Performance

Report

**1800 951 822**

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| Name of service: | Abernethy Nursing Home |
| Service address: | 2 Mount View Road CESSNOCK NSW 2325 |
| Commission ID: | 2787 |
| Approved provider: | Northern Coalfields Community Care Association Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 14 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Abernethy Nursing Home (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the 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 assessment team’s report received 8 December 2022.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# 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)(b) – Assessment and planning is consistently effective in identifying and addressing consumer’s individualised needs, goals and preferences.

* Requirement 3(3)(b) – The high impact and high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to the effective management of consumers with changed behaviours, effective development and utilisation of behaviour support plans in line with legislative requirements, and post-falls management to prevent the risk of further injury or falls.
* Requirement 7(3)(a) – The workforce deployed enables the delivery and management of safe and quality care and services. The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response to the Site Audit report.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

Consumers interviewed by the Assessment Team confirmed they are treated with dignity and respect, and their identity, culture and diversity are valued. The service demonstrated care and services provided to consumers are culturally safe. Consumer’s care planning documentation identifies consumer’s backgrounds and demonstrates consumer’s culture and diversity is assessed and incorporated into planned care. Staff were observed by the Assessment Team interacting with consumers in a dignified and respectful manner.

The service demonstrated each consumer is supported to exercise choice and independence. Consumers interviewed said they are asked how they would like their care and services delivered, confirmed they are able to make decisions about who and when others should be involved in their care, and consumers said they are supported to make connections with others and maintain relationships. The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers who choose to take risks confirmed the service has initiated assessment and discussion about the risks with them, and staff are aware of the consumers who take risks and could explain ways they support the consumers.

The service provides each consumer with current, accurate and timely information which they can understand, enabling them to make choices. All consumers and representatives interviewed provided feedback that they have been kept well informed about important matters relating to service operations, COVID-19 and related impacts, and renovation plans. Staff were observed by the Assessment Team offering activity and personal care choices to consumers and explaining menu options to consumers.

All consumers interviewed said their privacy is respected. Consumer’s personal information was observed to be confidentially stored in locked cupboards and password protected computers. The organisation has policies and procedures supporting consumers and staff in maintaining privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Compliant |
| Requirement 2(3)(b) | 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. | Non-compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

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

The service has processes to guide assessment and care planning to identify and address the current needs and goals of consumers. However, the Assessment Team found for sampled consumers their needs and goals were generic, and in some instances identical across several consumers, indicating they were not personalised to the consumer’s needs. For consumers sampled, care planning documentation did not consistently indicate that consumer’s needs goals and preferences were identified and addressed. For one consumer who exhibits behaviours requiring support, their behaviour support plan did not have any information around the strategies required to mitigate the behaviours including prescribed chemical restrictive practice. Strategies documented to manage this consumer’s risk of pressure injuries were also documented incorrectly and did not reflect the consumer’s current needs. For one consumer who had a pressure injury, pressure injury prevention strategies were not identified in the consumer’s care plan. One consumer’s needs regarding behaviour management, and preferences regarding medications and personal care, were not documented in their care plan. However, the service demonstrated assessment and planning in relation to advanced care planning and end of life planning is occurring.

The approved provider’s response to the Site Audit report identifies that some incorrect and identical information in consumer care plans were due to errors in the electronic care planning system which was rectified during the Site Audit. The approved provider’s response also includes some clarifying information about the documented information for one consumer named in the Site Audit report.

The approved provider’s response demonstrates since the Site Audit all consumer care plans have been reviewed and updated to ensure they identify and address consumer’s individualised needs, goals and preferences.

While the approved provider’s response demonstrates that for consumers named in the Site Audit report care plans have been reviewed and updated, I do not consider that the service’s assessment and planning processes are consistently effective in identifying and addressing consumer’s needs, goals and preferences.

I find the following Requirement is Non-compliant:

Requirement 2(3)(b)

The organisation has policies, procedures and processes to guide staff practice in relation to conducting initial assessments and developing care plans. The Assessment Team found consumers with clinical risks generally had risk assessments completed and interventions to mitigate risks identified. Care and service documentation reviewed by the Assessment Team showed care plans had generally been reviewed and updated when there was a change in the consumer’s condition. Care plans reviewed for sampled consumers were updated within the organisation’s 3 monthly schedule.

The service has processes in place to ensure assessment and planning is based on an ongoing partnership with consumers, the people they wished to be involved in their care and other organisations and providers of care. Documentation showed case conferences were undertaken with the involvement of consumers and others they wished to be involved such as dietitians, speech pathologists and wound consultants. Consumers and representatives confirmed they had been involved in their care planning and their needs were being met. The service demonstrated the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan readily available to the consumers, and where care and services are provided. Consumers and representatives confirmed they had been involved in case conferencing and had been provided with a copy of their care plan. Staff explained how they keep consumers and representatives updated with any changes.

I find the following Requirements are Compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

# Standard 3

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| Personal care and clinical care | |  |
| 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

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

Observations and documentation reviewed by the Assessment Team demonstrated not all high impact and high prevalence risks were being managed appropriately and consumers were negatively impacted. The Assessment Team found, for most consumers, falls were being managed effectively including post-fall to prevent the risk of further injury or falls. However, for one consumer the organisation’s post-fall procedures were not followed including observations, referral to the physiotherapist and re-assessment of risk.

A review of care and service documentation for four consumers with changed behaviours showed these are not being managed effectively. A review of behaviour support plans showed individualised information around behaviours exhibited, triggers, and strategies to mitigate behaviours are not always included in the plan. Consumers who are prescribed restrictive practices to manage their behaviours do not have these identified in their plans. Behaviour monitoring charts do not always contain behaviours exhibited, interventions implemented, or evaluations of strategies implemented by staff. Documentation in behaviour support plans and behaviour monitoring charts showed a lack of staff understanding around the legislative requirements for behaviour support plans and restrictive practices. For example, for one consumer who exhibits behaviours that impact other consumers, there were no strategies listed to mitigate these behaviours and strategies listed were observed to be generic or to reassure the other consumers impacted by these behaviours.

The approved provider’s response acknowledges the gap in post-fall management for the consumer named in the Site Audit report. The approved provider’s response demonstrates the service has investigated this and the staff member involved has been counselled.

In their response, the approved provider acknowledges the gaps in the behaviour documentation for consumers named in the Site Audit report. The service has reviewed and updated documentation to include individualised strategies and triggers for behaviours and restrictive practices.

The service did not demonstrate the management of several consumer’s changed behaviour was effective to reduce the risk of further behaviours or impacts to the consumer or other consumers impacted by these behaviours. Behaviour support plans were not developed effectively to manage these risks. For one consumer sampled, post-falls management was not attended to in line with the organisation’s procedures. Overall, the service did not demonstrate the consistent and effective management of high impact and high prevalence risks associated with the care of consumers.

I find the following Requirement is Non-compliant:

* Requirement 3(3)(b)

The Assessment Team found the service was not able to demonstrate consumers consistently receive safe and effective personal care and clinical care that is tailored to their needs and preferences and is best practice. Most consumers and representatives interviewed provided positive feedback about the care consumers receive. However, several consumers said they have to wait long periods of time to be assisted with personal care and this impacts on their well-being. The Assessment Team identified that wound care was not best practice including wounds were not monitored per the consumer’s care plan, photographs did not always include a wound ruler, and one consumer’s injury was incorrectly classified.

For consumers subject to restrictive practices, appropriate risk assessments and consent processes were generally in place. However, for some consumers the use of chemical restrictive practice was not identified on their behaviour support plan, or they did not have a behaviour support plan completed. A review of consumers who have a diagnosis of diabetes mellitus and are insulin dependent showed they are mostly being managed as per the organisation’s policy and in line with best practice. However, one consumer’s blood glucose levels (BGL) were not monitored per their directive. The Assessment Team found that consumers’ pain was managed well to optimise their well-being.

The approved provider’s response includes additional and clarifying information about the wound monitoring and management in place at the time of the Site Audit. The approved provider’s response identifies that the incorrect injury classification identified in the Site Audit report was a documentation error, and not a staff knowledge or systemic issue. While gaps were identified in the management of wounds for two consumers, this was not evidenced to negatively impact their health and well-being as one consumer’s wounds were noted by the Assessment Team to have healed, and the other consumer provided very positive feedback about the management of their wounds including that many had healed.

The approved provider’s response demonstrates for the consumer named in the Site Audit report, BGL monitoring was occurring regularly and the timing was adjusted during the Site Audit to ensure it is being completed per the directives. The Assessment Team did not identify any negative impact to this consumer and the service overall demonstrated that consumers’ diabetes is managed effectively.

While some aspects of personal care delivery were compromised due to staffing levels, I have considered this in my assessment of Requirement 7(3)(a). Gaps in consumer’s behaviour support plans have been considered in my assessment of Requirement 3(3)(b). Overall, the service and the approved provider’s response demonstrated that consumers receive safe and effective clinical care that optimises their health and well-being.

The Assessment Team found while there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled. For example, handover reports were observed to have incorrect information about the dietary requirements for some consumers, the falls prevention strategies for one consumer, and the personal care preferences for one consumer.

The approved provider’s response identifies that the falls prevention strategies and the personal care preferences for the consumers named in the Site Audit report were documented in other care documentation and were generally being followed by staff. For the consumers who had incorrect information regarding their dietary requirements, the approved provider’s response identifies these consumers were receiving the required meals and documentation used by catering staff was correct. The approved provider’s response identifies the handover sheet has been reviewed and updated for accuracy.

While there were some gaps in care planning and assessment information, I have considered this in my assessment of Requirement 2(3)(b). The approved provider’s response demonstrates that the gaps identified in the Site Audit report about communication via the handover sheet has been addressed. The Site Audit report and the approved provider’s response indicates that the named consumers were receiving the care they required, and staff were aware of these needs and preferences. Overall, 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.

A review of documentation for consumers who had received end of life care at the service showed appropriate care was provided, their comfort was maximised, and their dignity was maintained. Representatives provided positive feedback about the end of life care for their consumers and staff were knowledgeable regarding end of life care interventions.

For the consumers sampled, care and service documentation showed changes in consumer’s condition was identified and responded to in a timely manner. Consumers and representatives interviewed confirmed the service is responsive when consumers are unwell and notifies them of any changes as they occur. A review of care and service documentation showed appropriate referrals to relevant health professionals were undertaken in a timely manner. Consumers and representatives provided positive feedback regarding access to health professionals. Staff were able to describe the processes for referring consumers to other health professionals. While one consumer was not referred to the physiotherapist following a fall in line with the organisation’s procedure, this has been considered in my assessment of Requirement 3(3)(b).

The organisation has a suite of policies and procedures in relation to infection control and antimicrobial stewardship. The service has practices in place to minimise the spread of infection and documentation for consumers with infections or infectious diseases showed appropriate interventions are undertaken. Staff were able to describe strategies to minimise infection and demonstrated a good understanding of antimicrobial stewardship.

I find the following Requirements are Compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

All consumers and representatives interviewed by the Assessment Team provided positive feedback indicating consumers receive safe and effective services and supports for daily living. Consumers interviewed expressed satisfaction with being able to do things that interest them, including keeping in contact with those important to them and participating in the activities at the service and outside in the community. Documentation reviewed demonstrated staff are assessing and identifying consumer’s needs, goals and preferences regarding services and supports for daily living, and optimising their health and well-being.

Consumers and staff were able to describe the services and supports available to promote consumer’s emotional, spiritual, and psychological wellbeing. Emotional, spiritual and psychological needs, goal and preferences are assessed when consumers enter the service. Appropriate referrals are made to external services when required. The service provides scheduled religious services for consumers to attend.

However, the Assessment Team identified gaps in scheduled one-to-one staff time for consumers who stay in their room, evaluation of activities, and activities to cater to the specialised needs of consumers living with dementia. Service management implemented continuous improvement actions in response to this feedback during the Site Audit.

Consumers and representatives interviewed indicated staff know them well and are aware of their individual needs, goals and preferences in relation to leisure and lifestyle services. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences regarding support for daily living within the organisation and with others when required. The service demonstrated that timely and appropriate referral occurs to individuals and other external service providers when required. For example, to the hairdresser, religious ministers, and counsellors.

Most consumers interviewed said the food was of good quality, quantity and variety. Many consumers and representatives interviewed commented about the food improving since the new provider commenced at the service. Interviews with staff, a review of the menu, and observations show consumers are receiving varied meals of suitable quality and quantity and an adequate dining experience. While the Assessment Team noted some areas for improvement in the dining experience, feedback was provided to management who commenced planned improvement in response during the Site Audit.

The Assessment Team found the service had equipment for the leisure and lifestyle program that was stored safely, clean, organised with labelling and suitable for consumers.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

The Assessment Team found the service is welcoming and optimises consumer independence and function. Consumers said the service environment is welcoming and they feel comfortable at the service. The service environment provides private and communal space to cater for consumer personal and social needs. The Assessment Team observed consumers had personalised their rooms with family photographs, ornaments and desired linen. The service is decorated with paintings, pictures and furniture to create a home-like environment. The Assessment Team observed the service to be at a comfortable temperature with air conditioning. The corridors have railings to support consumers independence and mobility. While the Assessment Team observed that the service was difficult to navigate with a lack of signage, feedback was provided to management who commenced planned improvement in response during the Site Audit.

Consumers interviewed said they felt the service is safe, clean and well maintained, and they can move freely within the facility and outdoors. Regular audits and environmental inspections are undertaken to identify and action any risks to the safety, cleanliness and maintenance of the service environment. The Assessment Team identified some issues regarding consumers and visitors accessing the front door, which reviewed by management during the Site Audit.

The Assessment Team found that furniture and fittings were generally safe, clean, maintained and suitable for consumers.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Consumers interviewed said they feel supported to provide feedback and make complaints. Staff could describe how they support consumers to lodge feedback or complaints including logging details into the electronic system. Brochures on advocacy services, feedback forms and complaints information including methods for raising external complaints were observed in the foyer. Feedback forms and boxes were observed throughout the service. The consumer welcome pack and handbook provide information on advocacy and language services, and internal and external complaints mechanisms. The service had organised for advocacy services to speak to consumers in 2022.

The service demonstrated appropriate action is taken in response to complaints and open disclosure is used when things go wrong. While complaint documentation did not always outline the response by the service, this was raised with the service who said they would review the documentation to include follow up actions taken as a result of complaints. The service demonstrated staff have received training in complaints handling and open disclosure. Policies and procedures include complaints management, open disclosure and grievance resolution processes.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. For example, consumers were aware that a new catering provider has been contracted following complaints about the food. All consumers provided positive feedback saying the food had greatly improved since this change. The service demonstrated a thorough investigation, and training and competencies delivered, in response to a complaint regarding staffing and care provided to consumers.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team found while the workforce is generally planned, the service did not demonstrate the number and mix of staff deployed enabled delivery and management of safe and effective care and services. The Assessment Team received feedback from consumers, representatives and staff regarding insufficient staffing at the service leading to some consumers not receiving safe and quality care. Several consumers said they need to wait extended periods for staff to answer their call bell. Consumers said this has led to them becoming incontinent or resulting in falls. Staff interviewed said they often work short staffed which impacts on consumers receiving quality care and services. For example, consumers receiving sponge baths instead of showers, and consumers missing out on eye drops and application of creams. Call bell response data for a sampled period indicated several wait times of over 15 minutes for three consumers who had raised concern about insufficient numbers of staff.

The approved provider’s response includes a continuous improvement plan which outlines action planned to improve the number of staff deployed at the service. This includes additional care staff hours added into the roster and a review of the impact of this, temporary reduced bed capacity, increased monitoring of call bell response times, upgrades to the call bell system, increased access to agency staff, and staff recruitment and retention activities.

The service did not demonstrate the number of staff deployed consistently enabled the delivery and management of safe and quality care and services.

I find the following Requirement is Non-compliant:

* Requirement 7(3)(a)

Consumers and their representatives provided feedback that they were treated with kindness and respect by staff. The Assessment Team observed respectful interactions with staff and consumers and the service is guided by a policy that outlines how consumers are treated with dignity, respect and their culture is respected.

Overall, the service demonstrated the workforce is competent and staff have the knowledge and qualifications to perform their roles. The organisation has documented core competencies for different roles and a range of mandatory training programs. The service provides effective orientation and processes to ensure staff have the relevant qualifications for their role. When the service has identified gaps in practice from complaints or incidents, they have implemented training to address this. The service implemented some training and staff assessment in response to gaps identified by the Assessment Team throughout the Site Audit.

The service demonstrated that assessment, monitoring and review of its workforce is regularly carried out. The service monitors staff practice through competency assessment, from consumer feedback, surveys and consumer incidents. Staff interviewed by the Assessment Team confirmed they had participated in performance conversations throughout the year.

I find the following Requirements are Compliant:

* Requirement 7(3)(b)
* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| 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. | Compliant |

Findings

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

The Assessment Team found the service generally demonstrated effective systems and practices for monitoring and assessing risks associated with the care of consumers. Risk management relating to identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and incident management systems was overall effective. Most risks are reported, escalated and reviewed at the board level. A review of reportable incidents showed these incidents were managed and reported effectively. The organisation’s mission focuses on supporting consumers to live their best life. Documentation and feedback from consumers and representatives confirmed this. However, the Assessment Team found that some high impact and high prevalence risks associated with the care of some consumers were not identified or effectively managed.

The approved provider’s response includes additional and clarifying information about the management of the some of the high impact and high prevalence risks for the consumers named in the Site Audit report. The approved provider’s response includes a continuous improvement plan which outlines action planned to improve the risk management systems and practices at the service. This includes increased oversight at the board and governance level, improved clinical management processes, and staff education.

While there were some gaps in the management of several consumer’s changed behaviours and behaviour support plans, I have considered this in my assessment of Requirement 3(3)(b). Overall, management of the high impact or high prevalence risks associated with consumer’s care was generally in line with the organisation’s policies and procedures. Risk management relating to identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and incident management systems was overall effective.

Feedback received from consumers and service management demonstrated consumers are engaged in the development, delivery and evaluation of care at the service. The organisation’s strategic plan recognises the importance of people and partnership. The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The board’s strategic plan 2022/2023 includes people, quality, sustainability, growth and partnership as its pillars and includes safety as part of its governance strategy. Survey results demonstrated that staff consider that management promotes respect, diversity, and the expectations for safe, quality and inclusive care.

Overall, the service demonstrated that it has effective governance systems. However, there were some gaps identified in relation to information management and regulatory compliance, where policies, procedures and care planning documentation did not reflect best practice or regulatory compliance obligations in relation to behaviour support plans.

The service provided a clinical care policy that documented their clinical governance framework and a clinical governance reporting framework which outlined different committees reporting responsibilities and escalation points. The service provided policies on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Overall, staff were able to discuss relevance of these policies to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)