

**Performance Report**

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| Name: | Uralba Hostel |
| Commission ID: | 0285 |
| Address: | 50 Tor Street, GUNDAGAI, New South Wales, 2722 |
| Activity type: | Site Audit |
| Activity date: | 5 November 2024 to 7 November 2024 |
| Performance report date: | 12 December 2024 |
| Service included in this assessment: | Provider: 758 Gundagai and District Hostel Accommodation Inc Service: 301 Uralba Hostel |

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 Uralba Hostel (**the service**) has been prepared by E Blance, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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 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 service demonstrates each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers are treated with dignity and respect. Staff interactions with consumers are respectful. Staff are aware of consumer preferences and backgrounds. Staff are guided by information about consumers’ identities, culture and diversity with detailed information within care planning documentation. The service has numerous policies that guide staff practice in the expected behaviours of staff towards consumers including diversity, dignity and respect.

The service demonstrates it delivers care and services that are culturally safe. The service support consumers by engaging with consumers (and any other people they would like to be involved), to better understand and deliver individual consumer needs and preferences. Cultural events are celebrated within the service for the enjoyment of consumers. Consumers are engaged in discussion when entering the service to identify what is important to them, their life histories, and personal and clinical care needs which forms part of their care documentation. While all consumers currently residing at the service are of Anglo-Saxon heritage, if a consumer enters the service and is from a different culture or has different beliefs or interests, these can be accommodated and use of an interpreting service to assist with the admission process can be engaged should it be required.

The service demonstrates each consumer is supported to exercise choice and independence. Consumers are consulted, can make decisions, and choose who should be involved in their care. Management and staff support consumers to make decisions and maintain relationships, within and outside the service. Consumers feel supported to maintain relationships and attend social activities outside the service through exercising independence and choice. Should consumers wish to change their choices or preferences, the service will accommodate this, and discussions are also held during case conferencing and ‘resident of the day’ monthly assessments.

The service demonstrates each consumer is supported to take risks to enable them to live the best life they can. Risk assessments are conducted to support consumers to engage in risk choices. Some risks identified at the service included supporting consumers who choose to smoke, consume alcohol, self-administer medications and mobilise without recommended strategies. The risks associated with these choices are assessed according to the service’s risk-taking policy to minimise and manage any potential impacts to consumers.

Consumers receive timely, accurate and current information to assist them to make decisions and exercise choice. Information is available on the noticeboard in the communal area including menu options, activities schedule, complaints and feedback forms, external advocacy services, the Aged Care Charter of Rights, and Code of Conduct for Aged Care. Consumers can choose to attend monthly consumer meetings and are encouraged to provide feedback and raise issues of concern with management.

The service demonstrates each consumers privacy is respected, and personal information is kept confidential. Consumers’ privacy is respected and consumers feel comfortable their personal information is kept confidential and is securely stored. Staff respect the personal privacy of consumers by knocking on room doors and waiting for a response before entering and seeking agreement before providing clinical and personal care. Staff discuss personal information during shift handover away from other consumers, in an office with the door closed, while paper-based consumer files are securely stored in a locked cupboard. The service has a privacy and confidentiality policy to guide staff practice.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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 service demonstrates assessment and care planning informs the delivery of safe and effective care. Risks for consumers receiving care are consistently identified, and interventions are implemented to manage these leading to safe and effective care and services. A range of validated assessments are conducted upon entry to the service, including for example nutrition, oral and dental, risk, continence, pain, sensory, skin and behaviour. The outcome of these initial assessments informs care documentation. Certain assessments are repeated quarterly and others annually, or more frequently where a need is identified. Clinical assessments and audits monitor the effectiveness of the care and services provided. The service’s care planning and assessment policy guides staff practice.

The service has processes in place to ensure assessment and planning address consumers’ individual preferences and current needs. Consumers are provided opportunity to discuss their current care needs, goals and preferences including advance care planning. Care documentation includes what is important to each consumer and how they want their care delivered. Advance care planning is discussed upon entry to the service, with information included in the admission pack. Supports are in place to assist consumers through end of life care including referrals to the palliative care team. Advance care directives are in place for consumers who choose discuss their wishes.

The service demonstrates assessment and planning is based on an ongoing partnership with the consumer and those people the consumers wish to involve. Care documentation identified and consumers confirmed they participate in assessment and planning. Case conferencing is noted to occur informally and at either the request of the consumer and/or management. Allied health professionals, including the physiotherapist and dietitian, contribute to assessment and care planning and this was evidenced in consumer’s care and planning documentation.

The service demonstrates the outcomes of assessment and planning are effectively communicated and documented in a care and services plan and is readily available to the consumer. Consumers confirmed they are informed about their own clinical and personal care and the outcomes of assessment and planning by staff through case conferences and regular reviews. Care documentation demonstrates the outcomes of assessment and planning is documented. Monthly clinical meetings discuss any changes to consumers’ care plans.

The service demonstrates care documentation is reviewed monthly or whenever there is a change in the consumer’s condition. Consumers confirmed their care is regularly reviewed by the registered nurse. Clinical staff undertake regular review of care and services for consumers after incidents or changes in condition has occurred.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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

The service demonstrates all consumers receive safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Consumers said they are satisfied with the care and services provided. Care documentation identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of each consumer. Staff demonstrated individual knowledge of consumers’ personal and clinical care needs and how they meet these needs consistent with service policy and best practice. The service has a suite of clinical policies, aligned to best practice in the management of skin integrity, pain management, pressure injuries and wound management available to guide staff practice. Clinical audits and staff clinical competencies are undertaken regularly.

The service demonstrates it is effectively managing high-impact or high-prevalence risks associated with the care of each consumer. Falls, behaviour management and diabetes management were identified as the service’s high-impact, high-prevalence risks for consumers at the service. Where the needs of consumers can no longer be effectively managed, consultation occurs for transition to the co-located multi-purpose service or other service of their choice. The service has a cohort of consumers with no current complex clinical needs which assists in reducing the high-impact and high-prevalence risks associated with the care of each of consumer. Consumers provided positive feedback about their clinical care, and staff demonstrated good knowledge around high-impact, high-prevalence risks and how they would implement strategies to mitigate those risks. The service has policies that guide staff in managing high-impact and high-prevalence risks associated with the care of each consumer. The policies are inclusive of managing consumer falls, changed behaviours and diabetes.Falls management processes include review by the registered nurse, clinical observations attended for the first 24 hours at intervals according to the fall management policy, falls assessment, incident report, wound assessments, wound charts, and progress notes were all completed and within service policy timeframes. Consumers are referred to the physiotherapist for further review. For consumers who experience changed behaviours, a behaviour support plan (BSP) is in place to guide staff in non-pharmacological strategies and interventions to assist with changed behaviours. Consumers are considered for review by a geriatrician or referred to dementia support services. For consumers who live with diabetes, a current diabetes management plan is in place, including frequency of blood glucose level (BGL) monitoring, acceptable range of BGL and required action if outside the range. Staff demonstrated an appropriate level of knowledge relating to diabetes management.

The service does not currently provide end of life care, resulting in consumers being transferred to the co-located multi-purpose service or hospital to receive this care. The service has a plan for continuous improvement to facilitate end of life care and ageing in place, including the expansion of registered nurses’ coverage to 24/7 and the refurbishment of 4 consumer rooms to facilitate lifters. Staff described how they would support consumers at the end of their lives, including managing pain, having those important to them with them and respecting consumers social, religious and spiritual preferences. Staff members have undertaken palliative care training at the service and have experience providing end of life care in other care environments.

The service demonstrates where there is deterioration or change to a consumer’s mental health, cognitive or physical capacity or condition this is recognised and responded to in a timely manner. Consumers provided positive feedback regarding the service’s actions when there is a change in their condition. Care documentation evidenced where deterioration or changes in a consumer’s condition is recognised, it is actioned in a timely manner. Clinical staff monitor and review consumers’ care documentation for signs of deterioration and complete the appropriate assessments, escalations and referrals. Staff receive regular education in how to recognise signs of deterioration. Escalation processes include informing the registered nurse, review by a medical officer or calling an ambulance.

The service demonstrates how they communicate information about the consumer’s condition, needs and preferences through their electronic care management system, staff handover and meetings with internal and external care providers. Care documentation provides adequate information to support effective communication of the consumer’s condition, preferences and care needs. Consumers feel the service coordinates their personal or clinical care effectively. This coordination is enabled by a consistent communication channel between the staff, allied health providers and the consumers. Medical officers and health professionals have access to the electronic care management system to view information about consumers and submit their own notes.

The service demonstrates that referrals to other health care providers are timely and appropriate. Consumers said, and care documentation confirms that consumers have access to the relevant care and services they require. Care documentation reflected referrals to, and recommendations from, medical officers and a range of allied health professionals including for physiotherapy, podiatry, dietetics, speech pathology, hearing specialists and dementia support services. Changes are recorded in the consumer’s care documentation, communicated at the daily staff handover and uploaded in the electronic care management system which informs staff to the changes in care and services to be implemented to meet the consumer’s needs.

The service demonstrates they minimise infection related risks, using an infection control program that also supports the principles of antimicrobial stewardship. The service has policies and practices that guide staff on how to minimise the risks of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The service maintains an outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response, and recovery after an outbreak, including COVID-19. The service maintains a register of staff who receive influenza and COVID-19 vaccinations. Sufficient personal protective equipment (PPE) and clinical waste bins are available. Staff have received mandatory training and competencies in infection control practices, hand hygiene and donning and doffing.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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

The service demonstrates each consumer gets safe and effective services and supports for daily living that meet their needs, goals and preferences. Consumers were satisfied services and supports for daily living meet their needs, goals and preferences. Staff have a sound knowledge of individual consumers’ needs and preferred activities and how they support them to ensure lifestyle activities include individual preferences. A consumer satisfaction survey is conducted to ensure services and supports are meeting individual consumer expectations.

The service demonstrates services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Consumers feel the services and supports available promote their emotional, spiritual, and psychological well-being. Consumers said they feel connected and engaged in meaningful activities that are satisfying to them. Care documentation recorded consumers’ individual emotional support strategies.

The service demonstrates there are services and supports for daily living in place for consumers. Consumers feel supported to participate in their community within and outside the service environment, have social and personal relationships and do the things of interest to them. Care documentation identified the people important to individual consumers and the activities of interest to them for example engaging with intergenerational school programs for concerts and morning teas, Melbourne Cup activities including a high tea and turtle races, maintaining vegetable gardens and attending yoga in the local community. The service facilitates consumer’s interests with a service vehicle to support them to do what they like to do including beauty and medical appointments, going shopping, visiting friends and family and going out for lunch.

The service demonstrates information about the consumer’s condition, needs and preference is communicated within the service. The service has effective processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including changes as they occur. Staff have sound knowledge of individual consumers. Consumer care and other needs are communicated during shift handovers, the day diary, having face-to-face conversations, as well as information in the service’s electronic care management system which is accessible to all staff. Catering staff confirmed that communication is appropriate and timely to ensure that consumers receive the meal of their choice and can accommodate when a consumer prefers to have something different. If the preference is more permanent, a message is sent in the electronic care management system and the consumer’s care plan is updated.

The service demonstrates timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumers feel if the service was unable to provide suitable support, they were confident they would be appropriately referred to an external provider. Examples of consumers being referred to other providers of care and services in the provision of lifestyle support included referrals to volunteers of various faiths and local community transport services. Information is recorded in the electronic care management system, day diary and in handover to remind staff of involvement from external services, such as appointments scheduled for consumers.

The service demonstrates meals are enjoyed by consumers and are of suitable quality and quantity. Consumers said the service provides a range of meals which are varied and of suitable quality and quantity. The service has processes in place to include consumers in the development of the menu and to provide feedback on the quality of the food provided. Meals are cooked fresh on site every day. Seasonal fresh fruit and snacks were observed readily available for consumers in common areas. The menu is planned in consideration of consumer feedback and is reviewed by a dietician. Specific dietary needs and preferences of consumers are accommodated in the menu or individualised meals.

The service demonstrates where equipment is provided, it is safe, suitable, clean and well maintained. Consumers were satisfied with their equipment, feel it is well maintained and feel safe when using it. Staff were able to demonstrate how the equipment they use is clean and suitable for consumers. The Assessment Team observed mobility aids, shower chairs and manual handling equipment to be safe, suitable, clean and well maintained for example 4-wheeled walkers were observed to be clean and in good working condition. The physiotherapist is consulted if there is a concern about the safety of a consumer’s mobility aid.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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 service demonstrates the environment is welcoming, comfortable, and easy to navigate for consumers. The service has a communal dining room, lounge area and a library/activities room for consumers to congregate and interact with one another. There are garden and outdoor seating areas available at the front and back of the service which is utilised by consumers and their visitors. There are shaded areas available for outdoor sun protection. Service furniture is positioned appropriately and art works and other furnishings providing a home-like environment. Each consumer’s room has its own ensuite, an internal door and an external door to access the garden area. Most rooms are personalised with mementos from home, photographs and furniture. Internal corridors are wide for consumers to easily navigate and there are door numbers on each room to provide direction, and handrails along each wall to assist with consumers’ mobility. There are outdoor paths around the facility where consumers can safely and freely walk. Consumers said there are adequate private areas, both indoors and outdoors for themselves and their visitors to utilise when socialising.

The service demonstrates the environment is safe, clean and well maintained, with consumers being able to move freely indoors and outdoors. Maintenance and cleaning processes and procedures are in place. The service environment is managed by staff for smaller works and contractors for larger works and maintenance issues. Processes for documenting and reporting safety and maintenance issues include escalating to management, entering the issue into the maintenance book, and following management instructions to remove the safety issue (if required). Consumers are supported to move freely around the service using handrails and their prescribed personal mobility aids. Consumers said they are happy with the cleanliness of the service and how prompt staff are to attend to maintenance issues.

The service demonstrates furniture, fittings and equipment is safe, clean, well maintained and suitable for the consumer. Consumers are satisfied with the furniture, fittings and equipment. Systems are in place for the cleaning and regular maintenance of the furniture, fittings, and equipment. Furniture in communal areas were observed to be clean, in satisfactory condition and in plentiful supply. The kitchen, laundry and cleaning equipment were observed to be clean and in accordance with infection control guidelines.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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

The service demonstrates consumers, their family, friends, and carers are encouraged and supported to provide feedback and make complaints. Consumers know how to give feedback or make a complaint. Management encourage and support consumers to provide feedback through various avenues including feedback forms, discussions at consumer meetings, and verbally to staff. Complaints are recorded in the service’s complaints register.

The service demonstrates consumers are aware and have access to advocates, language services, and other methods for raising and resolving complaints. Consumers are generally aware of the advocacy and external complaints services available to them. Advocacy services are available to consumers at the service and information brochures from the Seniors Rights Service and the Older Persons Advocacy Network are displayed at reception. Contact details for advocacy services are provided in the consumer handbook and admission pack. While the service does not currently have any consumers from non-English speaking backgrounds, the service is able to access an interpreter service, if required.

The service demonstrates appropriate action is taken in response to complaints and open disclosure is used when things go wrong. Staff are aware of open disclosure principles. The complaints register details all feedback and complaints, provided by consumers, includes details of the complaint, the date it was lodged and when it was closed as well as an acknowledgment of open disclosure. The organisation is guided by policies and procedures on open disclosure and the compliment and complaints policy.

The service demonstrates feedback, and complaints are reviewed and used to improve care and services. The service has a continuous improvement policy and accompanying procedures which outlines the use of feedback and complaints to improve the quality of care and services. There are processes to review complaints and incorporate them into the plan for continuous improvement. Consumers and staff can describe changes made at the service resulting from feedback and complaints.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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 demonstrates the workforce is planned to enable, and the number and mix of the workforce deployed enable, the delivery and management of safe care and services. Consumers provided feedback indicating their needs are met in a timely manner, and staff said they can complete their work during their allocated rostered time. The service has processes to ensure both planned and unplanned leave is managed. The service works with a provider who offers remote 24/7 registered nurse on call services and support. All care staff are medication administration endorsed which assists with roster flexibility and planning.

The service demonstrates workforce interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity. Consumers spoke about the kindness and caring nature of the staff and how they engage with them in a respectful and caring manner. Staff have an in depth understanding of the consumers they provide care to, and this information aligned with care and planning documentation. Consumer and representative feedback and complaints and annual surveys monitor staff behaviour and ensure interactions between staff and consumers meet the services’ expectations.

The service demonstrates all members of the workforce have appropriate qualifications in relation to their roles and are competent in what they do, and there are systems in place to regularly review roles, responsibilities and accountabilities of the workforce. Consumers expressed satisfaction with the competency of the workforce, and indicated staff have the appropriate training to deliver safe care and services for example, consumers sated ‘the staff are good at their job, and I feel the registered nurses are very competent’. Staff are deemed competent in their roles by monitoring qualifications, criminal history checks, banning orders and staff training, ensuring all staff complete annual mandatory competencies. Position descriptions and duty statements contain key accountabilities and responsibilities according to specific roles.

The service demonstrates the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Consumers said all staff know what they are doing and did not require further training. Staff complete annual mandatory training and competencies tailored to the needs and designated roles. The service has processes for the recruitment, induction, training and support for staff in line with the Quality Standards and other legislative requirements. Staff have received training in relation to the serious incident response scheme (SIRS) and the Quality Standards and were able to demonstrate their understanding of reporting requirements. The service uses consumer feedback, performance appraisals, incidents and audit results, to formulate additional training which feeds into the training calendar.

The service demonstrates regular assessment, monitoring and review of the performance of each member of the workforce. Performance reviews are conducted at the 6-month probation period, and annually thereafter. Staff are provided with feedback immediately after any incidents, complaints, or compliments, and further training is undertaken. The service has policies that outline performance development and performance processes to guide staff. Staff were confident they could request additional training if they required it.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is 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**

The organisation demonstrates consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers feel included and encouraged to provide input into decisions made at the service, and feel the service is well run. Consumers are encouraged to discuss any issues, knowing they will be addressed promptly and with discretion if required. Audits and surveys are regularly undertaken with consumers to ascertain their views and feedback on care and services.

The organisation demonstrates its governing body promotes a culture of safe, inclusive, and quality care and services. The governing body comprises of board members with an appropriate mix of skills and clinical expertise. Most board members have undertaken training in corporate governance and other education including the Quality Standards and SIRS. A documented governance framework includes policies procedures and processes, workforce training and education, delegation of responsibilities to managers and clinical and care staff to ensure effective oversight of care and services for consumers.

The service was able to demonstrate it has effective governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has information management systems including the electronic care management system, risk/incident management, compliance, complaints, maintenance, education/training and human resources. Staff can readily access information, including consumer care documentation and policies and procedures.

The leadership team drives continuous improvement at the service, as well as engaging with consumers to encourage feedback and identify opportunities for care and service improvement. The service’s plan for continuous improvement has identified improvements, aligned to the Quality Standards, and evidence of regular monitoring and review.

The organisation has necessary systems in place for financial governance oversight. The Board determines the yearly budget, and the service is well supported in relation to expenditure being approved.

Planning of the workforce is managed through ongoing review of consumer care needs, clinical data and feedback from consumers and staff. Duties and responsibilities for all roles are clearly set out in position descriptions and management regularly monitor and review the performance of staff.

The governing body is responsible for ensuring the organisation has oversight of changes to aged care regulation and legislation. Changes to legislation are monitored from information received from the Commission’s regulatory bulletins, and department updates. Any changes are reported throughout the service via email to staff and other board members for their information.

The organisation has a feedback and complaint policy and procedures. Feedback and complaints are used to inform continuous improvement. Complaint trends are monitored at the service and at the organisational level with relevant information, including all external complaints, reported to the Board.

The organisation demonstrated it has effective risk management systems and practices to manage high-impact and high-prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. The organisation’s incident management is effective in identifying, preventing, responding to and managing incidents and near misses that occur when delivering care and services to consumers. Organisational policies and processes guide staff practice in relation to the identification, management, reporting and monitoring of risks to consumers’ health and well-being, and to inform safe and effective delivery of care and services. Management and staff have participated in mandatory training including elder abuse and prevention and SIRS. Staff support consumers to live their best life by providing additional care as appropriate to meet consumers’ needs. The organisation has an established incident management system to record and manage incidents. Incidents are then trended and monitored through the quality system and reported monthly to the Board.

The organisation has a clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care. The organisation has an antimicrobial stewardship policy and procedure and infections are monitored, and antimicrobial stewardship is discussed at clinical governance meetings. The organisation has a restrictive practices policy and procedure in place and staff have been provided with training in relation to minimising its use. Management demonstrated an appropriate knowledge of how restrictive practices are used in accordance with the organisation’s policy and legislative requirements. The organisation has an open disclosure policy to guide staff practice. Staff demonstrated an understanding of open disclosure processes and principles in relation to their role. Consumers confirm open disclosure is practised in the service when incidents or adverse events occur.

I have reviewed and considered the information available within the assessment team report as summarised above. I am satisfied the Standard is compliant.

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