Performance

Report

**1800 951 822**

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| Name of service: | Weeroona Aged Care Plus Centre |
| Service address: | 14 Trebartha Street BASS HILL NSW 2197 |
| Commission ID: | 0014 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 16 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Weeroona Aged Care Plus Centre (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received on 6 and 10 February 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 | **Non-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 | **Non-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.

* Ensure high impact and high prevalence risks associated with the care of consumers are effectively monitored and managed and medical and specialist recommendations are reflected in care directives and known by staff, including in relation to weight loss and specialised diets, pain management, and complex behaviours.

# 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

Consumers and their representatives said staff know consumers’ backgrounds and provide culturally safe care. Consumers described how the service supports them to maintain relationships and connections with important others.

Consumers discussed how the service supports them to take risks, such as independently accessing the local community, smoking and using electric wheelchairs. Risk assessments are completed when consumers choose to take risks, and strategies to minimise risks are identified and known by consumers and staff risks.

Consumers were satisfied with the range of information provided to them by the service and described various topics and formats in which information is provided. Information supported their decision-making, including about activities, meals, and what’s happening at the service. The service has ways to communicate with consumers with impaired sight or cognition and those from culturally and linguistically diverse backgrounds.

Staff understood consumers’ individual preferences and culture and described how the care they deliver is adapted for individual consumers. Staff explained how consumers are supported to maintain relationships of choice through receiving visitors to the service and undertaking outings to visit friends and family.

Care planning documents were individualised, reflected what was important to consumers and included information about their specific cultural and spiritual needs and religious preferences.

Consumers were confident their information is kept confidential and said staff respect their privacy. Staff described ways they maintain consumer privacy when providing care. The Assessment Team observed staff speaking with consumers discreetly and respectfully. The service has a policy that guides how information is collected, stored and accessed.

*Requirement 1(3)(a)*

The Site Audit Report identified deficiencies in relation to requirement 1(3)(a) and provided details about two named consumers not being respected or treated in a dignified way. The approved provider’s response detailed actions taken by the service to remediate the deficiencies, to the satisfaction of the named consumers or their representatives. For example:

* For consumer A, the Assessment Team observed their room to be bare, without furnishings, the mattress on the floor, a strong malodour, and the consumer calling out to staff.
* Consumer B described how staff disregard their preference not to be disturbed at certain times.

For consumer A, the approved provider’s response submitted care documentation, mostly from 2020 and 2021, that confirmed diagnoses, a history of complex behaviours and some medical reviews. These are not in dispute, however, were not current and therefore did not reflect care planning that was reflective of personal preferences and care directives at the time of the site audit. I have further considered this under requirement 3(3)(b).

I acknowledge, however, the evidence given by the approved provider of actions taken after the site audit that involved a case conference with the consumer’s representative in January 2023, completing a dignity of risk form, implementing strategies to manage the consumer’s complex behaviours, training staff, and refurbishing the room by painting walls, installing curtains, and decorating with personalised items. The consumer’s representative was satisfied with the outcome.

For consumer B, the approved provider’s response included evidence that the consumer’s care profile was updated with information about the consumer’s preference not to be disturbed at certain times and information and training given to staff about the consumer’s preference and dignity and choice.

I am satisfied the actions taken by the approved provider following the site audit have remediated concerns about dignity and respect for the two named consumers. I have also considered information in the entirety of the report and note that, generally, consumers feel they are treated with dignity and respect, consumer rooms are spacious and personalised and staff use respectful language in service documentation when describing consumers.

Based on the findings contained in the Site Audit Report, evidence given in the approved provider’s response and the improvements made by the service to remediate deficiencies, it is my decision that requirement 1(3)(a) 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

Consumers and representatives were satisfied with the service’s assessment and planning processes and said staff involve them in discussions about assessment, planning and review of care and services. Consumers were confident staff know what they are doing. Management advised care plans are offered to consumers and their representatives during case conferences or on request.

Registered and care staff understood the service’s assessment and care planning processes. Staff have access to consumers’ care plan documentation, which is also readily available to visiting health professionals. Staff reported that consumers are referred to medical officers, allied health professionals or special geriatric services as required. Staff were aware of incident reporting processes and how these incidents may trigger reassessment or review.

Care planning documentation was individualised, reflected consumers’ needs, goals and preferences and included sufficient detail to guide staff in care delivery. Risks to individual consumers’ health and well-being were identified, documented and managed. Risks included falls, diabetes, pressure injuries/wounds and specialised nursing care and strategies to manage these risks were documented. End of life care planning is discussed with consumers and representatives on entry to the service and during regular care plan reviews, and consumers’ end of life care wishes and preferences are documented.

Care documentation evidenced the involvement of other health professionals in assessment and care planning processes, such as medical officers, allied health professionals, nurse practitioners, dementia specialists and acute geriatric services. Care was reviewed regularly and in response to changes in consumers’ conditions. The service has a care plan review process to track when reviews are due. Management advised care plan reviews occur three-monthly and while some routine reviews were behind schedule, reviews of consumers who experience a change or incident had been completed.

The organisation has policies and procedures available to guide staff in assessment and care planning. The service monitors clinical indicators, including pressure injuries, medication incidents, use of restrictive practices and falls.

# 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. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives gave positive feedback about the care provided at the service. They said care was safe and individualised and consumers receive the care they need. They were satisfied that consumers’ needs and preferences are communicated between staff. Staff described the use of the electronic care management system, progress notes and handovers to share information about consumers, including with other health professionals.

The Assessment Team reviewed the care documentation of consumers, including those with complex care needs, and found:

* effective care delivery, including in relation to the management of wounds, diabetes, complex nursing needs and restrictive practices
* end of life care planning is regularly discussed and consumers’ preferences are documented. Documentation for a consumer who had recently passed away recorded care provided, pain management and involvement of family. Staff demonstrated an understanding of processes to support consumers nearing the end of life
* deterioration or changes in condition were recognised and responded to, and staff were familiar with escalation pathways to registered and clinical staff, medical officers and the hospital where required, and
* referrals were made to health care specialists where required, including speech pathologists, podiatrists, dietitians, wound specialists and dementia specialists.

The service has policies and procedures to guide staff practice in relation to personal and clinical care, including wound management, skin integrity and restrictive practices.

The service has policies, procedures and outbreak management plan to ensure infection-related risks are minimised. The service monitors and reports infections. The service has a dedicated infection control and prevention lead and provides a vaccination program for staff and consumers. Staff receive training in infection prevention and control. The Assessment Team observed staff using personal protective equipment and visitor screening processes appropriately.

*Requirement 3(3)(b)*

The Site Audit Report identified deficiencies in requirement 3(3)(b) in relation to the service’s failure to adequately manage weight loss and specialised diets, pain, complex behaviours and specialised equipment. I have considered information about a piece of faulty and unclean specialised machine under requirement 5(3)(c).

The Site Audit Report provided details about named consumers who experienced weight loss over a three to four-month period and, whilst a dietitian had reviewed these consumers, recommendations for a specialised diet and monitoring had not been consistently followed and catering staff were unaware of the consumers’ dietary needs.

The approved provider’s response submitted evidence of regular review by medical and health specialists and actions taken following the site audit to remediate deficiencies. Actions included:

* corrective action for the named consumers by updating care plan information, recommencing food and fluid charting, and improving monitoring for a consumer with specialised feeding requirements
* new processes to prepare and deliver food and drink (and options) for consumers with specialised dietary needs
* improved monitoring processes for:
  + monitoring of intake and waste
  + clinical staff monitoring via a more structured daily and weekly clinical handover and updated duties list to review consumer weights and actions
* information and education for catering and clinical staff and management about new processes, nutritional profiling and monitoring processes.

The Site Audit Report identified a consumer’s regime of non-pharmacological pain management was changed, and their pain increased due to services not being delivered under a new program.

The approved provider submitted additional evidence of the consumer’s pain management regime and pain monitoring, plus remedial actions completed following the site audit, including a review by the physiotherapist, updating the consumer’s pain profile and pain management strategies, implementing the consumer’s preference for non-pharmaceutical weekly pain management regime, and requesting a medical officer to review pain and medication.

The Site Audit Report named a consumer under requirements 1(3)(a) and 3(3)(b) with various care-related risks and identified a range of deficiencies in the service’s management of that consumer, including care plan information not being current and reflective of recommendations made by specialist, pain and fluid intake not being monitored, and no specific behaviour support strategies identified to manage the consumer’s complex behaviours.

The approved provider’s response provided evidence that these matters had been corrected by conducting reviews and monitoring, updating care plan information and educating staff on behaviour management.

I acknowledge the prompt action taken by the approved provider following the site audit to address the deficiencies for the named consumers. I also note the new and improved processes to manage and monitor consumers who experience weight loss and are on specialised diets. These actions, however, are in their infancy and will take some time to embed into practice and be evaluated for effectiveness and sustainability. Therefore, it is my decision that requirement 3(3)(b) is non-compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said staff support them to participate in activities of interest. Consumers spoke about being supported by the service to have connections with their religion, family and friends and participate in meaningful activities. Consumers provided examples of the activities they are supported to enjoy both within and outside the service, including visiting family in the community, attending local community groups and participating in group and individual activities at the service. Consumers described the emotional, spiritual and psychological support they receive. Consumers were satisfied that the service shares relevant information with other individuals and organisations involved in their care.

Staff described how they support consumers to maintain contact with those people they have a close relationship with and how they support consumers to participate in activities. Lifestyle staff described how they work and share relevant information with other individuals and services to meet consumers’ interests. Pastoral staff provide support to consumers who are feeling low or that require emotional or spiritual support.

Consumer care and lifestyle documentation was individualised and reflected services and supports for daily living and lifestyle activities that reflected the needs and preferences of consumers. Documentation identified those people who are important to each consumer. Referrals to other individuals, organisations or providers are made as required and included hairdressers, support workers, religious leaders and dementia support services.

Consumers provided positive feedback about the variety, quality and quantity of meals and generally said they enjoy the food. They said their preferences and dietary needs are accommodated. Consumers described the ways in which they can provide feedback about meals and some spoke about their involvement in a food focus group where menus and meal preferences are discussed with hospitality staff and have resulted in changes to the menu. Hospitality staff were aware of consumers’ dietary needs and preferences and this information is available to staff in multiple locations.

Equipment was available to support service delivery and was observed by the Assessment Team to be clean and well-maintained. The service has a process to maintain equipment and replace damaged equipment.

# 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

Consumers felt the service environment is welcoming and suited to their needs. The service has wide corridors and handrails to support consumers to easily navigate their way through the service. There are several large communal areas, an entertainment room, a chapel and garden courtyards available to consumers. The Assessment Team observed these areas being utilised by consumers and their families and visitors during the site audit. Consumers have spacious and personalised rooms which reflect their individual tastes and styles.

*Requirement 5(3)(b)*

The Site Audit Report identified consumers who were dissatisfied with the cleanliness of the service and who described paint peeling, mould, cockroaches and dirty walls. Staff confirmed there had been an ongoing issue with cockroaches throughout the service.

The service had a preventative maintenance schedule that included regular pest treatments and a reactive maintenance folder that recorded concerns about peeling paint and cockroaches but evidence that these areas had been addressed was inconsistent.

The Assessment Team observed:

* unkempt smoking area and gardens
* full clinical waste bin, open sharps container and various unsecured chemicals accessible to consumers
* unclean outdoor furniture and bathroom floor, and
* a malodour in a consumer’s room.

During the site audit and in response to feedback provided by the Assessment Team, the service remediated most of these areas of concern.

The approved provider’s response to the site audit report provided evidence of responsive action taken during and following the site audit that demonstrated issues related to the pest treatments, painting and cleanliness of the environment had been remediated, including for the named consumers. Systems were established to maintain cleaning and pest routines and processes to monitor the ongoing sustainability of these actions were implemented, such as establishing a cleaning auditors committee, regular cleaning audits and environmental spot checks. Changes made were communicated to staff.

I have considered the service’s immediate action taken during the site audit and subsequent actions put in place to remediate the issues with the maintenance, cleanliness and safety of the service environment. I am satisfied that there are no outstanding issues in relation to this matter and the service has demonstrated ongoing monitoring processes. Therefore, it is my decision that requirement 5(3)(b) is compliant.

*Requirement 5(3)(c)*

The Site Audit Report identified furniture, fittings and equipment were not safe, clean, well-maintained or suitable for consumers.

A consumer reported their specialised equipment was not safe for use, had been broken and staff were not adequately cleaning it. The Assessment Team observed the machine to be unclean. During the site audit, the service arranged for the machine to be cleaned and added cleaning of the machine to the registered staff duty list.

The approved provider’s response included evidence that these concerns have been remediated by increasing pest control treatments, providing access to a new machine, updating staff duty lists with cleaning equipment (and evidence this is now occurring), educating staff and updating the consumer’s complex care plan with additional instructions in collaboration with the consumer’s representative.

During the site audit, the Assessment Team observed:

* Unclean hoists, wheelchairs, mobile shower beds and a shower chair. Staff and management confirmed there was no checklist available to staff for the cleaning of share equipment.
* A consumer’s room contained urine and mould and did not have curtains.

The approved provider’s response submitted evidence that the service had checklists for cleaning equipment and that staff have been reminded about their duties to clean equipment. Photographic evidence that equipment had been cleaned and new blinds installed was provided.

The service has monitoring processes including staff competency assessments, preventative and reactive maintenance registers, cleaning checklists and audits, and spot checks of equipment and the environment.

I also considered the service’s action to remediate the deficiencies identified in the Site Audit Report and has systems to ensure ongoing monitoring. I am satisfied that there are no outstanding issues in relation to these matters. Therefore, it is my decision that requirement 5(3)(c) 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

Consumers and their representatives said they feel encouraged, safe and supported to provide feedback and make complaints, and described the various methods available for them to do so (including consumer/representative meetings, food focus meetings, feedback forms, or email to management).

Management and staff had a shared understanding of the service’s complaints management processes, including documenting feedback and complaints in the electronic care management system. Staff described ways they support and encourage consumers and their representatives to provide feedback and complaints, such as assisting them to complete a feedback form.

Consumers and their representatives demonstrated an awareness of internal and external complaints avenues and how to access advocacy services. Information is available to consumers via information displayed around the service, the consumer handbook and in consumer meetings.

Management provided documented evidence of a recent complaint from a consumer’s representative that was actioned and resolved to the representative’s satisfaction and a case in which open disclosure had been used. The feedback and complaints log demonstrated the service uses open disclosure where appropriate.

The service has information about feedback, complaints, advocacy and translation services displayed throughout the service and contained in the consumer handbook. The service has policies and procedures relating to feedback and complaint management and open disclosure.

*Requirement 6(3)(d)*

The Site Audit Report identified deficiencies in relation to requirement 6(3)(d) and found not all feedback and complaints were documented in the service’s electronic care management system and therefore these cannot be reviewed and used to improve the quality of care and services. For example:

* individual consumer feedback and requests raised during consumer meetings were not recorded in the service’s feedback and complaints register, nor were any actions or outcomes, and
* care staff said they would escalate complaints to registered staff but this only occurred if the staff member was unable to resolve the issue themselves.

The approved provider’s response provided additional clarifying evidence which demonstrated that the feedback raised during consumer meetings by the named consumers in the Site Audit Report had been documented and actioned at the time and resulted in improved services. Further, the response provided evidence of the service’s established process to track and trend feedback.

Further, the response detailed actions completed since the site audit to strengthen the service’s processes of documenting, trending and using feedback and complaints to improve care and services. For example:

* education and information for staff on reporting and documenting feedback and complaints received from various sources
* training for management and registered staff on complaints management, trending and continuous improvement, and
* implementing actions to improve cleaning (complaint trend).

I am satisfied the service had an established process to record and trend feedback and complaints and use these to improve care and services. I note the actions taken by the approved provider following the site audit to strengthen these processes. I have also considered information across Standard 6 and requirement 8(3)(c) and am satisfied that, generally, consumers are satisfied with the service’s management of feedback and complaints and the service has a robust continuous improvement system. Therefore, it is my decision that requirement 6(3)(d) 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

Consumers reported there is sufficient staff available to meet their needs and staff provide timely and planned care and service. They said staff take time to speak with them. Consumers were satisfied with the care they receive, and confident staff know what to do and are competent. They considered staff to be respectful and supportive.

Staff considered there was enough staff to deliver care and services in accordance with consumers’ needs and preferences and they have enough time to complete their allocated tasks. Management described various roster strategies used to ensure registered nurse coverage, staff on planned and unplanned leave are replaced and there is a mix of experienced and new staff. Management monitor staff staff leave, hours and turnover. Staff rosters reviewed by the Assessment Team identified unplanned leave was covered by various strategies.

Position descriptions and duty lists were available for various roles and the service monitors criminal record checks, professional registration (where required) and vaccination records. Staff described the education, training and support they receive. Staff competency and performance are monitored through observations, analysis of clinical data, and consumer/representative feedback. The service has an annual performance review process that staff confirmed was completed with them in 2022.

The Assessment Team observed staff interacting with consumers respectfully, purposefully, and in a kind and caring manner. Respectful language was used in care plans, meeting minutes and complaint documentation when describing consumers.

# 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. | Non-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

Management described various ways consumers are engaged including through consumer meetings, speaking directly with management, feedback and complaints and surveys.

Consumers described how they feel safe in the service and they receive quality care. The organisation has systems and processes to monitor the performance of the service and report to the governing Board on a range of matters. The service has several forums to provide oversight on clinical and governance matters. Clinical indicators and trends are analysed and reported.

The organisation has a clinical governance framework and relevant policies in place. Staff receive regular training in topics such as the Quality Standards, infection control and restrictive practices and open disclosure.

*Requirement 8(3)(c)*

The Site Audit Report identified systems relating to sub-requirements regulatory compliance and feedback and complaints were not effective because the service did not have policies, procedures or training that reflected the current requirements of the serious incident report scheme (SIRS), and feedback and complaints were not always documented and used to improve care and services.

I have addressed findings related to feedback and complaints under requirement 6(3)(d) and decided the service was compliant with that requirement. There are no further issues relating to feedback and complaints to consider under this requirement.

In relation to incident reporting (SIRS), I have placed weight on the Site Audit Report finding that the organisation has established processes to track and monitor compliance with legislation and regulatory standards, staff have received training in SIRS and the service’s incident reporting demonstrated compliance with SIRS legislative requirements. I further note the approved provider’s response to SIRS reporting (under requirement 8(3)(d)) that demonstrated the service has incident management policies and procedures, a SIRS register, and evidence of SIRS reporting and staff education. For these reasons, I am of the view that the service has effective governance systems relating to regulatory compliance.

The Site Audit Report also identified the organisation has effective governance systems in place relating to information systems, continuous improvement, financial governance and workforce governance. Therefore, it is my decision requirement 8(3)(c) is compliant.

*Requirement 8(3)(d)*

The Site Audit Report identified the organisation’s risk management systems were ineffective in managing high impact and high prevalence risks associated with the care of consumers, specifically in relation to unplanned weight loss, pain management, complex behaviours and implementing specialist recommendations.

I have also considered information and findings in requirement 3(3)(b) under this requirement.

The approved provider’s response submitted evidence of organisational policies and procedures; processes to track, analyse and report clinical indicators and risks; and various governance committees related to risk. I accept these are in place at the service, however, I am of the view that the organisation’s risk management systems have not effectively monitored and managed high impact or high prevalence risks associated with the care of consumers named identified in requirement 3(3)(b). Whilst the approved provider has implemented actions to remediate deficiencies, these actions are in their infancy and will take some time to embed in practice and be evaluated for effectiveness and sustainability. Therefore, it is my decision that requirement 8(3)(d) is non-compliant.

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