



Alwyndor Management
Committee

NOTICE OF MEETING

Notice is hereby given that a meeting of the Alwyndor Management Committee will be held in the

Alwyndor Aged Care Meeting Room
Dunrobin Road, Hove

Thursday 21 March at 6.30pm

Justin Lynch
CHIEF EXECUTIVE OFFICER

Alwyndor Management Committee Agenda

1. OPENING

The Deputy Chairperson, Mr K Cheater will declare the meeting open at 6.30 pm.

2. KAURNA ACKNOWLEDGEMENT

We acknowledge Kaurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kaurna People today.

3. APOLOGIES

3.1 Apologies received

3.2 Absent

4. DECLARATION OF INTEREST

If a Committee Member has an interest (within the terms of the Local Government Act 1999) in a matter before the Committee they are asked to disclose the interest to the Committee and provide full and accurate details of the relevant interest. Committee Members are reminded to declare their interest before each item.

5. CONFIRMATION OF MINUTES

5.1 Minutes of the Previous Meeting

Motion

That the minutes of the Alwyndor Management Committee held on 21 February 2019 be taken as read and confirmed.

5.2 Confidential Minutes

Motion

That the confidential minutes of the Alwyndor Management Committee held on 21 February 2019 be taken as read and confirmed.

6. REVIEW OF ACTION ITEMS

6.1 Action Items

6.2 Confidential Action Items

7. REPORTS/ITEMS OF BUSINESS

7.1 Recruitment of Alwyndor General Manager (verbal)

7.2 Staffing Update (verbal)

- 7.3 Acting General Manager's Report (Report No: 09/19)

8. CONFIDENTIAL

- 8.1 Monthly Financial Report – February 2019 (Report No: 10/19)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

- 8.2 Draft 2019/20 Budget (Report No: 11/19)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

- 8.3 Short-term Strategy - Action Plan and Progress – March 2019 (Report No: 12/19)

Pursuant to Section 83(5) of the Local Government Act 1999 the Report attached to this agenda and the accompanying documentation is delivered to the Alwyndor Management Committee Members upon the basis that the Alwyndor Management Committee consider the Report and the documents in confidence under Part 3 of the Act, specifically on the basis that Alwyndor Management Committee will receive, discuss or consider:

- d. commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to prejudice the commercial position of the person who supplied the information, or to confer a commercial advantage on a third party; and would, on balance, be contrary to the public interest.**

9. MEMBER'S ACTIVITY REPORT

- 9.1 Aged Care Quality and Safety Commission, Preparing for the New Standards Seminar – Councillor Chabrel (Report No: 13/19)

10. URGENT BUSINESS – Subject to the Leave of the Meeting

11. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 18 April 2019 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

12. CLOSURE

**JUSTIN LYNCH
CHIEF EXECUTIVE OFFICER**

CITY OF HOLDFAST BAY

Minutes of the meeting of the Alwyndor Management Committee of the City of Holdfast Bay held at Alwyndor Aged Care, Dunrobin Road, Hove on Thursday 21 February 2019 at 6.30 pm.

PRESENT

Elected Members

Councillor P Chabrel

Independent Members

Chairperson – Ms T Aukett

Mr T Bamford

Ms J Bonnici

Ms J Cudsi

Mr K Cheater

Mr K Whitford

Staff

Acting General Manager Alwyndor – Mr B Cape

Personal Assistant – Ms R Gordon

Financial Accountant – Ms A Klenk

Engagement and Communications Advisor – Ms T Helbers

Healthy Living Services Manager – Mr S Drew

1. OPENING

The Chairperson declared the meeting open at 6.37pm.

2. KAURNA ACKNOWLEDGEMENT

With the opening of the meeting the Chairperson stated:

We acknowledge the Kurna people as the traditional owners and custodians of this land.

We respect their spiritual relationship with country that has developed over thousands of years, and the cultural heritage and beliefs that remain important to Kurna People today.

3. APOLOGIES

3.1 For Absence - Nil

3.2 Leave of Absence - Cr S Lonie

4. DECLARATION OF INTEREST

Members were reminded to declare any interest before each item.

5. CONFIRMATION OF MINUTES

Motion

That the minutes of the Alwyndor Management Committee held on 17 January 2019 be taken as read and confirmed with two minor corrections as follows:

1. Page 2 - Item 5, Confirmation of Minutes. Cr P Chabrel seconded the confirmation of minutes.
2. Page 3 - Item 7.1, Short-term Suspension of Meeting Procedures. Add Acting in front of General Manager.

Moved by Cr Chabrel, Seconded by Ms Cudsi

Carried

The Committee discussed changes Cr Chabrel wished to make to the minutes. The Committee agreed to adopt the minutes with two minor changes.

6. REVIEW OF ACTION ITEMS

The Committee reviewed the action items and requested the Corporate Risk Register and Governance Framework be re-circulated and included in the agenda for discussion at the next meeting.

The Committee asked if the CCTV action is still outstanding and the Acting General Manager advised that the plan had been circulated to the Committee, communication has been sent to all stakeholders, the cameras are in place and have been operating for roughly 3 weeks. The Committee queried whether this included the policy – the Acting General Manager advised that the parent policy is Council's and the communications plan referred to the policy. The Acting General Manager reiterated that the CCTV upgrade was an upgrade of existing service with some additional cameras to cover black-out spots.

Ms Cudsi left the meeting at 6.48pm

Ms Cudsi re-joined the meeting at 6.51pm

The Committee requested a policy that articulates Alwyndor stance on CCTV and who has access to the data. The Committee will consider the policy and then have a conversation around what Alwyndor's position will be if families wish to have a camera in a resident's room. The Committee requested the policy contemplate those who are not able to make decisions themselves. It was noted that access and communication is central under the new standards and is pertinent to this discussion. The Committee agreed to wait to review the existing policy before considering what procedure might be required.

Strategic planning approach item to be updated with the agreed new approach.

7. CONFIDENTIAL

7.1 Monthly Financial Report – January 2019 (Report No: 03/19)

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 03/19 Monthly Financial Report – January 2019 in confidence.
2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 03/19 Monthly Financial Report – January 2019 on the following grounds:
 - d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party of Alwyndor, in addition Alwyndor's financial position is reported as part of Council's regular budget updates.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Mr Bamford, Seconded Ms Bonnici

Carried

Motion**RETAIN IN CONFIDENCE - Section 91(7) Order**

4. That having considered Agenda Item 7.1 Monthly Financial Report – January 2019 (Report No: 03/19) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor Management Committee, pursuant to section 91(7) of that Act orders that the Report, Attachments and Minutes be retained in confidence for a period of 18 months and that this order be reviewed every 12 months.

Moved Ms Bonnici, Seconded Cr Chabrel

Carried

7.2 Short-term Strategy – Action Plan and Progress (Report No: 04/19)

Exclusion of the Public – Section 90(3)(d) Order

1. That pursuant to Section 90(2) of the *Local Government Act 1999* Alwyndor Management Committee hereby orders that the public be excluded from attendance at this meeting with the exception of the General Manager and Staff in attendance at the meeting in order to consider Report No: 03/19 Monthly Financial Report – January 2019 in confidence.
2. That in accordance with Section 90(3) of the *Local Government Act 1999* Alwyndor Management Committee is satisfied that it is necessary that the public be excluded to consider the information contained in Report No: 03/19 Monthly Financial Report – January 2019 on the following grounds:
 - d. pursuant to section 90(3)(d) of the Act, the information to be received, discussed or considered in relation to this Agenda Item is commercial information of a confidential nature (not being a trade secret) the disclosure of which could reasonably be expected to confer a commercial advantage on a third party as the knowledge of our requirements to employ additional resources may provide a commercial advantage to a third party regarding the sourcing and employment of those resources.

In addition, the disclosure of this information would, on balance, be contrary to the public interest. The public interest in public access to the meeting has been balanced against the public interest in the continued non-disclosure of the information. The benefit to the public at large resulting from withholding the information outweighs the benefit to it of disclosure of the information.

3. The Alwyndor Management Committee is satisfied, the principle that the meeting be conducted in a place open to the public, has been outweighed by the need to keep the information or discussion confidential.

Moved Ms Cudsi, Seconded Mr Bamford

Carried

Ms Klenk left the meeting 7.49pm

Motion**RETAIN IN CONFIDENCE - Section 91(7) Order**

3. That having considered Agenda Item 7.2 Short-term Strategy – Action Plan and Progress (Report No: 04/19) in confidence under section 90(2) and (3)(d) of the *Local Government Act 1999*, the Alwyndor, pursuant to section 91(7) of that Act orders that the Report, Attachments and Minutes be retained in confidence for a period of 12 months and that this order be reviewed every 12 months.

Moved Mr Cheater, Seconded Mr Bamford

Carried

8. REPORTS/ITEMS OF BUSINESS

8.1 Draft 2019/20 Budget Process (Report No: 05/19)

This report outlines the draft budget process and timeframes, for the information of the committee.

Ms Helbers left the meeting at 8.20

Ms Helbers re-joined the meeting at 8.22pm

The Chairperson advised that the budget process is largely controlled by Council.

Motion

That the Alwyndor Management Committee:

- 1. note the process and timeframes for the draft 2019/20 financial year budget.**
- 2. note that Alwyndor will aim for a business as usual budget for the 2019/20 financial year.**

Moved Cr Chabrel, Seconded Mr Cheater

Carried

8.2 Marketing and Communications Strategy – Progress Update (Report No: 06/19)

The Alwyndor Marketing and Communications Strategy 2019-20 (approved by the AMC on 20 November 2018) outlines the core initiatives that will better support and empower our people, promote our services and protect our reputation.

An urgent priority identified in the approved strategy was to develop a corporate identity kit (a professional suite of templates and tools), to enable us to better communicate with current and potential customers. This report outlines the work done to date, and requests approval to proceed with its implementation.

Mr Capes left the meeting at 8.24pm

Mr Capes re-joined the meeting at 8.25pm

The Engagement and Communications Advisor presented the refreshed logo and corporate identity to the Committee.

The Committee discussed the finer points of the refreshed logo, including the link to Alwyndor's history with the 3-part logo referencing the 3 Riddle siblings as well as Alwyndor's present 3 service departments. The Committee also discussed the use of the 'Always Alwyndor' concept for advertising and promotions, and recommended that both be treated in lowercase where appropriate. The Committee was unanimous in its agreement to support the use of the refreshed corporate identity moving forward.

Motion

That the Alwyndor Management Committee supports the immediate adoption of the new corporate identity kit, including the refreshed logo, to allow the timely and efficient roll-out of effective marketing and communications collateral within this financial year's marketing budget.

Moved Ms Cudsi, Seconded Cr Chabrel

Carried

Ms Helbers left the meeting 8.52pm

Mr Drew left the meeting at 8.52pm

8.3 **Acting General Manager's Report (Report No: 07/19)**

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

The Acting General Manager advised the revised meeting dates and task scheduled is will help reduce the work required of the executive team noting that exception reporting will be provided in future General Manager report.

Minor alterations to the revised meeting dates and task schedule include:

- reinstate financial reporting in May.*

Ms Cudsi left the meeting at 8.59pm

Ms Cudsi re-joined the meeting at 9.00pm

Mr Bamford left the meeting at 9.01pm

- Workforce Plan be re-named People Plan.*
- Schedule strategic planning workshops to April and June.*

The Committee discussed whether to hold strategic discussion at every meeting, with a specific topic at each meeting, and requested the General Manager's report provide a more qualitative view and addressed first item at the meeting.

The Committee also requested the task schedule include:

- The 3 department managers attend meetings for strategic discussions twice a year, and other managers once a year.*

WHS reporting was noted as being covered in the action plan however, the Committee requested that WHS reporting in the General Manager's report include incidents and injury statistics that they be advised of significant incidents as they arise.

Ms Cudsi left the meeting at 9.11pm

Ms Gordon left the meeting at 9.11pm

Ms Gordon re-joined the meeting at 9.12pm

The Acting General Manager advised of the intent to risk rate complaints moving forward and indicated that feedback doesn't currently provide any resolution of feedback.

The Committee reiterated a previous request, to be advised of mandatory reports as they happen, not waiting until the next meeting. The Acting General Manager advised that a risk assessment should identify high-risk mandatory reports.

The Acting General Manager advised there was nothing new to note under legal and industrial matters.

The Committee discussed the Royal Commission into Aged Care Quality and Safety.

Motion

1. That the following items be noted and items of interest discussed:

1. Meeting Dates and Task Schedule
2. WHS Implementation Plan
3. Corporate Risk Register
4. Feedback Analysis Report
5. Legal and Industrial Matters
6. Royal Commission into Aged Care Quality and Safety

2. Adopts the revised meeting date and task schedule with minor amendments.

Moved Cr Chabrel, Seconded Mr Cheater

Carried

8.4 Corporate Governance (Report No: 08/19)

Due to greater scrutiny in the aged care sector, and the complexities of Alwyndor as an entity, it is recommended that Alwyndor seek legal advice to ensure compliance with all relevant legislation.

The Acting General Manager advised that previous governance scrutiny has been around the Local Government Act however, little scrutiny has occurred in relation to the Aged Care Act. The Acting General Manager wants to confirm that the current governance structure meets the requirements of the Aged Care Act and new Standards.

Motion

That the Alwyndor Management Committee agree to the Acting General Manager seeking legal advice to ensure Alwyndor's governance structure is compliant with the Aged Care Act, with reference to the Local Government Act.

Moved Mr Cheater, Seconded Ms Bonnici

Carried

9. URGENT BUSINESS – Subject to the leave of the meeting

Nil

10. DATE AND TIME OF NEXT MEETING

The next meeting of the Alwyndor Management Committee will be held on Thursday 21 March 2019 in the Meeting Room, Alwyndor Aged Care, 52 Dunrobin Road, Hove.

10. CLOSURE

The meeting closed at 9.37 pm.

CONFIRMED 21 March 2019

CHAIRPERSON

**ALWYNDOR MANAGEMENT COMMITTEE
ACTION ITEMS**

Meeting	Agenda Item	Action Required	Responsibility	Due Date	Current Status
20 November 2018	7.5 General Manager's Report	That a policy and communications plan be prepared and presented to the Committee prior to implementation of CCTV.	T Hill T Helbers	18 December 2018	Complete. Emailed to AMC 23/1/19
20 November 2018 18 December 2018 (motion edited)	7.7 Annual Review of Investments	That a review of the process and reporting to ensure compliance with relevant legislation in regard to the investment of funds including investment policy and liquidity management. That a review of the process and reporting to ensure maximising returns to Alwyndor, managing liquidity and complying with Council policy with regard to the investment of funds including an investment policy and liquidity management.	R Kluge A Klenk B Capes	18 April 2019	In progress
21 February 2019	6 Review of Action Items	Re-circulate Corporate Risk Register and Governance Framework	R Gordon	26 February 2019	Complete. Emailed to AMC 5/3/19
21 February 2019	6 Review of Action Items	Provide feedback on Corporate Risk Register and Governance Framework ahead of March meeting	All	8 March 2019	In progress
21 February 2019	6 Review of Action Items	That the AMC strategic planning session be delayed until April with the second session in June.	R Gordon	21 March 2019	In progress
21 February 2019	6 Review of Action Items	That the CCTV policy be re-circulated for AMC to consider Alwyndor's position further at a future meeting.	R Gordon T Hill	21 March 2019	Complete. Emailed to AMC 14/03/19
21 February 2019	Agenda	That the agenda be updated to include: public & confidential minutes public & confidential action items	R Gordon	21 March 2019	Complete. Ongoing

**ALWYNDOR MANAGEMENT COMMITTEE
ACTION ITEMS**

Meeting	Agenda Item	Action Required	Responsibility	Due Date	Current Status
		That the GM's report be the first business item on the agenda.			
21 February 2019	8.1 Draft 2019/20 Budget Process	Reminder: budget workshop on 13 March.	All	13 March 2019	Complete
21 February 2019	8.3 General Managers Report	Minor alterations to the revised meeting dates and task schedule: <ul style="list-style-type: none"> - reinstate financial reporting in May. - Workforce Plan re-named People Plan - Strategic planning workshop be scheduled for April and June - 3 department managers attend strategic discussions at AMC 2x year - Other managers attend strategic discussions at AMC 1x year 	R Gordon B Capes	21 March 2019	Complete. Ongoing
21 February 2019	8.3 General Managers Report	Terms of Reference – check whether Council has reviewed and adopted draft AMC TOR from 2018.	B Capes R Gordon	21 March 2019	In progress

Item No: 7.3
Subject: **ACTING GENERAL MANAGER'S REPORT**
Date: 21 March 2018
Written By: Acting General Manager
A/g General Manager: Alwyndor, Mr Brett Capes

SUMMARY

These items are presented for the information of Members. After noting the report any items of interest can be discussed and, if required, further motions proposed.

RECOMMENDATION

That the following items be noted and items of interest discussed:

1. Meeting Dates and Task Schedule
 2. WHS Report
 3. Corporate Risk Register
 4. Feedback Analysis Report
 5. Legal and Industrial Matters
 6. GM Summary
 7. Update on legal advice regarding governance
 8. ACAR Submission Update
-

COMMUNITY PLAN

Community: Building a healthy, active and resilient community

Culture: Providing customer-centred services

Culture: Enabling high performance

Culture: Supporting excellent, efficient operations

COUNCIL POLICY

Not applicable

STATUTORY PROVISIONS

Not applicable

REPORT

Standing Items

1. **Meeting Dates and Task Schedule**

The register of meeting dates with attendance and annual governance task schedule listing are attached for reference.

Refer Attachment 1

2. **WHS Reports**

A monthly update on WHS incidents and hazards is provided for information.

Refer Attachment 2

3. **Corporate Risk Register**

The Acting General Manager will provide an update on the Corporate Risk Register.

4. **Feedback Analysis Report**

An analysis of the feedback for the month of February is provided for information.

Refer Attachment 3

An analysis report of the recent customer satisfaction survey is also provided for information.

Refer Attachment 4

5. **Legal and Industrial Matters**

The Acting General Manager will provide a verbal update on any legal or industrial matters.

6. **GM Summary**

The Acting General Manager will provide a verbal update on any matters of significance.

Other Items

7. **Legal Advice regarding Governance**

The Acting General Manager will provide a verbal update on legal advice to ensure Alwyndor's governance structure is compliant with the Aged Care Act, with reference to the Local Government Act.

8. **ACAR Submission Update**

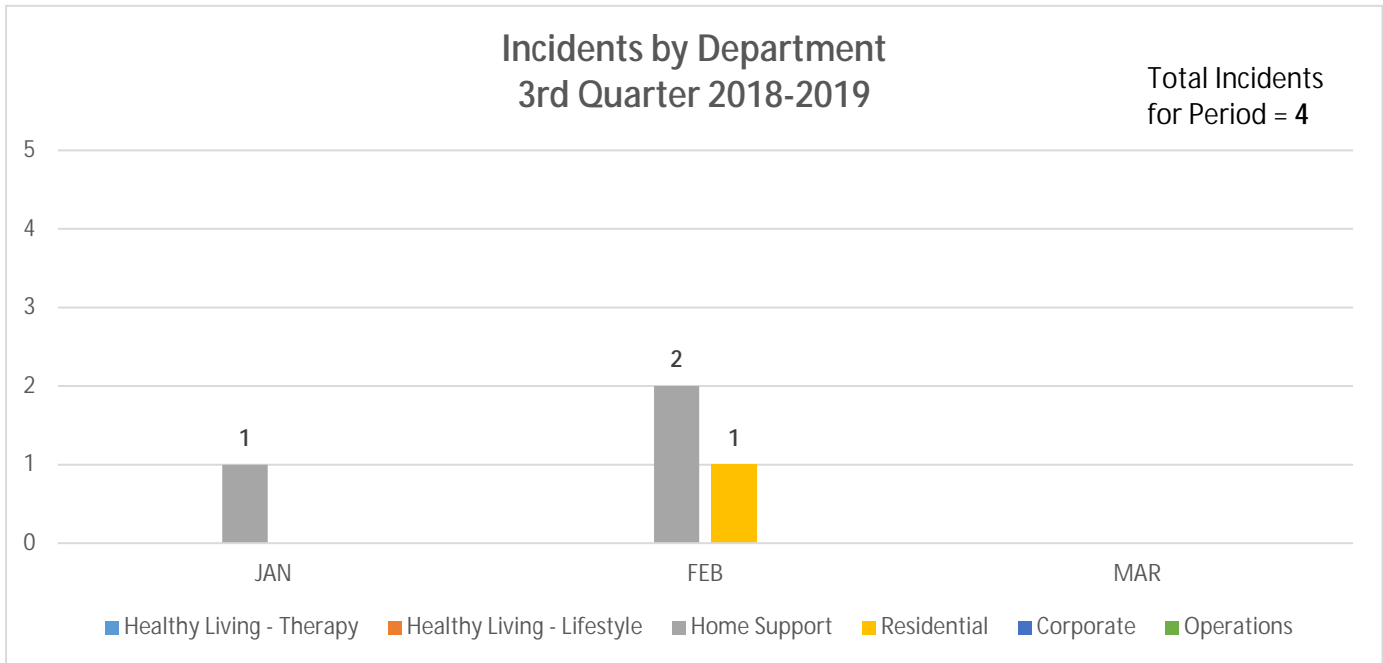
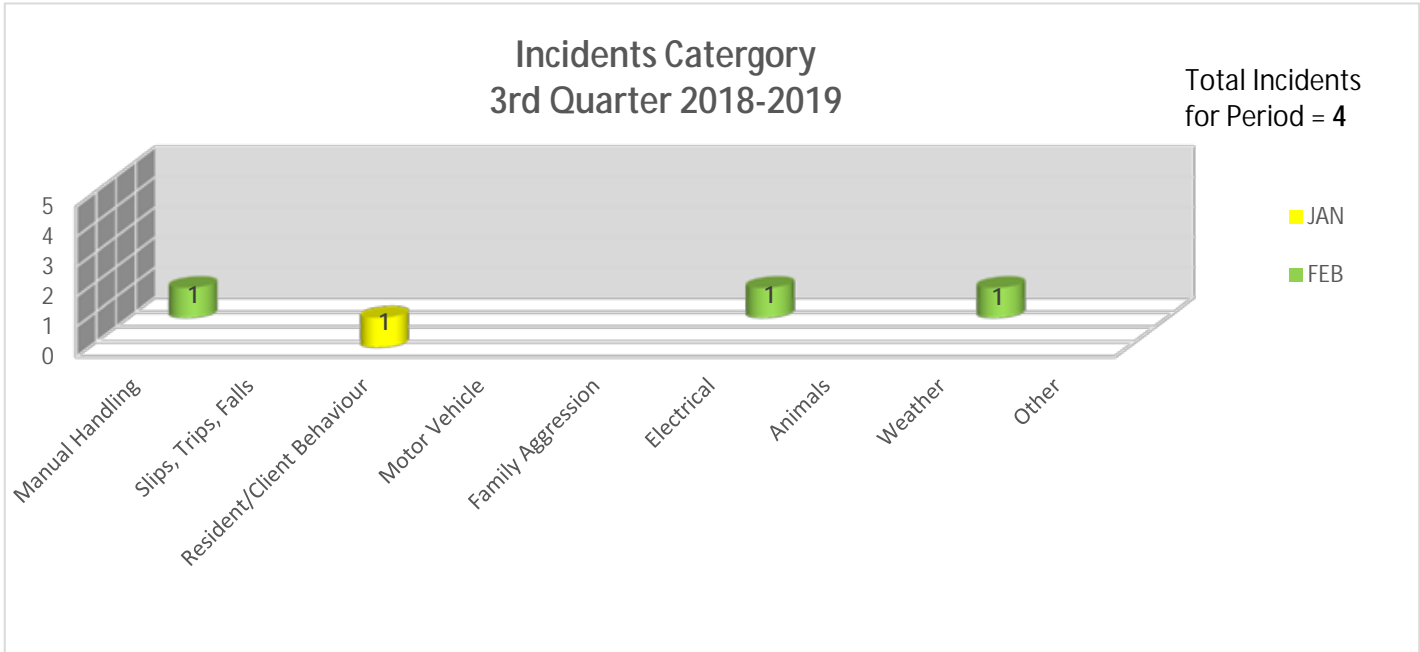
The Acting General Manager will provide a verbal update on the ACAR submission.

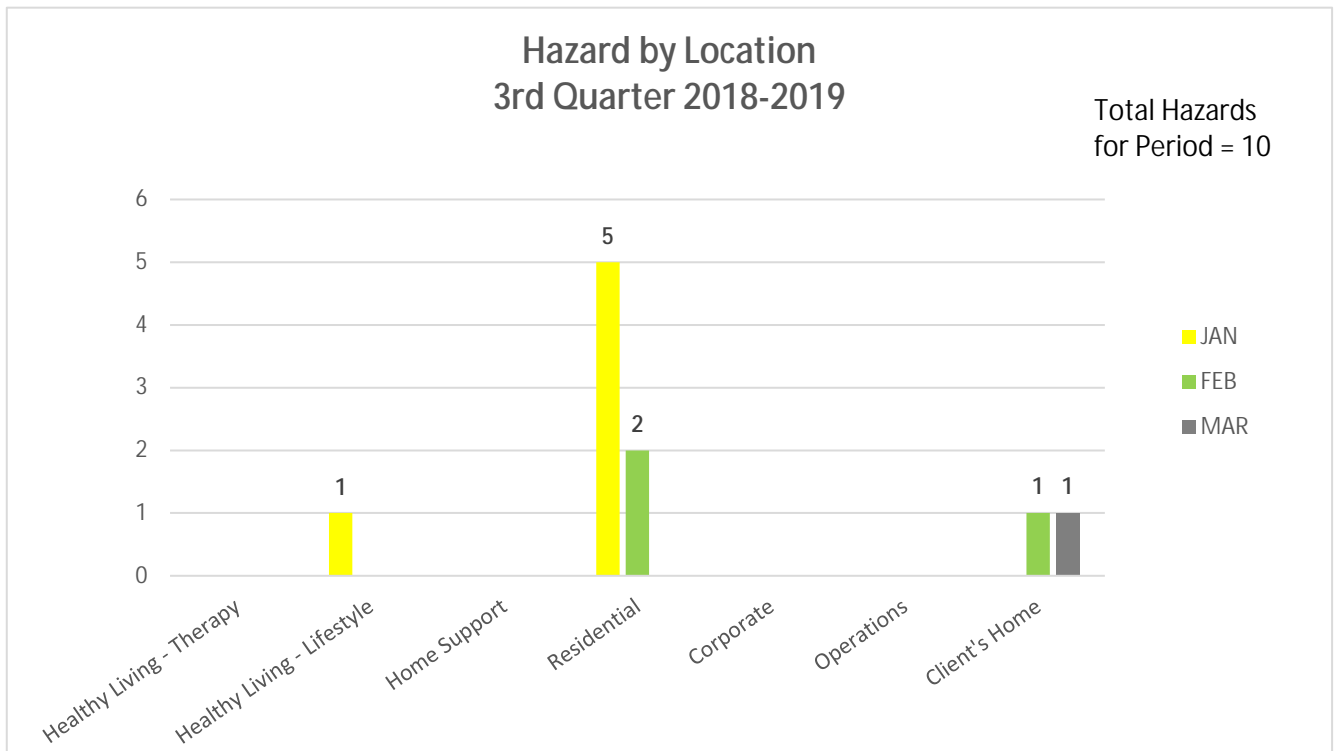
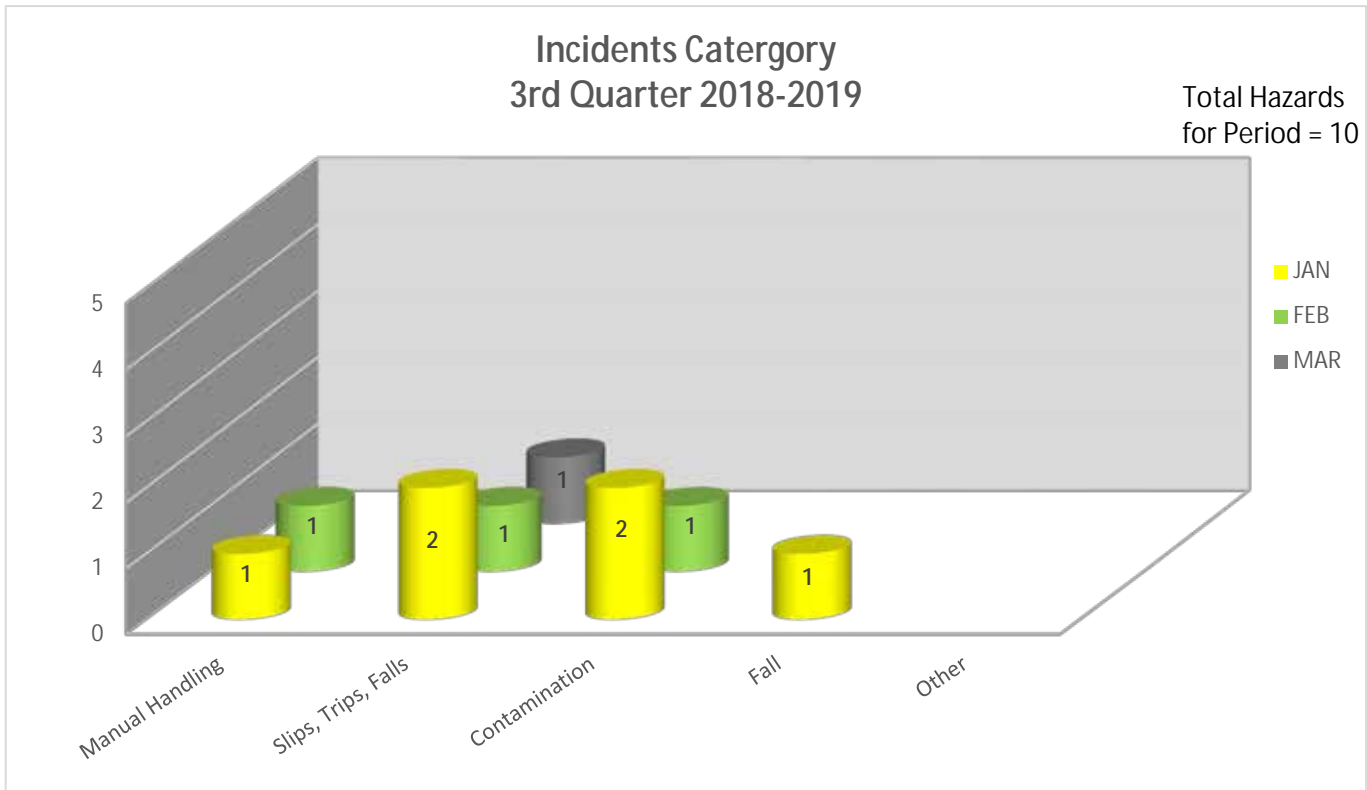


ATTACHMENT 1



ATTACHMENT 2





Notes:

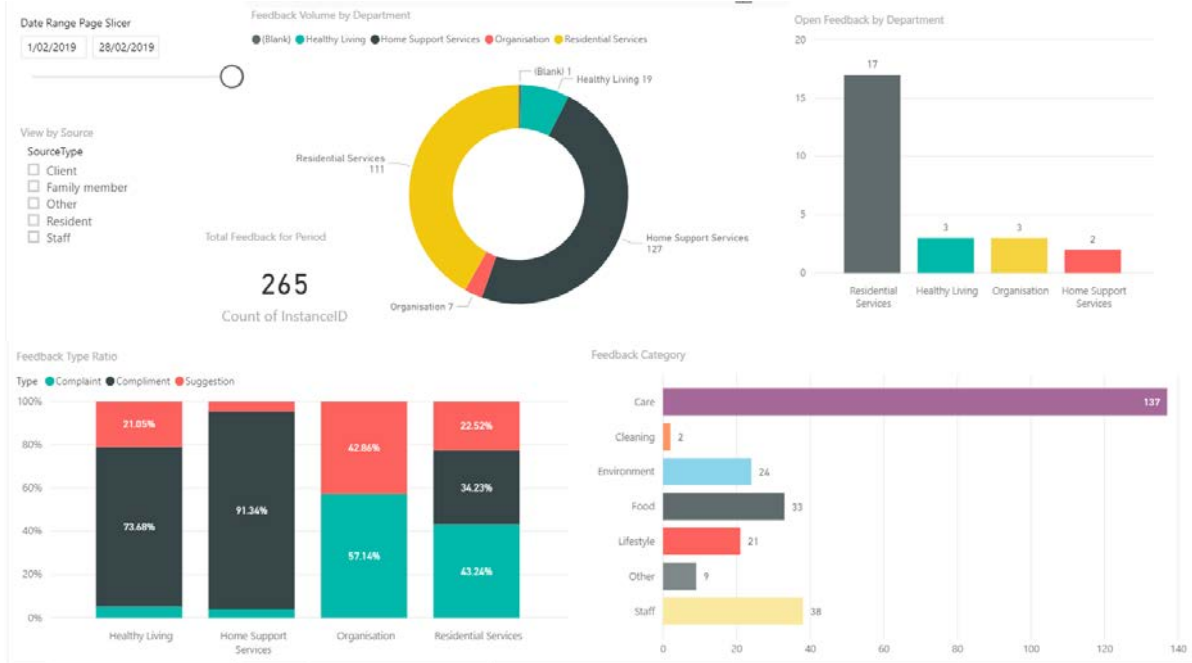
Skytrust System software has been trialled over the past three months. Full implementation for raising Hazards and Incidents to commence from April 2019

Six of the ten hazards for this period have been raised by Workplace Inspections. This is an improvement that has been implemented to the workplace inspection process.



ATTACHMENT 3

Type of Audit: Feedback Analysis February	Date Audit Completed: 13/03/2019
Sample Size: Documentation Review _____ Observation _____ Interview _____	Department: Organisational
	Report completed by: R. Flores (Acting BPIC)


Results / Analysis / Trends

There are 265 feedbacks received for the month of February for the organisation which includes 'Customer Experience Survey' and feedback from 'Home Support Survey' dated from July 2018. There is a total of 196 feedbacks from surveys and the remaining actual feedbacks collated via feedback card, email, verbal and written. However there is 1 feedback that is incorrectly entered which will not affect the trending. For the month of February, 240 or 90.57% were actioned appropriately and closed off. The trending and analysis of customer experience survey is completed separately. Refer to Clinical Project Officer report. This report will only focus on the feedbacks received excluding Customer and Client surveys.

There are 43 feedbacks received for Residential Services with 26 complaints, 14 compliments and 3 suggestions. There is no trends identified for this month.

There are 11 feedbacks from Home Support Services with 3 complaints, 7 compliments and 1 suggestion. For this month, 2 out of 3 complaints are in relation with changes with the roster and lack of communication between Alwyndor and clients.

There are 19 feedbacks from Healthy Living Services with 1 complaint, 14 compliments and 4 suggestions. The trend identified under compliments is related to lifestyle activities.

There are 7 feedbacks from Organisational Services with 4 complaints and 3 suggestions.

Nil reportable complaints for Residential, Home Support Services, Healthy Living Services and Organisational Services recorded for the month.

As of 13/03/2019, there are 63 open feedbacks. The longest feedback is a complaint received 24/08/2018 from Home Support Services. The concerns are regarding 1. Negative working environment. 2. Expectations of Home Support staff to use own phone and associated costs. A note dated 12/03/2019 from Narelle Jeffery, Home Support Service Manager that the concerns were referred to acting GM Brett.

Actions	<p>Include immediate action, education, conferences, training, memos, table at meetings, CL log, Hazard log, repeat audit, adjust audit schedule)</p> <ul style="list-style-type: none"> • Results reported in Governance and Operation Committee, Care Services Committee, Support Services Committee • Continuous Improvement progress are maintained by each executive leader's action plan. • Residential Services completed the 'Resident Experience Survey' to gather more information and to be able to measure resident's/representative satisfaction in relation to the different aspects of care. The survey is in line with the Aged Care Quality and Safety Commission's 'Consumer Experience Report'. Results is available separately prepared by clinical project officer. • Counselling and/or performance management provided to staff as indicated. • Care related issues are dealt with in consultation with customers and/or their representatives with resolution obtained. Care Plans have been updated following changes with preferences of customers. Residential Service commenced care planning in partnership with customers and/or delegated representative to obtain more individualised care plan. • 'Getting to know the Standards' Education planned for March focusing on feedback and complaint (Standard 6) which is mandatory for all staff. • Refer to Executive Managers report for specific actions and strategies to address individual feedback. 																																																																																																																														
Evaluation	<p>Progress of above actions and outcomes and comment on effectiveness of actions implemented from above and previous audit.</p> <p>The below table shows the number of feedbacks received by each service in the last five months. The usage of the feedback system shows all stakeholders are familiar, encouraged and comfortable in using the feedback system. However, this then increases the number of open feedbacks to date. A 'project-type role' commenced that focused on feedback and complaints to ensure all feedbacks are communicated, stakeholders engaged and appropriate actions taken.</p> <table border="1"> <thead> <tr> <th>Service</th> <th>Oct</th> <th>Nov</th> <th>Dec</th> <th>Jan</th> <th>Feb</th> </tr> </thead> <tbody> <tr> <td>Administration</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Complaints</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Compliments</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Suggestion</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Healthy Living</td> <td>14</td> <td>12</td> <td>14</td> <td>16</td> <td>19</td> </tr> <tr> <td>Complaints</td> <td>1</td> <td>3</td> <td>2</td> <td>4</td> <td>1</td> </tr> <tr> <td>Compliments</td> <td>11</td> <td>6</td> <td>11</td> <td>7</td> <td>14</td> </tr> <tr> <td>Suggestion</td> <td>2</td> <td>3</td> <td>1</td> <td>5</td> <td>4</td> </tr> <tr> <td>Home Support</td> <td>5</td> <td>13</td> <td>4</td> <td>4</td> <td>11</td> </tr> <tr> <td>Complaints</td> <td>1</td> <td>4</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Compliments</td> <td>4</td> <td>7</td> <td>3</td> <td>2</td> <td>7</td> </tr> <tr> <td>Suggestion</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Organisational</td> <td>9</td> <td>5</td> <td>4</td> <td>7</td> <td>7</td> </tr> <tr> <td>Complaints</td> <td>4</td> <td>2</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>Compliments</td> <td>0</td> <td>2</td> <td>2</td> <td>4</td> <td>0</td> </tr> <tr> <td>Suggestion</td> <td>5</td> <td>1</td> <td>0</td> <td>0</td> <td>3</td> </tr> <tr> <td>Residential</td> <td>46</td> <td>24</td> <td>20</td> <td>44</td> <td>43</td> </tr> <tr> <td>Complaints</td> <td>18</td> <td>9</td> <td>18</td> <td>28</td> <td>26</td> </tr> <tr> <td>Compliments</td> <td>20</td> <td>8</td> <td>1</td> <td>12</td> <td>14</td> </tr> <tr> <td>Suggestion</td> <td>8</td> <td>7</td> <td>1</td> <td>4</td> <td>3</td> </tr> </tbody> </table>	Service	Oct	Nov	Dec	Jan	Feb	Administration	2	0	0	0	0	Complaints	1	0	0	0	0	Compliments	1	0	0	0	0	Suggestion	0	0	0	0	0	Healthy Living	14	12	14	16	19	Complaints	1	3	2	4	1	Compliments	11	6	11	7	14	Suggestion	2	3	1	5	4	Home Support	5	13	4	4	11	Complaints	1	4	1	2	3	Compliments	4	7	3	2	7	Suggestion	0	2	0	0	1	Organisational	9	5	4	7	7	Complaints	4	2	2	3	4	Compliments	0	2	2	4	0	Suggestion	5	1	0	0	3	Residential	46	24	20	44	43	Complaints	18	9	18	28	26	Compliments	20	8	1	12	14	Suggestion	8	7	1	4	3
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ATTACHMENT 4

Type of Audit: Resident/Representative Survey	Date Audit Completed: 24/1/19 – 18/2/19
Sample Size: 114 Survey Responses collected	Department: Residential Services
Documentation Review: -	
Observation: -	
Interview: 100%	Report completed by: Ben Riley (CPO)

DATA COLLECTED

The facilitator collected two forms of data:

- *Qualitative*: Qualitative data including participant comments.
- *Quantitative*: Quantitative data including star ranking to best describe residents' perceived quality of service provided.

SURVEY OBJECTIVE

The main objective of the Customer Experience Survey is to capture Resident/Representative feedback on the provision of care and services provided at Alwyndor. The survey is based on the Australian Aged Care Quality and Safety Commission Customer experience report (CER) and uses a Quantitative methodology to collect data from questions Q1-Q14 using a star ranking method and can be modified for use across all services.

A qualitative research method was used for Questions Q15, Q16 & Q17 – where participants were asked to provide a free text response. The qualitative data has been grouped into domains based on its nature and tabled below to display trends in feedback. The Survey results will be measured against the New Aged Care Quality Standards, Standards 1 to help guide a Continuous Improvement Framework for the provision of Quality residential care and services across Alwyndor.

Survey Results

Q1. Whom are you interviewing?

Answer: 109 (96%) of the survey responses where resident experiences.
5 (4%) of the Survey results where resident representative experiences.

Q2. Resident name (optional)

Answer: 110 Resident/Representative disclosed their name for the survey, 4 participants opted to remain anonymous.

Q3. Representative name if survey is being conducted with representative (optional)

Answer: 5 (100%) of Participants disclosed their name during the survey.

Q4. Area/Room Location (Participation)

Riddle 41 (36%)
Cheater 36 (32%)
St. Clare 21 (18%)
Alandale 16 (14%)

Q5. Do staff treat you with respect?

Star rating 1-4. 1 Representing *Never* – 4 Representing *Always*

Answer: 3.65 Average rating

1 Star = 0
2 Star = 5 (4%)
3 Star = 29 (25%)
4 Star = 79 (70%)

Q6. Do you feel safe here?

Star rating 1-4. 1 Representing *Never* – 4 Representing *Always*

Answer: 3.78 Average

1 Star = 0
2 Star = 3 (3%)
3 Star = 19 (17%)
4 Star = 91 (80%)

Q7. Do staff meet your healthcare needs?

Star rating 1-4. 1 Representing *Never* – 4 Representing *Always*

Answer: 3.47 Average

1 Star = 3 (3%)
2 Star = 9 (8%)
3 Star = 32 (28%)
4 Star = 68 (60 %)

Q8. Do staff follow up when you raise things with them?

Star rating 1-4. 1 Representing *Never* – 4 Representing *Always*

Answer: 3.35 Average

1 Star = 0
2 Star = 10 (9%)
3 Star = 54 (47%)
4 Star = 50 (44%)

Q9. Do staff explain things to you?

Star rating 1-4. 1 Representing *Never* – 4 Representing *Always*

Answer: 3.47 Average

1 Star = 3 (3%)
2 Star = 6 (5%)

3 Star = 39 (34%)

4 Star = 66 (58%)

Q10. Do you like the food here?

Star rating 1-4. 1 Representing Never – 4 Representing Always

Answer: 2.90 Average

1 Star = 9 (8%)

2 Star = 29 (25%)

3 Star = 40 (35%)

4 Star = 36 (32%)

Q11. If you are feeling sad or worried, there are staff here who you can talk to?

Star Rating 1-5. 1 Representing Strongly Disagree – 5 Representing Strongly Agree

Answer: 3.68 Average

1 Star = 5 (4%)

2 Star = 9 (8%)

3 Star = 28 (25%)

4 Star = 46 (41%)

5 Star = 26 (23%)

Q12. The staff know what they are doing?

Star Rating 1-5. 1 Representing Strongly Disagree – 5 Representing Strongly Agree

Answer: 4.07 Average

1 Star = 2 (2%)

2 Star = 4 (4%)

3 Star = 19 (17%)

4 Star = 48 (42%)

5 Star = 41 (36%)

Q13. The place is well run?

Star Rating 1-5. 1 Representing Strongly Disagree – 5 Representing Strongly Agree

Answer: 4.04 Average

1 Star = 4 (4%)

2 Star = 2 (2%)

3 Star = 23 (20%)

4 Star = 41 (36%)

5 Star = 43 (38%)

Q 14. You are encouraged to do as much as possible?

Star Rating 1-5. 1 Representing Strongly Disagree – 5 Representing Strongly Agree

Answer: 4.37

1 Star = 2 (2%)

2 Star = 1 (1%)

3 Star = 10 (9%)

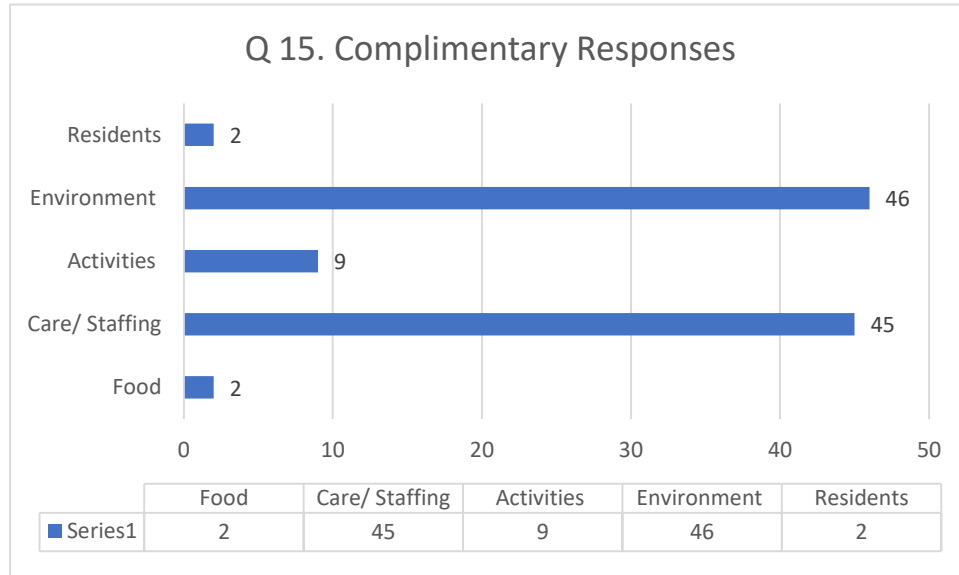
4 Star = 41 (36%)

5 Star = 60 (53%)

Q 15. What would you say was the best thing about this home?

Residents were given the opportunity to provide a free text response to Q15.

The tabled results are displayed below:

Table 1


Responses have been received and categorised into 5 domains as listed above.

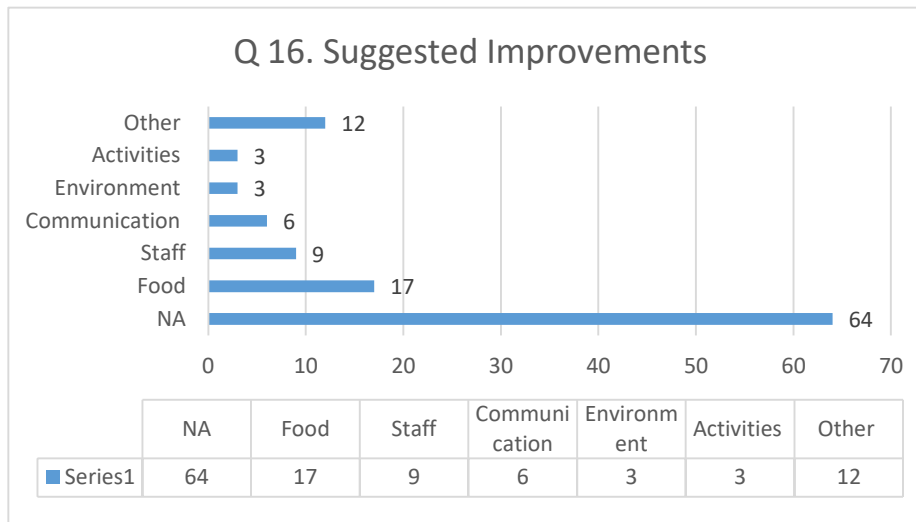
A total of 114 participants (100%) of the sample size were asked to respond to Q15. 110 participants (96%) responded with written feedback, 6 Participants (4%) chose not to provide feedback when asked this question. Examples of the positive feedback:

- "I'm cared for don't have to worry about anything. It's a safe and nice place to be in"*
- "It's very personable, and love the light coming through all the windows"*
- "Everything, freedom do to what we want. I feel so lucky"*
- "It's homeliness which is important to me"*
- "The staff, always very friendly"*
- "Feeling safe, company, friendliness of staff"*
- "Kindness, care and love & Activities, 100% go the extra mile above and beyond"*
- "I'm looked after, I'd be on my own at home and very lonely otherwise"*
- "Nice rooms, I like the entertainment"*
- "I enjoy the entertainment and lifestyle activities"*
- "I like the activities I attend"*
- "The friendships I have formed with other residents"*
- "Seen Improvement on meals"*

Q16. What is one thing you would suggest as an improvement at this home?

Residents were given the opportunity to provide a free text response to Q16.

The tabled result are displayed below:

Table 2


The responses have been received and categorised into 7 domains as listed above.

A total of 114 participants (100%) of the sample size were asked to respond to Q16. 50 participants (44%) responded with written feedback, 64 participants (56%) chose not to provide feedback (NA). Examples of suggestions are:

“Variation of food”

“Food not always to my liking”

“More green vegetables”

“Food needs more variation, salad in particular and health foods needs improvement.”

“The food for vitamised could look better”

“More staff at night are needed”

“Generally speaking, to staff it’s just a job, no care involved in my care”

“I would like to see more staff on the floor and have more opportunities to go outside”

“a lot more communication, from top management all the way down”

“Communication between departments”

“I would like to know more about the changes Alwyndor is and will be going through”

“We are not kept up to date with what’s going on here, whether it directly impacts me or not I’d like to be more included in communication”

“For those that are no longer able to walk by themselves, to be taken outside more often”

“More move and groove”

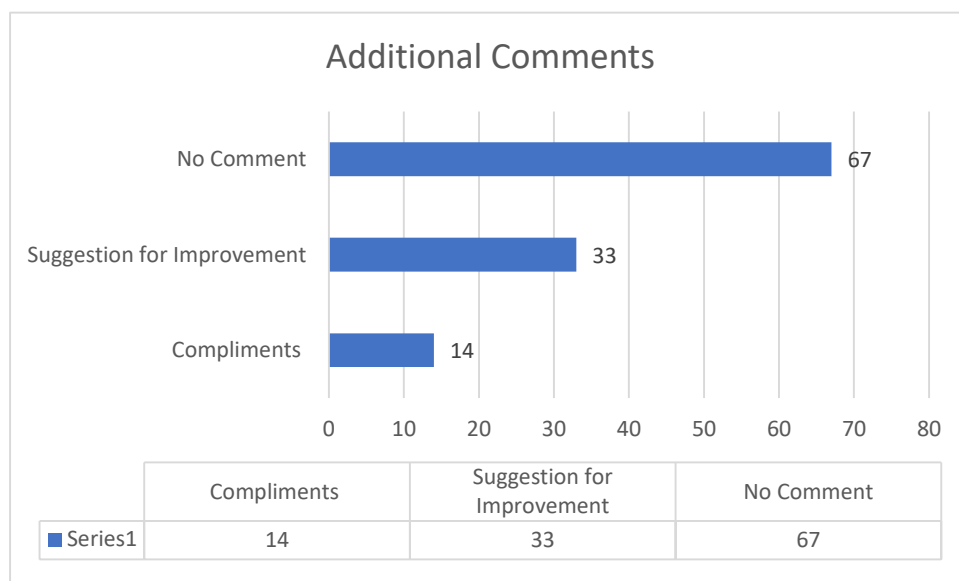
“The dining room chairs need felt on the bottom of the legs of chairs - they squeal when moved about”

“Go for more walks”

Q17. Additional Comments

Residents were given the opportunity to provide a free text response to Q16.

The tabled result are displayed below:

Table 3


Responses have been received and categorised into 3 domains as listed above.

A total of 114 participants (100%) of the sample size were asked to respond to Q17. 47 (41%) provided additional information whilst 67 (59%) had no further comments when asked. Examples of additional comments include:

“Don’t like that the door is always banged (Indicated bedroom door)”

“Nurses don’t have enough time, things don’t happen quickly enough, carer’s are not trained enough especially when they first start”

“Re: food menu - too many changes seems to change when he likes. Would like to see 6-week menu ahead of time, as previously”

“I want a lock put on my door so I feel safer at night”

“food It is improving”

“the staff are always nice to me, I can’t complain”

“Very Satisfied”

“Alwyndor is a very comfortable place to live”

“Overall I feel quite content here”

“I feel like Alwyndor is my home”

Conclusion

Alwyndor’s new approach in relation to surveying customers has proven successful with 114 participants compared to the last customer survey completed in 2017 with only 48 respondents. Themes from the 2017 report include dissatisfaction with cleanliness, settling in, food, staff attitude and promptness with service delivery. Feedback also demonstrates that complaints were not addressed in a timely manner. Unfortunately, there is no evidence of follow-up from the last survey therefore no comparative data is available.

The 2019 survey data identifies several red flags in relation to the new Quality standards that Alwyndor need to address. Red flags include:

- customers not feeling respected or safe in their own home
- healthcare needs not being met
- procedures not being explained
- issues not being followed up
- not enough staff to talk to when feeling sad or worried
- not being encouraged to do as much as possible.
- dissatisfaction with the food provided (remains a reoccurring theme).

The Aged Care Quality and Safety Commission rate feedback and complaints seriously enough to dedicate a complete standard to this alone. The evidence suggests that while Alwyndor has in recent times developed a robust feedback collection process, it does not have a proactive approach to encourage feedback/complaints, resolving complaints in a timely manner to the customers satisfaction or demonstrating a link between feedback/complaints and continuous improvement. The following are recommendations to assist the organisation to achieve compliance in Standard 6 including a new reporting template for the AMC.

Include immediate action, education, conferences, training, memos, table at meetings, CL log, Hazard log, repeat audit, adjust audit schedule)

1. All feedback and suggestions for improvement have been entered into the Feedback Database for investigation and follow up including meeting with 100% of the customers that provided negative feedback.
2. Report prepared and tabled for the AMC, resident meeting and staff meeting.
3. Customer Experience Survey to be a standard agenda item for all Governance Committee and Customer Engagement Forum Agenda.
4. To complete the Customer Experience Survey with a 10% sample monthly.
5. Implement the same survey in Home Support Services and Healthy Living Services (modified version).
6. Mandatory training booked for all staff in relation to Preparing for the New Standards (March).
7. Recommendation to change the monthly AMC feedback report prepared by the BPIC (refer template attached).
8. Themes and trends analysed to identify opportunities for improvement.
9. Survey results will be tracked against the Primary Care Model to identify staff training opportunities. For example, opportunities identified for Cheater Suites is in relation to 'dignity and respect' in relation to not knocking before entering a room and leaving doors open. In St. Clare the feedback is in relation to 'staff not knowing my healthcare needs' and 'staff not knowing what they are doing' which may be attributed to a recent staff recruitment drive, lack of skills checklist for new staff and poor orientation process.
10. For a copy of the full survey, contact Ben Riley (Clinical Project Officer) at briley@alwyndor.org.au

Date Report Completed:
Department: Organisational
Report completed by:
Customer Outcome: I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.
Organisational Statement: The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.
<p>1. How many activities have been completed to encourage customers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints?</p> <p><i>Alwyndor needs to develop regular, numerous and varied opportunities for this to occur and it is recommended the AMC receives an activity report designed to demonstrate the organisation meets this Requirement (3)(a) and (b). Examples of activities may include:</i></p> <ol style="list-style-type: none"> a. Customer Experience Survey b. Customer focus groups c. Food focus group d. Customer Meetings (monthly) e. Phone Surveys f. Feedback E-mails to representatives and family members g. Social media campaigns h. Intimate lunches with CMs/RSM/Home Support Services i. Information Evenings j. In-room CALD specific feedback packs (hospitality model – including information/contact details for ARAS, OPAN, Complaints Commission and the in-house third-party advocate) k. Interpreter services l. Customer Engagement Forum (not yet implemented) m. Cultural safety workshops to reduce “fear of retribution” n. Leadership team touchpoints (quick chats with random customers) o. External Advocacy information sessions (eg. ARAS, OPAN, Complaints Commission) p. Staff training and education in relation to encouraging, identifying and reporting feedback q. Audit information r. In-house third-party advocate/s (contact details provided to customers and representative)
<p>2. Response rate time frames</p> <p><i>Recent accreditation results across the country have highlighted a focus on the timely actioning of feedback and complaints. Services demonstrating poor response times and outcomes that don't meet the individual customer satisfaction have been sanctioned. Alwyndor has historically demonstrated poor outcomes in relation to feedback and complaints and mandatory reporting. Therefore, it is recommended a response time report to be tabled to the AMC including:</i></p> <ol style="list-style-type: none"> a. Was the feedback/complaint logged in the appropriate time frame? (Currently 2 days, proposed 24 hours) b. Was the feedback/complaint reported to the department in the appropriate time frame (if reportable)? (Currently within 24 hours) c. Was the feedback/complaint closed off with evidence to the customers satisfaction? (Currently 5 days) d. How many feedback/complaints have ‘bounced-back’ (same feedback - not resolved to the customer’s satisfaction and raised again)
<p>3. SAC Rating</p> <p><i>Standard Eight requires all governing bodies to understand organisational – wide risk and it is expected that issues related to the provision of care and services are risk rated and high risks escalated to the AMC.</i></p>

4. How many incidents of feedback led to a Continuous Improvement Activity.

Standard Eight also requires governing bodies to have sound governance capabilities that enable the identification of improvement opportunities across all eight Standards. Standard 6 Requirement (3)(d) highlights the importance of a best practice approach to identifying opportunities to improve quality of care and services. Therefore, it is recommended the AMC receive a continuous improvement activity report.

It is also recommended a summary of all feedback and complaints categorised according to Standard 1 'important concepts' is tabled with summary information including proposed actions in relation to trends and themes. The following is a list of Standards 1 'important concepts':

- *Dignity and respect*
- *Identity culture and diversity*
- *Cultural Safety*
- *Choice*
- *Dignity of Risk*
- *Information*
- *Personal privacy*

5. Open disclosure

Organisations are now expected to demonstrate an open disclosure approach in line with best practice, open communication and transparent processes. This includes acknowledging and apologising when the organisation makes mistakes. Therefore it is recommended a summary of all open disclosure activities are provided in this report for example:

- *Audit/survey results and actions/outcomes tabled at all stakeholder meetings*
- *All feedback and complaints and actions/outcomes tabled at all stakeholder meetings*
- *Open letter to all stakeholders summarising audit/survey outcomes, feedback and complaints, proposed actions and seeking comments, suggestions and further feedback.*
- *Full copy of audit/survey results and actions/outcomes available at reception to all interested parties*
- *Newsletter (standard item posting upcoming feedback activities - see list above (1))*

Item No: 9.1

Subject: **AGED CARE QUALITY AND SAFETY COMMISSION (ACQSC),
PREPARING FOR THE NEW STANDARDS SEMINAR**

Date: 21 March 2019

Written By: Cr P Chabrel

SUMMARY

On 27 February 2019 Cr Chabrel represented the AMC at a seminar conducted by ACQSC on preparing for the new standards. He joined members of Alwyndor's Senior Leadership Team (SLT) and over 100 representatives from other aged care organisations in an informative and interactive day.

RECOMMENDATION

That the Aged Care Quality and Safety Commission, Preparing for the new Standards Report be received and noted.

REPORT

I was pleased to represent the AMC at a recent seminar conducted by ACQSC on preparing for the new standards. I joined members of Alwyndor's Senior Leadership Team (SLT) and over 100 representatives from other aged care organisations in an informative and interactive day.

I would like to praise our SLT whom lead questions and participated at a higher level than most.

From a question by our SLT we were advised that as our next accreditation is scheduled in November 2019, Alwyndor will not be assessed prior to 1 July 2019, and will be assessed under the new standards. This is new information which will greatly assist our SLTs preparations and reduce any costs associated with maintaining two systems. It also means we can be assured of a minimum timeframe for preparations.

After an opening address by ACQSC's Commissioner Janet Anderson, the seminar featured a panel discussion with members of ACQSC and consumer representatives Older Persons Advocacy Network (OPAN) and Councils on the Ageing (COTA). The bulk of the day consisted of workshops which drilled into the standards. This was followed by a session on what to expect when undergoing a quality assessment.

Pam Christie, Executive Director, Industry Engagement and Communications at ACQSC, outlined the four functions of ACQSC;

1. Consumer Engagement
2. Complaints
3. Regulatory
4. Education

The Commission advised that they will be expanding out-of-hours assessments.

There was a clear expectation by the Commission that providers complete a self assessment document prior to agency assessment and have a copy available at all times.

It was also an expectation that providers have a continuous improvement plan.

The Commission has published the PowerPoint slides from the day to assist organisations to get to know the new standards called [Qassist](#). The presentation provides an excellent overview of the new standards.

The panel discussed consumer perspectives;

- 98.7% of consumers surveyed by COTA sighted dignity and respect as most important to their aged care experience
- Trust and empowerment
- Focus on the small things
- Pam Christie sighted a [thesis](#) by [Lisa Trigg PhD](#) on quality in aged care residential facilities as being of three types;
 - Hospital Like – nursing home
 - Hotel Like – cruise ship
 - Home Like – relationship based
- Effective feedback loops are critical as 90% of problems presented to OPAN relate to poor communication

I spoke with Pam Christie after the panel discussion and quizzed her on the philosophy with which the Commission will be assessing providers given that the new standards are less prescriptive and within the framework of the work by Lisa Trigg which Ms Christie had lorded.

It was clear to me from this discussion and the day's proceedings that the Commission will be looking at providers through the prism of the "Home Like" quality standard. This will challenge the sector as the model calls for an abandonment of a task based focus and a 100% focus on the individual. In practical terms, if a resident wants a care worker to stop and have a chat instead of making the bed then that is what is expected within the new standards. The benefits to residents and clients are clear but implications to organisations are enormous. At a time when funding is short such a change will dramatically strain resources. Managing this expectation within our limited resources will be a significant challenge.

Within the workshops a participant challenged the moderator on the Commission's use of the term "challenging behaviours" to describe behaviours of residents which require management.

It was suggested that such behaviours were the result of unmet needs and the term challenging was a negative term which projected blame on the resident. They preferred to use the term “responsive behaviours”. This discussion was embraced by the workshop and moderator who committed to feeding the information back to the Commission. I think this is an excellent change and I would highly recommend we adopt the term in Alwyndor as it completely changes the focus of how one would view and manage such behaviour.

My impression of the focus of the Commission around the new standards was that initially they were going to be notably looking at two standards;

1. Standard 3. Personal Care and Clinical Care
2. Standard 8. Organisational Governance

The Commission is keen for organisations to have a consumer representative within its governance framework and Ms Christie directly asked me if there was a consumer on the AMC. To meet the new standards I believe we must examine a way we can incorporate consumer representation in the AMC.

When assessing Standard 8 the Commission will be focusing on;

- Risk
- Understanding responsibilities
- Feedback loops and monitoring

Another consideration for boards are insurance implications for providing residents and clients with the levels of risk that the Commission is requiring under Standard 1. Consumer Dignity and Choice.

Regarding the understanding of roles and of good governance a participant directed the workshop to the work of the Innovation Hub which published a paper on “[Effective Governance](#)”. I think this paper could be used as a resource in a review of Alwyndor’s governance.

I found the day extremely informative and beneficial. I valued it also as I had the opportunity to get to know some of our SLT and to see the experience and knowledge they bring to our organisation.