Performance

Report

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| Name of service: | Wheller Gardens - Cooper House |
| Service address: | 930 Gympie Road CHERMSIDE QLD 4032 |
| Commission ID: | 5173 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 20 December 2022 to 22 December 2022 |
| Performance report date: | 24 January 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 Wheller Gardens - Cooper House (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 17 January 2023 and 18 January 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

Overall, consumers and representatives said consumers are treated with dignity and respect. Consumers said that care and services are delivered in accordance with their wishes and provided examples of how staff delivered culturally safe care and services whilst affording consumers privacy. They said staff knew what was important to them and supported them to express their individuality without judgement. Consumers said they can attend religious services and can decorate their rooms as they choose with items that are important to them. They provided examples of how they are supported to take risks in order to live the life they choose.

Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. Information in care documentation pertained to the consumer’s background and life stories and language used was respectful. For those consumers who chose to take risks, risk assessments and dignity of risk documentation had been completed outlining strategies and care directives to manage the risk.

Staff demonstrated sound knowledge of consumers’ backgrounds and preferences which was consistent with consumers’ goals and well-being needs. Staff said they assisted consumers to maintain contact with their families and others during COVID-19 visitor restrictions by assisting them to use an electronic device for video calls. Staff explained how consumers are supported to maintain relationships of choice through receiving visitors to the service, undertaking outings to visit friends and family, and attending the service’s group activities. Staff provided examples of how they afford consumers privacy when they want to spend time alone or with other people who are important to them.

The service provided consumers with current, accurate and timely information that was clear, easily understood and supported choice and decision making. Consumers said they acquired the information they needed through the newsletter, activity program, discussions with staff and an electronic application ‘My Wesley Connect’. Representatives said the service is very good at providing information and had provided detailed information about visitor restrictions during the COVID-19 pandemic.

Organisational policies relating to this standard are in place to guide staff and include privacy and confidentiality. The policy outlined how personal information is collected, protected and accessed. Staff could describe the practical ways they promote consumer privacy including by refraining from discussing consumers’ care with other consumers.

Staff were observed to be treating consumers with respect and in a caring manner, guiding consumers to their rooms and prioritising consumer needs. Staff interactions with consumers identified an understanding of each consumer’s preferred communication style and staff ensured consumers were provided with time to respond. Staff knocked on consumers’ doors prior to entering their rooms.

# 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 assessment and care planning processes and said they were involved in the process including participating in case conferences. They said care was planned to meet consumers’ health care needs and preferences, that there were strategies to manage risks to consumers’ health and well-being and that staff knew consumers’ care needs. Consumers and representatives said advance care planning and end of life planning had occurred and that they are offered copies of the care plan or could request one at any time.

The Assessment Team brought forward information under Requirement 2(3)(a) that there were deficiencies in the service’s understanding and management of restrictive practices specifically in relation to environmental restraint. Some consumers could not leave the service independently and could not operate the coded keypad and authorisations for this type of restrictive practice were not in place. In response, management advised the Assessment Team they would review all consumers to identify those who were subjected to environmental restraint and to determine if there were deficits in the restrictive practice process. During the site audit, the service identified those consumers who met the criteria for being environmentally restrained and began contacting consumers’ representatives and medical officers to gain consent.

The approved provider in its responses to the site audit report stated the following actions had been completed:

* Policies relevant to restrictive practice and specifically environmental restraint were reviewed and were found to be aligned with current legislation; as a result no changes were required to policies.
* Practices at Wheller Gardens - Cooper House were reviewed against the Restrictive Practice Policy- Environmental Restraint.
* Consumers subject to environmental restraint were identified and environmental risk assessments were completed for each consumer.
* While each consumer had a behaviour support plan in place these were reviewed to reflect strategies relating to environmental restraint that were based on the individual’s assessment. Behaviour support plans are reviewed every four months and as needed.
* Discussions were held with the consumers’ medical officers and consumers’ representatives; verbal consent was initially obtained and documented in the progress notes.
* Dignity of risk forms were completed with consumers’ representatives and fact sheets relating to restrictive practices were provided.
* Staff are receiving ongoing education and training and have been provided with educational resources relating to restrictive practice. Posters relating to environmental restraint are in place.

The service has submitted examples of consumer care related documentation as an element of its response including consumers’ progress notes, dignity of risk assessments, restrictive practice assessments and authorisations, and behaviour support plans. I note too that the site audit report includes information that the service did meet its responsibilities relating to other forms of restrictive practice and that in these instances, risk assessments had been completed, reviews had occurred and behaviour support plans were in place. I am satisfied requirement 2(3)(a) is compliant.

The organisation has policies and procedures to guide staff practice in relation to assessment and care planning. The service has a four monthly care plan review process and annual case conferences are held; reviews also occur when circumstances change, incidents occur or when requested by the consumers or representatives.

Senior clinicians described how they partner with consumers and representatives to assess, plan and review care and services. They said case conferences involve medical officers and other allied health professionals if required. Registered staff said they review handover documentation and consumers’ notes on a daily basis to identify incidents or any changes in consumers’ care needs.

Staff advised they have access to care plans for consumers through the electronic care management system. Staff could describe consumers’ care and service needs and how they are advised of changes to consumers’ care and service needs by handover from registered and care staff.

Consumer files confirmed the participation of consumers and representatives in assessment and care planning and demonstrated input from other health care professionals and services such as occupational therapists, physiotherapists and dietitian. Overall risks to consumers’ health and well-being were being identified and managed. For consumers with diabetes mellitus, diabetic management plans were in place and had been reviewed to reflect any recent changes in management. For consumers with a history of falls, there had been assessments by the physiotherapist and details of falls minimisation strategies documented. Specialised nursing care requirements were outlined including any requirements or plans for specialist review.

Care documentation evidenced that consumers’ end of life wishes and preferences had been identified. Staff were aware of consumers’ specific wishes and were able to explain where to find this information.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said consumers receive care that is safe, individualised to their needs, and supports their health and well-being. They felt that consumers were referred to health professionals when a need was identified and that they were reviewed regularly by the medical officer. They said they felt confident staff would provide end of life care in line with the consumers’ preferences to maximise dignity and comfort.

The service has a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care including wound management, skin integrity, falls, pressure injury, catheter care, nutrition and hydration, and restrictive practices. An end of life pathway and a palliative care pathway provide support to staff as they care for consumers who are approaching end of life.

Staff could describe consumers’ individual needs and preferences and how these are managed in line with the care and service plan.

Registered staff discuss end of life preferences with consumers and representatives during case conferences and as consumers move through palliative care phases. Staff said they monitor consumers for comfort during end of life and follow care plans for individualised consumer preferences.

Registered and care staff described how they discuss changes to consumers’ mental health, physical function, or cognitive wellbeing at handover. Registered staff could describe referral processes for external health care services and said medical officers can be phoned, emailed and left a referral request in the medical officer diary.

Care documentation demonstrated consumers receive care in accordance with their identified needs. The Assessment Team reviewed the care of consumers with specialised nursing care needs, chronic health conditions, complex wounds and pain. There was evidence of regular monitoring by nursing staff, involvement of medical officers, referrals to external health care specialists, clinical equipment was in use and the consumers’ emotional well-being was considered with visiting psychologists accessed for the provision of emotional support where a need was identified.

Most consumers subject to a restrictive practice had an appropriate authorisation or consent and a behaviour support plan. A psychotropic register was in place and included information about consumers who received medication as a restrictive practice. Care documentation identified current assessments for the use of the medication were documented and reflected consultation with the consumer’s representative, medical officer and visiting psychologist in this process. Consumers prescribed psychotropic medication had a documented behaviour support plan and had their medication reviewed regularly by the medical officer.

Where consumers had experienced a deterioration or change in their condition, care documentation reflected that staff had recognised and responded to the consumers’ needs promptly and consulted with representatives and medical officers as required.

The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of respiratory outbreaks. Influenza and COVID-19 vaccination programs were in place for staff and consumers and there was an appointed infection prevention and control lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. Consumers and representatives said they observe staff washing their hands frequently and wearing personal protective equipment. The Assessment Team observed staff practices that were in line with the outbreak management plan. Visitors and contractors were screened prior to entering the service; this involved a rapid antigen test and the completion of a questionnaire and declaration.

# Standard 4

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

Findings

Consumers and representatives said the service supports consumers’ independence and encourages them to participate in activities which reflect their interests and lifestyle needs. Consumers provided feedback that they enjoy arts, crafts and being creative and that this is accommodated by the service. Consumers said they had been involved in playing cards, baking, making Christmas food and craft items, reading and attending church services. Consumers who use mobility aids and other assistive devices said the equipment works well and if they need anything fixed that it is attended to in a timely manner.

Consumers and representatives said staff providing services to consumers were aware of the consumers’ needs and preferences and were confident their information was accurately provided to external agencies who were involved in their care.

Consumers and representatives said the food provided at the service aligned with consumer preferences and dietary requirements and were varied and of suitable quantity and quality. Consumers were provided with a choice of seasonal menu meals including a daily hot breakfast option, a choice of proteins for lunch, hot and/or cold meals, sandwiches, soups with dinner and a choice of desserts. Consumers were also provided a range of fruit, sweet, and sandwich options for morning-tea, afternoon-tea and supper.

Staff could describe the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Staff were aware of how to manage any risks associated with the care of consumers while consumers were involved in activities and provided examples of this to the Assessment Team.

Staff explained the processes used in keeping up to date records of consumer information, changes to care needs, likes and dislikes, dietary/personal needs and preferences. They explained information relating to consumer backgrounds and preferences was sourced during the entry process and reviewed quarterly. Activity attendance and changes to preferences were updated and reviewed regularly by lifestyle staff.

Lifestyle staff discussed the activities program and how they encourage consumers to participate and join in. Staff described gentle encouragement and creating consumer interest through active participation in planning and knowing the consumers. They explained there are several consumers who do not want to participate in activities and others who want to be actively engaged. They said they make a point of knowing and understanding consumer interests.

Lifestyle staff said the service caters for consumers from various religious denominations and provides pastoral and emotional support to consumers as required.

Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and safety. Information captured included consumers’ spiritual denomination, psychological needs and preferred level of engagement.

Catering staff said consumer dietary profiles on the electronic care management system are used to identify the consumers’ food likes, dislikes, portion preference, individual needs, and allergies. Information on preferences and allergies for new consumers entering the service is given directly to the kitchen. Any consumer feedback or changes to preferences are updated if and when the consumer circumstances change.

The Assessment Team observed group and individual activities that were attended by consumers who were enjoying, participating and interacting with lifestyle staff and each other. These included the consumer and representative meeting, card games, knitting, reading and exercising. Equipment used to support consumers to engage in lifestyle activities was observed to be new, suitable, clean and well-maintained.

# Standard 5

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

Findings

The service is welcoming, with well-lit hallways. The service hosts a Chaplain, a hairdresser, several quiet and spacious areas to congregate or relax and is furnished with comfortable chairs. There are a variety of spaces designed to accommodate consumers and their families, including in their rooms. There is a large entertaining space dedicated to different activities including common activities, casual dining, movie viewing, consumer meetings and a library. All consumer rooms have access to an outdoor area that overlooks the landscaped gardens. The service has a large outdoor garden area with paths that link to raised garden beds, gazebos, and communal areas. Raised garden beds are used by consumers to grow vegetables and flowers. A children’s playground is provided to entertain visiting grandchildren. Consumers say they can personalise their rooms and have decorated their rooms with personal items which reflect their individual tastes and styles. Consumers and representatives said that the service is easy to navigate.

Consumers and representatives spoke highly of the service environment and said it is clean and well maintained and provides a secure and safe environment. Consumers said they can leave the service and utilise the many common areas, inside and out, to socialise or be with family.

Staff described their responsibilities to protect consumers from avoidable harm and demonstrated knowledge of how to respond to a safety hazard or emergency.

Cleaning is scheduled and monitored by the hospitality manager. Each consumer’s room is cleaned daily including floors, bathroom, showers, benches and high touch points, with weekly deep clean focusing on windows, skirting boards, and personal outdoor areas. Maintenance is undertaken by a team from within the organisation.

Maintenance managers described the service’s processes for identifying, reporting and actioning maintenance issues to ensure equipment used by consumers is safe, clean and maintained. They demonstrated the approved provider’s preventative maintenance schedule is up to date. The Assessment Team reviewed the maintenance logs and identified that issues raised by consumers, representatives and staff are responded to in a timely manner.

The Assessment Team found the service is secured by way of a coded locked exit. This prevented some consumers from exiting the service freely. The service did not identify this as an environmental restrictive practice and those consumers impacted did not have evidence of consent or documented discussion with their representative in care planning documentation. The service commenced actioning this during the site audit and the approved provider’s responses received 17 January 2023 and 18 January 2023 includes further information that this has been addressed and that appropriate documentation is now in place. This information has been considered further under Quality Standard 2 and Quality Standard 8.

# 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 representatives said they are supported to give feedback or make a complaint and said they feel comfortable doing so. All consumers and representatives interviewed said they are comfortable to voice their concerns and are provided with opportunities to provide feedback such as through the completion of surveys. They said their concerns are dealt with in a timely manner with the service practising open disclosure when things go wrong. Consumers provided feedback that advocacy and language information was provided on entry to the service.

There are policies and procedures relating to complaints management and open disclosure, to guide staff. Management and staff said they openly encourage and support feedback and complaints and have not had to use interpreter or advocacy services. Staff described how they would manage concerns on behalf of a consumer where possible and would escalate to the management team if they were unable to resolve an issue. Staff were aware of how to access interpreter and advocacy services and said there was a presentation from an advocacy service in October 2022.

Management advised the service actively seeks feedback on care and services through the completion of surveys against the Quality Standards. Once completed, the results are analysed, and actions implemented to address areas of concern. Management were able to provide examples of improvements that had occurred in response to feedback and complaints.

The Assessment Team reviewed the service’s complaints register and corresponding action plans which capture information on complaints received via different avenues and actions implemented to improve outcomes and prevent recurrence.

The Assessment Team observed promotional material displayed relating to internal and external complaints mechanisms and related aged care services. Complaints forms were located throughout the service including at the front desk, on dining tables and near consumer doors; secure mailboxes were available for consumers to provide anonymous feedback. The Assessment Team reviewed compliments that had been submitted by consumers and representatives expressing their satisfaction with staff, food and activities.

# 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

Most consumers and representatives felt the consumers are well cared for by the staff. Some consumers and staff said the staff are busy at times, however indicated despite this, consumers felt they are well cared for. Consumers and representatives spoke highly about the kind and caring attitude displayed by staff and said that they respected consumers’ identity, culture and diversity. Consumers and representatives felt the workforce is competent and staff have the knowledge to deliver care and services which meets the needs and preferences of consumers.

Staff recruitment and retention for a range of positions has been considered via the organisation’s recruitment and retention bonus scheme, school-based traineeship and vocational education pathways, indigenous traineeships, international agency discussions, transition to practice program (new graduates) and recruitment team. Management described the organisation’s processes for monitoring criminal record checks and registered staff's current registration with their governing body. This is undertaken at the corporate level.

New staff are provided a minimum number of ‘buddy shifts’ with additional shifts provided on request or if further support is indicated. Management said staff competencies are monitored on an annual basis and are determined depending on the staff member’s role, and staff undertake competency training and/or assessments if performance issues are identified or upon staff requests. Position descriptions are available for the various roles within the service including for example clinical nurse, facility manager, personal carer and hospitality services team member.

Management said a registered training organisation had developed an organisation specific training program for competency-based training and assessment of medication administration by personal care staff. Staff complete training on a regular basis and training provided is referenced to the Quality Standards as appropriate and there are processes to ensure mandatory training is completed. The service’s staff training records identified a range of required core skills, mandatory and compulsory training completed by staff across a range of topics.

Staff interviewed said they have access to ample education which is provided both on line and face to face. Staff provided examples of how they treat consumers with dignity and respect. For example, several care staff members said it is important to be patient with consumers when they are completing tasks independently, rather than assisting or rushing them, so it can be completed quicker. Care staff were able to nominate the specific consumers who may be upset by staff rushing.

The service demonstrated regular assessment, monitoring and review of each staff members’ performance is undertaken. There is a system to ensure all formal performance appraisals are conducted in a timely manner and staff confirmed their performance is being monitored.

# 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 Assessment Team brought forward deficiencies under requirement 8(3)(c) in the site audit report. While the organisation had governance systems in place for information management, continuous improvement, financial governance, workforce governance and feedback and complaints, the Assessment Team found the legislative requirements were not met in relation to restrictive practice; specifically, environmental restraint. Other forms of restrictive practice were being managed appropriately.

The approved provider in its responses to the site audit report dated 17 January 2023 and 18 January 2023 states that the service has addressed the deficiencies identified, relating to environmental restraint. The relevant policies were reviewed; education and training has occurred and continues to be provided to staff; staff and representatives have been provided with resources relating to restrictive practice; consultation has occurred with medical officers and representatives; risk assessments, consents/authorisations and care plans are current and in place; and there are mechanisms to review ongoing adherence to legislative requirements. Further information about the improvements implemented by the service is captured under Quality Standard 2.

The site audit report includes information that the organisation subscribes to various legislative services and peak bodies and that the organisation is supported by an internal legal team and a contracted external law firm. Senior staff were familiar with legislative requirements and could describe the service’s performance in relation to the Serious Incident Response Scheme and explained how this had informed performance management measures for a specific staff member.

I have considered the information in the site audit report and in the approved provider’s responses. I have given weight to the fact that the deficiencies relating to regulatory compliance were specific to environmental restraint and were addressed promptly and I acknowledge the service had met its responsibilities in relation to other legislative requirements. I am satisfied the service now has effective governance mechanisms in place and find requirement 8(3)(c) to be compliant.

With respect to the remaining four requirements, I have found these compliant for the reasons listed below.

The service was able to demonstrate it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service engages consumers and incorporates their feedback and suggestions into changes implemented at the service and organisational level.

Consumer feedback included the service is ‘well run’ and ‘everyone can have a say’. Consumers provided examples of how they had been involved in care and service delivery including through naming various areas of the service, contributing to the menu, and influencing the activity program.

A culture of safe, inclusive and quality care and services is promoted and senior management staff described how the governing body ensures it is accountable for the delivery of care and services across the organisation. The governing body receives and reviews information including incident data, risks and operational and financial information. Management were able to provide examples of changes that had been made by the governing body in response to consumer feedback or incidents to improve quality of care and services.

The service has effective risk management systems and processes in place that includes monthly reporting to the governing body to manage risks, prevent incidents, identify and respond to abuse and to support consumers to live the best life they can.

A clinical governance framework is in place that is underpinned by policies and procedures to guide staff. Staff were generally able to demonstrate how these applied practically to their work. For example, staff could describe strategies to minimise infection related risks and ensure appropriate pharmaceutical interventions. Additionally, they could provide examples of when the principles of open disclosure had been applied in response to consumer feedback and complaints.

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)