Performance

Report

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| Name of service: | Adina Care Cootamundra |
| Service address: | 121 Mackay Street COOTAMUNDRA NSW 2590 |
| Commission ID: | 2743 |
| Approved provider: | Cootamundra Health Care Co-operative Limited |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 4 April 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 Adina Care Cootamundra (**the service**) has been prepared by Katrina Platt, 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 on 3 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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.

* Requirement 1(3)(a) – the Approved Provider ensure consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers are not ‘patients’, they are care and services recipients in aged care facilities which are now their ‘homes’. Feedback from consumers about feeling disrespected is acknowledged and used to inform a consumer-focused approach to the delivery of care and services.
* Requirement 1(3)(c) – the Approved Provider ensures every consumer is supported to exercise choice and independence about the care and services they receive, supported to make decisions about when family, friends and others should be involved in their care, communicate their decisions and make connections with others and maintain relationships of choice, including intimate relationships. Decision-making processes should be documented clearly and staff awareness demonstrated about consumer decision-making choices.
* Requirement 1(3)(d) – the Approved Provider ensures consumers are informed about risks taken and appropriate risk assessments included key interventions to ensure consumer safety. Staff awareness of risks associated with each consumer is also required to ensure consumer safety is maintained, whilst consumers are supported to take risks which enable them to live the best life they can.
* Requirement 1(3)(e) – the Approved Provider ensures information provided to consumers is current, accurate and timely and communicated in a way that is clear, easy to understand and enables choice to be exercised. This includes (but is not limited to) newsletters, meeting minutes and information about meal choices, activities of daily living, advocacy services and how to provide feedback and raise concerns.
* Requirement 1(3)(f) – the Approved Provider ensures the privacy of consumers is respected and personal information is kept confidential. This includes ensuring all confidential information is secured properly at all times and disposed of in a timely manner. Care should be taken when reviewing consumer information in public areas.
* Requirement 2(3)(a) – the Approved Provider ensures comprehensive assessment and planning is conducted for falls management, behaviour management and continence management. Risk mitigation strategies should be evidenced and should include consideration of consumer needs and preferences including physical limitations. Behaviour support plans should be individualised for each consumer.
* Requirement 2(3)(b) – the Approved Provider ensures assessment and planning identifies individual consumer needs, goals and preferences including personal and relationship needs. Pressure injuries, other skin injuries, urinary catheter management and mobility and transfer needs of consumers should be recognised and documented in care and services plans. Behaviour support plans should contain strategies to manage expressive behaviours. Advance care directives and end of life planning should be complete and reflect the end of life needs and wishes of consumers.
* Requirement 2(3)(c) – the Approved Provider ensures consumers and consumer representatives are partners in their care and services planning. Other organisations, and individuals and providers of other care and services are included in assessment and planning and their recommendations documented accordingly. Appropriate records are also required to show when mitigation strategies were inappropriate and/or ineffective and what other strategies have been considered for effective care and services management.
* Requirement 2(3)(d) – the Approved Provider ensures outcomes of assessment and planning are effectively communicated to consumers and consumer representatives and access to and/or copies of care plans made available when requested.
* Requirement 2(3)(e) – the Approved Provider ensures care and services are reviewed regularly for effectiveness, when consumer circumstances change or when incidents impact the needs, goals and preferences of consumers. The Approved Provider ensures policies and procedures are followed to ensure regular care and services reviews are conducted and continuous improvement shown to discuss and review plans with staff as noted.
* Requirement 3(3)(a) – the Approved Provider ensures consumers receive personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being for restrictive practices including chemical restraint, mechanical restraint and environmental restraint. Wound management, pain management and catheter management practices should align with best practice, with staff supported to provide best practice.
* Requirement 3(3)(b) – the Approved Provider ensures high-impact high-prevalence risks are recognised and managed effectively, for consumers at increased risk of falls and consumers with challenging behaviours. Behaviour support plans should be in place to management risk and identify mitigation strategies. Urinary catheter management requires consistent monitoring and reporting.
* Requirement 3(3)(f) – the Approved Provider ensures consumer referrals related to clinical care occur in a timely manner to mitigate consumer deterioration for areas including (but not limited to) wound management and behaviour management.
* Requirement 4(3)(a) – the Approved Provider ensures services and supports of daily living are safe and effective and meet the needs, goals and preferences of consumers and optimise their independence, health, well-being and quality of life. This includes identifying actions to improve the provision of laundry services and acknowledging consumer independence and choice when considering delivery of daily living supports.
* Requirement 4(3)(b) – the Approved Provider ensures supports for daily living promote the emotional, spiritual and psychological well-being of consumers. This includes consideration of feedback from consumers about staff engagement being mostly task-orientated.
* Requirement 4(3)(f) – the Approved Provider ensures meals are of suitable quality and quantity and are provided in accordance with consumer needs and preferences, including specific dietary requirements. Risks to good health, malnutrition and dehydration should be managed to prevent weight loss and weight gain and should incorporate consumer preferences and backgrounds including likes and dislikes, which is reflective of consumer choice in care and services provision.
* Requirement 7(3)(c) – the Approved Provider ensures the workforce is competent in all clinical areas including (but not limited to) pain management, management of changed behaviours, incident management, would and pressure injury management and falls management. Staff knowledge in restrictive practices, open disclosure, reporting under the Serious Incident Reporting Scheme and antimicrobial stewardship is also required.
* Requirement 7(3)(d) – the Approved Provider ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes of the Quality Standards including staff competencies in restrictive practices, wound and pressure injury management, pain management, incident management and training in dementia-specific support as requested. Adequate staff training records should be maintained.
* Requirement 7(3)(e) – the Approved Provider ensures staff performance reviews are conducted at least annually and in accordance with the service’s own Workforce Governance Statement. Staff performance reviews and feedback should be appropriately documented on staff files.
* Requirement 8(3)(a) – the Approved Provider ensures consumers and consumer representatives are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. This includes using mechanisms including consumer feedback and incident reporting to inform how care and services are evaluated, planned and developed.
* Requirement 8(3)(b) – the Approved Provider ensures the organisation’s governing body promotes a culture of safe, inclusive and quality care and services by being informed about more than falls incidents. A range of information including (but not limited to) high-impact high-prevalence risks, consumer feedback and complaints and Serious Incident Response Scheme incidents support the provision of safe and inclusive quality care and services to consumers and this has not been provided to inform decision-making of the governing body.
* Requirement 8(3)(c) – the Approved Provider ensures effective information systems, workforce governance systems, regulatory compliance and feedback and complaints are in place and are utilised to provide safe and effective care and services to consumers and contribute to continuous improvement.
* Requirement 8(3)(d) – the Approved Provider ensures effective risk management systems and practices are in place for managing high-impact high-prevalence risks including for falls, pressure injuries and weight loss. All incidents under the Serious Incident Response Scheme are to be reported in accordance with legislative requirements including (but not limited to) use of unreasonable force and inappropriate sexual contact.
* Requirement 8(3)(e) – the Approved Provider ensures a robust clinical governance framework is in place and maintained for clinical care provision including (but not limited to) minimising the use of restraint, open disclosure and antimicrobial stewardship.

# 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. | Non-compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 1(3)(a), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) are non-compliant.

The Assessment Team observed consumers were not consistently treated with dignity and respect, with consumers often referred to as ‘patients’ and delays in personal care provision contributing to incidents impacting on consumer dignity. One consumer reported feeling disrespected after sustaining a fall. One consumer representative described difficulties in speaking with management about a specific issue. Two consumers were observed wearing mobility and transfer equipment throughout the day. Documentation in the electronic management system contained undignified photographs of consumers on their dashboards. Management references to consumers were not always respectful.

In response to the findings from the site audit report, the Approved Provider highlighted the recent consumer internal survey results which reflects the majority of consumers feel they were treated with dignity and respect. Consumers were consulted on their preferences on how to be addressed, with their preferences noted on the door of each consumer’s room. In response to the use of specific mobility and transfer equipment, the Approved Provider discussed one consumer where consent was obtained from family for its use during the day. For one consumer who felt disrespected after a fall, the Approved Provider referenced falls management data and did not provide specific comment about the impact on the consumer as it relates to consumer dignity and respect. For the consumer representative who discussed having difficulties speaking with management, the Approved Provider submitted evidence showing previous contact has been made and observed the issues were raised repeatedly. The Approved Provider referenced the additional discussions and questions raised with the Assessment Team and noted the issues raised were not relevant to the assessment of the requirement.

I have considered the intent of this requirement in ensuring the service takes a consumer-focused approach to the delivery of care and services which is inclusive and respectful. This means recognising each consumer’s personal experience, and providing a respectful and diverse community where consumers can feel confident to share their unique life experience. The evidence supports this has not been demonstrated by the service, both in terms of their practices and the nature of the response from the Approved Provider.

The response from the Approved Provider does not reflect a consumer-focused approach, with the falls data used to explain the concerns raised by one consumer about feeling disrespected when they fall. I also note the use of mobility and transfer equipment for extended periods of time, instead of their limited use, represents an undignified practice which has impacted on consumer dignity. Whilst consumers and consumer representatives may have provided consent for the use of this equipment, their use should be limited to times when the consumer requires additional assistance as any unnecessary use impacts consumer dignity. Further comments about falls management will be made under Standard 2 and Standard 3. I therefore find requirement 1(3)(a) is non-compliant.

Some consumers and consumer representatives interviewed were not always consulted about the delivery of care and services, particularly in relation to personal care preferences for showering, mobility needs and communication needs. One consumer said they were not asked about their choice and were just told how things were to be done. Whilst the Assessment Team found management were unable to communicate or clarify the process for consumer decision-making, consumers were supported to maintain relationships with partners, family and friends.

Consumers interviewed were unable to confirm discussions occurred about risks taken and supports available to consumers to live the best life they can. Review of clinical documentation for 2 consumers found risk assessments did not address key interventions required to ensure consumer safety. The Assessment Team found management were unfamiliar with consumer risk assessments and when they were completed.

One consumer reported a lack of communication from the service. Weekly lifestyle calendars were provided to consumers, however meal choices were not available for consumer review. Monthly consumer newsletters lacked key information including advocacy services and providing feedback and raising concerns and were only available in hard copy. Consumer representatives interviewed reported they were not provided with a copy of the newsletter. Minutes of consumer and consumer representative meetings were not provided to consumers.

The Assessment Team found consumer privacy and confidentiality were not demonstrated. Staff were observed knocking on doors prior to entry to consumer rooms and consumers confirmed staff provide personal care in private. However, consumer files and personal information was displayed in public areas and confidential bins were unlocked and overflowing with confidential information. Management acknowledged there were delays in removal of the confidential bins.

The Approved Provider did not provide any specific responses to requirements 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) and a plan for continuous improvement detailing any actions taken by the Approved Provider was not submitted for consideration. As such, I find those requirements are non-compliant.

I am satisfied the remaining requirement of Standard 1 Consumer dignity and choice is compliant.

The Assessment Team found care and services were culturally safe and supported consumers to engage with their individual cultures. Staff discussed cultural activities and significant events for particular consumers and lifestyle staff confirmed assessments were recently conducted about religious needs and preferences. Cultural dietary preferences were acknowledged and consumers were supported to have meals connected to their cultural backgrounds.

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are non-compliant.

No specific comments about Standard 2 were provided in the Approved Provider response and a plan for continuous improvement detailing any actions taken by the Approved Provider was not submitted for consideration.

Consumers and consumer representatives interviewed were unable to provide feedback about the assessment and care planning process. Evidence of comprehensive assessment and planning was not demonstrated in consumer care and services plans, with risks to consumer health and well-being not considered. Care plans and assessments were often incomplete or not completed. For one consumer with an increased falls risk, the Assessment Team observed no risk mitigation strategies were evident in the care and services plan and several plan domains including cognitive, physical, psychological and end of life were incomplete. For 3 consumers, individualised behaviour support plans were not in place and for one consumer with physical limitations, care planning did not consider preferences for safe provision of daily care needs. For one consumer requiring continence management, care and planning documentation did not include information about continence aid changes and infection risk strategies.

The Assessment Team reviewed care and services plans for 9 consumers and found consumer needs, goals and preferences and measurable care goals were not captured. Preferences for personal care provision were not recorded for one consumer and for another consumer, their personal relationship needs were not documented. Care and services plans did not record management or presence of pressure injuries, other skin injuries, urinary catheters and mobility and transfer needs of consumers. Use of assistive equipment preferences were not captured. Behaviour support plans were not individualised and contained no mitigation strategies to manage expressive behaviours. Advance care directives and end of life planning were not always completed, with the care and services plan for one consumer noted to contain conflicting information about end of life measures. For 2 consumers, advance care directives and end of life wishes and care preferences during palliation were not captured.

All consumers and consumer representatives interviewed said they were not involved in assessment and care planning and could not recall attending a care conference. Staff interviewed described entry assessments were completed through conversations with the consumer and consumer representative, with information gathered used to populate the care and services plan. The Assessment Team found information from external providers was not consistently placed in care and services plans. For one consumer, dietary recommendations were not communicated with the kitchen for 6 months. Consultation notes from the Dementia Behaviour Assessment and Management Service were not consistently recorded in care and services plans, particularly when behaviour management and mitigation strategies were considered inappropriate or ineffective. Physiotherapist reviews related to pain management and were not extended to include falls mitigation strategies and mobility and transfer needs for most reviewed care and services plans.

All consumers and consumer representatives interviewed had not received or been offered copies of consumer care plans, with 2 consumer representatives reporting copies were requested and not received. Most staff and management were unable to demonstrate how to generate a care and services plan and documentation was not evidenced to support consumers and consumer representatives were offered access to their care and services plan.

Consumers and consumer representatives interviewed were kept informed when there was a change in consumer condition and when incidents occurred. However, the Assessment Team found comprehensive review of care and services plans for effectiveness were not conducted, contrary to the minimum requirements noted in the service policy and procedure of annual care and services plan review and case conferences. Management advised no formal review processes were in place and discussed the challenges of conducting regular reviews when agency staff were utilised, with a commitment made to discuss and plan reviews with permanent staff.,

# 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. | Non-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. | Non-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 requirements 3(3)(a), 3(3)(b) and 3(3)(f) are non-compliant.

Consumers and consumer representatives provided mixed feedback about care provision, some indicated they were happy with the care and services received whilst others raised concerns about staff skill sufficiency and staffing levels. Staff interviewed were knowledgeable about consumers for care preferences and personal interests.

Restrictive practices included chemical restraint, mechanical restraint and environmental restraint. Informed consent for use of mechanical restraint for consumers was obtained on entry, however ongoing review of the use of mechanical restraint, informed consent review and risk and benefits were not documented. For consumers under environmental restraint, informed consent was provided on entry. For chemical restraint, informed consent was not evidenced in accordance with legislative requirements. Management advised discussions about risks and benefits of prescribed medications and informed consent was the responsibility of general practitioners. All consumer representatives interviewed by the Assessment Team lacked awareness of medication risks and benefits and had not participated in any such discussions.

The Assessment Team reviewed clinical documentation for 13 consumers subject to chemical restraint and found behaviour support plans were not in place. Only known behaviours were captured in the care and services plans and no individualised mitigation strategies were identified for behaviour management. The psychotropic medication reports did not record informed consent renewal and alternative practices prior to using chemical restraint. Review of clinical documentation for 15 consumers living with dementia showed prescribed medications for conditions including ‘behavioural and psychological symptoms of dementia’, ‘behaviours associated with dementia’ and ‘nocturnal anxiety’. Some discrepancies in total number of consumers under chemical restraint were evident, with some consumers considered to be ‘potentially’ under chemical restraint.

Timely wound healing was generally observed in clinical documentation reviewed by the Assessment Team. However, staff practices were deficient in wound classification and grading for one consumer with a stage one pressure injury, which associated wound photography suggested was more consistent with a traumatic injury or skin tear. For another consumer, pressure injuries in 2 specific areas were not graded and wound photography supported evidence of one being an incontinence associated dermatitis. Untimely recognition of skin deterioration resulted in identification of a late stage pressure injury for one consumer.

Wound measurements were generally not recorded and best practice principles were not applied to wound photography, which lacked the use of disposable measuring devices, consumer names, photograph dates and consistent photograph positioning. Thirteen wound photographs were observed to be taken of consumers in undignified positions. Wound documentation was deficient in recording wound dressing changes which caused delays to subsequent dressing changes and wound deterioration. The wound policy did not incorporate best practice techniques.

The Assessment Team reviewed clinical documentation for 9 consumers receiving pain management and noted appropriate pain scales were not always utilised, including for consumers with cognitive decline and non-verbal consumers. Use of the Abbey pain scale was observed for one consumer which referenced incorrect parameters and did not capture observations including facial expressions, changes to behaviour or body language and physiological or physical changes. Staff interviewed discussed pain assessment for non-verbal consumers using the Wong-Baker (faces) scale to identify outwards signs of pain including fidgeting, grimacing or groaning and physiological or physical changes. Other appropriate pain scales were not discussed. Historic pain charting was not accessible in the electronic care management system and documented pain assessments, when completed, inconsistently recorded assessments as ‘effective’ or ‘not effective’ after pain medication administration. Use of alternative strategies like massage, physiotherapy, transcutaneous electrical nerve stimulation, heat and cold packs and other complimentary therapies were evidenced, however not always recorded

Consumers and consumer representatives interviewed discussed ineffective behavioural management which included repeated intrusions into rooms from other consumers and disruptive behaviours. When asked about the relevant high-impact high-prevalence risks for consumers, management and clinical staff advised falls, pressure injuries, weight loss and behaviour management. For falls management, the Assessment Team observed consumers at increased risk of falls wore mobility and transfer equipment over their clothing daily. Falls prevention and mitigation strategies were not evident in consumer care plans, however were located in consumer’s rooms on the written transfer and mobility tool completed by the physiotherapist. Clinical documentation showed neurovascular observations were not conducted in accordance with policy for 2 consumers who experienced unwitnessed falls. Unexplained bruising was evidenced for several consumers, with associated (undignified) photography viewed for 2 consumers. Management were aware of the increase in consumer bruising and explained the increased numbers were managed through the use of the mobility and transfer equipment which was used to ‘catch’ consumers whilst falling, which subsequently caused less bruising. Clinical indicator data for falls and wounds was requested, however not provided.

The Assessment Team reviewed clinical documentation for one consumer with challenging behaviours. No behaviour support plan was evidenced and no interventions or mitigation strategies were identified to manage known outbursts and aggressive behaviour. Behaviours of concern were not identified in the care and services plan, with staff reportedly aware to practice caution with the consumer when required. Management discussed how consumer behaviours reflected inflexibility and unreasonableness in care and services provision. The Assessment Team noted behaviour support plans were not evidenced for at least 3 other consumers. Behaviour support plans have also been discussed in Standard 2.

Urinary catheter management was reviewed by the Assessment Team. For one consumer, clinical documentation did not outline specific care needs associated with catheter management including type used, balloon volume and frequency of changes prescribed by the general practitioner. Urinary output was not always recorded and monitoring of catheter changes required review of clinical notes to determine when last changed. Management acknowledged the difficulties tracking catheter changes in the electronic care management system and committed to investigate.

Most consumers interviewed discussed delays in accessing their general practitioners, particularly when required to attend the service. One consumer representative discussed declining mobility and increased falls for their consumer and were unable to recall if a physiotherapist referral was completed. One consumer experienced delayed referral for wound management which resulted in wound deterioration. Staff interviewed described community health services were available to consumers for wound management, optometry, physiotherapy and podiatry and specialist services were available through the local hospital. Referrals to the Dementia Behaviour Assessment and Management Service were evidenced, however for one consumer with increased behaviours no additional referrals to services including Dementia Support Australia were demonstrated.

In response to the findings from the site audit report, the Approved Provider submitted internal consumer survey results showing the majority of consumers said, ‘I receive care and support from aged care staff who have the appropriate skills and training’. Comments were made about the skills and training provided. Whilst I acknowledge the information provided, it was not sufficient to show consumers are receiving personal and clinical care that is best practice, is tailored to their specific needs and optimises their health and well-being. It did not demonstrate high-impact high-prevalence risks are being managed effectively. Further comments about staff skills and training have been made under Standard 7.

The Approved Provider noted the contradiction in findings about timely referrals under requirement 3(3)(f) and requirement 4(3)(e). Whilst the comments are noted, I have assessed compliance under each Quality Standard based on whether the referral related to the provision of personal or clinical care (Standard 3) or daily living supports (Standard 4) and the associated impacts on consumers. Under requirement 3(3)(f), consumers discussed difficulties in accessing their general practitioners and there was evidenced delays in consumer referrals for wound management and behaviour management. Whilst this also has an impact on consumer health and well-being, which could be considered under Standard 4, I have considered the impacts to consumers are more relevant under Standard 3 as they relate more specifically to clinical care provision.

A specific response to requirements 3(3)(a) and 3(3)(b) was not provided by the Approved Provider and a plan for continuous improvement detailing any actions taken by the Approved Provider was not submitted for consideration. As such, I find requirements 3(3)(a), 3(3)(b) and 3(3)(f) are non-compliant.

I am satisfied the remaining requirements of Standard 3 Personal care and clinical care are compliant.

One consumer representative interviewed confirmed the needs, goals and preferences of their consumer during end of life was demonstrated, which was consistent with documentation reviewed by the Assessment Team. The dedicated palliative care room was observed to contain appropriate equipment and resources for consumer comfort during end of life, including lighting and music. Staff described care provision to consumers nearing end of life and personal care included bathing and dressing, oral care and regular repositioning.

The Assessment Team found deterioration and change in consumer mental, cognitive or physical health and functional capacity were adequately recognised and managed. Documentation reflected timely responsiveness to consumer decline in cognitive and physical health and the Assessment Team observed consumer transfer for palliation. For one consumer who experienced lacerations post-fall, hospital transfer was effected to manage continued bleeding.

Effective communication was demonstrated with others where responsibility was shared including with general practitioners and pathology. Handover reporting utilised the electronic care management system to ensure relevant consumer information was available to staff and in-person handover was completed for the morning and afternoon shift change. Ad-hoc huddles were held which discussed consumers of concern to ensure staff were aware of critical changes to consumer condition, needs or preferences.

Whilst staff interviewed discussed infection control practices which included hand hygiene, appropriate mask wearing and glove use, this was contrary to observations made by the Assessment Team which included poor mask and hand hygiene etiquette. Visitors were also observed wearing masks inappropriately. Outbreak management documentation and practices did not align with New South Wales Health guidelines for management of Acute Respiratory Infections, for testing requirements and visitor protocols. A trained and dedicated Infection Prevention and Control Lead has been absent for several months, however this forms part of the clinical manager responsibilities and enrolment in training pending. Staff interviewed demonstrated awareness of antimicrobial stewardship and discussed infection prevention strategies including appropriate continence care and catheter management. Documentation reviewed by the Assessment Team confirmed appropriate consumer testing occurred for infection management.

The Approved Provider discussed effective infection prevention, control and management has been demonstrated with only one COVID-19 outbreak experienced at the service. The Approved Provider acknowledged inconsistency in mask wearing and noted, for balance, that daily testing, temperature monitoring of all staff and visitors, appropriate ventilation and minimum distancing were not discussed in the site audit report. The Approved Provider referenced the exceptions provided by the New South Wales Health guidelines for infection monitoring and decisions specific to facilities to manage visitations, current on 20 January 2023.

# 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 4(3)(a), 4(3)(b) and 4(3)(f) are non-compliant.

Consumers and consumer representatives provided consistent feedback of deficiencies in the laundry service including lost clothing and poor washing techniques. The Assessment Team referenced other supports for daily living which were not reflective of consumer needs, goals and preferences which included preferences for bed making and mobility and transfer equipment use which were discussed under Standard 1 of the site audit report. Management acknowledged the consumer feedback about the laundry and noted they had not identified any trends.

In response to the findings from the site audit report, the Approved Provider referenced the responses from consumers for the recent survey results which indicated 70% of consumers were satisfied Standard 4 was met ‘all of the time’ and 30% was met ‘most of the time’. The Approved Provider discussed the comments made about use of mobility and transfer equipment and disagreed this suggested the preferences of the consumers were not being met.

The Approved Provider did not address the laundry deficiencies discussed by consumers in the site audit report and any actions taken to address the issues raised. The comments about the consumer and preference for use of the mobility and transfer equipment are noted, and I

have addressed the use of these aids in Standard 1, Standard 2 and Standard 3 as they relate to consumer dignity, consumer’s exercising choice and independence about their care and restrictive practices. I acknowledge the results of the internal consumer survey about the ‘services and supports for daily living that are important for my health and well-being’, although it was not clear when the survey was undertaken.

Requirement 4(3)(a) serves to promote consumer independence and supports them maintain a sense of well-being, and an organisation is expected to deliver those services and supports in line with consumer needs, goals and preferences. The safe delivery of services and supports is also fundamental to ensuring risks associated with consumer independence are considered and inform continuous improvement. Based on the lack of evidence provided by the Approved Provider to address the consistent issues raised by the consumers in the site audit report and no evidence of continuous improvement, I find requirement 4(3)(a) is non-compliant.

Consumers interviewed discussed the importance of their emotional and psychological well-being, which included more personal interactions with staff who were often more task-focussed. Consumers were supported to attend local religious services for different denominations including Catholic, Uniting and Anglican churches. Lifestyle staff discussed recent completion of assessment of consumer religious preferences which are being processed. Management acknowledged feedback from consumers about their emotional and psychological well-being and resolved to conduct further investigations.

In response to the findings from the site audit report, the Approved Provider discussed the ‘activity report by activity type’ which, in their view, clearly showed a range of different activities targeting different needs of consumers had been provided. The graph noted social, physical, spiritual, emotional, cognitive, entertainment, trip, event, meeting and other activities for the preceding 12 month period, which the Approved Provider stated equated to more than 80 activities per month across a range of wellness domains.

Whilst I acknowledge the response from the Approved Provider, feedback from consumers suggests the activities which are available to them have limited effect on their emotional, spiritual and psychological well-being. It was difficult to ascertain from the data/graph provided the exact nature of the 80 activities available to consumers across the wellness domains. Consumer feedback was reflective of their need for emotional connection to the staff who support them within the service community, the community where they live each day. As such, I consider this requirement 4(3)(b) is non-compliant.

Consumers interviewed described having limited meal choice and variety and often received meals which were not tailored to individual dietary needs and preferences. Consumers with swallowing difficulties, for example, were served food inconsistent with recommended modified food textures. Consumer feedback about limited meal options was consistent with observations by the Assessment Team for both lunch and dinner. Information about consumer allergies, likes and dislikes were recorded for catering staff, however were not always recorded in consumer care and services plans. Meals were prepared onsite and menus have undergone dietician review. Management discussed second menu options were only available to consumers when staff were aware of consumer meal preferences.

In response to the findings from the site audit report, the Approved Provider referenced discussions about meal quality at resident meetings and how discussions on food would generate different views from different people. A group has been established, which include both a consumer and consumer representative, to review the entire meal process. The Approved Provider offered comments about the measurement of the Quality Standard, in that it requires meals to be varied and of suitability and quantity and does not measure if a consumer ‘likes’ a particular meal that is served. The Approved Provider submitted images of meals to show they are varied and of suitable quality and quantity and provided responses to comments in the site audit report about particular consumers and their feedback, which the Approved Provider indicates were ‘without context’.

The intent of requirement 4(3)(f) is to ensure consumers have enough nutrition and hydration to maintain their life in good health and to reduce risks of malnutrition and dehydration, with appropriate supports in place to monitor hydration, weight loss and weight gain. An organisation is expected to make sure consumers have enough to eat and drink to meet their nutrition and hydration needs and provide appropriate support they need to eat and drink. The requirement also acknowledges the importance meals and the dining experience plays in day-to-day life, its role in connecting consumers socially and providing a sense of belonging. Food and mealtime habits connect consumers with moods and emotions and rituals important to their identity, whilst evoking feelings of comfort and familiarity, and why taking account of consumer preferences and backgrounds when providing food and drinks is important. As such, requirement 4(3)(f) is found to be non-compliant.

I am satisfied the remaining requirements of Standard 4 Services and supports for daily living are compliant.

Consumers interviewed described participation in activities of interest to them and continued engagement in their social and personal relationships. Staff were knowledgeable about consumer backgrounds and important relationships and discussed support provided to 12 consumers to attend the local Lions Club and 3 consumers supported to go fishing. Consumers were supported to engage in cultural activities and with organisations like Legacy, to support those with connections to the armed forces.

Communication about consumer conditions, needs and preferences both within the organisation and with those where responsibility was shared was demonstrated. Changes in consumer conditions were communicated during shift handover or directly with clinical staff, with changes in consumer needs and preferences recorded in the electronic data system on completion of a paper-based form.

The Assessment Team found appropriate referrals to individuals, other organisation and providers of other care and services were demonstrated and examples included psychological referrals for consumers requiring additional support. Community participation was evidenced through engagement with the local library, with library staff providing consumers with additional books.

Consumers interviewed reported receiving suitable equipment including four-wheel walkers and wheelchairs. The Assessment Team observed equipment for daily living supports was generally safe, suitable clean and well-maintained and noted volunteer support and funding had contributed to the purchase of 3 new wheelchairs. A maintenance and service schedule for equipment was under development.

# 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 has been assessed as compliant as 3 of the 3 requirements are compliant.

Consumers and consumer representatives described a safe, clean and well-maintained environment with quite private areas, both indoors and outdoors, to enjoy time with family and friends. Many consumer rooms were decorated with personalised items which created a sense of belonging. Whilst some consumer rooms were cluttered and few home-like pictures adorned common areas, safe and suitable equipment and resources and practical recreational areas were available. The Assessment Team observed some bed quilts were touching the floor.

Consumers and consumer representatives interviewed described a service environment which lacked overall brightness and was generally clean. The Assessment Team found common areas and consumer rooms were mostly safe and clean, with wide corridors for easy consumer navigation however limited signage was noted. A new café project was underway and outdoor areas included walking paths and a bird aviary. The Assessment Team observed heavily marked and scuffed walls and severely worn vinyl floor coverings in communal hallways. There were unclean light fittings, broken tiles in handwashing basins and mouldy ceilings in the reception area and one outdoor walkway. Recycling bins were located in the main dining area. Rubbish removal was required for personal protective equipment and confidential information was unsecured. Uneven paving were evident near the outdoor bird aviary.

Management advised high cleaning, including light fixtures, was pending and financial grants applications were made to undertake significant refurbishing. Management advised the electronic maintenance systems were implemented in September 2022 and maintenance staff were undergoing familiarisation with the systems. The maintenance register showed several overdue requests, with the maintenance team working through the backlog and weekly and daily meetings for work prioritisation.

In response to the findings from the site audit report, the Approved Provider reiterated the overall comments made about the service being mostly tidy, safe and clean, easy to navigate with external walking paths and an aviary. The Approved Provider submitted commentary on the Quality Standard, noting compliance with the requirement does not require major refurbishments and a certain level of signage as referenced in the site audit report. The Approved Provider noted the consumer and consumer representative feedback was not evidence of non-compliance with the requirement.

The Approved Provider discussed the effectiveness of the maintenance system and submitted an itemised ‘Closed Jobs Report’ for the period September 2022 to January 2023 which noted 630 maintenance jobs were completed. It was noted the management team were not specifically asked to comment on issues including painting, broken tiles and worn flooring which are being addressed through the maintenance program and are not awaiting refurbishment. The Approved Provider discussed how consumers were involved in the selection of a new colour palette and fittings for resident rooms, which has commenced with a small number of rooms having the fittings already upgraded.

Most consumers interviewed were satisfied with the furniture, fittings and equipment, with consumers observed using mobility aids, electric beds and recliner chairs. The Assessment Team observed furniture, fittings and equipment was safe, clean, well maintained and suitable for consumers, with furniture in communal areas observed to be clean, in good condition and in plentiful supply. Cleaning staff were observed cleaning consumer’s rooms, common areas and regularly sanitise high touch surfaces. The kitchen, laundry and cleaning trolleys had appropriate infection control measures in place. Weekly and monthly maintenance checks were completed.

# 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 has been assessed as compliant as 4 of the 4 requirements are compliant.

Consumers interviewed felt unsupported to make complaints and lacked confidence in the complaints process. When discussed with management, the Assessment Team noted responses received were not reflective of a safe environment which encouraged consumers to discuss concerns and provide feedback. The Assessment Team observed a letter box located at the office of the chief executive officer, however the referenced feedback forms were not available.

Consumers interviewed were unaware of advocacy services, even when Lifestyle staff described provision of the Senior Rights Service newsletter to consumers every 3 months. The Assessment Team observed information about advocacy services were not easily accessible for consumers and information about language assistance was not clearly evident. Information about raising and resolving complaints were noted in the complaints handling policies, however the Assessment Team determined this information was not readily accessible by consumers.

Consumers interviewed reported deficiencies in complaint handing and communication and no open disclosure. Consumer feedback suggested complaints were raised on multiple occasions about a variety of issues, however no follow-up communication was received and consumers were not always aware of actions taken. One consumer reported escalation of their issues to the Commission for resolution.

Consumers and consumer representatives interviewed discussed both verbal and written complaints were raised. On review of the complains and feedback register, the Assessment Team noted verbal feedback and complaints were not captured. When raised directly with the management team, the response did not clarify how feedback and complaints were used to inform improvement in quality of care and services provision. The Assessment Team viewed the plan for continuous improvement, which did not evidence consumer-driven quality improvements.

In response to the findings from the site audit report, the Approved Provider discussed signage and printed materials throughout the service which supports and encourages consumers to provide feedback and make complaints including feedback requests, rights and responsibilities, Commission information, senior rights and advocacy, the star rating systems and various support networks/organisations. Electronic feedback is invited in 5 different locations throughout the service via Quick Response code and complaint forms are available from staff. The letterbox is used for staff correspondence to the chief executive officer.

For one consumer referenced in the site audit report, the Approved Provider noted staff were unaware of the complaint, described changes in the activities program which was directly connected to the complaint raised by the consumer and noted the consumer was encouraged to attend resident meetings however has declined. Another complaint made by the consumer was discussed by the Approved Provider, noting it had been resolved through one-one-one discussions with the consumer and chief executive officer.

The Approved Provider discussed one consumer complaint which was resolved immediately and how discussions were held with the consumer and the chief executive officer, with specific information requested by the consumer unable to be provided due to consumer privacy. Several examples were also provided of improvements made for the consumer after receipt of feedback from the consumer. For another consumer complaint raised, the Approved Provider noted discussions with the consumer representatives had been attempted.

The Approved Provider acknowledged verbal complaints were previously not recorded in the feedback and complaints register as they were usually dealt with immediately, however said when raised with the management team during the site audit they accepted trends could be tracked if all feedback and complaints were recorded.

As such, I find requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) are compliant.

# 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. | 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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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 assessed this Quality Standard as non-compliant as I am satisfied requirements 7(3)(c), 7(3)(d) and 7(3)(e) are non-compliant.

The Assessment Team noted recruitment processes included aged-care related questions, reference checks and police checks. Staff orientation included buddy shifts, code of conduct training, and competency assessment including hand washing, personal protective equipment, basic life support and manual handling. Staff qualifications and registrations were recorded and monitored. Position descriptions outlined staff responsibilities however were not aligned to the Quality Standards. Deficiencies in staff clinical and personal care competencies were noted in pain management, behaviour management, incident management, wound and pressure injury management and falls management and management noted clinical competencies were being reintroduced in 2023.

Staff interviewed discussed requests made for regular training including face-to-face competencies and specific dementia training to support consumers with changed behaviours which were not forthcoming. Management discussed how staff training needs were identified through the performance review process and development of a 2023 training calendar to capture staff training needs. Management discussed online modules which included restrictive practices, open disclosure, wound management and antimicrobial stewardship. Training on the Quality Standards was delivered by management, with limited supporting written documentation. Attendance rates for staff training in the Serious Incident Response Scheme were low, and management acknowledged participation rates were difficult to confirm due to records being destroyed.

The Assessment Team found staff performance reviews were not conducted regularly, with 4 staff files reviewed indicating performance review on only occasion. The majority of staff interviewed advised participation in performance review, however were unaware if this had occurred in the past year. Management advised staff performance reviewed were conducted annually and performance issues dealt with when evident.

The response from the Approved Provider did not address requirements 7(3)(c), 7(3)(d) and 7(3)(e). As such, I find these requirements are non-compliant.

I am satisfied the remaining requirements of Standard 7 Human resources are compliant.

Consumers and consumer representatives interviewed described impacts on care and services they attributed to insufficient staff which included management of behaviours and consumer dignity incidents when call bells were not responded to in a timely manner. One consumer said they no longer used their call bell due to wait times. The Assessment Team found 19% of call bell wait times exceeded 10 minutes in the 4-week period preceding the site audit. Management discussed shift shortfalls were accommodated, however gaps were sometimes evident due to unplanned leave. Management noted the heavy reliance on agency staff, who were engaged long-term, completed regular shifts and received accommodation in 2 service houses when available.

In response to the findings from the site audit report, the Approved Provider discussed the daily allocation sheets provided during the site audit which showed the roster and staff allocation levels were significantly higher than the Australian National Aged Care Classification levels and significantly over the 200 minutes per resident per day which includes at least one registered nurse on every shift. The Approved Provider referenced information supplied during the site audit showing the actual number of hours worked by staff and how that compared to the Australian National Aged Care Classification levels.

The Approved Provider noted call bell data was supplied as requested for times greater than 10 minutes, with no comparison indicated to the total volume of call bells and as such, comments in the reports were subjective observations. The Approved Provider noted comments made by consumers and consumer representatives were also not considered in the context of the entire call bell volume or overall average response times. The Approved Provider said collecting and reporting of call bell data in excess of 10 minutes is biased and does not include call bells answered in times less than those requested during the site audit. A ‘screenshot’ was submitted by the Approved Provider showing a total of 4,130 call alarms activated to 11 January 2023. A graph showing the majority of calls were answered in less than 3 minutes was also submitted for consideration.

The Approved Provider discussed the staffing process including rosters which were filled to provide the 200 minutes per resident per day in accordance with the Australian National Aged Care Classification levels. The Approved Provided noted ‘over-rostering’ provides flexibility in shift coverage including for unplanned absences. Agency staff as used when needed, and accommodation is provided as a condition of engagement.

Most consumers and consumer representatives interviewed said staff were respectful, kind and caring and were gentle, respectful of diversity, culture and consumer choices during care and services provision. Consumer feedback was consistent with observations of the Assessment Team. Various documented policies and procedures supported staff practice in the delivery of person-centred 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. | Non-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. | Non-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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

No specific comments about Standard 8 were provided in the Approved Provider response and a plan for continuous improvement detailing any actions taken by the Approved Provider was not submitted for consideration.

Most consumers interviewed felt the service was well run and considered the current chief executive officer very capable. Some consumers and consumer representatives interviewed were involved in discussions about care and services choices such as gender preferences for personal care provision and were not always included in care and services planning and care conferences. Management advised an advisory board or committee were not available for consumers to participate in development, evaluation and planning of care and services, however had been consulted on soft furnishings. A food review project was not pursued due to lack of consumer engagement. Management described using consumer feedback and complaints, incidents, the Serious Incident Reporting Scheme reports and quality improvements to evaluate, plan and develop care and services however this was not demonstrated. The plan for continuous improvement contained no actions derived directly from consumer feedback.

The Assessment Team found ineffective communication to the governing body was not demonstrated, with information on incidents, feedback and complaints not provided to monthly board meetings to inform decision-making on safe, inclusive quality care and services provision. The chairperson of the board noted only falls incidents are regularly reported to the board and described receiving information about the service through direct interaction with the community. The board provided support during the COVID-19 pandemic and information about the Quality Standards, new legislation, COVID-19, and general aged care industry information was communicated to consumers and consumer representatives by the chief executive officer. The Assessment noted, however, the Quality Standards were not regularly referenced at consumer and staff meetings and the majority of staff and some management were not able to demonstrate awareness about the Quality Standards and how they inform quality care and services provision. Internal audits and self-assessments were noted, however were not evidenced to be linked to the Quality Standards.

Effective organisation-wide governance systems were demonstrated in continuous improvement and financial governance. However, the Assessment Team found deficiencies in information management, regulatory compliance, workforce governance and feedback and complaints. Staff interviewed described information contained within the electronic care management system was not always accessible, with a separate system noted to capture consumer interests and backgrounds which was not shared. Inconsistencies in record keeping were demonstrated in psychotropic registers, clinical notes, training and education and complaints and feedback documentation. Documented policies were generic, with access limited due to software licensing requirements.

Workforce governance systems impacted care and services provision, with a critical shortage of permanent staff and short and long term strategies engaged to attract and retain a skilled workforce. Regulatory compliance was not demonstrated for changes in legislative requirements for restrictive practices and the code of conduct for aged care was not incorporated into policies and procedures. Incidents under the Serious Incident Reporting Scheme were not always reported in accordance with legislative requirements, including incidents involving staff and financial coercion. Feedback and complaints were generally documented, however trends identification was not evidenced to inform continuous improvement.

The Assessment Team found deficiencies in incident management, with several recorded incidents not reported under the Serious Incident Response Scheme including unreasonable use of force and inappropriate sexual behaviour demonstrated by one consumer. Records were deficient in several information areas including review, analysis or investigations completed. Management and staff interviewed were unable to demonstrate sound knowledge of their responsibilities about incident management and the accompanying legislative reporting requirements. Management discussed the 3 high-impact high-prevalence risks were falls, pressure injuries and weight loss and these were discussed during clinical meetings, however this was not evidenced. The Assessment Team found policies were demonstrated for managing high-impact high-prevalence risks including wounds and pressure injuries and falls, with clinical practice deficiencies suggesting these policies were generally ineffective.

The Assessment Team noted the documented clinical governance framework contained key components including governance, leadership and culture, resident safety and quality improvement systems, clinical performance and effectiveness, safe environment for the delivery of care and partnering with residents. Clinical performance and effectiveness measures were not clearly evidence, with inaccuracies noted in clinical data and lack of analysis used for quality improvement. The clinical governance framework included antimicrobial stewardship, minimising the use of restraint and open disclosure policies. Clinical staff confirmed receipt of education about antimicrobial stewardship. Current staff knowledge about minimising the use of restrictive practices in accordance with legislation and best practice was not evidenced. Knowledge about open disclosure was demonstrated.

As such, I find requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

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)