Performance

Report

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| Name of service: | Warrigal Care Albion Park Rail |
| Service address: | 2 Pine Street ALBION PARK RAIL NSW 2527 |
| Commission ID: | 0291 |
| Approved provider: | Warrigal Care |
| Activity type: | Site Audit |
| Activity date: | 22 May 2023 to 25 May 2023 |
| Performance report date: | 31 July 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 Warrigal Care Albion Park Rail (**the service**) has been prepared by J Howard, 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 conducted from 22 May 2023 to 25 May 2023. 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 Approved Provider’s response to the site audit report, received 29 June 2023.
* Other information and intelligence held by the Aged Care Quality and Safety 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Requirement 4(3)(d)* – The Approved Provider must ensure information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* *Requirement 4(3)(f)* – The Approved Provider must ensure where meals are provided, they are varied and of suitable quality and quantity.
* *Requirement 6(3)(d)* – The Approved Provider must ensure feedback and complaints are reviewed and used to improve the quality of care and services.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity, respect and valued their backgrounds and identities. Staff understood individual consumers’ interests and preferences and were observed to be kind and respectful throughout the Site Audit. Information about consumers’ backgrounds, needs and preferences were recorded in their care plans. A review of consumers’ care plans confirmed their life story was documented, along with how cultural preferences influenced care delivery. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers’ care choices and preferences were recorded in their care plans.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and a dignity of risk form documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, information was disseminated via the resident meetings and noticeboards promoted activities, information about how to submit a complaint and general happenings at the service. Consumers confirmed care and services were delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in a password-protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

With respect to Requirements 2(3)(a) and 2(3)(e) of the Quality Standards, the service was found non-compliant following an Assessment Contact visit on 29 September 2020 (the 2020 Assessment Contact), as it did not demonstrate assessment and planning informed the delivery of safe and effective care and services. Specifically, consumers’ needs were not always reassessed following an incident or change to their circumstances.

The Site Audit between 22 and 25 May 2023 (this Site Audit) found the service had introduced measures in response to the non-compliance identified during the 2020 Assessment Contact. For example: the electronic care management system alerted staff when reassessments were due and the task was allocated to a registered nurse (RN); additional staff were allocated to support RNs in reviewing consumers’ needs; management and clinical staff attended daily meetings to discuss clinical incidents, falls, wounds or behavioural issues which required reassessment; and the clinical nurse specialist attended visiting doctors’ rounds and communicated with other clinicians and consumers’ representatives when required.

During this Site Audit, the service demonstrated it had a consistent process in place to review and capture consumer information to ensure the delivery of safe and effective care and services. The service used recognised risk assessment tools to evaluate consumers’ needs in relation to skin integrity, falls risk and pain management. Following the needs assessment, consumers were referred to specialist practitioners where required. The service had clinical guidelines, policies and procedures to guide staff in reviewing risks to consumers, along with how issues were recorded, investigated and documented in individuals’ care plans.

During this Site Audit the Assessment Team found the service was compliant with Requirements 2(3)(a) and 2(3)(e) of the Quality Standards.

A review of consumers’ care plans confirmed they were individualised, identified risks to health and well-being and updated when new risks were identified. Consumers’ care plans identified and addressed their current needs, goals and preference, which included end of life planning where they wished. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. The outcomes of assessment and planning were documented in consumers’ care plans which were available to consumers and representatives.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

With respect to Requirement 3(3)(a) of the Quality Standards, the service was found non-compliant following the 2020 Assessment Contact, as it did not demonstrate assessment and planning informed the delivery of safe and effective care and services. Specifically, the care plans of some consumers’ with poor skin integrity and who required pain management and wound care, was not always documented in care plans and therefore, the care delivered was not always safe, effective and tailored to the specific needs and preferences of the consumers.

This Site Audit found the service had introduced measures in response to the non-compliance identified during the 2020 Assessment Contact. For example: skin assessments, wound charting and complex health care directives were implemented; education for clinical staff in oversight of consumers who returned from hospital, using a ‘return from hospital’ checklist; employment of a clinical nurse specialist (CNS) who implemented a skin integrity policy; the CNS reviewed all wounds daily and gave advice to registered nurses in wound management and documentation; and pain charting is in place for all affected consumers.

During this Site Audit, consumers confirmed they received care that was safe, effective and tailored to their needs. A review of consumers’ care plans confirmed they received care and services appropriate to support their clinical needs. Consumers confirmed the care they received was individualised, safe, effective and met their needs. In addition, consumers were satisfied with how individual risks for falls, pressure injuries and pain was managed.

During this Site Audit the Assessment Team found the service was compliant with Requirement 3(3)(a) of the Quality Standards.

With respect to Requirement 3(3)(b) of the Quality Standards, the service was found non-compliant following the 2020 Assessment Contact, as it did not demonstrate all consumers were being adequately monitored for high-impact risks associated with their care.

This Site Audit found the service had introduced measures in response to the non-compliance identified during the 2020 Assessment Contact. For example: staff received support in identifying, managing and documenting high-impact risks to consumers such as falls, pressure injuries, nutrition and diabetes; consumers with high-impact risks associated with their care were discussed at the daily quality and clinical risk meeting; and introduction of a flowchart to guide staff in assessing risks to consumers and recording information in the electronic care management system.

During this Site Audit, consumers were satisfied with how risks to their care were managed. Staff understood the high-impact and high-prevalence risks to consumers and described how those risks were managed. A review of consumers’ care plans confirmed high-impact and high-prevalence risks were recorded, along with management strategies.

During this Site Audit the Assessment Team found the service was compliant with Requirement 3(3)(b) of the Quality Standards.

The needs, goals and preferences of consumes nearing end of life were recognised and addressed, with their comfort maximised and dignity preserved. Consumers confirmed staff had discussed their end of life preferences with them, which were recorded in care plans. Staff who provided palliative care described how consumers nearing the end of life were supported. For example, staff made consumers comfortable by: regular repositioning to minimise pressure injuries; pain management; providing emotional support; use of music therapy; and supporting family to spend time with the consumer. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated at each shift handover and in progress notes in the electronic care management system. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 4(3)(d) and 4(3)(f).

*Requirements* *4(3)(d)* and *4(3)(f)* *:*

With respect to Requirements 4(3)(d) and 4(3)(f), the issues of concern are entwined and involve the use of nursing agency staff being unaware of some consumers’ personal care and dietary needs and preferences. Therefore, the unmet Requirements 4(3)(d) and 4(3)(f) will be addressed together in this report.

With respect to Requirements 4(3)(d), most interviewed consumers and their representatives said consumers’ needs and preferences were not properly communicated within the organisation, and with others where responsibility for care is shared. Specifically, consumers and care staff identified information was not effectively shared with nursing agency staff, despite the information being available in consumers’ care plans. Consequently, some consumers’ personal care needs and preferences were overlooked, they felt uncomfortable and additional pressure was placed on regular staff.

With respect to Requirements 4(3)(f), meals were provided by a catering company and some consumers’ dietary needs and preferences were consistently unmet. For example, some consumers were served food they could not eat, whilst others who preferred to eat in their rooms received cold meals. Where consumers were served cold food and food they could not eat, it often occurred when incorrect meals were provided by the catering company and nursing agency staff were on the shift. Consumers who preferred to have meals in the dining room said their meals were always hot, fresh and enjoyable.

In relation to consumers’ care needs and preferences, management advised agency staff had access to care plans and were introduced to the service by an experienced staff member. In relation to consumers’ dietary needs and preferences, agency staff were generally unaware of these and at times served some consumers with meals they could not eat.

Management advised the service relied on nursing agencies to provide competent and knowledgeable staff. However, I note section 96-4 of the *Aged Care Act 1997*, makes clear an Approved Provider is responsible for care provided on its behalf, under a contract or other arrangement. Therefore, it remains the Approved Provider’s responsibility to ensure staff delivering care on its behalf do so in a way which meets consumers’ needs and preferences.

Though the service had processes in place to make consumer information accessible to nursing agency staff and catering staff, feedback provided by consumers, representatives and the organisation’s own staff aligned to confirm information about consumers’ needs and preferences was not effectively shared in the context of Requirements 4(3)(d) and 4(3)(f) of the Quality Standards.

In its response of 29 June 2023 in relation to Requirement 4(3)(d), the Approved Provider disagreed with the Assessment Team’s finding that consumers’ information was not effectively communicated to nursing agency staff and the catering company. The response stated systems were in place to allocate regular agency staff to the same area of the service and attend shift handovers where information is shared about consumer care. In addition, consumers’ care plans and an activities of daily living handover report were kept in the nurses’ station and accessible to agency staff.

Though the Approved Provider had a system in place to share information with agency staff and the catering company, I have placed more weight on consumer, representative and staff feedback which confirmed the system is deficient, particularly as some consumers’ needs were not being met.

In its response of 29 June 2023 in relation to Requirement 4(3)(f), the Approved Provider disagreed with the Assessment Team’s finding that no new strategies had been implemeted to ensure consumers received their foods of choice at an appropriate temperature. Since October 2022, the Approved Provider has been working with the catering company to improve consumers’ meal experiences. Documented evidence was provided which showed regular meetings between service management and the catering company, along with a food forum meeting with consumers. In addition, the Approved Provider commenced a continuous improvement plan on 7 December 2022, in response to consumer feedback that food and beverages were not always served at an appropriate temperature.

While I acknowledge the Approved Provider is taking steps to remedy the deficiencies, at the time of the Site Audit, consumers, representatives and staff gave feedback which showed the service’s information sharing systems were ineffective, which in turn impacted some consumers as their care and dietary needs and preferences were not met. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirements 4(3)(d) and 4(3)(f) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 4.

Consumers received supports for daily living which optimised their quality of life. Lifestyle staff described how the activites schedule was designed to cater for the needs and preferences of consumers. A review of consumers’ care plans confirmed information about their interests and preferred activities had been documented. Consumers confirmed they received the emotional, spiritual and psychological supports needed to maintain their psychological well-being, such as attending religious services and spending one-on-one time with staff.

Consumers participated in their community, did things of interest to them and were supported to stay connected to their loved ones. Consumers could participate in bus trips, morning teas or enjoy personal interests like gardening. Where the service provided equipment, consumers said it was safe, suitable, clean and well maintained, which the Assessment Team also observed.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. The service environment was clean, well maintained and consumers moved freely within and outside of the building. The service was well-lit, corridors were free of hazards and consumers enjoyed spaces both indoors and outdoors.

Consumers gave positive feedback about the service environment and said it was safe, clean, well maintained, comfortable and their rooms were cleaned daily. The Assessment Team noted furniture, fittings and equipment were safe, clean and maintained under routine, preventative and corrective schedules.

# Standard 6

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 6(3)(d).

*Requirement 6(3)(d):*

With respect to Requirements 6(3)(d), consumers and representatives said feedback and complaints were not used to improve the quality of care and services. Specifically, consumers had consistently given feedback and made complaints about the types, quality and temperature of food served. In addition, some consumers said their dietary preferences were not respected as they were served food they could not eat on several occasions, despite management having previously responded to their concerns.

During the Site Audit, management acknowleged issues with food was an ongoing concern. Since October 2022, management had been working with the contracted catering company to improve the quality of food provided to consumers. This included weekly meetings where emerging issues were discussed. The Assessment Team viewed minutes from the consumers’ food forum meeting on 3 May 2023, where consumers reported food quality had improved but for those who dine in their rooms, meals were consistently served cold. A review of the sevice’s continuous improvement plan showed food temperature had been an issue of concern since December 2022, and had a completion date of 15 June 2023.

In its response of 29 June 2023, the Approved Provider acknowledged consumers’ ongoing complaints about food. The Approved Provider disagreed it had not been using feedback and complaints to improve the quality of care and services. In addition, it provided documentary evidence of ongoing actions taken to improve consumers’ dining experience, such as additional temperature and dietary restriction checks prior to meals being served. In its response, the Approved Provider restated its commitment to using feedback and complaints to continuously implement changes to improve the quality of care and services.

Though the Approved Provider has implemented strategies to improve consumers’ dining experience, feedback and complaints about food quality and temperature had been an issue for six months prior to the Site Audit. Further, the types and quality of food had adversely impacted on consumers as the majority of those interviewed stated they could not eat some meals either because of dietary restrictions or it was cold and unpalatable when served. Therefore, I have placed significant weight on consumers’ feedback to the Assessment Team as it made clear the service’s continuous improvement plan with the catering company had been ineffective over a period of six months and some consumers were still being adversely impacted.

While I acknowledge the Approved Provider is using feedback and complaints to try and improve the quality of care and services, at the time of the Site Audit some consumers’ dietary needs and preferences were not being met and had not improved over a significant period of time. Therefore, I find the service was non-compliant with Requirement 6(3)(d) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 6.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff or management. Feedback and complaints could be made in consumer meetings and via a feedback form. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident welcome pack, on noticeboards throughout the service and during arranged presentations from advocacy organisations. Consumers advised when feedback or complaints were submitted they received a timely response and received an apology when something went wrong.

# Standard 7

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

With respect to Requirement 7(3)(a) of the Quality Standards, the service was found non-compliant following the 2020 Assessment Contact, as it did not demonstrate call bells were responded to in a timely manner. Specifically, the call bell report showed where there were delays in attending to consumers, 80% of progress notes did not explain the length of time taken to respond to calls for assistance. The Assessment Team considered the issue was potentially systemic as staffing levels could have affected the health and wellbeing of consumers.

This Site Audit found the service had introduced measures in response to the non-compliance identified during the 2020 Assessment Contact. For example: management and care staff worked together to provide care; a clinical nurse specialist was recruited; ongoing recruitment to reduce reliance on nursing agency staff; staff with aged care qualifications were included in the roster; and nursing staff were supported to complete their registered nurse qualification.

During this Site Audit, consumers had no concerns about call bell response times and said they received quality care that was safe and effective. A review of consumers’ care plans confirmed they received care and services appropriate to support their clinical needs. Clinical and care staff said the service generally had sufficient staff, though it was reliant on nursing agency staff to provide consumers with the skills mix required to meet their needs.

During this Site Audit the Assessment Team found the service was compliant with Requirement 7(3)(a) of the Quality Standards.

Consumers and representatives confirmed staff were kind, caring and respectful when providing care and services. Staff were observed addressing consumers by name, explaining what they were doing, waiting for permission before entering consumers’ rooms and asking consumers to make decisions about their care.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Notwithstanding, some consumers were dissatisfied with how nursing agency staff provided care. Consumers considered the service’s own staff were adequately trained to perform their roles. Care and clinical staff confirmed they received ongoing training to support them in providing care in line with the Quality Standards. A review of training documentation showed new staff participated in an induction process and staff were provided with ongoing training opportunities. Management monitored staff performance through informal and formal reviews.

# Standard 8

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| Organisational governance | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via resident meetings, feedback forms, by raising concerns directly with staff and management and through the triannual older persons’ advisory group. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board of directors (the board) satisfied themselves the Quality Standards were being met via: internal quality and compliance audits; working in partnership with the clinical governance committee to analyse the quality of care being provided; and the chairperson of the board was informed of any serious incidents on the day they occurred.

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Staff understood risks to consumers such as abuse, neglect, falls, nutrition and hydration, pressure injuries, wound care and infection. Staff were familiar with how to report risks which management investigated and escalated to the board when needed.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)