Marco Polo Aged Care Facility

Performance Report

70 Waples Road
UNANDERRA NSW 2526
Phone number: 02 4272 7700

**Commission ID:** 0560

**Provider name:** Marco Polo Aged Care Services Limited

**Site Audit date:** 4 February 2020 to 7 February 2020

# 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** | **Non-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) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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/representatives and others
* the provider’s response to the Site Audit report received 6 March 2020

# STANDARD 1 COMPLIANTConsumer 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

All sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Consumers and representatives interviewed spoke highly of care staff and confirmed that they treat them with respect and dignity.
* Consumers interviewed confirmed that the service values their culture and diversity, and care and services are generally culturally safe*.*
* Consumers provided positive feedback about being supported to exercise choice and independence including to make and communicate decisions about their care and services*.* Consumers interviewed confirmed they receive care and services in accordance with their preferences.
* Consumers interviewed confirmed that the service respects their privacy and staff knock and wait for an acknowledgement before entering their rooms.
* A consumer and representative interviewed regarding the service’s additional services schedule and fee said that the information provided about the additional fee was not clear or easy to understand.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

* Staff interviewed spoke about consumers respectfully and with regard for their identity, culture and diversity.
* Staff interviewed were able to describe how they have or would support consumers to take risks to enable them to live the best life they can.
* Care planning documents reviewed reflected what is important to the consumer and provided detailed information about consumer’s preferences and decisions regarding care and services.
* The information regarding the additional services schedule and fee is not communicated by the service in a way that is clear, easy to understand and enables consumers to exercise choice.

The Quality Standard is assessed as Compliant as all 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.

In general, the service is providing and communicating information to consumers in a way that enables them to exercise choice. While, the Assessment Team identified through interviews with consumers that the information they have been provided about the additional services fee was not clear to them, consumers were provided with the ability to opt of these services. In addition, the service has since reviewed the additional services fee, While the service has committed to disseminate additional information to consumers about the fee, the information would benefit from further clarity about consumer’s rights in relation to those fees.

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

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

# STANDARD 2 NON-COMPLIANTOngoing 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

Overall sampled consumers or their representatives confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

* Consumers or their representatives said they are kept well informed and contribute to the consumer care plan.
* Consumers or their representatives interviewed confirmed they are informed about the outcomes of assessment and planning and most said they have ready access to their care plan if they wish. Some representatives confirmed they have copies of the care plan.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

* The review of assessments and care plans shows input from consumers or their representatives to address specific needs and preferences in most cases.

While consumer care plans address consumer’s specific needs and preferences in most cases, in some cases the current needs are not identified and addressed for all consumers sampled. When there are changes in the circumstances for consumers, this does not always lead to a review of care and services to ensure they meet the consumer’s changed needs.

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

While the needs, goals and preferences of consumers nearing the end of life are identified and met, with most assessments and care planning individualised to reflect each consumer’s needs, goals and preferences, the information contained in care plans is not always current. While information in assessments and care plans for the consumers sampled, is not always complete or does not contain adequate detail, the majority of care planning and assessment reflects the consumer’s current care needs, goals and preferences.

Staff interviews confirmed that the service’s bowel management program is the same for all consumers and is not individualised in accordance with their assessed needs. However, the service has commenced education with staff regarding appropriate bowel management with close monitoring of bowel management occurring by the care manager.

### 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) Non-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.

Care plans are reviewed regularly by registered nurses as noted through interviews with staff. Although the service has noted changes to consumer’s pain, mobility and skin integrity in individual documents for the consumers sampled, the service has not demonstrated that they are reassessing whether the care and services provided as a whole for that consumer are still effective in meeting the needs, goals and preferences when circumstances change.

# STANDARD 3 NON-COMPLIANTPersonal 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

Most sampled consumers and/or their representatives consider that consumers receive personal care and clinical care that is safe and right for them.

For example:

* Consumers and/or their representatives generally spoke highly of the staff and their ability to provide appropriate care to consumers.
* All consumers/representatives said there is adequate and timely access to medical officers and other health professionals as required.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

* While there are assessment and care planning processes in place, they have not been effective in ensuring positive consumer outcomes for all consumers sampled.

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and well-being. Deterioration or changes in condition have not been identified and escalated for review for all consumers and the use of chemical restraint has not been adequately identified and managed. It was demonstrated that staff adhere to appropriate infection control practices, however during an outbreak, pathology testing to establish a causative agent has not occurred. In relation to antimicrobial stewardship, policy and procedures have been introduced at the service to reduce the risk of increasing resistance to antibiotics, however this has not been fully implemented at the time of this performance assessment.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.

While consumer feedback was positive in relation to this Requirement and staff interviewed articulated processes to ensure early identification of risks and clinical oversight, the Assessment Team’s review of the service’s performance against the Standards revealed that this process is not always effective. In addition, while a revised pain management procedure has been distributed to registered nurses, this has not resulted in monitoring of pain that is tailored to the consumer’s changed needs.

A review of care and services documentation shows that for the consumers sampled, care is either not tailored to the needs, not delivered in accordance with best practice or optimises their health and well-being. While the service has implemented some improvements since the last audit, there I evidence that some consumers are not comprehensively re-assessed following their return from hospital, pain is not consistently monitored when their needs change, or assessments are incomplete.

While the service is developing organisation specific clinical procedures and competency based professional development to improve the delivery of clinical and personal care to consumers, these improvements were not in place during the audit.

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

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

Care plans document some high prevalence and high impact risks for consumers, however interventions to minimise risk are not always identified or managed effectively. For the consumers sampled by the Assessment Team, documentation reviewed shows that risks associated with their care have not been adequately addressed in relation to chemical and physical restraint, pain management, falls prevention and behaviour management. For example, while organisation policy and procedure for managing behaviours of concern directs registered nursing staff to use behaviour monitoring charts to monitor behaviour, interventions or evaluations that have occurred are not routinely occurring for all consumers sampled. Chemical restraint is not being accurately identified by the service as seen in the service’s
self-assessment tool regarding psychotropic medications, and there is not an effective process for managing and/or minimising the use of chemical restraint. While the service has achieved some reductions in the use of psychotropic medications and/or their dose, the Assessment Team found that the review process used was not based on comprehensive assessment of the consumer’s behaviours or their need for the medication.

While the service is developing several processes to address these concerns, this was not in place at the time of the audit.

### 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) Non-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.

Staff interviewed were able to articulate what they do when they see a change in a consumer’s condition or function, including that registered nurses complete a report across all shifts to highlight any consumers whose condition has deteriorated. However, the Assessment Team’s review of care planning documentation for a sample of consumers showed that processes for the escalation and response for three consumers with deterioration was not effective. One consumer was not reviewed in a timely manner after it was found that their bowel management program was not effective, the other consumer’s condition deteriorated however clinical monitoring did not occur in response and for the other, there was a delay in treatment of an infection.

While the service’s care manager is noted to be actively reading all consumer progress notes daily to ensure increased oversight of consumer’s who may deteriorate and has a plan to improve staff competency, further work is required in order for the service to meet this Requirement.

### 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) Non-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.

The service has demonstrated an improvement in the timely reporting of infectious outbreaks compared to prior outbreaks, as well as better coordination of immediate control measures to control the spread of infections. In addition, staff interviewed were also aware of standard infection prevention procedures. While the service has advised that the NSW Public Health Unit did not advise them to collect species to identify the source of a gastroenteritis outbreak at the service, the Assessment Team noted that the service did not evaluate the effectiveness of their infection control strategies, other than to reflect on the fact that the infection did not spread widely throughout the service.

While the service’s infection control policy and procedure (including the service’s approach to anti-microbial stewardship), does not require pathology testing to occur prior to the commencement of antibiotics, testing is a key component of antimicrobial stewardship. In addition, the assessment team’s review of the service’s care records, does not show that registered nurses are discussing with the medical officer whether antibiotics are appropriate for the consumer’s condition.

# STANDARD 4 COMPLIANTServices 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

Overall sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do.

For example:

* Consumers interviewed confirmed that they are supported by the service to do the things they like to do. The service has connections with the local community. They have volunteers and an activities program that support consumers to lead the best life they can.
* Consumers interviewed confirmed they are supported to keep in touch with people who are important to them and described various ways they stay in touch, including family visiting, engagement with the local community, telephone calls and outings.
* Consumers interviewed advised that they like the food provided at the service. Consumers expressed that the catering staff are receptive to their feedback and preference for meals.
* The Assessment Team found that consumers provided positive feedback in relation to services and adequacy of supports for daily living. They were especially complimentary about support for them to participate in a range of lifestyle activities, including bus outings and engaging in meaningful activities with the local community.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The Quality Standard is assessed as Compliant as all 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 COMPLIANTOrganisation’s services 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

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed that they feel safe at the service. They said the staff are very good and are satisfied with the care they receive. Consumers and representatives felt satisfied that staff have the skills and knowledge to manage consumers with challenging behaviours.
* Consumers interviewed said they are happy living at the service. They confirmed that their visitors are made to feel welcome and there are plenty of areas they can meet in privacy and comfort. Consumers confirmed that following their request for additional outdoor furniture, this has been provided. Consumers are encouraged to go outdoors and there are small outdoor areas that are private to host visitors.
* Consumers confirmed that the service is always kept clean and well maintained. Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

* The Assessment Team observed the environment was welcoming and provided areas for consumers to interact and to have quiet time. The environment is safe, clean, well maintained and comfortable. The environment enables consumers to move freely, both indoors and outdoors. Furniture, fittings and equipment are safe, clean, well-maintained and suitable for consumers. The recent renovations at the service have greatly improved the aesthetics of the internal and external environment for consumers.

The Quality Standard is assessed as Compliant as all three specific requirements have been assessed as 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) Compliant

The service environment:

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback 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

Most consumers sampled consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers interviewed said that if they had a complaint, they would raise it with staff and were confident staff would help them with their complaint. One consumer also identified the residents’ meetings as a way to provide feedback to the service.
* Feedback from consumers and representatives was mixed about appropriate action being taken in response to complaints. While representatives who had recently raised issues were generally satisfied with the service’s response, other representatives were not confident that their feedback and complaints are actioned or lead to change.
* While not all consumers and representatives were aware of advocacy services, language services and other methods for raising and resolving complaints, the service had written materials promoting this information and included details in consumer admission documentation.
* Consumers interviewed were not able to identify a change made at the service as a result of consumer feedback or complaints.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

* The service has a method for consumers and representatives to provide confidential feedback.
* The service has a comments and complaints policy that includes the open disclosure process and staff interviewed have a sound understanding of open disclosure.
* The service did not demonstrate how improvements are driven or informed by consumer feedback. Feedback and complaints raised by consumers and representatives are actioned appropriately on an individual level, however the Assessment Team could not identify how this feedback is used to identify trends or improve the quality of care and services at a service level.

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

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

While the service has made improvements, particularly to the service environment over the last six months, it was unclear how these improvements were driven of informed by consumer feedback. Several consumers were unable to identify a change that had occurred as a result of their feedback. In addition, management were unable to identify how feedback provided from consumers about not having enough quiet spaces was received following the service’s resolution of this matter. Feedback and complaints raised by consumers and representatives through talking to staff or through resident surveys are actioned appropriately on an individual level. However, the Assessment Team could not identify how this feedback is used to identify trends or improve the quality of care and services at a service level.

The service has undertaken to provide further education to staff regarding complaint management to ensure all complaints are acknowledged, responded to in a timely manner and feedback provided. In addition, the service has made improvements to identify trends in complaints data that will in turn help inform continuous improvement at the service.

# STANDARD 7 NON-COMPLIANTHuman 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

Most sampled consumers indicated they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Most consumers provided positive statements regarding staffing and said they don’t need to wait long when they use the call bell.
* Consumers provided positive feedback about staff at the service. They confirmed that most staff are kind and caring. Comments included “staff are friendly, willing to help and are lovely caring people.”

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

* The workforce number is planned to enable adequate staffing level. Staff were observed to be kind, caring and respectful. Staff are supported with training and monitored for their competence in their roles.

The service is in the process of restructuring its organisation to enhance clinical governance. However, review of performance against the Quality Standards undertaken during this performance assessment demonstrates that these activities have not been effective as yet in ensuring staff have the necessary knowledge and skills and are not effectively supporting staff to deliver the outcomes required by these standards, specifically in relation to Standards 2 and 3.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.

### 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) Non-compliant

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

The majority of consumers interviewed felt confident that staff are skilled enough to meet their care needs and a review of documentation showed that staff are adequately qualified and licensed to undertake their roles. In addition, management were able to describe the systems in place to ensure staff competency, including audits and reviews by the Learning and Development Team to identify knowledge gaps to inform training needs. However, the Assessment Team’s identification of gaps in the delivery of care under Standards 2 and 3 would that suggest there are deficiencies in staff competency. For example, the Assessment Team identified that staff do not demonstrate they have the knowledge to ensure best practice clinical care is delivered and high impact and high prevalence risks are identified and managed.

While the service has progressed a new corporate structure and a series of projects to address issues previously raised by the Board and service management, these improvements were not in place at the time of the audit.

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

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

The service has an extensive education and training program in place to train and equip staff to deliver the outcomes required by the standards. While the Assessment Team has identified gaps in the service’s performance against the Aged Care Quality Standards, I have addressed this under Standard 7, Requirement 3(c).

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

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

# STANDARD 8 NON-COMPLIANTOrganisational 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 interviewed indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* The majority of consumers interviewed confirmed that the service is well run and that management communicate effectively with them.
* Feedback from consumers is sought though meetings, surveys and feedback forms. Consumers confirmed that they are aware of how to provide feedback and that management address concerns in a timely manner.
* Board members attend the service at least two days per week. They interact with consumers to ensure that their needs are met effectively.
* The service has policies and procedures in place for clinical governance and to meet legislation. However, these policies and procedures are not always followed and at times this has had an impact on consumers. The service does not adhere to legislation or guidelines in regard to record keeping of mandatory reporting of elder abuse, minimisation of restraint and antimicrobial stewardship.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The organisation has systems for organisation governance in place. However, some of these systems, as noted above, have not been effectively implemented at this service.

The Quality Standard is assessed as Non-compliant as two 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) 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 Assessment Team identified that the service has governance systems in place, however also identified that there are gaps in the service’s implementation of these systems in practice. I have addressed these matters in my findings elsewhere under this Standard and under Standards 6 and 7. I would note that the service would benefit from a review of the *Records Principles 2014* regarding record keeping in relation to reportable assaults.

### Requirement 8(3)(d) Non-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.

While the organisation has a documented risk management framework, including policies regarding high impact and high prevalence risk, the abuse and neglect of consumers and how to support consumers to live the best life they can, some staff were unable to articulate what these policies meant for them. This was evident in relation to gaps identified in the service’s identification of high prevalence risks and impacts, including the use of chemical restraint and its impact on consumer’s ability to live the best life they can. In addition, in identifying and responding to the abuse and neglect of consumers, a consolidated register of reportable assaults was not evident. The service has acknowledged this error and his since rectified it. In addition, the service is developing a process to ensure improved clinical governance.

### Requirement 8(3)(e) Non-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.

The service has a documented clinical governance framework and policies regarding open disclosure, minimising restraint and antimicrobial stewardship. Although managers and staff were able to articulate an example evidencing the effective implementation of its policies regarding open disclosure, this was not evident in relation to anti-microbial stewardship and the appropriate use of restraint.

The service has planned to deliver further education on antimicrobial stewardship in 2020 and will continue training on chemical restraint.

# 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.

* Standard 2, Requirement 3(e): you must put processes in place to capture changes in consumer’s care, such as when they return from hospital to ensure that information about their care is effective, correct and consistent.
* Standard 3, Requirement 3(a), (b) and (d): you must test staff understanding of high risk/high prevalence risks and deterioration of consumer condition and how this impacts the delivery of tailored, optimal and best practice care in relation to chemical restraint, pain management and continence (specifically bowel) management.
* Standard 3, Requirement 3(g) and Standard 8, Requirement 3(e): you must review best practice regarding antimicrobial stewardship, including the need for pathology testing prior to the commencement of antibiotics. You must test staff understanding of antimicrobial stewardship.
* Standard 6, Requirement 3(d): you must take appropriate action in response to complaints and train staff in the importance of open disclosure. You must provide the Commission with an updated copy of your comments and complaints register, including how complaints raised in the 3 months following this decision have been resolved and how these complaints have been used to improve care delivery at the service.
* Standard 7, Requirement 3(c): you must:
	+ undertake an internal audit of clinical progress notes to identify if the new clinical performance development plans for registered nurses result in a material change to clinical notes written.
	+ improve staff competency through training, and test their knowledge via competency assessments, observation and consumer feedback. Where gaps in competency is identified you must undertake a performance review with staff.
	+ provide the Commission with an update regarding the plan to address staffing matters including improving staff skills once discussed by the Board in late March 2020.
* Standard 8, Requirements (e): you must provide the Commission with an update regarding the training delivered on minimisation of the use of restraint and an assessment of staff and management’s competency of contemporary restraint practices.