Twin Parks Aged Care Centre

Performance Report

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**Commission ID:** 3296

**Provider name:** Coburg Aged Care Pty Ltd

**Review Audit date:** 8 December 2020 to 10 December 2020

**Date of Performance Report:** 25 January 2021

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-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) | 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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 Review Audit; the Review 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 Review Audit report received 11 January 2021.
* ‘Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions’ dated 9 August 2020.
* assessment contact reports dated 20 October 2020 and 29 September 2020.
* referral information received by the Commission
* compliance history.

# 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

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.

Overall, the majority of consumers and representatives interviewed have high levels of satisfaction with staff attitudes including them providing care with kindness. The majority of the consumers confirmed they feel safe at the service and feel their choices, culture and diversity is respected.

Staff could describe how they give consumers choice and balance risk. Staff provided details of how they supported consumers to maintain contact with family members during visiting restrictions by assisting consumers with electronic devices. Some consumers continue to use this method to contact family and friends. The Consumer lifestyle profile details consumer’s background and what is important to them.

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 NON-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

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 majority of consumers and representatives said they discuss care plans with staff. Care plans reflect the outcomes of assessment and care planning, are used as the basis of care delivery and are generally explained by staff. End of life care plans were in place.

Most of the sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team found information in care plans not to be particularly tailored to individuals and omissions in care plans of information, including regarding restraint.

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) Non-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.*

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team reported that while assessment and planning overall considered most risks to consumer’s health and well-being, care documentation did not always demonstrate that planning considered all relevant identification of risks. Care plans were overall generic and not always individualised, in particular, behaviour and pain management care plans. Care plans did not always guide staff practice in relation to risks such as chemical or physical restraint or include personal supportive equipment.

The approved provider in its written response to the Assessment Team’s findings accepts some documentation did not reflect current care needs.

I note this Requirement was initially found to be non-compliant following deficits in Assessment and planning for care and services for consumers during a COVID-19 outbreak at the service in August 2020.

Based on the information summarised above, it is my decision this Requirement is Non-compliant.

### 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.*

The Assessment Team found the approved provider complies with this Requirement.

The majority of consumers and representatives interviewed described the various ways they or others they wish to include, are involved in assessment and planning of their care. This includes discussion, telephone calls or formal case conferences. Informal approaches can be made to staff at any time.

Representatives said wherever possible staff consult the consumer directly in relation to identifying their needs and their care on an ongoing basis.

Based on the evidence summarised above I find the approved provider complies with this requirement.

### 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.*

The Assessment Team found the approved provider complies with this Requirement.

Care plans sampled show evidence of review on a regular three-monthly basis and when circumstances change.

The majority of consumers and representatives described how they are consulted when reviewing the effectiveness of their care including when changes or incidents impact on their well-being.

Staff could describe how they escalate and advise the nursing staff of changes to consumers’ needs and document changes in the progress notes. They said nursing staff then review the consumer and their care plan.

Management said the care conference process involves a discussion of care planning with the consumer and representative is part of the review process. This is conducted formally on a three-monthly basis and informally monthly during the ‘resident of the day’ process.

Based on the evidence summarised above I find the approved provider complies with this requirement.

# 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

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.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The majority of consumers and representatives said they are satisfied referrals to healthcare professionals occur in a timely manner and described how changes in consumers’ health are identified and responded to. Documentation indicates timely identification, monitoring and appropriate care when changes occur, and consumers and representatives are satisfied staff are responsive to these changes.

The service did not always demonstrate they appropriately identify or manage high impact or high prevalence risks associated with the care of each consumer. For example, the Assessment Team identified high impact and high prevalence risks in relation to chemical restraint.

The Quality Standard is assessed as Non-compliant as one 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.*

I note this Requirement was initially found to be non-compliant following deficits in consumers care delivery during a COVID-19 outbreak at the service in August 2020.

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team identified for one named consumer a chemical restraint being administered to manage behaviour when it had been prescribed if and when needed for the individual’s end of life care. Care documentation evidenced this was occurring after the consumer’s general practitioner had instructed staff not to do so. The service did not identify the restraint and did not demonstrate medical directives were adhered to. Nursing staff could not describe what a chemical restraint was to the Assessment Team.

The approved provider advised the Assessment Team that the service had one consumer with a physical restraint in place, however the Assessment Team observed documented on the handover sheet information for a named consumer, ‘bed against the wall’ and confirmed this on observation of their room. Five other consumers were observed with beds against the wall.

The approved provider in its written response to the Assessment Team’s findings acknowledge communication errors in the medication of the named consumer and have addressed this issue with staff. The approved provider has noted two other named consumers in the Assessment Team’s report have now been classified as receiving medication which is chemical restraint. The response notes the consumers named as being subject to physical restraint are immobile and as a result the position of their bed does not restrict their mobility and has is therefore not managed as a physical restraint.

Based on the information summarised above, it is my decision this Requirement is Non-compliant. The service has not demonstrated consumers have been provided best practice care in relation to restraint, it was not correctly identified, staff had a lack of knowledge and medication administration did not align with the general practitioner’s instructions.

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

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

The Assessment Team found the approved provider does not comply with this requirement.

The Assessment Team undertook a review of consumers at risk of poor health outcomes including those at risks of falls, behaviours, pressure injuries, swallowing difficulties and malnutrition. The Assessment found risks associated with diagnoses or decline are generally documented in care plans and are reflected in care delivery and responded to and managed effectively.

However, the Assessment Team were dissatisfied with care delivered to a named consumer who uses a sling, finding the use of the sling was not considered by the service through assessment and care planning in order to guide staff to effectively manage, for example, transfers and mobility, pain management or personal care.

I acknowledge there are deficiencies in the documentation of care delivered to the named consumer, however, in my opinion this does not translate to a lack of effective management of high impact or high prevalence risks associated with the care. I have considered the Assessment Team’s information for this named consumer under Standard 2 Requirement 2(3)(a).

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

### 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.*

I note this Requirement was initially found to be non-compliant following a failure by the Approved Provider to minimise infection related risks to consumers during a COVID-19 outbreak at the service in August 2020. Twenty-two consumers passed away during the COVID-19 outbreak at the Twin Parks Aged Care Centre.

I am satisfied, based on the evidence of the Assessment Team that the service has addressed the deficits in infection control identified during the outbreak.

The Assessment Team found the service has an infection control policy, COVID-19 outbreak management plan and antimicrobial stewardship (AMS) plan in place. The service has provided education to staff on various topics related to infection control via toolbox training sessions and personal protective equipment training has been provided to all staff. The service has a daily COVID-19 screening process for all staff, visitors and consumers and is adhering to health directives.

The Assessment Team observed consistent infection control practices while on site.

Based on the evidence summarised above I find the approved provider complies with this requirement.

# 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

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.

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

Two consumers were noted to have electronic tablet devices with which they keep in contact with people who were important to them.

Lifestyle and care staff could describe how they support the consumers to do the things they want to do with a monthly activity program and sufficient information regarding consumers’ likes and preferences to support these.

The Assessment Team received mix feedback on meals at the service.

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.*

The Assessment Team received mixed feedback on the meals provided by the service. Approximately half interviewed were positive regarding the meals and half negative. Negative comments included the temperature of food, bland taste and choices. One consumer said they had been recently surveyed on the meal service.

The Assessment Team found the service did not comply with this requirement as the service did not effectively demonstrate continuous improvement is driven by consumer feedback in relation to food.

The Approved provider in its written response to the Assessment Team’s findings outlined during the Covid-19 outbreak period the meal service was altered to meet social distancing and isolation requirements for consumers. During this time, meals were served to consumers in their own rooms and the service has been working with consumers to reintroduce and encourage communal dining processes.

The approved provider submitted evidence that the service had already identified the impact the delivery of meals to rooms was having on the meal delivery time and food temperatures.

The service had a food survey underway when the assessment contact occurred.

Following the assessment contact, management has added a specific agenda item to the monthly resident/relative meetings around food to prompt feedback, undertaken a menu review and presented this new menu at the January 2021 ‘residents and relatives’ meeting for feedback.

Based on the information summarised above, it is my decision this Requirement is Compliant. The service has demonstrated it has a focus on continuous improvement in relation to food.

In making my decision I note the service has had a history of compliance under the relevant standards with food services.

### 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

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.

Overall sampled consumers considered 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 home, their visitors feel welcome and the staff are kind and caring.
* Consumers were observed accessing outdoor areas of the service and consumers engaging and participating in joint activities.
* Majority of consumers and representatives interviewed confirmed that the service is clean and well maintained.

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 NON-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

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.

Consumers and representatives described in various ways feeling safe to raise their concerns.

The Assessment Team found that the outcome or resolution of a feedback and complaints was not effectively communicated to the consumer / representative in all instances.

The organisation recently reviewed and updated policies and procedures including feedback and complaints with recently improvements implemented to ensure feedback and complaints are used to improve quality of care and services.

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.*

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team found that the service was able to demonstrate consumers, their family, carers and others are encouraged and supported to provide feedback and make complaints.

Consumers and representatives were able to describe in various ways feeling safe to raise their concerns.

Staff were able to describe the complaints policy and procedure.

The Assessment Team found the approved provider did not comply with this Requirement based on negative feedback from three named consumers on the outcome of the complaints process. I have considered the evidence in relation to these three named consumers in the Assessment Team’s report under Standard 6(3)(c).

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

### 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) Non-compliant

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

The Assessment Team found the approved provider does not comply with this Requirement.

Evidence outlined in the Assessment Team’s report notes dissatisfaction with actions taken in response to individual complaints. Two named consumers and one named representative did not know what the outcome of their complaints had been.

The Approved provider in its written response to the Assessment Team’s findings noted the management team had followed up with the named consumers. The service was aware of two of the complainants and noted for one consumer the issues raised were not known to the service.

I acknowledge the management team’s actions in addressing the concerns of the consumers, however, it is my view that the need for consumers to follow up on the outcome of an issue rather than the service ensuring that the outcome is communicated effectively does not meet the expectations of this Requirement.

Documentation submitted with the Approved Provider’s response includes the Complaints Log for 2020. It is unclear from this log what the resolution of the issue was and if the consumer agreed the issue was resolved.

Based on the information summarised above, it is my decision this Requirement is Non-compliant. The actions taken in response to the complaint were unclear to the complainant and as a result the appropriateness of any actions taken can not be determined.

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

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

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team’s report states overall consumers and representatives were satisfied with individual results of feedback but did not expressively describe changes being made at the service level as a result of their feedback or complaints.

The approved provider refutes the statement in the Assessment Team’s report that it was unable to provide examples of how feedback and complaints have been used to improve the quality of care and services.

A review of the service’s continuous improvement plan notes a menu review, roster review and staff training occurring as a result of feedback.

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

While noting some of the evidence submitted is relevant to the time period following the Assessment Team’s visit, I am persuaded that the approved provider has undertaken continuous improvement activities as a result of feedback and complaints.

# 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

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.

Most of the sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, a small proportion of consumers and representatives noted an opportunity to improve the level of courtesy from a few staff.

The majority of consumers and representatives interviewed described satisfaction with the number and mix of members of the workforce.

Staff are satisfied with access to education.

Management periodically review call bell responses to monitor the responsiveness of staff.

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.*

The Assessment Team found the approved provider complies with this Requirement.

The service demonstrated the workforce is planned to enable the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Overall consumers and representatives described satisfaction with the number and mix of members of the workforce. Management evidenced overall call bells are responded to in a timely manner.

Based on the evidence summarised above I find the approved provider complies with this requirement.

### 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.*

The Assessment Team found the approved provider complies with this Requirement.

The service demonstrated the workforce is recruited, trained, equipped and supported. Overall consumers sampled did not express any areas where they felt staff needed more training. Staff confirmed training had been undertaken in relation to the new Quality Standards, compulsory reporting, workplace health and safety and infection prevention and control, including correct use of personal protective equipment. The organisation has processes to identify staff training needs.

Based on the evidence summarised above I find the approved provider complies with this requirement.

### 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

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 Assessment Team found organisational governance is not embedded in day to day practices at the 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.*

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team’s report outlines consumers and representatives have opportunities to contribute to the development, delivery and evaluation of care through care planning processes and regular consumers’ meetings. Meeting minutes and newsletters are provided to consumers and representatives.

The Approved provider in its written response to the Assessment Team’s findings asserts the team’s statement that management did not demonstrate implementation of consumer representation on committees or Board is prescriptive. The service continues to seek opportunities for consumers to engage in how the service is run but this will not necessarily be through committees on Board meetings.

Based on the evidence summarised above I find the approved provider complies with this requirement. Feedback from consumers and representatives indicate they are involved in the running of the service to the extent they wish.

In making my decision I have also considered that the service was run by an alternative provider for a period of time in 2020 during the COIVD-19 outbreak and health directives on social distancing and isolation have impacted on the service’s ability to fully engage with consumers at an organisational level.

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

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

The Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team found while plans are in place, embedded reporting and demonstrated accountability for promoting a culture of safe, inclusive and quality care and services was not evident.

The approved provider’s written response to the Assessment Team’s report outlines that the owner/Director is present at the Quality Committee. The Quality Committee is accountable for clinical governance. The appointed clinical advisor has worked to develop a rigorous governance report. This reporting structure was in place previously but has now been formalised. Two meetings had occurred prior to the assessment contact and reporting to the Directors is now a structured process. (A third meeting occurred in January 2021).

The approved provider referred back to positive feedback from consumers in Standard 1 regarding inclusivity of care and provided a draft Diversity Framework.

Based on the evidence summarised above, it is my decision that the approved provider does not comply with this Requirement. While a structured is in place, the supporting processes are immature and have not been effective. Non-compliance findings in Standard 2 and Standard 3 support a finding that the governing body has not independently identified failures evident in the quality of its care and services and it is not adequately promoting a culture of safe culture of safe, inclusive and quality care and services.

### 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 found the approved provider does not comply with this Requirement. Specifically sub requirement (iii) financial governance.

The Assessment Team outlined that the organisation did not have a formal budget process and is in the process of formalising a 'financial authority chart’, the chart will provide structure, such as, explaining who can approve purchases. It is planned the new process will feed into the new meeting structure.

The Assessment Team listed items recently purchased to support consumer care and services including two extra medication trolleys to assist in reducing medication administration time, disposable slings for each consumer and liquid soap dispensers.

The approved provider’s written response to the Assessment Team’s report outlined that the organisation is a private, family run business, and has a well-established process already in place to guide spending in the organisation. Unlike larger organisations with a remote head office, at the Twin Parks Aged Care Centre the key decision-makers have transparency of the financial position through direct and ready access to accounting statements. This remains in place and available for review. Financial printouts were submitted as evidence.

Notwithstanding the organisation’s financial structure, the Assessment Team has been provided evidence of money being expended to meet the care and service needs of consumers.

I note in the Assessment Team’s evidence that regulatory compliance is now part of the governance meeting agenda.

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is 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.*

The Assessment Team found the approved provider does not comply with this Requirement. Specifically, sub-requirement (i) managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team found the service did not demonstrate they appropriately identify or manage high impact or high prevalence risks associated with the care of each consumer. While the majority of consumers and representatives said they feel safe and risks related to their care are effectively managed, the Assessment Team identified at least one individual with a high impact need and it was unclear how staff were guided to manage this need.

I understand this individual’s risk relates to chemical restraint and have considered this evidence in Requirement 8(3)(e).

The service was able to self-identify other high impact or high prevalence risks and risk minimisation strategies in place, including for COVID-19, falls, pressure injuries and deconditioning from isolation requirements during the COVID-19 outbreak.

Based on the information summarised above, I have formed a different opinion to the Assessment Team and it is my decision this Requirement is Compliant.

### 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 Assessment Team found the approved provider does not comply with this Requirement.

The Assessment Team’s report outlines the organisation is undergoing a restructure and has undertaken a review of organisational governance including a review of clinical audits, various forms and meeting agendas and noted improvements are required. A number of these improvements are yet to occur or are in their infancy.

The Assessment Team noted the organisation’s risk management policy and procedure was reviewed 23 November 2020. However, throughout the various reviews the service did not self-identify it was classifying chemical restraint incorrectly.

The approved provider in its written response to the Assessment Team’s findings notes an updated suite of documents were established on 20 November 2020 which include clinical governance documents with a view to formalise systems. This evidence supports the Assessment’s team finding that the clinical governance framework is not yet fully established and is not part of day to day clinical practice.

Based on the information summarised above, it is my decision this Requirement is Non-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 2(3)(a)

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

* Ensure assessment and care planning processes result in relevant, accurate and up to date information being available to staff to direct care and services.

### Requirement 3(3)(a)

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

* Establish processes to correctly identify the use of restraint at the service and ensure its use aligns with best practice.

### Requirement 6(3)(c)

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

* Ensure consumers and representatives are fully involved in strategies to address their feedback and complaints and are aware of a timeline for resolving issues. Seek the feedback of consumers and representatives on their satisfaction with the resolution process and ensure strategies put in place to address negative feedback and complaints are sustained to the satisfaction of consumers and representatives.

### Requirement 8(3)(b)

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

* Ensure members of the governing body (team responsible for governance) have the right experience to govern the organisation in its provision of care and services to vulnerable consumers.
* Ensure the governing body asks for and receives the information and advice it needs to meet all the Aged Care Quality Standards.
* Demonstrate the governing body has processes to seek the views of consumers on the culture (how things are done) at the service and can demonstrate how the consumers’ views shape the organisation’s priorities.
* Ensure the workforce understands what a culture of safe, inclusive and quality care and services is and how they can support this in their work and outcomes for consumers.
* Embed the service’s diversity framework in day to day practices and ensure staff understand what inclusive care is for current consumers and how others entering the service would recognise the organisation values diversity.

### Requirement 8(3)(e)

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

* Embed the clinical governance and safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care.
* Ensure those accountable for governance of clinical care are clear on their accountabilities.
* Demonstrate ongoing organisational review of how effective the clinical governance framework is and that the governing body takes timely actions to manage any deficits in clinical care delivery.