Performance

Report

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| Name of service: | Uniting Narla Belmont North |
| Service address: | 21 Lentara Road BELMONT NORTH NSW 2280 |
| Commission ID: | 0020 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 22 February 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 Uniting Narla Belmont North (**the service**) has been prepared by J Earnshaw, 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 17 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The site audit report includes information that demonstrated the service provides culturally safe care and services and that consumers are consistently treated with dignity and respect.

Consumers and representatives expressed satisfaction with staff and the way staff treated them. They said staff know the consumers’ backgrounds and provide culturally safe care. Consumers provided feedback that included staff are ‘magnificent’ and are mostly ‘kind, gentle and patient.’

Consumers and representatives were satisfied with the information provided to them and said that it was timely, clearly communicated and was easy to understand. Consumers felt supported to make decisions about their care and the involvement of others. They provided examples of rising and retiring at preferred times, making their own appointments, and leaving the service to attend outings.

With respect to privacy, consumers said staff knock prior to entering, speak quietly about care requirements and will close the door or leave it ajar if it is the consumer’s preference. Staff could describe the ways in which they respect consumer privacy including the protection of electronic information. Staff demonstrated a shared understanding of consumers’ individual preferences for male or female staff when providing delivery of care and services.

The organisation had policies and procedures that are relevant to this Quality Standard and include the Code of Conduct, how to provide services that are culturally safe and consumer decision making .

A chaplain and pastoral care staff are available for consumer pastoral care and pastoral care staff said they visit every consumer at least once monthly. Lifestyle staff said the service celebrates events of cultural significance, including ANZAC day, Australia day, Christmas, Easter, St Patricks day, Valentine’s day, individual birthdays and consumer wedding anniversaries.

Consumers are supported by staff to take risks to live the best life they can. Staff described areas in which consumers who chose to take risks are supported to understand the benefits and possible harm associated with those risks, and how consumers and their representatives are involved in problem-solving solutions to reduce risk where possible.

Care planning documentation reflected information about consumers and used language that was inclusive and respectful. Consumer care documentation identified representatives, family and friends and the consumers’ authorised decision maker are involved in consumer decision making.

The Assessment Team observed patient, kind, caring and respectful interactions between staff and consumers. Information to support consumer decision making was displayed throughout the service.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The organisation has policies and procedures in assessment and care planning processes available to guide staff practice.

Staff described assessment and care planning processes and said consultation occurs with the consumers and representative and other health professionals to inform the development of an individualised plan. Care planning documentation evidenced the involvement of the consumer, those the consumer wishes to be involved, medical officers, physiotherapist, speech pathologist, occupational therapist and dietitian in consumers’ care. Potential risks to the consumer had been considered, including for example falls, diabetes management and skin integrity.

Staff said that care planning information is communicated through the electronic care management system and case conferences. They reported communication at the service is good and that they have access to sufficient information to deliver and meet consumers’ care needs.

The service demonstrated care plans are reviewed every 3 months by a registered nurse, when circumstances change or following an incident. Management and registered staff advised care plan reviews are monitored via an electronic database. Consumers and representatives said staff discuss consumers’ care needs or preferences with them and are responsive when there is a change to these. Staff said that following an incident, where a need is identified that allied health staff participate in the review process.

Overall, consumers considered that assessment and care planning processes delivered safe and effective care and services. They felt that they and the representatives had input into planning and that the consumers’ needs, goals, and preferences were identified including consumers’ wishes relating to end of life planning. Representatives spoke highly of the clinical staff at the service and said they can ‘raise anything’ and that it is addressed promptly. Consumers and representatives said they can request a copy of the care plan.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers and representatives were satisfied with the delivery of consumers’ personal and clinical care. They said that consumers’ care needs and preferences were effectively communicated between staff and consumers and consumers received the care they need. Consumer feedback included that they felt their care is ‘fine’ and is ‘managed well’.

Care related documentation was reviewed for consumers requiring management of wounds, falls prevention, diabetes, challenging behaviours, unplanned weight loss, catheter care and maintenance of skin integrity. Documentation demonstrated, and consumer and staff interviews confirmed, consumers were receiving individualised care that was tailored to their needs.

For those consumers who received a psychotropic medication, a psychotropic register was in place, behaviour support plans were established, medication reviews occurred on a regular basis and signed consents and authorisations were in place. Registered nurses and care staff demonstrated a shared understanding of restrictive practice.

Management said care delivery is monitored through reviewing consumers’ care needs, referral to other health providers, seeking feedback from consumers and through the analysis of incidents and the identification of any themes/trends. A daily ‘huddle’ occurs that includes senior clinical staff and registered staff to discuss emerging issues and clinical concerns. Additionally, weekly meetings are held with registered staff and allied health staff to discuss consumer issues including behaviour management, falls management, wound care and pain. Staff could describe the main risks to consumers and the risk mitigation strategies in place.

Staff said that palliative care support is available for consumers as they approach end of life. Staff could describe how they maintain consumers’ comfort including by providing one on one support for the consumer and for their family.

Consumers provided examples of how staff attended them following a change in condition. For example, one consumer said that following a fall, staff completed a risk assessment, reviewed their footwear, referred them to a physiotherapist and ensured the consumer’s call bell was in reach. Care related documentation identified that staff recognise, report and respond to changes in consumers’ conditions. Clinical staff advised actions taken include assessment of the consumer, discussion with the consumers and their representative, referral to the medical officer and allied health provider, or transfer to hospital if a need is identified.

Processes are in place for the prevention and control of infection including management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. A current outbreak management plan, policies and procedures guide staff in prevention and control of infection and antibiotic management. The service has an infection control and prevention lead and is provided with support from the organisation. A vaccination program has been offered to consumers and antiviral medication is available and prescribed to consenting consumers who test positive to COVID-19. Clinical staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of Personal Protective Equipment and obtaining pathology results prior to commencing antibiotics. Infections and outbreaks are analysed and reviewed monthly via the service’s clinical indicators.

The Assessment Team observed staff, contractors and visitors undergoing entry screening which includes a questionnaire and health declaration, and Rapid Antigen Test prior to entry.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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 confirmed the lifestyle program supports consumers’ needs and said staff assist consumers to be as independent as possible. Staff demonstrated knowledge of consumers’ needs and preferences and the support they require to participate in activities or pursue individual interests. Care documentation included strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

The Assessment Team observed consumers participating in and enjoying activities. Consumers provided examples of the activities they enjoy including playing pool, being with friends, playing board games, going on bus trips and participating in exercise classes. Tailored activities are provided for those consumers who are unable to mobilise with one representative speaking highly of the way staff meet their consumer’s specific needs.

Lifestyle staff described how they design the service’s lifestyle programme with direct input from consumers. They said consumer lifestyle care documentation is reviewed three monthly to assess consumer participation and preference changes. Staff said where a need is identified, consumers are referred to other providers of care and services including for example the pastoral care team, allied health staff and the hairdresser.

Consumers said they continue cultural and religious practices at the service and that they are provided emotional and spiritual support when needed. Care documentation described consumers’ emotional, spiritual and psychological needs and staff could describe how they support consumers when they are feeling low.

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 any changes in a consumer’s condition, needs or preferences of consumers as they relate to services and supports for daily living.

Consumers and representatives said consumers are supported to take part in community activities outside of the service, to visit family, or pursue previous interests. Care staff said contact information for consumers’ representatives and loved ones is stored in the electronic care management system and they use the information to help consumers maintain contact with loved ones and maintain relationships. They described how they assist consumers to attend and participate in activities and share meals with other consumers in the dining room.

Consumers expressed satisfaction with the quality and quantity of meals provided and have input into menu planning through consumer meetings and food focus groups. The service’s menu listed 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 were also options available for consumers who are vegetarian. Management staff said menus and special diets are reviewed regularly and are aligned with Australian dietary guidelines, healthy eating for adults and the best practice food and nutrition manual for aged care. The service’s catering contractor receives regular food audits internally and externally and has a Food Safety Licence.

The Assessment Team observed service equipment to be clean with maintenance service stickers in place and cleaning wipes and hand sanitiser accessible throughout the service, equipment for activities, such as boardgames, televisions, and dining tables to be clean and in working order.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team found the environment was welcoming, easy to understand and enabled consumers to optimise their independence and ability to interact within the service with family, friends and others. Corridors were wide, handrails supported consumers’ movements and consumers’ rooms were decorated with personal items and photographs.

Consumers spoke positively about the service environment and said they enjoyed the communal areas where they could meet with others and play board games. They said they can easily find their way around the service during the day and at night.

Consumers and representatives said consumers’ rooms and common areas are kept clean and well maintained. Staff were familiar with processes to maintain a clean and safe environment and a review of the service’s cleaning schedule confirmed, consumers rooms and furniture in common areas are cleaned weekly and common areas, including high touch points, are cleaned daily. High touch points and cleaning of consumers rooms was observed by the Assessment Team occurring every day of the site audit.

Consumers said that staff were competent when using equipment and that they felt safe when staff used equipment to provide care and services. Staff could describe the processes for reporting faulty equipment and hazards to management and provided recent examples of times when faulty equipment had been replaced.

Maintenance staff said the electronic maintenance register is reviewed daily and requests are prioritised and delegated to the maintenance staff or contractors as required. A review of the maintenance register showed, and consumers and staff confirmed, that requests for maintenance are actioned in a timely manner.

The service had a range of external contractors available who are used as required and monitored via the maintenance officer on site and electronically.

The Assessment Team observed consumers moving freely between indoor and outdoor areas. Outdoor areas had wide concrete pathways and handrails in place, call bells were operational and were placed within consumers’ reach, and walkways and exits were free of hazards. Consumers personal mobility aids, including walking frames and wheelchairs, appeared to be clean and well maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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, representatives, and staff advised they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken by management following the raising of concerns.

Staff demonstrated a shared understanding of the internal and external complaints/feedback avenues, and advocacy and translation services available to consumers and representatives. Consumers and representatives advised they were aware of external complaints/feedback avenues. Information on access to external complaints options and/or advocacy services were observed to be available to consumers and representatives.

The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrate the service supports and encourages consumers and representatives to provide feedback and make complaints. The plan for continuous improvement identified concerns raised are documented with current and planned actions to address the concerns.

Management and staff demonstrated an understanding of open disclosure and were able to give examples of how they work with the consumer or representative to resolve the issues to the consumer’s satisfaction and described changes that have been made at the service as a result of feedback received.

Feedback, complaints, and suggestions from consumers and representatives are sought through written feedback, meetings and informal ways including speaking to staff or management. Several secure boxes were available throughout the service, to enable complaints, and feedback to be raised anonymously.

In relation to Requirement 6(3)(d) at the time of the Site Audit, the service was unable to demonstrate that it consistently trends and analyses complaints, feedback, and concerns raised by consumers or representatives or that the service uses this information to inform continuous improvement activities across the service which are documented under the Plan for continuous improvement.

Whilst the Site Audit report provided information that feedback and concerns raised directly with staff are not captured, overall consumer feedback was positive in regard to feedback management, however, some consumers and representatives said they are not always informed of outcomes following feedback and suggestions provided to management and staff.

Management was able to describe how consumer and representative feedback is raised and responded to during consumer meetings and updated the plan for continuous improvement to reflect the proposed remedial actions. The Approved Provider, in its response, provided information of how feedback is recorded and used to inform continuous improvements.

The Approved Provider, in its response, provided details of outcomes from actions taken supporting two named consumers in relation to their feedback provided regarding response to complaints raised. The response advised of other actions taken by the service including the implementation of monthly review of complaints by the service’s quality specialist and information from consumer meetings will be transferred from minutes and recorded in the service feedback and complaints information system; to capture and trend incidental matters raised and resolved.

It is my decision that this requirement is met as consumers and representatives overall expressed satisfaction with feedback management and I am persuaded by the Approved Providers’ response.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 7

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

Findings

The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts.

Consumers and representatives consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers reported staff were kind, caring and respectful of their identity, culture and diversity.

Staff considered there were sufficient staff, and the right mix of staff, to plan and deliver care and services in accordance with the consumers’ needs and preferences.

The Site Audit report described staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language. Staff had a shared understanding of consumers and what was important to them.

The service had policies, procedures, and practices to guide, promote and encourage kind, diverse, respectful and person-centred care practices.

Management described how they determine whether staff are competent and capable in their role, which included induction on commencement of employment, and completion of mandatory training programs.

Management described how the workforce are recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Systems and processes were in place to provide education to staff, and monitor professional registrations however, the service was unable to demonstrate adequate monitoring of staff performance, with some outstanding training modules and many staff performance reviews being overdue at the time of the Site Audit.

In relation to Requirement 7(3)(e), the Site Audit report provided information that the service was unable to demonstrate that regular assessment, monitoring and review of the performance of each staff member is undertaken. Management acknowledged staff annual performance reviews have been impacted by COVID-19 outbreaks.

Staff were unable to recall when they last completed a performance review with management and documentation review identified 53 of 70 staff performance reviews were overdue.

The Approved Provider, in its response, demonstrated a commitment to adequately monitor staff performance and provided information of actions taken to rectify the deficiencies identified.

The response advised staff “conversations” have been completed with all staff and are now up to date with ongoing annual conversations scheduled. The Approved Provider advised other measures are employed by the service to monitor and respond to staff performance concerns, including formal performance management processes undertaken, separate from annual performance reviews.

The Approved Provider acknowledged 22% of staff annual training to be overdue at the time of the Site Audit and advised that some of these modules have been completed and the remainder is scheduled with formal letters issued to staff with remaining overdue modules for completion. Mandatory training compliance has been added to the monthly meetings for review and discussion and monthly monitoring will be conducted during the internal ‘health check’ reporting.

I am persuaded by the Approved Providers’ response and undertaking of remedial actions; therefore, it is my decision that this requirement is met.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers and representatives advised they felt the service was well run, and they can partner in improving the delivery of care and services and expressed satisfaction with the way information about care and services is managed and how the information is provided to them.

Management described various ways the Organisation involves consumers in the development, delivery and evaluation of care and services, which included regular consumer meetings, audits, recruitment selection panel, and feedback avenues.

Management described the various ways in which the organisation communicates with consumers and representatives and staff regarding updates on policies, procedures or changes to legislation.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board satisfies itself that the Quality Standards are being met within the service through internal audits, consumer surveys, clinical indicators and clinical governance reports. The organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for the delivery of, and promotes a culture of safe, inclusive, and quality care and services for consumers.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure were applied by staff in the delivery of clinical care.

Staff demonstrated an understanding of consumers with high impact or high prevalence risks; these included falls, behaviour management, wound care, and pain management and demonstrated how they implement the service’s policies in alignment with best practice.

The service was able to demonstrate established governance frameworks, policies and procedures that supports the management of risk associated with the care of consumers.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service has policies and procedures in relation to incident reporting, including reportable incidents and reporting timeframes. The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can.

Management and staff described, and the incident management system and reportable incidents register demonstrated, incidents are managed through an electronic Incident management system, and, how the service identifies, responds to, and reports incidents, including serious incident reporting.

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. 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.

In relation to Requirement 8(3)(c) Information management: whilst Organisational wide systems are in place to control and store information, the service’s feedback and complaints, staff performance and training information management systems were not adequately monitored and analysed to improve consumer care and services. The Site Audit report provided information that staff performance was not monitored, several staff had not completed an annual performance review and the service was not consistently documenting feedback and complaints raised informally, and on occasions had not actioned or consumers were not always provided with an outcome to their complaint.

The Approved Provider, in its response, acknowledged opportunities for improvement in relation to feedback management and monitoring staff performance, however, refuted having deficiencies related to Organisational wide Governance. The response contained a Plan for Continuous Improvement which details improvement actions implemented immediately to rectify deficiencies identified; and planned ongoing measures to maintain compliance with the Quality Standards.

I am persuaded by the Approved Providers’ response, and the compliance of all other standards, therefore, it is my decision that this requirement is met.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response and the Service’s compliance history. Therefore, it is my decision that the overall Quality Standard is compliant.

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)