Performance

Report

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| Name of service: | Woodlands Lodge |
| Service address: | 100 Lake Rd Wallsend NSW 2287 |
| Commission ID: | 0205 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site audit |
| Activity date: | 26 July 2022 to 28 July 2022 |
| Performance report date: | 19 September 2022 |

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 Woodlands Lodge (**the service**) has been prepared by M Wyborn, 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 Site Audit report received 30 August 2022.

# 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

Consumers advised they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers explained that their identity, culture and diversity is valued. Staff spoke about consumers courteously and were observed to be respectful in their interactions with consumers.

Staff are aware of cultural and spiritual needs of individual consumers and the care plan documentation identifies cultural preferences of consumers. Consumers said staff understand their needs and preferences in a way that respects their ethnicity, spirituality, and culture.

Staff demonstrated how they support consumers make day-to-day choices and assist consumers to live their best life. Care documentation included details of consumer representatives and highlights the key decisions that consumers have chosen about the care and services they receive. Consumers advised that they have an ongoing say in the care and support that is provided to them.

Consumers are supported to make choices including those that involve a level of risk. The service demonstrated appropriate documentation to identify, assess and manage risks to support consumer choice, while supporting consumers to identify and minimise any risks associated with living their best life.

Consumers advised that they are kept up-to-date with relevant information which enables them to exercise choice. The service allows consumers to make informed choices and supports consumers to understand their rights and to have a full understanding of services that are available to them.

The service demonstrated how staff maintain consumers’ privacy and confidentiality in the delivery of care and services. Staff provided relevant examples of how they uphold the organisation’s information systems to support consumer information privacy. Consumers said their privacy and confidentiality is respected.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as 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 advised they feel like partners in the ongoing assessment and planning of their care and services. Consumer representatives advised they are kept informed about any changes in their consumer’s condition and are consulted in relation to assessing and planning care and services.

Consumers and consumer representatives confirmed they are offered a copy of their care plan and know how to request a copy if necessary. Care plans demonstrate that appropriate assessment is undertaken in their development and they are individualised for the consumer. The service demonstrated that care plans are reviewed regularly and timely changes are made when needed. Both the service and staff demonstrated that effective processes are applied to encourage ongoing consultation if an incident or a change in a consumer’s condition occurs.

Consumer discussions related to risk are documented in the consumer’s care notes. A general practitioner assesses a consumer on entry to the service and provides information on their medical history and medications.

Completion of falls risk assessments, referral to physiotherapists and recommendations of fall risk mitigation strategies are included in the consumer’s assessment and planning process. In addition, swallowing assessments are completed and referral to speech pathology is facilitated for consumers who have additional support needs.

Information on end of life and advanced care planning is provided and discussed as part of the entry process. Staff explained this information can also be obtained later if the consumer or their substitute decision maker do not wish to discuss this topic. When changes occur in consumers care needs or consumers change their preferences, this is updated in their care plan.

Staff demonstrated their ongoing partnership with consumers and their representatives and were able to demonstrate their understanding of why relevant records are maintained in the consumer’s care notes and the importance of these records reflective to their role at the service.

The service demonstrated collaboration with allied health professionals including podiatry, physiotherapy, dietician, speech pathology, psychology, wound consultants, palliative care and clinical nurse specialist, dental, audiology, geriatrician, and geriatric outreach services. Evidence of referral and recommendations were observed and recorded in all consumer files reviewed.

The service demonstrated that consumer care and services are regularly monitored and reviewed for effectiveness. Consumers who have experienced changes to their behavioural patterns leading to incidents are reviewed, consideration is given to pain and elimination patterns and where appropriate delirium screening is completed. Review by the registered nurse occurs and referral to a geriatrician and/or other allied health specialists occurs. Consumers who experience infections are monitored for clinical signs including temperature, pathology is used to establish viral or bacterial causes and, when authorised by the general practitioner, medication including antibiotics are provided.

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

# Standard 3

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

Findings

Consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers and representatives confirmed they receive the care they need. This includes personal hygiene, meals, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs. They explained they have access to a doctor or other allied health professional when they need it.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to the consumers’ needs and preferences. Staff demonstrated they have access to relevant clinical information and how they effectually share this information with allied and medical health specialists.

The service demonstrates effective management of high impact high prevalence risks associated with the care of each consumer. Care plans include information about high impact and high prevalence risks for consumers including risks related to consumers who fall frequently and the service demonstrated relevant strategies to manage behaviours of concern and medication management.

The service demonstrated consumers’ needs, goals and preferences regarding end-of-life care are respected and managed and that care is provided to maximise the consumer’s comfort and dignity. Consumers and representatives expressed confidence that when the consumer needs end of life care, the service will support their pain management and ensure they have those important to them with them. Staff described the way they deliver comfort care to consumers who are approaching the end of their lives, including repositioning, regularly changing bed linen, identifying non-verbal signs of pain and staff highlighted the importance of them communicating these matters to the registered nurse immediately. The registered nurse said they maintain close communication with the consumers next of kin or representative to keep them informed and offer support. They said they manage the administration of pain relieving and palliative care medications and notify the general practitioner if there is a need for review.

The service demonstrated that consumers who experience a change of condition have their needs recognised and responded to in a timely manner. The clinical nurse specialist and registered nurses discuss consumers who have had changes in care related to incidents, clinical indicators, high risk behaviours, two or more falls in a month, wounds, pressure areas, weight loss, changing cognition or mental health, transition to palliation and high impact high prevalence risks. All consumers are reviewed regularly by the registered nurse who assesses them for deterioration. The service demonstrated effective and appropriate referrals for specialist advice and support in treatment plans.

The service demonstrated consumer information is communicated within the organisation and with others involved in a consumer’s care. The service has an effective handover system between shifts and communication is shared with staff verbally and in written format. Care notes, monitoring charts and observations are documented when there is a change in the consumer’s condition and these notes are maintained by all levels of staff. Consumers’ clinical and personal needs and preferences are documented and are accessible to all staff in care files, daily handover, and medical notes. Visiting general practitioners, specialist and allied health professionals have access to the care system and are supported by registered nurses to access consumer information.

The service demonstrated consumers are referred to other providers of care in an appropriate and timely manner. Evidence was observed in care notes and confirmed during interviews with consumers, representatives, staff and management. The care planning documents evidenced input from general practitioners, allied health professionals and other medical specialists. Care and medical notes also evidenced timely and appropriate referrals to dieticians, speech pathologists, dentists, physiotherapists, geriatricians, pathology and palliative care consultants. Consumers who are transferred to hospital or have medical appointments are provided with a health summary so the treating medical professional is aware of the latest care information. On return to the service, recommendations are documented and followed up to ensure any necessary changes to a consumer’s care is implemented in a timely manner.

The service demonstrated that minimisation of infection related risk is occurring through standard and transmission-based precautions to prevent and control infection. The service’s management and staff apply procedures to promote appropriate antibiotic prescribing and use. Evidence of this was observed in the service’s documentation including care notes, infection reports, pathology and policies and procedures.

The Assessment Team identified that the service did not demonstrate best practice in relation to pressure area care and skin integrity, clinical staff did not demonstrate their understanding of chemical restraint and the Assessment Team identified gaps in documentation involving nutrition and hydration, behaviour management records in care plans and other clinical documentation.

However, in their response to the Assessment Team Report, the Approved Provider clarified the clinical nurse lead and the clinical nurse specialist conduct daily file reviews to identify any high risk high prevalence concerns. In addition, the service demonstrated the clinical nurse lead and clinical nurse specialist oversee the case conference schedule and provide support to the registered nurses to ensure timely communication with consumer’s family, representatives and/or referral to other health and specialist services. The service also demonstrated that the clinical nurse lead and clinical nurse specialist also meet daily with the facility manager to coordinate the actions taken to respond to routine and unplanned health and wellbeing needs for each consumer.

The service demonstrated that their education plan is tailored to support the continued development of the care and clinical teams’ knowledge and skills required to respond to consumers’ clinical and care needs and to respond effectively to high risk high prevalence risks. These activities remain as a focus in the service’s Continuous Improvement Plan.

While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling. The Approved Provider’s response showed that both personal care and clinical care provided to consumers is best practice, is tailored to suit the consumer’s needs, and optimises the consumer’s health and well-being. With the above evidence and considerations, I am satisfied that each consumer gets safe and effective personal and clinical care. Accordingly, I find the service compliant in Requirement 3(3)(a).

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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 advised they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers advised they are supported, they feel independent, they do what interests them and they can keep in touch with people important to them. Consumers access a variety of mediums including telephones, tablets/other technology and in-person visits to maintain contact with those who are important to them.

Consumers said they enjoy the food, including the variety on offer, quantity and quality. The service demonstrated how they act quickly in response to consumer concerns with food and nutrition to implement appropriate strategies to improve consumer wellbeing.

The leisure and lifestyle team work directly with consumers to organise programs that are tailored to consumer needs and the service offers group activities that reflect the interests of consumers. Support is also provided for consumers to pursue individual interests. The service recently demonstrated continuous improvement recruiting a male care worker in the leisure and lifestyle team to provide activity support for the male consumers within the service who were starting to feel isolated from the ongoing activities.

The Assessment Team observed daily interactions between the staff and consumers to be positive, engaging and respectful at all times.

Consumers and representatives confirmed they receive safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences. They advised the service focuses on the consumer’s independence, health, well-being and quality of life. Staff are knowledgeable about consumers’ needs and preferences and explained the process of taking the consumers’ life story into consideration to meet their needs.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being and the range of activities available to consumers supported them to participate in the community, both internally and external to the service.

The service also demonstrated changes in a consumer’s condition, needs or preferences in relation to lifestyle services and supports are communicated via staff handovers, progress notes and care plans. Staff demonstrated an understanding of the need to comply with relevant privacy policies when sharing information with external stakeholders.

The service has both an effective reactive and preventative maintenance program which includes inspecting, testing and maintenance of equipment. Cleaning logs were maintained, staff understood the cleaning and maintenance schedule and the equipment was observed to be safe, suitable, clean and well-maintained.

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

# Standard 5

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

Findings

Consumers advised they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers said they feel at home and visitors are made to feel welcome, particularly by the staff. Consumers said their rooms are clean and the cleaning staff do a good job.

The Assessment Team observed that the service environment was clean, welcoming and well maintained. Hand washing stations were readily available throughout the service and were stocked with paper towel, hand soap, sanitiser and gloves.

The service demonstrated an inclusive environment and consumers were observed to be moving around with and without mobility assistance equipment. Consumers had personalised photos on the outside of their doors to assist them should they become disorientated.

The service allows for different engagement options including in the lounge area where different seating arrangements are available which respects the independence of consumers and provides options for which space consumers choose to be in. Consumers’ rooms were observed to have personal character with cherished items on display. Observations confirmed staff are welcoming and friendly to visitors.

Management advised they actively seek feedback regarding the environment by doing regular walk-arounds and talking to consumers, also via surveys, feedback forms and meetings and provide emphasis on making the service a homely environment. The service applies a range of strategies to achieve and maintain this including identification of consumers’ needs on entry, effective purchasing, preventative/reactive maintenance systems and cleaning programs, waste management programs, appropriate security systems, environmental and workplace safety inspections, an incident and accident hazard reporting system, and well publicised and understood emergency procedures.

Consumers advised satisfaction with the standard of cleaning and maintenance for furniture, fittings and equipment. Consumers said the service environment’s furniture and fittings assisted them to maintain their independence and added to the comfort of the environment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as 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 representatives said they are encouraged and supported to give feedback and make complaints and that appropriate action is taken when feedback is provided. Many consumers said they had no reason to complain. Consumers and representatives said they know how to lodge a complaint with the service and felt comfortable and confident to do so.

The service manages a feedback box, positioned in a location near the notice board, and a quarterly bulletin for consumers and representatives provides clear opportunity for written feedback to be provided to the service.

A monthly food focus group is available for consumers and their representatives to attend and provide feedback and complaints about food services.

Management review and discuss consumer and representative feedback and complaints during consumer meetings and the service conduct annual consumer satisfaction surveys.

Feedback and complaints are included as part of the monthly reporting system through to the board and the service demonstrated how feedback and complaints inform the development of their continuous improvement plan.

A review of feedback and complaints documentation also reinforces continuous improvement in response to complaints and feedback provided. Consumers and representatives said the service is very responsive when they provide feedback or a written complaint.

The service has an open disclosure policy and education records indicate all staff, except those on extended leave, have attended training in open disclosure as part of the service’s mandatory training program.

Consumers are provided with an information pack upon admission which includes information on advocacy and interpreter services and which details the complaints process. The Assessment Team noted information in relation to LGTBI, CALD and indigenous support groups was not readily available for consumers within the service environment. Management rectified this immediately by displaying relevant support options and information brochures at the service immediately.

Brochures from the Aged Care Quality and Safety Commission are made available to consumers and representatives on admission.

The service demonstrated that feedback and complaints are reviewed and used to improve care and services and an effective open disclosure process is applied. A review of recent complaints and incidents, including those reported to the Serious Incident Reporting Scheme (SIRS), evidenced effective management follow up actions and appropriate apologies to complainants. Feedback and complaints are recorded electronically at the service, privacy and confidentiality is managed appropriately and all feedback is reviewed by the care manager.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as 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 advised they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives said staff are kind, caring and know what they were doing. Although some consumers and representatives acknowledge that staffing is short at times, overall, consumers express they are satisfied with the care and services received.

The service utilises an electronic rostering system, thus providing quick and accurate identification of potential gaps in the roster. This allows the service to send text messages to staff for available shifts.

The service provides extensive recruitment support and applies effective induction and orientation procedures for all new staff. Position descriptions are reviewed regularly and the service has a ‘buddy system’ in place for all new workers. Skills-based competency assessments are conducted for all workers, police checks and a statutory declaration register is maintained as well as professional registrations such as the Australia Health Practitioner Regulation Agency (AHPRA).

The service has school-based trainees who work several days per week at the service, with supervision, who are completing their Certificate III in Individual Support.

Staff vaccination records for COVID-19 and influenza were provided and evidenced 100% uptake and volunteer records are well maintained.

The service has introduced a new role for a Clinical Nurse Specialist (CNS) who provides support to consumers and mentoring for staff caring for consumers with high care needs. The registered nurse provides enhanced clinical oversight, assistance with care planning and educational support to staff.

The service demonstrated an up-to-date monthly and annual mandatory education and training calendar and highlighted that this is calendar is publicised and displayed in the staff room.

The service demonstrated its focus on compulsory online learning modules for all workers, as well as highlighted their toolbox sessions that occur when a need is identified.

The service demonstrated that training and education records are well maintained for all workers and competencies such as handwashing and medication competencies are compulsory and tailored for relevant staff. Other competencies include donning and doffing, manual handling, fire and emergency procedures, personal threat, IT failure, the serious incident response scheme and restrictive practices. Competency records indicate all competencies are up to date.

Staff said they had completed all their mandatory training online. Education records confirmed that all staff had completed mandatory training, including Serious Incident response Scheme (SIRS) training. All staff were able to clearly explain the steps taken in incident management including the identification, escalation, documentation and effective follow up management of an incident.

A call bell report demonstrated the care manager applies appropriate daily and weekly processes to ensure investigation and appropriate follow up action is taken in response to data gathered from the call bell report.

The Assessment Team identified that staff have not had timely performance appraisals. However, in their response to the Assessment Team Report, the Approved Provider clarified the service are completing performance appraisals and provided evidence to show their plan to complete all performance appraisals before 30 September 2022. In addition, the service demonstrated their booking system for staff to schedule a time with their respective departmental head along with the service’s notification to staff to prepare them for upcoming and ongoing appraisal activities at the service. This is also recorded in the service’s Continuous Improvement Plan.

While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling. The Approved Provider’s response showed there is an evaluation of how each member of the workforce is performing their role and support and training is provided where needed. With the above evidence and considerations, I am satisfied there is regular assessment, monitoring and review of the performance of each member of the workforce. Accordingly, I find the service compliant in Requirement 7(3)(e).

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

# Standard 8

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

Findings

Consumers and representatives said the organisation is well run and they can partner in improving the delivery of care and services.

Consumers said they were well informed of what was happening at the service and are provided with a holistic understanding of aged care activities within the aged care sector. Representatives confirmed that care and services are evaluated, and continuous improvement opportunities remain a focus at the service.

Consumers and representatives confirmed they receive regular communications from the service with updates. Consumer forums are held regularly to assist in the development of the strategic plan, specifically highlighting the consumer choice strategy, review of benchmark quality indicators and development of ideas for improving the service.

Regular consumer meetings are provided and minutes are distributed. A relative forum occurred recently at the service and the minutes for the meeting were provided by management. Minutes identified that management provided discussion on home care, the retirement village, the government funding of aged care, the reality of staffing levels, clinical insights and challenges, the aged care quality standards, auditors and accreditations, time for questions, complaints and feedback, organisational membership, and volunteers at the service.

Annual consumer satisfaction surveys are conducted and management explained that board members visit the service to conduct consumer experience interviews. The service has a regular food focus meeting for consumers to provide input into the meal service.

The organisation has a service reporting structure in place and appropriate governance systems. Key clinical governance issues are reported to the board by regional managers with line responsibility and cross checked by the corporate clinical team. The board has set a target better than industry benchmark for results across a wide range of clinical indicators. These are included in the service’s strategic plan as well as strategies to improve the results. Corporate office oversight of the service’s weekly results supports local clinical teams to ensure that they meet quality standards.

The board is engaged in significant incidents and data is synthesised with other internal data and discussed regionally in addition to the regional manager presenting updates to the state risk committee. The board satisfies itself that the quality standards are met by having a board and risk committee that receive a monthly report for all services on clinical and quality management.

In addition, weekly meetings are structured to ensure that the flow of information between the board and the service is frequent and transparent. Weekly regional manager meetings occur with the CEO and COO, weekly leadership meetings and state meetings for regional managers. The organisation also produces an annual report and maintains an up-to-date website.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service’s continuous improvement plan and associated strategies showed appropriate reporting, investigation and follow up in relation to escalated incidents for consumers. Incidents are thoroughly investigated for severity and consumer impact, an apology is provided and subsequent continuous improvement occurs such as training to staff and relevant changes of how care and services are provided. The Assessment Team found that consumers and representatives were very satisfied with how feedback and complaints was managed by the service.

The organisation provided a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy. Staff could explain why it was important to minimise the use of restraint of consumers at the service and clinical staff demonstrated their understanding of antimicrobial stewardship and applying the policy to best support consumers.

The Assessment Team found risk management systems and practices have not been effective in managing high impact or high prevalence risks associated with the care of consumers, that the service needs to categorise Serious Incident Response Scheme (SIRS) incidents and that the service needs to systemise their review and action in response to identified SIRS incidents.

However, in their response to the Assessment Team Report, the Approved Provider clarified the service have planned education sessions in relation to high impact high prevalence risks and SIRS requirements. The service demonstrated that they are working directly with the clinical and care teams via toolbox sessions in relation to assessment, intervention, reporting and management of these issues. The service also demonstrated that the facility manager maintains oversight of SIRS incidents and will continue to maintain focus of these issues in consultation with the clinical leadership team at daily home leadership meetings. The service demonstrated that the facility manager continues to report SIRS as a component of the monthly Clinical Governance Report presented to the board’s Clinical Governance and Quality Committee. These identified actions are also recorded in the service’s Continuous Improvement Plan.

While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling. The Approved Provider’s response showed there is ongoing education and governance around high impact high prevalence risks and SIRS management and minimisation. With the above evidence and considerations, I am satisfied there is effective risk management systems and practices at the service. Accordingly, I find the service compliant in Requirement 8(3)(d).

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