Anglicare SQ Kirami Home for the Aged

Performance Report

12 Banksia Street   
POINT VERNON QLD 4655  
Phone number: 07 4191 2888

**Commission ID:** 5243

**Provider name:** The Corporation of the Synod of the Diocese of Brisbane

**Site Audit date:** 30 August 2021 to 2 September 2021

**Date of Performance Report:** 7 October 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this 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 and representatives and others.
* the provider’s response to the Site Audit report received 24 September 2021.
* Other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives said staff were respectful and kind during their interactions with consumers and valued consumers’ cultural needs, diversity and individuality. They said consumers were supported to exercise choice and to maintain relationships.

Consumers and representatives confirmed consumers were supported to take risks which enabled them to live the life they chose. They said the service provided them with enough information which enabled them to exercise choice regarding their care and services. Consumers and representatives confirmed consumer’s personal privacy was always respected.

Care documentation evidenced assessments were completed in relation to the emotional, spiritual, cultural, social and community needs of consumers. Care plans were individualised to reflect consumers’ needs and choices, including, but not limited to, intimacy, emotional, community, cultural and the social needs and preferences. Care documentation included risk assessments which reflected key areas of risks and strategies developed to ensure consumers were supported to live the best life they could.

Staff understood the individual journeys of consumers, their religious preferences and personal circumstances. The Activities officer advised information regarding consumers’ family connections, religious and cultural beliefs were obtained during initial discussions when consumers entered the service. Staff were aware of consumers’ preferences and how these could be supported. Staff supported consumers to take risks and ensured information was communicated clearly to all consumers including those with sensory or hearing loss and cognitive impairments.

Staff were observed interacting with consumers respectfully, greeting them by name and being discreet when discussing consumers’ needs with other staff.

Consumer feedback in relation to their choices, needs and independence being respected was monitored through consumer surveys and consumer and representative meetings. Menus, activity schedules and other information pertinent to care and service delivery were displayed throughout the service. The resident handbook included the Charter of Aged Care rights and information regarding the organisation’s commitment to protecting consumers’ privacy.

The organisation had a range of policies that guide staff practice, including on topics such as diversity, dignity and risk management. The organisation’s privacy policy provided guidance on the collection, use and disclosure of personal information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives confirmed they were involved in initial and ongoing assessment and care planning processes. Most consumers/ representatives confirmed staff had spoken to them about advanced care and end of life planning.

Consumers and representatives confirmed staff explained relevant information about consumers’ needs and they could access a copy of the consumer’s care plan if this was their preference. They said consumer’s care and services were reviewed regularly, when consumers’ circumstances changed or following incidents.

Care documentation reflected initial assessments were completed by registered staff and captured information regarding the individual needs, preferences and actual or potential risks for consumers. Care planning documentation included information regarding advance care planning and reflected input from other providers of care and services (for example, medical officers and allied health specialists).

The outcomes of assessment and planning were communicated through care plans, case conference records and progress notes which were accessible through the service’s electronic care system. Care information was reviewed regularly, when circumstances changed or in response to incidents.

Staff demonstrated a sound understanding of consumers’ care needs, including their individual preferences and any risks associated with their care.

Management advised end of life planning was discussed with consumers and representatives on entry to the service and during care plan review processes.

Clinical staff confirmed the outcomes of assessment and planning were documented in care plan review and care consultation records and communicated to consumers through telephone calls, face to face discussions and electronic correspondence.

The service had clinical guidelines and policies and procedures relevant to this standard to guide staff with assessment and planning. These included assessment and care planning, referral processes, and palliative care and advance care planning.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives reported they received the care they needed which was safe and right for them. They gave various examples of how staff ensured the care provided to consumers was right for them.

They expressed confidence in the service’s ability to support their end of life needs and information regarding their individual needs and preferences was effectively communicated. They confirmed consumers could access other relevant health professionals including, but not limited to, allied health professionals, medical specialists and other external specialist services.

Care documentation for consumers who required restrictive practices reflected informed consent, monitoring, assessment and authorisations had been completed. Wound documentation was completed by Registered nurses and included information to reflect wounds were appropriately managed and monitored regularly.

Care documentation evidenced consumers with chronic pain or changes in their pain management needs, were provided with both pharmacological and non-pharmacological pain management interventions which were effective.

Care planning documents were individualised and reflected the identification of, and response to, changes in the consumer’s condition and/or health status. Clinical records reflected referrals to and input from Medical officers and allied health professionals such as physiotherapists, speech pathologists, dieticians and other health services.

Care documentation demonstrated effective strategies to manage key risks related to personal and clinical care of each consumer. Staff identified the highest prevalence risks for different cohorts of consumers.

Care planning documentation reflected the needs, goals and preferences of consumers receiving end of life care. Clinical records demonstrated consumers were monitored regularly by Registered nurses and changes in their conditions were recognised and responded to in a timely manner.

Care documentation and handover information was detailed and included enough information to support the effective and safe sharing of consumers’ needs and preferences.

Staff said they were guided by organisational policies and procedures to ensure care delivered was best practice. Management advised restrictive practices and psychotropic medications were monitored regularly and minimised where possible. Staff implemented strategies to minimise the use of restrictive practices.

Staff were aware of the key clinical and personal care risks for individual consumers and management strategies recorded in their care plan. Staff could access information regarding consumer’s end of life preferences and applied interventions which effectively managed the comfort of consumers requiring end of life care.

Care staff were familiar with the service’s escalation processes when changes or clinical deterioration was identified in consumers’ conditions. Staff confirmed clinical and care staff, Medical officers and allied health professionals could access consumer’s care documentation when required.

The service had established processes to ensure infection-related risks were minimised. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service’s infection control practice lead monitored the infection control practices of staff and the service’s preparedness for an outbreak.

The organisation had a range of policies and procedures relevant to this Quality Standard to guide staff practice. Clinical indicators were monitored and reported at monthly meetings at both service and organisation levels.

Registered nurses were available 24 hours per day to support staff and monitor care provided to consumers receiving end of life care.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Most consumers and representatives said consumers felt supported and were able to do things they enjoyed doing. Consumers confirmed staff were kind and caring and supported their emotional and spiritual needs. Most consumers expressed confidence in the service’s ability to support their participation in the community.

Consumers and representatives provided positive feedback in relation to the activities offered by the service and how the service supported consumes supported to maintain social and personal relationships. Consumers and representatives felt confident information regarding their needs and preferences was communicated effectively between those responsible for their care. They provided positive feedback in relation to the variety, quality and quantity of meals provided by the service.

Care planning documentation included information on each consumer’s likes, dislikes, nutritional requirements or preferences, activities of interest and who is important to the consumer such as close family contacts. Care information reflected services and supports implemented by staff promoted the emotional, spiritual and psychological well-being of consumers.

Information regarding consumers’ conditions, needs and preferences were communicated within the organisation through care plan information, electronic alerts, handover and focus groups and consumer/representative meetings. Care planning documentation reflected referrals to individuals, other organisations and providers of other care and services had occurred.

The Lifestyle manager said activity suggestions received form the lifestyle focus group contributed to the development of the service’s activities calendar. Examples of popular activities enjoyed by consumers included seated exercises and bus trips and one on one activities for consumers who did not want to participate in group activities.

Several external groups visited the service regularly including, but not limited to, church groups, pastors, the local Returned Services League, legacy, community volunteers and a local men’s social club.

Care staff supported consumers’ emotional, spiritual and psychological needs and utilised electronic devices to ensure connections between consumers and their families and representatives were maintained. Staff had a shared understanding in relation to consumers’ individual preferences, community connections and relationships of importance.

The Cook confirmed the menu was seasonal however, meals could be changed to suit climates and a food focus group is held each month which influenced the choice of meals provided. Meal plans were provided to consumers and included alternative meal options.

Staff had a shared understanding regarding the service’s equipment reporting processes and confirmed equipment maintenance issues were rectified by maintenance staff in a timely manner. Equipment used to support consumers’ independence, such as walking aids and wheelchairs, were observed to be suitable, clean and well-maintained. Maintenance documentation evidenced reactive and preventative equipment maintenance and monitoring was completed.

The organisation had a range of policies and procedures relevant to this Quality Standard to guide staff practice.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Most consumers said they felt at home and identified no concerns in relation to maintenance services or the quality of furnishings. However, some consumers raised concerns with the cleanliness of the memory support unit within the service, due to an ongoing presence of malodour.

The service environment in the memory support unit was not clean, well-maintained or comfortable. The outdoor area of the memory support unit was hazardous and predisposed consumers to an increased risk of falls. Consumers residing in the memory support unit were not able to move freely between indoor and outdoor areas. Staff confirmed the malodour in the memory support unit was persistent.

Monitoring processes were ineffective in identifying deficiencies in the cleanliness of the service environment including furniture and outdoor areas. Furniture in the memory support unit was not safe, clean or well-maintained or suitable for the use of consumers.

While some consumers were not satisfied with the cleanliness of the service environment, consumers stated they felt safe at the service and their visitors were welcomed by service staff.

The Quality Standard is assessed as Compliant as one of the three specific requirements have been assessed as Non-compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The service environment was observed to be unsafe, clean, well maintained or comfortable. It did not enable consumers who resided in the memory support unit to move freely, both indoors and outdoors.

While most consumers provided generally positive feedback, some consumers raised concerns with the malodour in the memory support unit. Care staff rostered regularly in the memory support unit confirmed the malodour was always present in the top and bottom section of the corridor including the dining area. They raised concerns with consumers urinating in the dining room area of the memory support unit.

Cleaning schedules did not evidence additional cleaning had been allocated to address the uncleanliness and malodourous service environment. Staff advised the service was trialling new fragrance dispensers. The Assessment Team noted on the last day of the site audit, the malodour had decreased.

The outdoor areas of the memory support unit had several potential hazards predisposing consumers to a higher risk of falls including, incomplete yellow safety line marking on pathways, overhanging plants which obstructed the visibility of the yellow safety line marking, uncontrolled weed growth between the concrete walkway and synthetic turf, uneven heights between the garden and the concrete path and a leaking tap which resulted in pooled water in a trafficable area. Power outlets were not consistently covered in the dining room of the memory support unit. Further to this, the dining area, surrounding walkway and tinted windows appeared to be poorly maintained.

The shaded communal seated area in the memory support unit was not clean, outdoor furniture was stained, torn and poorly maintained. One of the two internal exits within the memory support unit was locked which prevented consumers from moving freely through this exit. Consumers were observed trying to access the outdoor area through this exit during the site audit, however they were unsuccessful. Staff confirmed the secondary exit door within the memory support unit was usually locked.

The approved provider in its response states the service has planned and commenced actions to address some of the deficiencies identified regarding the service’s environment of the memory support unit during the site audit.

Improvement actions included:

* the completion of a monthly environmental audit
* the removal of weeds
* the application of additional yellow safety line marking to walkways
* the application of additional soil and mulch to the walkway garden beds to ensure the pathway and garden heights were even
* additional pressure cleaning of the windows and surrounding areas within the outdoor shaded area
* the removal of poorly maintained outdoor furniture
* the preventative maintenance schedule was changed to reflect an increase in the cleaning of the outdoor shaded area from monthly to weekly.

Further to this, the approved provider advised the exit doors to the garden area were reviewed to ensure consumers could move freely both indoors and outdoors.

In relation to the malodour in the memory support unit, the approved provider states in its response, prior to the site audit, the service had installed additional automatic fragrance dispensers, increased the frequency of cleaning in the area of concern and was treating the smell with a new cleaning product.

In relation to deficiencies identified by the Assessment Team, the approved provider in its response states the service had previously identified these issues associated with the service environment within the memory support unit prior to the site audit. These included quotes to rectify window tinting and internal painting to defected areas of the dining room which has been scheduled for the 27 and 18 October 2021.

The approved provider in its response included meeting minutes from 16 March 2021 which demonstrates the service’s plan to rectify deficiencies identified in the service’s living environment.

While I acknowledge the approved provider’s response and the actions taken by the service during the site audit and further actions planned to address the service’s environmental deficiencies, at the time of the site audit the service was not safe, clean, well-maintained and comfortable or enabled consumers to move freely both indoors and outdoors.

Therefore, it is my decision this Requirement is non-compliant.

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. 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.

### Organisation statement:

1. 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.

## Assessment of Standard 6

Consumers and representatives confirmed they were aware of how to provide feedback or make a complaint. Consumers and representatives described the various mechanisms available to them should they wish to make a complaint or provide feedback. They confirmed management were responsive to their concerns and had applied an open disclosure to resolve their concerns.

Management said the organisation welcomed and valued feedback and staff were supportive of consumers who wanted to lodge complaints. Further to this, complaints were recorded in the organisation’s electronic database, acknowledged, investigated, and reviewed by management. Actions were developed to address concerns raised and to ensure complaints were resolved to the satisfaction of consumers.

Information regarding complaints, advocacy and language services were available in the consumer handbook and brochures located throughout the service. Consumer and representative meetings provided consumers with opportunities to raise issues with management and discuss actions taken by the service to address concerns raised.

The organisation’s policies included open disclosure and quality risk safety improvement. Complaints from consumers and representatives were recorded in the service’s quality risk safety system and actioned by management.

The service’s plan for continuous improvement demonstrated improvements are implemented in response to feedback, complaints and other mechanisms to improve the quality of care and services.

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

## Assessment of Standard 6 Requirements*.*

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives expressed confidence in staff’s abilities and care and services were delivered by staff who were knowledgeable, capable and caring. However, most consumers and representatives consistently reported there was insufficient staff to deliver timely care and services and raised concerns in relation to frequent delays in their requests for assistance.

Review of information by the Assessment Team identified most staff were concerned with staff shortages and provided examples of how this impacted their abilities to deliver care aligned with consumers’ needs and preferences.

The service implemented several improvement activities to ensure the workforce was competent and had the qualifications, knowledge and skills to effectively perform their roles.

Staff had access to a range of education and training programs via the service’s online learning platform and face-to-face training sessions. Staff were required to complete annual mandatory training modules as a requirement of their role. Performance assessment processes occurred annually and at three months following the conclusion of probationary periods.

While the organisation had processes to ensure the workforce was adequately trained, recruited, competent and supported in their roles, the service was unable to demonstrate the workforce was planned and sufficient to enable the delivery and management of safe and quality care.

The Quality Standard is assessed as Compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The service did not demonstrate the workforce was planned to enable the delivery and management of safe and quality care and services.

Consumers and representatives expressed concerns with the adequacy of staff, which impacted care delivery. Consumers experienced delayed responses to their requests for assistance with personal hygiene, grooming, continence management, mobility and nutrition.

Staff raised concerns with staff shortages and confirmed this had impacted consumers care. Staff confirmed delays were frequently experienced in relation to consumer’s request for assistance with repositioning, nutrition and hydration, continence management and general care needs. Care and support services staff said they felt stressed and overworked. Staff advised they had raised these concerns with management however, their attempts were unsuccessful.

Staff meeting minutes from 21 April and 22 July 2021 reflected staff’s dissatisfaction with staff shortages and indicated excessive sick leave had occurred. Consumer meeting minutes from January and February 2021 reflected concerns named in relation to delays in call bell response times and staffing insufficiencies were raised by two named consumers.

Call bell response time data confirmed call bells were not consistently responded to in a timely manner. Care documentation for one named consumer, indicated regular repositioning had not been completed between 12 August and 1 September 2021 in accordance with their assessed needs.

Rostering documentation for the two weeks preceding the site audit, reflected 15 shifts were not replaced by the service. While the approved provider in its response refutes the Assessment Team’s finding in relation to the replacement of unfilled shifts, evidence to demonstrate these shifts were replaced were not provided to the Commission.

The approved provider in its response acknowledges the service received three resignations in the month preceding 17 September 2021 resulting in additional pressure on the service’s workforce and roster. Further to this, the approved provider advised that Clinical nurse roles are utilised to support clinical care when rostered shifts could not be replaced however, evidence to demonstrate this occurred was not provided to the Commission.

The approved provider in its response refutes the Assessment Team’s findings and states the service has several processes and strategies to ensure the workforce is planned to enable, the delivery and management of safe and quality care and services. These include workforce planning, ensuring average care hours per consumer per day meet industry standards, not utilising agency staff or service staff who work across multiple aged care services and risk management strategies.

While I acknowledge the approved provider’s response, at the time of the site audit, the service was not planned to ensure the delivery and management of safe and quality care and services.

Therefore, it is my decision this Requirement is non-compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Actions have been taken to improve the performance of the service in this requirement, following the decision of non-compliance at the assessment contact on 1 December 2020.

Consumers and representatives felt staff were qualified and had the knowledge and skills to provide safe and quality care and services to meet their needs and preferences.

Management described various strategies and improvements made at both a service and organisational level, including:

* the inclusion of wound care in the organisation’s yearly learning and development calendar.
* making resources, quick reference guides and fact sheets in relation to the prevention and treatment of pressure injuries accessible for staff.
* the addition of wound care to the organisation’s clinical and care governance reference group meeting agenda.

Training records confirmed staff were provided with training in relation to pressure injury and wound prevention, recognising changes in consumers’ clinical conditions and wound assessment in January 2021. Registered staff were provided with a virtual wound training session by an external facilitator in February 2021. Staff confirmed they had undertaken online and face to face training in relation to wound care which they found useful.

The service’s plan for continuous improvement reflected planned improvement actions had been completed.

I am satisfied the actions taken by the service have addressed the deficiencies identified in the previous assessment contact.

Therefore, I find this Requirement compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Most consumers considered the organisation was well run and said they could partner in the improvement of the delivery of care and services.

The organisation’s governing body promoted a safe and inclusive culture and were accountable for the delivery of safe and quality care and services.

Policies, procedures and risk management systems were in place to guide staff practice ensuring the safe and effective delivery of care and services.

The service reported to the Board each month, who reviewed and monitored organisational risks; however, the service’s governance systems were ineffective in addressing deficiencies in relation to regulatory compliance.

The service had risk management practices to ensure the identification and response to allegations of elder abuse, mandatory reporting under the Serious Incident Response Scheme legislation and supporting consumers to live the best life they can. The organisation had an effective incident management system which included reporting of incidents within the Serious Incident Response Scheme criteria and mandatory timeframes. Most staff had completed mandatory training in relation to the Serious Incident Response Scheme.

The organisation had policies for antimicrobial stewardship, minimising the use of restraint and open disclosure to guide staff practice. Staff had a shared understanding in relation to these policies and how these related to their roles.

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the service did not have effective organisation wide governance systems in relation to regulatory compliance.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Non-compliant

*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.*

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

Consumers and representatives did not raise any concerns in relation to the management of information pertinent to consumer’s care and services. Information was readily accessible within the organisation’s information management systems which supported staff to undertake their roles. The service had systems and processes to track, monitor, record and store information which were generally effective.

However, the organisation’s governance systems in relation to the monitoring of mandatory national police checks for staff were not effective. A review of the service’s documentation indicated the service was unable to provide evidence to confirm national police checks had been completed for four staff working at the service. Management confirmed the service’s national police check register had not been updated and two staff were on extended leave during the site audit. While management had requested national police checks from the organisation’s human resource department during the site audit, these were not provided to the Assessment Team.

The approved provider advised in its response, that the service’s organisation development team was responsible for the monitoring of national police checks. Further to this the approved provider advised, the service’s electronic systems initiates electronic mail reminders which are sent to staff and managers in relation to pending national police certificate expiry dates.

The approved provider in its response refutes the Assessment Team’s findings and states the service’s national police check register reflects 100 per cent compliance however, information to evidence this was not provided to the Commission.

Therefore, it is my decision this Requirement is non-compliant.

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* The service environment is required to be clean, safe and well maintained and comfortable for consumers.
* The workforce is required to be sufficient to deliver safe and quality care and services.
* Effective organisation wide governance systems relating to regulatory compliance.