Performance

Report

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| Name: | ACH Group Residential Care - Yankalilla Centre |
| Commission ID: | 6196 |
| Address: | 175 Main South Road, YANKALILLA, South Australia, 5203 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 14 May 2024 |
| Service included in this assessment: | Provider: 1757 Aged Care & Housing Group Inc  Service: 5224 ACH Group Residential Care - Yankalilla Centre |

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 ACH Group Residential Care - Yankalilla Centre (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the Approved Provider’s response to the Assessment Team’s report received 8 May 2024

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not 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.

* **Standard 3 Requirement 3(3)(a):** The Approved Provider ensures staff are supported and trained to acquire competence relevant to their roles and have sufficient knowledge of tailored strategies for consumer care needs. Staff receive sufficient support and training to understand obligations in provision of best practice care relating to use of psychotropic medications, particularly on a pro re nata (as required) basis, and requirement for administration of time sensitive medications for consumer safety and well-being. Staff practice, including agency staff practice, is monitored for alignment with best practice. The service ensures sufficient staff are available to meet consumer needs in a timely manner.
* **Standard 4 Requirement 4(3)(f):** The Approved Provider ensures meals provided are of suitable variety, quality, and quantity, and served at appropriate temperature and times. Staff practices, informed through the workflow, ensures consumer needs and preferences are considered. Staff are educated to consider the dining experience for consumers throughout meal preparation, set up, service, and supports. Evaluation of effectiveness considers consumer feedback.
* **Standard 7 Requirement 7(3)(a):** The Approved Provider ensures rostering addresses not only the number of staff, but the mix and skills to ensure the delivery of safe and quality care and services. Evaluation of onboarding and training of agency staff is undertaken to ensure all staff have sufficient knowledge and skills to effectively undertake their roles.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives reported consumers were treated with dignity and respect and were supported to maintain their identity. Staff demonstrated respect towards consumers and showed understanding of each consumer’s identity and background. Information about consumers’ identity, culture, and diversity was shared within care planning documentation.

Consumers and representatives said cultural backgrounds were recognised and respected, and provided care was consistent with cultural traditions and preferences. Staff detailed how they partnered with consumers to understand cultural backgrounds and life history and used this information to provide culturally safe care. Care planning documents evidenced cultural information was documented and used to inform care and services.

Consumers provided positive feedback on being supported to make choices, including who was involved in provision of care and how it was delivered. Staff explained how they supported consumers to connect and maintain relationships of importance. Care planning documentation reflected consumer choices.

Consumers reported they felt supported to take risks to enable them to live their best lives. Staff were aware of consumers’ right to make choices and explained assessment and consultation processes to consider risks. Care planning documentation demonstrated risks of choice were identified and discussed with consumers, along with mitigating strategies, to support informed decision making.

Staff descried communication strategies for consumers to ensure information was accessible and understood. Consumers and representatives said verbal and written information was timely and informative. Available documentation included menus, activity programs and events, COVID-19 updates and visitor requirements, newsletters, and meeting minutes.

Policies and processes in place to protect consumer privacy informed staff practice. Staff described how information was kept confidential, including securing information, having discussions about consumers in closed environments, and closing doors and lowering blinds during care. Consumers gave examples of how staff respected privacy, such as knocking on doors and supporting periods where they didn’t want to be disturbed.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff explained assessment and planning processes were undertaken using validated risk assessment tools, using outcomes to develop care and services plans outlining consumer care needs and strategies. Care planning documentation included sufficient information to inform delivery of consumer care. Policies, procedures, and work tools informed staff practice in completion of assessments to inform care and services plans and understand consumer risks. The Approved Provider’s response acknowledges improvements to assessment and planning processes to ensure consumers could operate the security keypad to enable free movement, and the Assessment Team reported improvement activities were developed in response to feedback during the Site Audit.

Consumers and representatives reported consultation on needs, goals, and preferences, and assessment and planning processes included conversations about advance care and end of life planning. Care planning documentation reflected needs and preferences of consumers reflective of consumer and staff feedback. Staff explained how they approached discussion about end-of-life planning, with assessment undertaken in line with consumer and/or representative wishes.

Consumers and representatives provided feedback of their partnership in assessment, planning, and review of the consumer’s care and services. Staff explained how they engaged consumers, representatives, and other involved providers of care and services in assessment and planning processes and use relevant information within consumer care and services plans. Care planning documentation evidenced care conferences conducted with consumers and representatives and demonstrated input from a diverse range of providers.

Staff detailed processes to communicate assessment and planning information and changes with consumers and representatives. Staff said they routinely offer a copy of the care and services plans and have consumers and/or representatives sign the copy. Practices were verified by consumers and representatives and within documentation. Staff were observed regularly accessing and documenting consumer information within the electronic care management system.

Changes to consumer needs, goals, or preferences were reflected within care planning documentation. Staff explained how each consumer’s care and services were regularly reviewed, including through routine 6-month schedules and following incident or change in circumstances. Consumers and representatives said they recalled reviews through their involvement.

# 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. | Not 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. | 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

This Quality Standard is Not compliant as one of the 7 Requirements has been assessed as Not compliant.

Requirement 3(3)(a)

The Assessment Team recommended Requirement 3(3)(a) Not Met in response to reported delays in delivery of personal care and staff not providing care in line with tailored strategies within consumer care and services plans, including for hygiene and continence care. Consumers, representatives, and staff attributed this to workforce issues, considered further in my findings in Standard 7 Requirement 7(3)(a).

Staff, especially agency staff, did not demonstrate understanding of non-pharmacological strategies within consumer’s behaviour support plans. This resulted in psychotropic medications being used as chemical restraint without trial of other strategies first. Management acknowledged staff had not demonstrated sufficient awareness and use of support strategies prior to administration of psychotropic medications, with continuous improvement activities initiated during the Site Audit.

Delays with administration of time sensitive medication for one consumer, evidenced within documentation, was not identified, and had not triggered incident reporting. The representative provided feedback demonstrating the impact this had to the consumer’s health and well-being. Medication administration processes, prompted by the electronic medication management system, did not reflect best practice for time sensitive medications, providing a window of time of up to 2.5 hours for administration rather than prompting precise times. Whilst clinical staff reported awareness of time sensitive medications, they said they could not always adhere to scheduled times. Management advised they were not aware of this occurring.

The Assessment Team also brought forward issues of the impact on the security door relating to environmental restraint for some consumers. I consider the deficiency lies within assessment and planning processes, outlined within my findings in Standard 2. My decision was supported by the code being readily available to consumers, which does not support intent for environmental restraint.

The Approved Provider’s response has not refuted the findings, including the following actions, reflected in the Plan for continuous improvement:

* Education and reflective practices for all clinical and senior staff around administration of psychotropic medication, with inclusion of discussion of psychotropic management and monitoring within daily meeting topics.
* Alerts added into the electronic medication chart to ensure non-pharmacological strategies have been trialled and charted prior to administration of psychotropic medication for changed behaviours.
* Working with the agency to ensure staff have sufficient training and understanding, and monitoring training records.
* A review of consumers with time sensitive medications, handover practices and updates to the electronic medication chart relating to time sensitive medications.

I acknowledge the Approved Provider’s response and actions captured within the Plan for continuous improvement. I note these actions remain current, with proposed completion of all actions by June 2024, and will require evaluation of effectiveness before being closed. The Approved Provider has not refuted any of the findings, developing actions reflecting understanding of the issues, and accordingly I find Requirement 3(3)(a) to be Not compliant. I would also encourage the Approved Provider to ensure oversight practices are strengthened to ensure effective monitoring of the provision of personal and clinical care for consumers, particularly given the current reliance on agency staff.

I am satisfied the other Requirements for this Quality Standard are Compliant.

Consumers and representatives said consumer risks in relation to diabetes and weight loss were effectively managed. Care planning documentation identified risks and strategies, including monitoring practices. Policies and procedures guided staff practice in relation to high impact or high prevalence risks, and monitoring practices included monthly meetings and identifying consumers with risks on the risk register.

Staff could outline how they recognised, assessed, and reviewed changing care needs for consumers to identify and support consumers nearing end-of-life. Policies and procedures were available to guide staff practice in provision of end-of-life care to maintain comfort and preserve dignity. Management explained most consumers prefer hospital based palliative care and there had not been provision of end-of-life care at the service for over 12 months.

Consumers and representatives said staff identified and responded to deterioration of consumer condition. Staff gave examples of what constituted deterioration, and steps taken to escalate concerns. Monitoring processes were in place to detect changes, and policies and procedures informed identification, assessment, management, and escalation of deterioration.

Documentation, including care and services plans and progress notes, included sufficient detail to inform staff of needs and changes. Staff explained communication processes to share information about consumers or changes to their care and services, including handover and meetings. Whilst information was also available within care and services plans, some staff raised concerns that agency staff did not take time to review this information, impacting consumer care (considered further within my findings for Requirement 3(3)(a)).

Consumers and representatives confirmed timely referrals made to appropriate provider to meet consumer needs and this was evidenced within care planning documentation. Clinical staff provided examples of referrals made for consumers. Policies and procedures were available to guide referral processes.

Staff explained infection prevention and control practices, including actions taken to promote appropriate antibiotic prescribing. Staff practices were supported through policies, procedures, outbreak management planning, and an Infection prevention and control lead. Consumers were monitored for signs of infection, with isolation commenced if unwell, and screening processes undertaken for visitors and staff.

# 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. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Not compliant as one of the 7 Requirements has been assessed as Not compliant.

Requirement 4(3)(f)

The Assessment Team recommended Requirement 4(3)(f) Not Met in response to complaints about the food being overcooked, cold, and lacking variety. Meals were prepared at the organisation’s central kitchen, chilled, and transported to the service, stored in the central storage fridges, transferred to kitchenettes in each wing on the day, and then reheated ahead of the meal service. Management acknowledged awareness of a trend in complaints about the flavour and temperature of the food and had included some actions within the Plan for continuous improvement, however, were unaware practices impacting the meal experience. The process to distributed meals and assist consumers was observed to be disorganised, with meals served on cold plates, with observed delays in delivery impacting consumers seated together or dining in their rooms. Consumers with assessed needs did not have the required cutlery readily available, or staff to assist in a timely manner. Staff said the meal service was impacted by the high level of shifts filled by agency staff who had insufficient training, this was supported by observations during the Site Audit with agency staff assisting in kitchenettes.

The Approved Provider’s response has not refuted the findings, including the following actions, reflected in the Plan for continuous improvement:

* Coordinating a meeting with the organisation’s chef and consumers to review and update menus and commencing consumer surveys on the updated menu.
* Developing a meal coordination report to monitor workflow on a weekly basis to identify and address gaps.
* Undertaken an audit and analysis of meal service and available cutlery with responsive streamlining of the service operations.
* Training for catering and meal service has been provided to staff, including agency staff, with routine training every week, and this includes setting of table and workflow of meal operations.
* Guidelines have been introduced into each kitchen and included within site induction forms at commencement of shifts.

I acknowledge the Approved Provider’s response and actions captured within the Plan for continuous improvement. I note these actions remain current, with proposed completion of all actions by June 2024, and will require evaluation of effectiveness before being closed. The Approved Provider has not refuted any of the findings, developing actions reflecting understanding of the issues, and accordingly I find Requirement 4(3)(f) to be Not compliant.

I am satisfied the other Requirements for this Quality Standard are Compliant.

Staff explained assessment processes to understand consumer preferences, needs, and traditions for interests, social, emotional, and cultural areas. These were evidenced in care planning documentation and used to inform services and supports for daily living.

Feedback from consumers and representatives reflected the emotional, spiritual, and psychological needs of consumers were supported. Staff outlined religious services and visits and knew how to identify and respond to low mood of consumers. Care planning documentation outlined supports for emotional, spiritual, and psychological well-being of consumers.

Staff awareness of consumer interests aligned with consumer feedback and care planning documentation and were used to inform the activities calendar. Consumers described how they were supported to do things within the service and greater community, and how they stayed connected with people important to them.

Consumers and representatives reported effective communication of consumer information. Staff outlined how information about consumers was shared through handover, meetings, and through the electronic care and services plan, including through alerts. Care planning documentation contained sufficient detail for effective information sharing.

Consumers and representatives confirmed timely and appropriate referrals were made, reflected in care planning documentation. Management spoke of partner organisations who work with the service, and staff explained how they facilitated connections.

Consumers said they had sufficient access to safe and suitable equipment. Staff explained cleaning and monitoring procedures and maintenance reporting processes. Equipment for use by consumers for daily living or activities was observed to be safe, clean, and well maintained.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming, with a sense of belonging enabled and supported through personalising the space. Staff explained how the layout included a garden and communal areas to support consumer interaction and participation in group activities. Larger rooms were available to support couples continue to share, and signage enabling independent wayfinding.

Consumers and representatives reported the service to be clean and well maintained, enabling access to indoor and outdoor areas. Staff explained routines and processes for daily and extraordinary cleaning, such as deep cleaning when a room was vacated. The environment was observed to be clean, tidy, with clear walkways and equipment stored in designated storerooms. The Assessment Team identified potential for the keypad lock to prevent free movement of some consumers, not assessed as being environmentally restraint, however, this has been considered as an area for improvement in assessment and planning practices within Standard 2, acknowledged by the Approved Provider. Maintenance logs were provided, along with an annual maintenance planner and service reports, however, these did not consistently record whether the activities were undertaken, acknowledged my management. The Approved Provider’s response explains actions to improve oversight, including consolidating log sheets into one document, and the new practices will be implemented at an organisational level to improve scheduling. I am satisfied that Requirement 5(3)(b) is compliant, and actions for improvement being undertaken to address findings in the Site Audit report.

Consumers said furniture, fittings, and equipment were clean, safe, and well maintained, and if there were issues, they reported it to staff who were responsive. Staff said they had sufficient equipment, and management explained processes to source additional equipment based on consumer needs. Preventative and reactive maintenance processes were undertaken, including use of contractors for cleaning of furniture and carpets, and updating of fittings, furnishings, and equipment for consumer comfort.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt supported to provide feedback or make complaints through available methods, including speaking with management, completing a feedback form, discussing at consumer meetings, or through the organisation website. Staff explained they supported consumers and/or representatives to provide feedback and could raise concerns with management. Feedback and complaints policies and procedures informed staff practice to obtain and handle consumer feedback and complaints.

Consumers and representatives said they were aware of advocacy and complaint services. Staff said information on advocacy and complaint services was made available to consumers and representatives and they could also offer brochures with contact information. Management said interpreter services could be arranged if required. Information about language and advocacy services was included within organisational processes, handbooks for consumers and staff, and observed as being displayed on posters and brochures.

Feedback records showed open disclosure was practiced. Staff said they received training and could explain steps within the open disclosure process, providing examples of when they had used them. Consumers and representatives said the service responded promptly and appropriately to feedback and complaints.

Consumers, representatives, and staff described how feedback and complaints had been used to improve care and services. Management explained feedback and complaints were reviewed in consumer meetings, staff huddles, and the feedback and complaints register, and information used to develop improvements captured in the Plan for continuous improvement. This was reflected within the feedback and complaints register, noting items with high frequency for feedback or complaint were used to identify issues and develop improvement activities.

# 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. | Not 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

This Quality Standard is Not compliant as one of the 5 Requirements has been assessed as Not compliant.

Requirement 7(3)(a)

The Assessment Team recommended Requirement 7(3)(a) Not Met as most consumers and representatives reported there were not enough experienced staff, consumers experienced delays in provision of care and services. Staff explained the impact of using multiple agency staff in a shift on their roles, outlining impact on the delivery of safe and quality care. Documentation reviewed demonstrated most shifts were filled, however, on many occasions agency staff outnumber employed staff.

Management explained this was not a new issue, with the organisation developing a taskforce in 2023 to develop strategies, and one of the wings had been closed in recognition of the impact on consumer care. Several new staff had been recruited to commence in the coming month, and management described training programs implemented to upskill agency staff.

The Approved Provider’s response state they disagree with some of the Assessment Team statements, as continuous improvement actions were already developed and enacted to consider workforce attraction and retention. This included a review of the staffing model in January 2024, increasing vacant shifts by March 2024 which would be agency workforce whilst recruitment for permanent staff was undertaken. Work was done with supplying agencies to ensure staff had at least 6 months experience, and regular agency staff returned for shifts for continuity of care, with these staff participating in onsite training at the service. These items are reflective within the accompanying Plan for continuous improvement.

I acknowledge the Approved Provider’s response and actions captured within the Plan for continuous improvement. I note these actions remain current, with proposed completion of all actions by June 2024, and will require evaluation of effectiveness before being closed. Whilst the Approved Provider states the increase in agency shifts was intentional, due to restructured staffing and recruitment for permanent staff, there was significant impact by the existing workforce. Staff and consumers detailed how staffing, particularly the high use of agency staff unfamiliar with consumer needs, affected provision of consumer care and services. This is reflected in findings of non-compliance in Standards 3 and 4 relating to provision of personal and clinical care, and the quality of meals and the overall dining experience. Whilst the Approved Provider has recognised the need for agency staff to receive induction and participate in training, there is no evidence of evaluation of effectiveness of the program provided, however, feedback from consumers, representatives, and staff report the issues as ongoing. In coming to my decision, I have placed weight on the impact to consumers, and find the evidence does not show the service demonstrated the number and mix of members of the workforce supported the delivery and management of safe and quality care and services.

For these reasons, I find Requirement 7(3)(a) Not compliant.

I am satisfied the other Requirements for this Quality Standard are Compliant.

Workforce interactions with consumers were observed to be kind and caring, demonstrating respect and understanding of identity and culture. Consumers and representatives described staff as kind, caring, and respectful. Management explained mandatory training provided to staff to support required interactions with consumers, including code of conduct training.

Management explained processes to ensure staff meet requirements, including qualifications, for respective roles, with monitoring by the organisation’s People and culture team for registrations and security checks. Induction and orientation processes were conducted to ensure competency with management explaining training was introduced for agency staff to align skills and competencies with expectations following consumer feedback. Staff reported onboarding processes included completion of core competencies.

Staff said they received sufficient training through onboarding, support from mentors, and mandatory and continuing training. Training and education records demonstrated provision of training for many areas, including those relevant to the Quality Standards such as restrictive practices, reporting within the Serious Incident Response Scheme, diversity, and infection prevention and control measures. Management explained monitoring processes, including through feedback, to identify training opportunities.

Consumers and representatives said they were encouraged to provide feedback on staff performance. Staff reported ongoing supervision practices and annual performance appraisals. Management outlined periodic performance feedback during probation and annually thereafter, with ongoing monitoring through daily occurrences and events. Policies were available to guide performance development and reviews as well as management of underperformance.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives explained their engagement in the development, delivery, and evaluation of care and services through case conferences, feedback mechanisms, surveys, and consumer meetings. Management explained supports for consumer engagement in the contribution to the running of the service. Documentation reflected engagement through consumer meeting minutes, and formation of the Consumer advisory body.

Management explained how the governing body was informed of the performance of the service, such as through audit outcomes and monthly reporting processes which were escalated through relevant subcommittees to the Board. This was evidenced within governance committee and Board meeting minutes.

Effective organisation wide governance systems informed practice in key areas. Workforce governance was reflective within policies and procedures outlining expectations of the workforce, requirements, roles, training, and responsibilities within detailed position descriptions. This was supported through organisational recruitment and human resources teams and monitored through the performance framework. Continuous improvement activities were developed through monitoring processes, reported through senior management, and overseen through the organisation’s Quality team.

The risk management framework was supported through policies, procedures, practices, and staff training. Staff explained how policies and procedures were used to manage risks, with monitoring by service and organisational management through the clinical risk register. Staff received training and demonstrated shared understanding of elder abuse and neglect, outlining reporting obligations. Consumers were supported to live their best lives through processes to promote independence, including when this means taking risks. Incidents were reported through the electronic care management system, reviewed daily by clinical staff and management, and analysed at organisation level before being reported to the Board.

The Clinical governance committee was responsible for oversight within the clinical governance framework, informed through policies and procedures to support best practices in clinical care. Infections were monitored and analysed, with antibiotic use benchmarked and care planning documentation audited and discussed within clinical meetings. Monitoring processes to minimise the use of restrictive practices were undertaken, although management acknowledged deficiencies in staff demonstrating best practice, despite available policies and procedures (reflected in findings for Standard 3 Requirement 3(3)(a)). Staff receive training in key areas of clinical practice, such as antimicrobial stewardship, minimisation of restrictive practice, and application of open disclosure.

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