 to 7 February 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements.

Representatives said the service listens to consumers and responds to their suggestions. Management described the various ways the service engages and supports consumers in designing and improving care and services, including consumer and representative meetings, the Consumer Advisory Board (CAB), and Food Focus meetings. Review of consumer and representative meeting minutes, the complaints register and invitations to the CAB meetings, evidenced consumers and representatives were engaged in the development, delivery and evaluation of care and services and were supported in that engagement.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services. The Board uses information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions and monitor care and service delivery. Reports to the executive include clinical governance and quality review summaries. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, Serious Incident Response Scheme reports (SIRS), incidents or near misses, consumer and staff feedback and visits from the Commission. Staff reported clinical indicators, quality initiatives, and incidents are discussed at relevant meetings.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management reported the Board is supportive of providing funds to meet the changing needs of consumers and the workforce such as the recent purchase of pressure relieving equipment and the approval for a new DSM and an increase in nursing and lifestyle staff hours.

Documentation demonstrated risks were identified, reported, escalated, reviewed by management at the service level, at an organisational level by subcommittees, the senior executive team, and the Board. Management and clinical staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation timeframes including Serious Incident Response reporting and advised the service has weekly Consumer Risk meetings and head of department meetings to monitor risks at the service.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. The Clinical Nurse Educator and the Infection Preventative Control Lead advised staff receive education in relation to anti-microbial stewardship and described the non-pharmacological measures to reduce infections. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)