Performance

Report

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| Name of service: | Acacia Living Group Meadow Springs Aged Care Facility |
| Service address: | 82 Oakmont Avenue MANDURAH WA 6210 |
| Commission ID: | 7154 |
| Approved provider: | Acacia Living Group Limited |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 18 January 2023 |

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 Acacia Living Group Meadow Springs Aged Care Facility (**the service**) has been prepared by T Wilson, 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 12 January 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

* Standard 1 Requirement 1(3)(a) – Ensure all consumers are treated with dignity and respect and staff understand that they need to speak to them respectfully and talk about them in a respectful manner.
* Standard 3 Requirement 3(3)(e) – Ensure information is available to staff to ensure care is delivered as per current instructions and all staff receive handover information that is relevant to consumer they care for.
* Standard 6 Requirements 6(3)(c) and 6(3)(d) – Ensure all complaints are logged and the complaints process is followed which then allows for analysis to be undertaken and improvement implemented.
* Standard 7 Requirements 7(3)(b) and 7(3)(e) – Ensure staff treat consumers with kindness and monitoring of staff is undertaken to ensure quality care is delivered.
* Standard 8 Requirement 8(3)(c) and 8(3)(d) – Ensure the governance systems are effective in all areas, staff understand the reporting requirement for incidents and the serious incident response scheme and staff understand their obligations in relation to the reporting and actioning of alleged elder abuse.

# 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. | Non-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

I have assessed this Quality Standard as Non-compliant as I am satisfied Requirement 1(3)(a) is Non-compliant.

The Assessment Team recommended Requirement 1(3)(a) as Not Met as they found that not all consumers are treated with dignity and respect. The Assessment Team provided information about four consumers which included information and consumers’ comments that staff could be impatient and speak to them in a manner that does not preserve their dignity or show respect. Some staff spoke in a derogatory manner about consumers where they could hear them, leaving them feeling despondent and feeling disrespected. Another made intimidating comments to a consumer, another was not assisted with their continence leaving them to soil themselves.

The provider responded on 12 January 2023 acknowledging the Assessment Team’s comments but stated the report is not indicative of the care provided to their consumers. They also provided a continuous improvement plan which included training for staff on dignity, values, understanding diversity and the provider’s code of conduct. Values are to be discussed at each team meeting and improved communication with registered staff on the importance of individualised care that maintains each person’s dignity and is delivered with respect.

In coming to my finding, I considered the Assessment Team’s report, the provider’s response and the continuous improvement plan and I agree with the Assessment Team that at the time of the Site Audit the service was Non-compliant with this Requirement. Whilst it was limited to only some staff, Requirement 1(3)(a) requires that ‘each’ consumer is treated with dignity and respect, and this has not occurred for the four consumers named in the Assessment Team’s report. I acknowledge the provider is implementing continuous improvement through education to staff and other initiatives to return the Requirement to compliance.

I am satisfied the remaining five Requirements of Standard 1 Consumer dignity and choice are Compliant.

Consumers’ care plans sampled had up-to-date cultural needs with lifestyle programs that are coordinated and tailored to include multicultural customary celebrations and social events. Staff could identify consumers with specific cultural needs providing an example of where changes were made to ensure consumer’s cultural needs are met.

Consumers, representatives, staff and management confirmed consumers are actively supported to communicate their decisions and make connections with others to maintain relationships of importance to them, including intimate relationships. Documentation reviewed showed this information is recorded in care planning documentation and is being followed by staff with consumers demonstrating the choices they have made observed by the Assessment Team.

Consumers and representatives confirmed the consumers are enabled to take the risks they wish to take through the risk assessment process, and the service engages mitigating strategies which are reviewed regularly and relayed to staff through ‘Honouring Preferences When the Choice Involves Risk’ forms.

Consumers confirmed staff and management ensure they are kept up to date about the activities which are planned and occur in the service. Representatives said management, care and lifestyle staff communicate regularly with them when they visit the service, and this includes meetings, emails and phone calls when appropriate.

Management and clinical staff were observed talking to consumer representatives about consumer’s changing care needs in private settings to protect consumer privacy. Consumers confirmed their privacy is maintained with observations confirming consumer information is kept confidential.

# 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. | 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

This Quality Standard is Complaint as five of five Requirements have been assessed as Compliant.

Clinical staff were able to describe how they assess for risks when a consumer is first admitted to the service. This includes the use of a checklist, validated assessment tools and discussion with the consumer and their representatives. Assessment and care planning documents identified risks to consumers which include medical, cognitive, infection, and sensory risks, pressure area and falls risks and risks associated with equipment and environment. Strategies to inform the delivery of safe care was documented in care planning documentation.

Consumers are supported and encouraged to share their end of life and palliative care wishes with the service staff. Care plans were seen to include consumer preferences and current needs, including things and people important to the consumer to maintain their well-being and their preferences for end of life care.

Assessment documents, care plans, progress notes and interviews with consumers, show staff work with the consumer and/or their representatives to ensure care and services provided is in line with the consumer’s needs and preferences. Care records demonstrated communication between the service’s other providers and consumers and representatives occurs regularly.

Consumers and representatives confirmed they are satisfied the service keeps them informed of the outcome of any assessments and with any associated changes to the way care is to be delivered. Care records demonstrated family meetings, where care plans and the outcome of assessment are reviewed and discussed, are held annually or when situations change.

Staff confirmed consumers are reviewed when there is a decline in health, incidents have occurred, following discharge from hospital, or, when there are changes in consumer preferences. Care planning documentation showed that care plans are updated to reflect any changes made during these reviews.

# 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. | 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. | Non-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

I have assessed this Quality Standard as Non-compliant as I am satisfied Requirement 3(3)(e) is Non-compliant.

The Assessment Team recommended Requirement 3(3)(e) as Non-compliant as the service could not demonstrate information about a consumer’s condition, needs and preferences is documented and communicated with those who are in the service and others where care and responsibilities are shared.

Information in relation to a consumer’s diabetic management plan was not documented with their current management plan and staff were not provided with the information. This resulted in the service having difficulty in controlling the consumer’s blood sugar levels. Clinical staff were not aware of the changes made and were treating the consumer off the old medication charts which were incorrect. Another consumer may suffer pain when being transferred as the information does not tell staff to ensure the arm of the commode is removed prior to transfer due to an injury that can knock on the arm of the commode, so this is not always done.

Information from the outcome of investigations of incidents is not always documented and communicated. This occurred with a consumer who suffered a fracture with the incident form indicating that footwear may be an issue. It was later discovered in progress notes that an empty bottle of wine was found in the room following the incident which was not included in the investigation. No specific information provided to staff to be aware of and how to manage the consumer to mitigate a further reocurrence. Representatives also stated they were unhappy when the service did not share the consumer’s care information with a geriatric specialist prior to an appointment with them as the service had said they would do.

Handover does not include care staff, there is no forum for coordinated multidisciplinary team discussion of consumers with complex needs outside of the monthly clinical meetings. This results in the clinical nurse not being aware in real time of changes to consumers’ clinical needs and being unable to have timely oversight of the clinical care being delivered to consumers with complex needs. Care staff stated they were not part of handover and felt they sometimes missed out on information about consumers or did not find out about care changes until the end of the shift.

The provider responded on 12 January 2023 acknowledging the Assessment Team’s comments but stated the report is not indicative of the care provided to their consumers. They also provided a continuous improvement plan which outline how they are addressing the issues raised which includes a new clinical handover process, weekly multidisciplinary team meetings, regular review of progress notes, daily huddles, monitoring of care plan and staff education.

In coming to my finding, I considered the Assessment Team’s report, the provider’s response and the continuous improvement plan and I agree with the Assessment Team that at the time of the Site Audit the service was Non-compliant with Requirement 3(3)(e).

Information was not being documented and shared effectively as the diabetic consumer was being treated as recommended by the general practitioner through the medication chart only, the diabetic care plan had not been updated to include these changes. This resulted in the service having difficulty keeping their blood sugar levels stable and another consumer sometimes suffering pain during transfers.

The consumer with a fracture did not have the possible causes of the incident (footwear and wine bottle) effectively shared with staff so they could monitor the consumer and reduce the possibility of incidents reoccurrence. Staff were not confident they had all of the information they required to ensure that consumers’ conditions were known and their needs, and preferences were being met.

I acknowledge the provider is implementing continuous improvement through education to staff and other initiatives to return the Requirement to compliance.

I am satisfied the remaining six Requirements of Standard 3 Personal care and clinical care are Compliant.

Consumers and representatives confirmed they receive safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Staff could describe how they are trained to deliver personal and clinical care that is best practice and how they deliver it to consumers. Documentation reviewed showed consumers are receiving best practice care in relation to wounds and pain management.

Care records reviewed showed high impact and high prevalence risk was documented by registered staff and the information includes how risks were identified along with the escalation and management of risks. Staff were able to describe the main risks for the sampled consumers and how these are managed, including the use of validated assessment tools, and appropriate identification and escalation of risks.

Feedback in the service’s compliments log from the representatives of eight consumers who passed away, showed gratitude for the compassionate care that was provided to their relatives throughout their end of life journey. Care plans reviewed showed advanced care directives and end of life care were documented for staff to follow. Palliative services are used by the service to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

Care staff could describe what they do if they identify changes to a consumer's condition, such as one care staff who stated they had to escalate to nursing staff when they identified a consumer appeared unwell, they stated registered staff came immediately and managed the situation. Care planning information showed that deterioration and changes in consumers’ conditions have been managed and where appropriate, consumers were transferred to hospital or referred for other services.

Representatives confirmed they were satisfied that timely referral was made to providers of other care and services. Care planning documents reflected referrals have been made to relevant health professionals when staff identified a relevant need, and the referrals are actioned in a timely manner.

Staff were observed to be using personal protective equipment in an appropriate manner and the service has an infection prevention and control lead who oversees training and monitors staff practice. Antibiotic usage is monitored, and staff are trained to ensure antibiotics are not used unnecessarily.

# 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

This Quality Standard is Compliant as seven of seven Requirements have been assessed as Compliant.

Consumers confirmed they are satisfied with the services and support provided for daily living and this was meeting their needs, goals and preferences. Consumers were observed receiving safe and effective services to maintain their independence, well-being and assistance to enhance their quality of life. Staff demonstrated knowledge of each consumer’s needs and preferences for their chosen activities. Lifestyle planning documentation identified consumers’ choices and provided information about the services and supports consumers needed to undertake the things they want to do.

Staff could demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological well-being. Care planning documentation showed consumers are referred to psychological services for their health and well-being. Staff could explain how they identify and support consumers who are feeling low. Access to spiritual services is provide through a faith support program.

Consumers confirmed they supported to participate in activities within the service and in the outside community as they choose. The service enables consumers to maintain social and personal connections that are important to them. Care planning documentation identified the people important to individual consumers and the activities of interest to them.

Information about consumers is shared through staff handover process, handover sheets, consumer care documentation, progress notes and alerts. Consumers confirmed staff generally know their needs and they do not need to explain their preference in relation to supports for daily living. Staff stated they hold regular case conference meetings to ensure information is up- to-date.

Consumers confirmed they have been referred to other providers of care and services and they were satisfied with the outcomes of this. Staff confirmed they made referrals to other service providers which was supported by the documentation reviewed.

Consumers confirmed they are satisfied with the variety and quality of meals, with alternatives offered if there is something they do not like. Staff could describe the specific dietary requirements of consumers, their likes and dislikes, food allergies and their preferred portion sizes. Observations included consumers enjoying their meals and staff ensuring that the food was to their liking.

Consumers confirmed they feel safe using the service’s equipment and comfortable to raise any concerns they have about the equipment. Observation of equipment found it to be safe, fit for purpose, clean and maintained to a high standard. Staff could describe how to report any equipment issues and described how they clean equipment before and after use.

# 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

This Quality Standard is Complaint as three of three Requirements have been assessed as Compliant.

Consumers confirmed they enjoy living at the service and find the surroundings to be both comfortable and a relaxing place to live. The service was observed to be welcoming to consumers and visitors, being neat and clean with a high standard of presentation. The facility’s gardens are extensively planted, well-manicured and provide ample space for the enjoyment of consumers and their visitors. Reception staff and management were consistently observed to greet all consumers, visitors and staff entering the service in a friendly, attentive and welcoming manner.

Consumers confirmed they found the service environment to be clean, safe and well maintained. Staff could describe the process to ensure that cleanliness is maintained and stated they feel supported by management to ensure they can undertake their duties as per the schedule. Environmental services documentation showed the cleaning schedule was current and completed so it remained up to date and it was appropriately detailed for the list of tasks required to be completed. Consumers were observed using both the indoors and outdoors, and when outside they could move freely to the communal grounds and gardens of the service.

There is a preventative and reactive maintenance program to ensure all furniture, fittings and equipment is safe, clean, well maintained and suitable for the consumers*.* Staff were observed using the correctly designated cleaning cloths and mop heads, and wet floor signs were in use to protect consumer safety. Consumers confirmed staff ensure furniture and service equipment is clean and suitable for use.

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

I have found this Quality Standard as Non-compliant as I am satisfied Requirements 6(3)(c) and 6(3)(d) are Non-compliant.

The Assessment Team recommended Requirement 6(3)(c) Not Met as whilst consumers and representatives are encouraged to lodge feedback and complaints, appropriate action is not always undertaken in relation to Requirement 6(3)(c) which has then resulted in care in services being reviewed and used to improve the quality under Requirement 6(3)(d).

The Assessment Team’s report outlines how three consumers and two representatives have lodged complaints with the service but on all occasions the appropriate action and follow up was not completed as per the service’s policies and procedures. The complaints related to the behaviours of specific staff members which included one consumer not receiving the care they required and four about the way staff interacted with consumers. Whilst it varied in the acknowledgement of the issues with the complainants, they all had not been satisfied that their issues were either acknowledged or responded to, or both.

The service responded to the incidents raised by the Assessment Team saying some were responded to but were not documented and some were in progress for lengthy periods. However, they did not satisfy the Assessment Team that the appropriate action was taken as per their policies and procedures and the appropriate documentation was not always completed.

As a result, the complaints could not be reviewed adequately to improve the quality of care and services. This was confirmed with the comments of consumers and representatives stating they had not seen any changes made as the result of their issues raised.

The provider responded on 12 January 2023 acknowledging the Assessment Team’s comments but stated the report is not indicative of the care provided to their consumers. They also provided a continuous improvement plan which outlines how they are addressing the issues raised by, providing education to staff on feedback management, guidance on how to acknowledge, action and follow up and the outcomes of complaints. Monthly analysis to monitor trends, review actions and implement improvements will be undertaken. Feedback will be included as part of the Resident/relatives meetings and will be included in the monthly management meeting.

In coming to my finding, I considered the Assessment Team’s report, the provider’s response and the continuous improvement plan and I agree with the Assessment Team that at the time of the Site Audit the service was Non-compliant with Requirements 6(3)(c) and 6(3)(d).

The voice of the consumers and representatives who have raised issues and detailed how they have not been addressed, has satisfied me that the service was not either not acknowledging or responding to issues, or both, and has convinced me that the intent of Requirements 6(3)(c) has not been met. The lack of documentation was also evident as the service could not provide the information to show the actions that have been taken as a result of the issues raised.

Consumers also provided information in Requirement 6(3)(d) to state that despite raising issues there had not been any changes made to quality of care and services they were receiving. I also think that if the documentation is not available, complaints and feedback cannot be analysed effectively to ensure the quality of care and services is improved for consumers.

I acknowledge the service did take immediate action with all issues raised by the Assessment Team and have also since implemented a range of continuous improvement items, but this did not dissuade me to think that at the time of the audit the actions to manage complaints and feedback were being managed as per the service’s policies and procedures.

I am satisfied the remaining two Requirements of Standard 6 Feedback and complaints are Compliant.

Consumers and representatives confirmed they know how to provide feedback and/or complaints and described the process they have used being verbally to staff, at meetings, via their representative or in writing by completing the ‘tell us what you think form’. Staff described how they encourage and support consumers and/or their representatives to provide feedback and what they do with this information that is in line with the service’s policy. Feedback forms and boxes to lodge are provided around the service and are monitored daily for items received.

Consumers and representatives were aware of other services available to assist them if needed. Staff said they know of the external services and one staff said they have provided information pamphlets to a consumer when asked when asked. Posters and pamphlets were observed to be available in the service showing how to access advocates and language services. Management also has a planned visit by an advocacy agency to inform consumers of their rights.

# 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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. | Non-compliant |

Findings

I have found this Quality Standard as Non-compliant as I am satisfied Requirements 7(3)(b) and 7(3)(e) are Non-compliant.

The Assessment Team recommended Requirement 7(3)(b) as Not Met as whilst some consumers stated they have a trusting relationship with staff where they are supported and respected, others provided examples of where staff did not treat them with kindness. Most of the issues raised were in relation to the way staff were speaking to the consumers, without kindness or compassion or in the case of two consumers not considering whether their actions may cause pain, even if it was not deliberate.

Whilst most staff described how they deliver care that is kind and caring some stated they have observed a staff member who was particularly unkind, shouting at a consumer with cognitive impairment and speaking loudly about consumers in a derogatory manner when they could hear them.

In relation to Requirement 7(3)(e) the Assessment Team recommended it as Not Met as staff have not been monitored adequately either by the performance management cycle or incidents of unacceptable behaviour, or conduct is not being progressed as per the service’s staff performance management and grievances policy and procedure resulting in incidents of a similar nature continuing to occur.

The report outlines how four staff members identified by consumers in complaints have not had performance management conduct as per the performance management cycle. It is also asserted that performance management has not been undertaken for three staff identified in other complaints. Review of personnel files showed that two staff members have previously been performance managed for their communication style or conduct towards consumers.

The provider responded on 12 January 2023 acknowledging the Assessment Teams comments but stated the report is not indicative of the care provided to their consumers. They also provided a continuous improvement plan which shows they are implementing a schedule for staff appraisals, file notes will be implemented to assist with staff monitoring and performance, targeted recruitment to reduce agency staff, updated agency orientation checklist reviewed and implemented and post education surveys for staff.

In coming to my finding, I considered the Assessment Team’s report, the provider’s response and the continuous improvement plan and I agree with the Assessment Team that the provider is Non-compliant with Requirements 7(3)(b) and 7(3)(e).

Throughout the report it is highlighted there are some staff who have not treated consumers with dignity and respect or with kindness. Whilst I am unsure of the exact number of staff involved, I have been able to determine there are at least two, other staff have notified management of this this and management have been informed through the complaints mechanisms, yet the issue has not been rectified. I understand this is not all staff, but it is not acceptable that some consumers have been exposed to verbal abuse and pain even though it may not have been a deliberate act.

I also consider that monitoring of staff should be undertaken to ensure consumers are receiving quality care and I was not provided with any evidence that this was occurring leading up to the Site Audit. The complaints from consumers identified the staff members and monitoring and/or performance management of the should have been completed immediately.

I acknowledge the service undertook immediate actions upon discussion with the Assessment Team and have since introduced continuous improvement items to mitigate this sort of incident occurring in the future.

I am satisfied the remaining three Requirements of Standard 7 Human resources are Compliant.

Consumers and representatives confirmed overall, there is enough staff. Some did state they could do with more but could not provide reasons why. Staff also stated similar saying there are enough staff, but agency staff are utilised and are not as efficient as regular staff. Management acknowledged they do not have a full complement of staff but are working on more recruitment to ensure positions are filled by employed staff. Documentation confirmed all recent shifts were filled.

Consumers and representatives confirmed they are confident staff are skilled in their roles to provide quality care and services. Staff competencies is stored in the electronic and is monitored with email renewal reminders to management onsite for follow up, and a review of records verified they are up to date. Staff confirmed their competencies are monitored are they are required to keep them current.

Consumers and representatives said they have confidence in the regular staff members ability to deliver their care and services. Staff interviewed said the service provides regular training, support and supervision for them to be able to perform their roles. The recruitment process ensures that all staff have the skills and qualifications to perform their roles and there is ongoing training and development programs to support staff with delivering quality care and services.

# 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. | Non-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. | Non-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

I have found this Quality Standard as Non-complaint as I am satisfied Requirements 8(3)(c) and 8(3)(d) are Non-compliant.

The Assessment Team has recommended Requirements 8(3)(b), 8(3)(c) and 8(3)(d) as Not Met.

At the time of the Site Audit, the Assessment Team found with Requirement 8(3)(b) service could not explain how the monthly service reports the governing body receives enables them to monitor the delivery of care and services or demonstrate actions the board has taken to ensure care and services are safe, inclusive and in line with the Quality Standards. The information was telephoned through to central office but was completed in numbers rather than a report that could be analysed. They assert current governing process has not provided effective oversight and monitoring to detect impacts or the potential to impact the delivery of safe and quality care and services, referencing the deficits identified in Requirements 3(3)(e), 6(3)(d), 7(3)(e) and 8(3)(d) as impacts.

Effective organisational wide governance systems, Requirement 8(3)(c) was found to be Non-compliant due to deficiencies with information systems, continuous improvement and feedback and complaints.

The governance of information systems were not effective due to a new handover system where care staff are missing information and registered nursing staff are not receiving timely information about a consumer’s care referencing the deficits in Requirements 3(3)(e).

Whilst there is a continuous improvement plan the Assessment Team asserts that the governance process is not ensuring that the continuous improvement system is ensuring that all items are implemented, monitored and reviewed. Three items were outlined where the process has not been followed which has led to gaps in areas outlined in Requirements 3(3)(e), 6(3)(c) and 8(3)(d).

The governance processes for complaints and feedback have not ensured that all complaints have been responded to and a satisfactory outcome for all parties was reached. The service is not following their policy and procedure of reviewing feedback and complaints to improve outcomes for consumers.

Effective risk management systems and practices, Requirement 8(3)(d), did not demonstrate all incidents are investigated and recorded and that staff were equipped with information to effectively identify, report or manage high impact risks and the service did not recognise and responds to allegations of abuse made by consumers or their representatives or staff.

The report outlines how a consumer’s arm was hurt during transfer, but this was not reported as an incident as per the organisation’s policies. A report of psychological or emotional abuse towards a consumer by a staff member was reported by a staff member on 3 December 2022 and escalated via email to the clinical nurse. This was not responded to until it was queried by the Assessment Team on day 2 of the Site Audit, 7 December 2022. This involved a staff member verbally abusing and threatening a consumer with physical abuse. It also involved allegations that a continence aid was removed without due care causing the same consumer pain. The correct procedure of reporting was not followed as the policy which states with incidents of this nature the manager must be notified immediately via telephone. The delay also resulted in the report not being made within the legislated timeframe of 24 hours.

The provider responded on 12 January 2023 acknowledging the Assessment Team’s comments but stated the report is not indicative of the care provided to their consumers. They also provided a continuous improvement plan to address the deficits which includes an education program, new scheduling reporting and escalation processes, updated communications systems and meetings along with revised reports with better information.

In coming to my finding, I considered the Assessment Team’s report, the provider’s response and the continuous improvement plan and I agree with the Assessment Team that the provider is Non-compliant with Requirements 8(3)(c) and 8(3)(d). However, I consider that Requirement 8(3)(b) to be Compliant and I will explain my reasons below.

The provider did not respond directly to Requirements 8(3)(b) so I could only consider the information that was provided in the Assessment Team’s report. Much of the information provided was more relevant under Requirements 8(3)(c) and 8(3)(d) so these issues were only considered in those Requirements as I was not provided with information to consider how the governing body responded to these issues.

The Assessment Team did provide the new structure for the governing body stating there is a framework responsible for promoting a culture of safe, inclusive and quality care by providing a structure of various governance and committees that provide oversight and accountability to reporting of information including and not limited to clinical indicators, incident reporting, complaints and satisfaction surveys compiled monthly by the service. Whilst at the time of the Site Audit it was explained that the clinical information was only telephoned through and added to a spreadsheet it did not elaborate further how this impacted on the delivery of safe and quality care to consumers.

I have also considered the information provided in Standard 3 Personal care and clinical care and Standard 4 Services and supports for daily living which shows, for the most part that consumers are receiving safe and quality care and services.

It is for these reasons I find Requirement 8(3)(b), Compliant.

In relation to Requirements 8(3)(c) and 8(3)(d), I agree with the Assessment Team that the governance processes for both Requirements are not effective for the reasons they provided.

I acknowledge the service has a continuous improvement plan in place to return to compliance.

I am satisfied the remaining two Requirements of Standard 8 Organisational governance are Compliant.

The service could provide examples of where consumers were involved in the development of the care and services provided. The service promotes involvement through Resident and Relative meetings, surveys, the complaints and feedback system and food focus groups.

The service has a structure and guidelines to instruct staff on the minimisation of restraint, and staff were able to demonstrate they do use restraint as a last resort. Open disclosure is aligned with Australian Open Disclosure Framework and is embedded in the policies and procedures. There are systems in place to supports the safe and appropriate use of antimicrobials and infection control. The service has an infection prevention and control policy that guide staff with care strategies which minimise the need of antibiotics and an infection prevention and control lead who oversees training and monitors staff practice.

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)