Performance

Report

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| Name: | Warrigal Care Calwell |
| Commission ID: | 2948 |
| Address: | 43 Were Street, CALWELL, Australian Capital Territory, 2905 |
| Activity type: | Site Audit |
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| Service included in this assessment: | Provider: 468 Warrigal Care  Service: 7990 Warrigal Care Calwell |

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 Calwell (**the service**) has been prepared by T Solomon, 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 November 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture, and diversity valued. The service has policies related to diversity, dignity, and respect. Care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. Consumers and/or representatives confirmed that consumers are respected and valued, and treated as individuals by staff, and this was observed by The Assessment Team during the Site Audit.

The service demonstrated that care and services are culturally safe. Staff could describe the cultural backgrounds and preferences of consumers, and these were noted in consumer care plans. Care plans reviewed included information on consumers’ individual care and service preferences, relevant cultural and religious beliefs, who or what is important to them, and how this may influence care delivery.

Consumer rooms were decorated to the consumer’s individual taste with a number of personal possessions, memorabilia and ornaments which reflect their interests and values. Consumers and/or representatives described how consumers are supported to exercise choice and independence and maintain relationships that are important to them. Staff described how consumers are supported to make informed choices about their care and services, and how they support consumers to maintain relationships that are important to them. The organisation has policies and procedures in place supporting consumer choice, informed consent, and dignity of risk.

The service demonstrated that consumers are supported to take risks to enable them to live the best life they can. Care planning documentation described how consumers are supported to take risks in accordance with their preferences. Staff provided examples of how and when consumers are supported to take risks, and dignity of risk forms are completed to document consumers’ preferences when engaging in risk-taking activities.

The Assessment Team observed information was readily available to consumers and/or representatives enabling and supporting consumers’ decision making. The information presented was clear and easy to understand, and consumers and/or representatives described information they receive to help them make decisions about the things they would like to do and eat, such as individual copies of monthly activity calendars, daily menu choices, regular information updates from management about what is happening at the service.

Staff described the different ways in which information is provided to consumers, and the service provided evidence of choices being offered to consumers including catering, lifestyle preferences and recreational activities. Consumer meetings are held monthly and include information about feedback, complaints, continuous improvements, workplace health and safety, legislation, activities, the environment, and new business.

The service demonstrated that each consumer’s privacy and confidentiality is respected, and personal information is kept confidential. Consumers and/or representatives confirmed their privacy is respected and staff described the practical ways they respect the personal privacy of consumers, including knocking and waiting for a response before entering the consumers’ rooms. The organisation has a policy on privacy and confidentiality, which is also part of the induction program, and The Assessment Team observed staff respecting consumers’ privacy and dignity when delivering care and services.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that consideration of risks to consumers’ health and wellbeing is managed effectively. Consumers and/or representatives advised they are consulted during assessment and care planning and that risks are considered to inform the delivery of safe and effective care to each consumer. Care plans are reflective of current needs, goals and preferences and staff described the process for identifying risks for consumers and how these risks are being managed.

The service demonstrated they use the assessment and planning process to address and identify the current needs, goals, and preferences of consumers. This includes advanced care planning and end-of-life care that is tailored to the consumers’ preferences. Consumers and/or representatives provided positive feedback in relation to assessment and planning and a review of documentation confirmed the process is completed for each consumer. Staff described what is important to the consumers and how they want their care delivered.

The service demonstrated assessment and planning is based on an ongoing partnership with the consumer and others whom they wish to involve, including allied health and other organisations or providers of care and services. Consumers and/or representatives stated they are satisfied with the level of consultation and input they provide into their care and services planning.

Care plans, progress notes, communication records and care conference records showed participation and involvement of the individuals the consumers have requested to be part of the decision-making process related to their care and services. Staff described how they involve the consumer, their representative and others in assessment and care planning process.

The service demonstrated the outcomes of assessment and planning are effectively communicated to consumers and/or representatives and documented in the care plan that is readily available. Consumers and/or representatives stated that care plans are provided via electronic mail and or hard copies. The summary care plans contain summarised details of consumers’ needs, goals and preferences including identified risks and agreed management strategies.

The service demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change, or incidents impact the needs, goals, or preferences of the consumer. Consumers and/or representatives provided positive feedback relating to the frequency of review of their care and service needs. The service ensures all consumers’ care and services are evaluated every three months with a care conference or when care and service needs change.

Care planning and documentation were reviewed with evidence of adjustments made to care planning after changes in condition, incidents, or preferences. Staff were able to discuss the process of care planning reviews and what items of care needs are discussed.

# 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated that consumers receive safe and effective personal care, clinical care, or both that is best practice, tailored to their needs, and optimises their health and wellbeing. Consumers and/or representatives provided positive feedback about their clinical and personal care and said they are satisfied that staff are providing care that is safe and right for them.

Documentation reviewed reinforced that care is planned and provided in a way that is individualised and tailored to the specific needs of the consumers. Staff practices relating to the monitoring and management of behaviours of concern, pain, wound/skin integrity, and complex care are consistent with the service’s guidelines and are best practice.

The service had previously been found non-compliant in Requirement 3(3)(b). At this site audit it was found that the service demonstrated high impact and high prevalence risks are effectively managed through clinical governance systems and procedures to identify and manage risks.

This includes risks relating to falls, wounds, pressure injury, behaviour of concern, weight loss and pain. Management and staff described the high impact and high prevalence risks for consumers at the service.

The service has policies and procedures in place to recognise and effectively manage consumers who are nearing the end of life to maintain their dignity and comfort and ensure the consumers’ wishes are known. Consumers and/or representatives described the processes and discussions with staff relating to advance care planning and end of life planning during care conferences. Staff provided examples of how they alter the care of consumers based on their agreed needs and preferences when they are nearing the end of life and the support they provide.

The service demonstrated there are processes in place that facilitate recognition and response to changes or concerns about consumers’ mental, emotional, cognitive or physical abilities. Consumers and/or representatives stated staff at the service are responsive to their needs, with representatives confirming they are kept well informed about consumers’ condition when changes or deterioration are observed. Review of consumer’s care and service documents reflected changes in consumers’ condition are identified in a timely manner and addressed, and staff described the actions they would take in response to a change in the condition of a consumer.

The service demonstrated effective sharing of information about the consumers’ condition, needs, and preferences within the organisation, and with others where the responsibility of care is shared. Consumers and/or representatives reported they are kept informed of the changes in the consumers’ care and a review of consumers’ care and service documents confirmed care conferences are occurring.

Care plans, progress notes, medical and allied health documentation provide adequate information about the consumers’ condition, needs, and preferences within and between organisations responsible for the consumer’s care. The results of assessments and care planning are communicated with consumers and/or representatives and are documented in the electronic care system.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of care and services for consumers. Consumers and/or representatives stated they see the medical officer other health specialists when required. Staff could describe when and how referrals are conducted in accordance with consumers’ current needs and preferences

The service demonstrated effective implementation of standard and transmission-based precautions to prevent and control infection and practices the promotion of appropriate antibiotic use. Policies and procedures are available relating to antimicrobial stewardship including the process to minimise the use of antibiotics. Consumers and/or representatives were satisfied with the service’s management of infection and infection control practices. Staff demonstrated appropriate infection control practices and could describe practices and procedures to minimise transmission of infections.

# 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and/or representatives confirmed they receive safe and effective services and support that meet their needs, goals and preferences and optimise their independence and well-being. Staff stated they deliver care and services according to consumer needs and preferences, to support them to live their best life. Care plans, maintenance records, menus, lifestyle meeting minutes, and other documentation showed consumer services and supports are planned with consumer input and are safe and effective. Management explained how the service aims to optimise consumers’ wellbeing, health and function with activities and programs developed in collaboration with consumers, lifestyle, and allied health staff.

A lifestyle assessment is completed for consumers which is used to inform staff of a consumer’s background and life story and to identify spiritual and cultural needs and preferences. The assessment identifies important events, people, and days of cultural significance to the consumer. Staff use this information to guide the provision of services and support, while other information about the consumer assists in outlining the consumers’ usual daily routines, activities and interests, important people, observances, and values.

Consumers and/or representatives confirmed they receive services and supports for daily living that assist each consumer to participate in their community, have social and personal relationships, and do things of interest to them. Lifestyle staff demonstrated they have an activities program that is developed in consultation with consumers and/or representatives. The monthly lifestyle meeting minutes show that a large number of consumers regularly attend and are involved in developing the activities program to include activities they are interested in or think may be of interest to the wider consumer group. The activities programs showed a varied range of activities for consumers.

Processes are in place for identifying and recording consumers’ condition, needs and preferences. Documentation provides information about consumers’ interests, values and things or people that are important to them. Staff confirmed they have access to the information they need in the electronic care management system, and this is reviewed and updated regularly.

Participation in activities is recorded and assists in monitoring consumer involvement and interests. The lifestyle team leader has a weekly meeting with the general manager to discuss what is happening and any concerns or changes to be aware of. Consumers and/or representatives stated that information regarding consumers are communicated in a timely and effective manner.

The service has a process in place for referrals to other organisations or service and care providers. Lifestyle staff explained they note and report any concerns or changes in consumers to the registered nurse or to the clinical care manager for further assessment. The clinical team generally refers consumers to any medical services they might require, and after discussion with the consumer and/or representatives may consider referral to specialists such as a geriatrician, Dementia Support Australia or to the mental health unit as necessary. Other services staff refer consumers to include pastoral care services, and visitor schemes.

The service demonstrated it provides quality meals that are varied, nutritious and of sufficient quantity. The hospitality manager advised the menu is seasonal with changes every three months and how the menu can be changed to incorporate consumer feedback which is provided at the food focus group meetings. Menus are assessed and need to be approved by the dietician prior to finalisation and implementation at the service.

The catering manager and staff explained how catering services receive information about new consumers or any changes in consumers’ dietary needs, and how this is entered into the electronic management system used by catering. Staff working in servery areas demonstrated they have a sound knowledge of consumer dietary requirements, preferences, diet types and how they access this information each day.

Consumers and/or representatives considered the furniture, fittings, and equipment to be safe, clean, well maintained and suitable for their use. The maintenance manager demonstrated there is an effective process in place for ensuring equipment, is well maintained. Preventative and reactive maintenance schedules demonstrated equipment is regularly checked, cleaned, maintained, and where necessary replaced. The Assessment Team observed furniture, fittings, and equipment to be tidy and clean.

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers and/or representatives confirmed the service environment is welcoming, easy to understand and optimises their sense of belonging. The service is a modern, spacious single level building containing five areas with accommodation for consumers. All consumers can access the outdoor garden areas easily throughout the service and from their consumer rooms. Keypad doorways separate the accommodation areas from the main entry and reception area; however, consumers can readily exit the building if they are able.to use the keypad.

Consumers and/or representatives consider the service environment to be safe, clean, well maintained and enable them to move freely both indoors and outdoors. Preventative and reactive maintenance schedules, and cleaning documentation evidence the environment, equipment and infrastructure are cleaned, monitored, and maintained regularly. The grounds are large with garden areas, and ample parking, including for residents and visitors. Lounge and other sitting areas are spacious, furnished with comfortable items and are inviting for consumers to use as they choose.

Consumers and/or representatives considered furniture, fittings, and equipment to be safe, appropriate, clean, well maintained, and suitable for their use. The maintenance manager and officer demonstrated an effective system for ensuring furniture, fittings and equipment at the service are regularly checked, serviced as required, and well maintained. Any deficits noted in reports are repaired or replaced and preventative and reactive maintenance schedules demonstrate equipment is regularly cleaned, tested, and maintained. The Assessment Team observed furniture, fittings, and equipment to be maintained, tidy and clean.

# 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and/or representatives confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Management and staff described the ways they encourage and support consumers and other stakeholders to provide feedback and make complaints.

Information about the feedback and complaints processes is provided to consumers and/or representatives when consumers first enter the service. The Assessment Team observed notices, brochures, and forms for feedback on display and available at the entrance to the service. A secure feedback box was observed outside the general manager’s office. The welcome/information pack includes information about how to provide feedback, including internal and external complaints mechanisms.

Consumers and/or representatives confirmed they are aware of advocacy and language services, and other methods for raising and resolving complaints. Complaints documentation demonstrated external complaints mechanisms are being accessed by consumers and/or representatives. Management explained the ways they make consumers and/or their representatives aware of and provide access to advocates, language services and external complaints mechanisms. Notices regarding interpreter services are also on display at the entrance of the service.

Consumers and/or representatives stated management are responsive to any matters they raise. The organisation has policies and procedures for managing feedback and complaints and for open disclosure. Feedback and complaints are recorded along with any action taken in response to the matters raised. Issues are delegated to the appropriate department and reviewed by the leadership team. The process is overseen by the general manager to ensure appropriate action is taken in response to complaints and that a process of open disclosure is used when things go wrong. A review of the documentation showed complaints are acknowledged, actioned, documented and resolved in a timely manner.

Consumers and/or representatives confirmed feedback and complaints are used to improve the quality of care and services. The organisation has a continuous improvement policy and 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 continuous improvement system.

The leadership team meets three times per week to discuss what has happened at the service. Records of these meetings show they include a discussion of any complaints that have been made in the previous 24 hours and any areas for improvement that may arise from these complaints. The service also conducts a quality and risk meeting every two weeks and this includes a review of complaints and continuous improvement. The feedback is recorded in the plan for continuous improvement and the process is overseen by the general manager. Management provided examples of improvements made in response to feedback and complaints.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated the staffing level and mix are planned for the effective delivery of safe and quality care for consumers. Consumers and/or representatives stated staff are meeting the care needs of consumers and they confirmed they are satisfied with the staffing. Management explained they monitor the care needs of consumers to determine the number and mix of staff to deliver the care required. They described ways they ensure the workforce is maintained to provide safe and quality care.

Consumers and/or representatives stated the staff are kind and caring and consumers are treated with respect. The Assessment Team observed staff interactions with consumers to be caring and respectful. Management explained the values of the organisation promote kind and caring interactions and respect for consumer’s identity, culture, and diversity. Staff are required to follow a code of conduct, and staff demonstrated they knew the consumers well and spoke about them in a respectful manner. Management emphasised the importance of a positive culture amongst staff and described ways they ensure staff interactions with consumers are kind and respectful.

Consumers and/or representatives were satisfied that the staff are meeting the needs of consumers. They were satisfied that the staff are trained and competent to deliver the care and services they required. Management explained there are position descriptions that set out the responsibilities and necessary qualifications and skills for each role. Through the recruitment process staff are chosen who have the qualifications and knowledge to effectively perform their roles. Management stated all staff are required to complete an annual skills competency assessment for hand hygiene, manual handling, and a range of personal and clinical care appropriate to their role. Management demonstrated staff are competent and have the qualifications and knowledge to effectively perform their roles.

Consumers and/or representatives indicated staff know what they are doing, and they are satisfied with the care consumers receive. They did not identify any areas where they thought the staff could benefit from extra training. Management explained ways in which the service supports the workforce to deliver safe and quality care and services.

The service has a comprehensive orientation program which includes mandatory training, competency assessment, and induction on site. The service has a mentor program to support new staff, including buddy shifts when they first commence employment. The service conducts an ongoing education program, which includes annual mandatory training on essential topics, online training modules provided by the organisation, responsive training to address identified needs, training provided by external providers and suppliers, toolbox talks, and access to external resources.

Management demonstrated they regularly monitor and review the performance of staff. There is a formal process for performance review, all staff have an initial performance appraisal during their probationary period and then on the anniversary of employment. Management explained how the assessment, monitoring and review of staff performance are managed at the service.

Management stated that, in addition to the formal process of appraisal, staff performance is monitored through observations, supervision and feedback from consumers, representatives and staff. Other data such as investigation of incidents, review of clinical data, training records and staff meetings is also considered. The general manager noted that it was important to be a good role model to encourage positive performance of staff.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or representatives confirmed they believe the service is well run and said they feel comfortable making comments, suggestions, and complaints. They stated management is responsive when concerns are raised. Management explained the organisation encourages and supports consumers and representatives to participate in the development, delivery and evaluation of care and services in a range of ways, including a consumer advisory committee which includes six consumers and a consumer representative.

Management described how the governing body of the organisation promotes a culture of safe, inclusive and quality care and services through a variety of examples, including but not limited to the organisation’s values which is reflected in the service policies and procedures, orientation programs and mandatory training for staff. The Board is accountable and satisfies itself that the Quality Standards are being met within the service through the reporting structures of the organisation. This involves the collection and analysis of data at a local and organisational level and includes key performance indicators, clinical data, feedback/complaints, incidents, high impact/high prevalence risks, recruitment, staffing/rostering, continuous improvements, quality indicators, auditing results, surveys, and education. The care governance committee, which oversees the collection and analysis of data and reports to the Board, also includes a member of the Board who is a registered nurse.

Management demonstrated there are effective organisational governance systems in place for information management, continuous improvement, financial governance workforce governance, regulatory compliance and feedback and complaints.

The service has information systems to provide stakeholders with the information they need. Consumers are provided information about the care and services provided when they first come to the service and on an ongoing basis. There are communication processes for staff which include the electronic clinical documentation system, intranet, handover at each shift, messaging systems, emails, and the education/training program.

The service has a continuous improvement system in place and identifies opportunities for improvement through input from consumer feedback, complaints, audits, surveys, staff suggestions, review of clinical indicators, incidents, meetings, organisational initiatives, and external reviews. The continuous improvement process is monitored at a local and organisational level and is supported by an external benchmarking service.

The workforce is monitored at both the service and organisation levels. The service demonstrated it has a system for the planning and management of its workforce through the ongoing review of consumer care needs, clinical data, and feedback from consumers and staff. Workforce management at the service level is supported by the human resources team from the organisation.

The organisation has a policy and procedure for regulatory compliance. Changes to aged care regulation and legislation are effectively monitored by the organisation. Changes are identified through information from a legislative update service, the industry peak body, and government departments. Any changes are entered into a regulatory compliance register. Service managers are notified and are given an opportunity to review changes from an operational perspective.

The organisation has a risk management framework, which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. The risk management system is monitored at a local level by the leadership team through clinical assessment, daily review and ongoing monitoring, collection and analysis of clinical data, and audits. Oversight is provided at an organisational level through a process of audits, reporting and escalation. Trends and areas for improvement are identified, and management explained how risks are managed at the service.

The service maintains a clinical risk register and have identified the main high impact and high prevalence risks for consumers at the service as falls, responsive behaviours, and pain. These risks and any mitigation strategies are reviewed at the service by the clinical leadership team and at an organisational level by the specialised care practice committee, which includes service managers, and at the organisation’s care governance committee, which reports to the Board. The Assessment Team found that high impact and high prevalence risk are being managed effectively at the service.

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. Clinical care is managed and monitored at a local level by the service’s clinical leadership team and supported by the specialised care practice committee, which includes service managers.

Clinical governance is overseen by the organisation’s quality and compliance team and a care governance committee, which includes a registered nurse who is on the Board.

The organisation has a policy relating to the use of restrictive practices. Staff are provided with training in minimising the use of restrictive practices. A review of restrictive practice documentation showed restrictive practices are used in accordance with the organisation’s policy and legislative requirements, and management are working to minimise the use of restrictive practices.

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)