Palm Lake Care Bethania

Performance Report

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Bethania QLD 4205  
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**Commission ID:** 5377

**Provider name:** Palm Lake Care Operations Pty Ltd

**Site Audit date:** 30 November 2021 to 3 December 2021

**Date of Performance Report:** 7 January 2022

# Performance report prepared by

Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner.

# 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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | 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** | **Compliant** |
| Requirement 7(3)(a) | 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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality 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 22 December 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 said staff were kind, treated them with dignity and made them feel respected and valued as an individual. Consumers and representatives felt consumers were supported to exercise choice and independence in relation to their care and services. They were encouraged to maintain connections and relationships and supported to take risks to live the life they chose.

Consumers and representatives said they received enough information regarding their care and services through service newsletters, noticeboards, meetings and interactions with staff. Consumers felt their privacy was respected and their personal information was kept confidential by the service.

Care documentation reflected individualised information in relation to consumers’ backgrounds and their cultural and religious preferences. Risk assessments were completed for consumers whose preferred to participate in risk-based activities.

Staff had a shared understanding regarding consumers’ cultural and religious backgrounds and how this influenced the care they provided. Staff confirmed consumers were supported to exercise choice through consumer and representative meetings, daily discussions with staff in relation to meals, activities and the service environment.

Staff discussed risk taking activities with consumers which were assessed in consultation with consumers and health professionals. Resources were accessible for staff to support the communication needs of consumers including those with hearing impairments or for whom English was their second language.

Staff had a shared understanding of ways they could respect the privacy of consumers ensured their personal information was kept confidential.

Staff received training in relation to respectful and dignified care. Organisational policies in relation to diversity, assessment and care planning, risk management and privacy and confidentiality were available to guide staff practice. Organisational documents including the strategic plan, reflected the service’s commitment to equality, diversity and customer centred care.

Assessment and planning procedures emphasised the importance for consumers to exercise choice in relation to their care and services. The consumer handbook included information regarding consumer choice, decision making and risk management. Noticeboards were observed to display information regarding menu options, activities and the Aged Care Quality Standards during the site audit.

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 said assessments and care plans were completed in consultation with them and other health professionals involved in the provision of care. They said staff were aware of what was important to them and confirmed the service had discusses advance care planning with them.

Care planning and assessment documentation reflected risks to the health and well-being of consumers were identified and information regarding those involved int eh provision of care and services. Care plans were accessible by staff on the service’s electronic management system and copies were offered to consumers and representatives as part of the service’s care plan review processes. Care plan documentation reflected the review of care plans had occurred regularly and when circumstances changed.

Registered staff had a shared understanding in relation to the service’s assessment and review processes which occurred every three months or when changes in the needs, goal and preferences of consumers were identified. Staff were aware of what was important to consumers including their needs, goals and preferences for personal, clinical and end of life care. Registered nurses involved allied health staff in the service’s planning and assessment processes and following incidents including, but not limited to, pain management and falls.

Staff were informed of changes in the needs and preferences of consumers through handover discussions, face to face conversations, care plan information and electronic messages. Registered staff confirmed assessments, care plans and progress notes were reviewed in consultation with consumers and their nominated representatives, to identify any emerging concerns and to ensure their needs and preferences had been addressed.

Organisational policies in relation to assessment and planning including advance care planning and end of life care were accessed by staff to guide their practice. Evidence based assessment tools were completed by registered staff who confirmed they had received additional training in relation to assessment and planning processes. The service had established monitoring processes to ensure assessment and planning review processes were completed in line with the service’s policy.

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 consume.*

# STANDARD 3 NON-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/representatives said they feel consumers care is safe and right for them and staff respond promptly to any changes in their condition. However, the service was unable to adequately demonstrate that consumers received effective personal and clinical care that they need specifically in relation to falls management, complex care management and clinical oversight and monitoring mechanisms at the service.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. For example, for consumers who are at risk of falling staff explained strategies implemented to minimise this risk such as sensor mats and frequent visual observations.

Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover, documented handover sheets and via the service’s electronic care documentation system. However, the Assessment Team identified care documentation does not consistently provide adequate information about the consumer’s condition, needs and preferences to guide staff delivery of care.

Review of care planning documents detailed consumers’ advance care planning information and end of life preferences. Consumers/representatives said end of life and palliative care preferences had been discussed with them by the staff at the service and Staff demonstrated awareness of the process for end of life care and consumer/representative preferences.

The service has policies to guide staff in delivering care related to high impact and high prevalence risks for consumers and has policies and processes related to recognising and responding to clinical deterioration, referrals and palliative care needs.

The service has policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19.

Review of consumer care planning documentation identified consumers who are subject to chemical and mechanical restrictive practice/s had appropriate assessment, authorisations and consents completed; behaviour support plans identified alternative strategies to be used prior to the implementation of the restrictive practice; and regular restraint usage monitoring and evaluation is completed.

The Quality Standard is assessed as Non-compliant as two 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 consumers and representatives generally expressed satisfaction that consumers received care and supports that they need, the Site Audit report provided information the service was not consistently monitoring some consumers with personal and clinical care needs in relation to fall management and diabetes management; and staff were not following best practice guidelines as documented in the service’s clinical policies and procedures.

The Site Audit report provided information which identified:

* Consumers are not consistently monitored post fall, including recording of neurological observations for consumers who had experienced an unwitnessed fall in accordance with best practice guidelines ‘Preventing Falls and *Harm from Falls in Older People Best Practice Guidelines for Australian Residential Aged Care Facilities 2009’*.
* Ineffective management of complex care needs including diabetes management and Staff did not consistently follow care directives provided by the Medical Officer and Occupational Therapist.
* Ineffective clinical oversight and monitoring mechanism at the service to ensure each consumer gets safe and effective personal and clinical care.
* Wound care documentation demonstrated wound measurements and photographs had not been consistently recorded.
* Evidence-based pain assessments (in line with the organisation’s policy) are not consistently used to assess, monitor and analyse consumers who experience pain.

The Approved Provider in its written response, acknowledged the information provided in the Site Audit report in relation to safe and effective clinical care and provided information which evidenced actions had been taken by the service to address these deficiencies. Including, staff and clinical management education and increased clinical meetings and monitoring processes.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate the safe and effective personal and clinical care, that is best practice; is tailored to the consumers’ needs; and optimises consumer health and well-being; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

**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) Non-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.*

The Site Audit report provided information that the service did not demonstrate the information regarding the consumer’s condition, needs and preferences is consistently documented and communicated. The Site Audit report identified:

* One named consumer assessed as being at high risk of falling and experiencing falls did not have a falls prevention care plan available on the electronic care management system to guide staff in the care of this consumer.
* Review of care documentation for a named consumer identified a diabetes care plan was not available on the electronic care management system to guide staff in the care of this consumer.
* For another named consumer with a urinary catheter with care directives stating for the catheter drainage bag to be changed according to the organisation’s policy, however does not advise how often this is to occur. Care documentation and staff interview did not confirm when this occurs for this consumer.
* Review of care documentation for another named consumer did not demonstrate consistent documented change of oxygen tubing.
* Whilst most consumers/representatives feel staff know about them and information about their care needs is shared, the representative for one named consumer advised a registered staff member contacted them regarding an appointment for the consumer. The representative advised the service/ registered staff member was unaware that the consumer had been admitted to hospital following a fall at the service.

The Approved Provider in its written response, acknowledged the information provided in the Site Audit report in relation to Information about the consumer’s condition, needs and preferences being documented and communicated adequately, and provided information which evidenced actions had been taken by the service to address these deficiencies. Including, provision of senior clinical support at the service to support and educate staff; to monitor consumers with complex care needs ensuring prescribed care is delivered and documented effectively.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate Information regarding consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

**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 supports 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

Consumers and representatives felt supported to engage in activities they were interested in and were provided with appropriate equipment and resources that promoted their well-being, independence and quality of life. Consumers reported that their emotional, spiritual and psychological needs were supported by staff and they were encouraged to maintain community connections and relationships important to them.

Most consumers and representatives felt confident staffs’ abilities to deliver care and services in line with their needs and preferences. Consumers and representatives enjoyed the meals provided by the service and said they were varied and of suitable quality and quantity. They reported having access to equipment including, mobility aids, shower chairs and manual handling equipment to support their activities of daily living.

Care documentation included enough information regarding lifestyle supports and services required to meet the needs, goals and preferences of consumers. Lifestyle staff planned activities which were varied, planned and reflected on a weekly schedule however, consumers who chose to not participate in scheduled activities were supported to engage in activities meaningful to them. The service’s activity calendar was displayed throughout the service and copies were provided to every consumer.

Information regarding the backgrounds and interests of consumers were reflected in care documentation to support their emotional, spiritual and psychological well-being. Staff were aware of what actions to take when changes in the mood or emotional needs of consumers were identified. Pastoral care services were available for consumers to meet their emotional and spiritual needs.

Care documentation included enough information to support the delivery of safe and effective care including, but not limited to, contact information for those involved in decisions about the care for consumers, cultural needs, activity and dietary preferences.

Staff were kept informed of changes in the condition, needs and preferences of consumers through handover processes, electronic alerts and dietary profiles. Care documentation reflected the involvement of others in the provision of lifestyle supports and services. Management had a shared understanding of the organisations, services and supports available to meet the needs and preferences of consumers including, but not limited to, advocacy services and the local library.

Dietary and nutritional information was captured during initial assessment processes and reviewed and updated in response to identified changes. Dietary information was recorded in the service’s electronic care management system, dietary profile folders and dietary update sheets. Catering staff were aware of the specific dietary needs and preferences of consumers.

Equipment was clean, safe and inspected regularly to ensure operational integrity and safety. Staff reported having access to enough equipment to meet the needs of consumers. Staff reported equipment issues which were recorded in maintenance logs and addressed in a timely manner.

Consumers and representative meetings were held each month and provided consumers and representatives opportunities to provide input regarding the activities offered by the service. The service’s feedback mechanisms provided consumers with opportunities to raise concerns in relation to lifestyle activities, meals and equipment. These included, consumer meetings, discussions with staff and feedback forms. Organisational policies and procedures were available in relation to referral processes 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 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

Consumers and representatives felt safe living at the service and considered it homely. They said consumers could navigate throughout the service and when maintenance requests were raised, they were addressed in a timely manner. Consumers and representatives said they felt safe when staff were providing care using mobility or transfer equipment with them.

Management advised consumers were encouraged to personalise their rooms, access outdoor gardens and seating areas and signage was available to assist consumers to navigate throughout the service. The service’s memory support unit had additional staffing allocated in the afternoon and modified activities for consumers who reside there.

The service environment was safe, clean, comfortable and well maintained and enabled the free movement of consumers. Cleaning staff followed a schedule and demonstrated a shared understanding of the service’s infection control processes.

Maintenance requests were recorded in logbooks, stored in all work areas and actioned by the service’s maintenance staff. Equipment, furniture and fittings were observed to be safe, clean, well-maintained and suitable for use during the site audit.

Feedback in relation to the service’s living environment was received from consumers and representatives through consumer surveys and verbal and documented feedback processes. The service’s preventative maintenance schedule reflected regular maintenance of the service environment and equipment had been completed.

The Quality Standard is assessed as Compliant as three of the 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 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 were encouraged and supported to provide feedback in relation to their care and services. Most consumers and representatives who had raised complaints said their concerns had been resolved to their satisfaction. Consumers and representatives said feedback raised at consumer and representative meetings had contributed to service improvements.

Staff had a shared understanding in relation to the service’s internal feedback processes and how they could support consumers with this process. Complaints and advocacy information was available in several languages and accessible throughout the service. Staff had received training in relation to open disclosure and could provide examples of actions implemented in response to consumer feedback.

Management advised a new feedback and complaints system was implemented in October 2021 which has streamlined the service’s complaints management processes. Broader issues identified through consumer feedback were captured in the service’s plan for continuous improvement.

Consumer and representative meeting minutes reflected consumers were supported to provide feedback and raise issues regarding their care and services. The service’s consumer handbook included information in relation to the Charter of Aged Care Rights and contact details for external agencies, advocacy and interpreter services. Organisational policies were available in relation to the service’s complaints management and open disclosure processes. The service’s electronic complaints register evidenced compliments and complaints were recorded and communicated to the Board each month. The service’s plan for continuous improvement reflected formal feedback contributed to changes in some of the service’s processes and practices.

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 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 said there were enough staff at the service to meet consumers’ individual needs and lifestyle preferences. They reported staff were kind, caring and respectful of consumers’ culture and diversity. Consumers and representatives felt staff knew what they were doing and performed effectively in their roles to support their needs.

Most staff felt there were enough staff to provide care and services to meet the needs and preferences of consumers. Unplanned leave was generally replaced, or some shifts were extended until a replacement arrived. Staff had a shared understanding in relation to what was important to consumers and how they could support consumers to live the best life they can. Staff new to the service were required to undertake the service’s orientation processes which included buddy shifts with experienced staff members were provided to new staff.

Management advised in May 2021 the service reviewed its recruitment process and implemented actions to address the service’s recruitment issues and high use of agency. These included, improved advertisement and interview processes, the implementation of a staff incentive program, wage increases, staff reward programs, assistance costs associated with relocation and accommodation, staff meals and the reestablishment of working relationships with the nursing fraternity at the local university and college.

Staff performance was monitored through appraisal processes, incident analysis and staff, consumer and representative feedback. The service’s staff performance framework included annual performance appraisals and opportunities for professional development.

Call bell response times were monitored and delays for assistance were investigated by management, discussed each day with the heads of department and at staff meetings each month.

Additional training was provided for staff to address delays in call bell response times identified through the service’s auditing processes in September 2021. Position descriptions established the responsibilities, knowledge, skills and qualifications required for each role. Mandatory and role specific training was completed and monitored by the service. Staff performance development plans were completed and encouraged staff to set goals and engage in reflective practice.

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

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

### 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

Consumers/representatives advised they are confident the service is well run and are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Consumers are involved in the development, delivery and evaluation of care and services through regular consumers/representatives’ meetings, feedback mechanism and complaints processes. The organisation’s governance systems ensure that information from feedback and complaints is reviewed at the service level, regional level and Board level.

The Service communicates with the Board through an executive team to ensure their accountability for delivery of safe and quality care and services. The organisation has policies and procedures which document the consumer’s right to take risks and includes risk identification and management processes and strategies and a governance framework that identifies accountability and roles and responsibilities.

Reportable incidents are recorded in the organisation’s incident management system and escalated to the executive team and Board for monitoring and to ensure the service is meeting reporting responsibilities. Incident data is analysed and used to inform continuous improvement activity, contributing to the prevention of further incidents. Incident data also informs risk management practice, policy and procedures.

Opportunities for continuous improvement are identified through, surveys, audits, complaints and feedback mechanisms, incidents, meetings, and governance reports. Improvement activities are documented and monitored using a plan for continuous improvement .

Staff said they can readily access the information they need to provide the care and services necessary to meet consumer needs, goals and preferences through access to the electronic care documentation system and to policies and procedures on the organisation’s intranet and described strategies to minimise infection related risks.

The organisation has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and open disclosure.

The organisation monitors and implements changes to various legislative requirements with monitoring by the Board with monthly reporting. Changes to regulatory requirements are communicated to the service through systems such as the intranet, memorandums and staff meetings.

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

### 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.*

The organisation had a documented clinical governance framework, including policies relating to antimicrobial stewardship; a policy relating to minimising the use of restrictive practices; and an open disclosure policy. Staff demonstrated an understanding of the underlying principles including of open disclosure; and could describe strategies minimise the risk of infections.

However, the Site Audit report provided information that the service was not able to adequately demonstrate clinical governance systems that are effective in monitoring and ensuring delivery of safe and effective clinical care; nor that clinical oversight is effectively occurring at the service.

The Approved Provider in its written response, acknowledged the information provided in the Site Audit report in relation to clinical governance and provided information which evidenced measures in place and actions taken by the service to address these deficiencies related to this requirement. Including, a plan for continuous improvement, senior clinical mentoring, education and support and staff education related to the deficiencies explored in the site audit report. This is also considered under the requirements in Standard three.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While the Site Audit report identified deficiencies in relation to consumer care planning information not consistently providing current directives to guide staff in consumer care delivery including information about the consumers condition, needs and preferences, I have considered this under Requirement 3(3)(a) and Requirement 3(3)(e).

I acknowledge the actions taken by the service to address the deficiencies under this requirement, identified at the time of the Site Audit. I am satisfied that the organisation has systems in place for delivering safe, quality clinical care, therefore, it is my decision this requirement is Compliant.

# 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.

* Requirement 3(3)(a) – The approved provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with complex or specialised care needs.
* Requirement 3(3)(e) –The approved provider ensures that 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, particularly in relation to documentation of consumers’ assessments and communication with agency staff and medical officers.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.