Performance

Report

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| Name of service: | AdventCare Yarra Ranges |
| Service address: | 5 Woods Point Road WARBURTON VIC 3799 |
| Commission ID: | 3045 |
| Approved provider: | Seventh-day Adventist Aged Care (Victoria) Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 28 October 2022 |
| Performance report date: | 30 November 2022 |

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

**This performance report**

This performance report for AdventCare Yarra Ranges (**the service**) has been prepared by D. McDonald, 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 16 November 2022 included clarifying information and a plan for continuous improvement based on the findings of the Site Audit.
* other information and intelligence held by the Commission in relation to the service

# 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 7(3)(e)** – the service ensures each member of the workforce has their performance regularly assessed, reviewed and evaluated with opportunities to develop identified.

# 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

Consumers and representatives said staff treated consumers with dignity and respect and they were valued as individuals. Staff described the consumer's diverse cultural backgrounds and explained how this influenced care and services. Policies were in place to guide staff on creating a diverse and inclusive culture, committing to creating an environment where everyone was treated with respect.

Consumers and representatives confirmed staff recognised and respected their cultural background and provided care consistent with their preferences. Staff were knowledgeable of consumers' cultures and described how they provide safe and appropriate care, through knowing basic words in the consumer's language, using communication cue cards, as well as contacting consumer's families to assist with interpreting when required. Training records confirmed staff had attended training on diversity and respecting cultural differences.

Consumers said they were given choice about how and when care was provided, and their choices were respected by staff. Staff described how consumers were supported to make choices and maintain independence, such as inviting consumers to activities and respecting their choice not to attend. Care planning documentation identified consumers’ individual choices around how and when care was delivered, who was involved in their care and how the service could support them to maintain important relationships.

Staff were aware of risks taken by consumers, supported the consumer’s wish to take risks to live the way they choose and was committed to ensuring strategies were in place for risk mitigation. Consumers described how the service supported them to take risks, such as self-administration of medication. Care documentation included information about the risks consumers wished to take and recorded strategies to mitigate risk.

Consumers and representatives described the information they received to help them make decisions about the things they would like to do. Staff described ways in which information was provided to consumers, in line with their needs and preferences, outlining strategies such as cue cards, body language, and translators to improve communication with consumers who spoke languages other than English.

Consumers and representatives said consumer's privacy was respected by staff. Staff described the practical ways they respected the personal privacy of consumers by not discussing personal information about consumers in communal areas, knocking and introducing themselves before entering consumers' rooms and keeping doors and blinds closed, and using privacy towels when providing personal care. Staff were observed adhering to these privacy protocols.

# 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

Staff described the assessment and care planning process which began when a consumer entered the service, and the comprehensive and regular assessment and care planning reviews thereafter. Care documentation demonstrated effective assessment and care planning which reflected the needs, goals, and preferences of consumers. Representatives advised care was performed well and followed the care plan.

Consumers and representatives said staff involved them in the assessment and planning of the care for the consumer through regular conversations during admission, care plan reviews, or when circumstances changed. Staff described how the service ensured assessment and planning reflected consumers' current preferences, needs, and goals, including advance care planning and end-of-life planning if the consumer wished. Staff said advance care and end-of-life care planning discussion are revisited, should consumers or representatives not be comfortable speaking about the topic on entry.

Care planning documentation evidenced regular evaluations and reviews, and involvement of a diverse range of external providers and services such as medical officers, physiotherapists, and specialists in consumer care. Consumers and representatives explained who was involved in the consumer’s care. Staff described the importance of consumer-centred care planning and explained how they actively collaborated with consumers, representatives, and other providers of care to ensure quality care was provided.

Consumers and representatives said they could access their care plan if they wished. Staff said they were constantly communicating with representatives through telephone calls, email, and verbal conversations. Assessment, care planning, and evaluation policies described consumers and representatives as care partners and confirmed outcomes of care were communicated.

Care planning documentation evidenced review on a regular basis and when circumstances changed, such as deterioration, falls or when skin integrity changes. Consumers and representatives confirmed care and services were reviewed regularly during 2-monthly care plan reviews or when circumstances changed. Staff described the care plan review process where all assessments and care plans were reviewed by clinical staff, and the consumer and representatives were involved and informed of any changes.

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# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The assessment team recommended this requirement was not met.

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

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

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report identified deficiencies with personal and clinical care as some consumers described negative impacts to their personal care due to delays in toileting or oxygen management assistance. Additionally, wound dressing changes and urine output were not consistently documented, and wound photographs did not contain rulers in line with best practice.

While the Site Audit report contained information stating consumer’s personal care was negatively impacted, there was insufficient evidence to support a finding of non-compliance as it relied on one historical example of a consumer not being assisted to the toilet in a timely manner which had resulted in a formal complaint being made by the consumers representative. I note the Site Audit report confirmed the representative provided positive feedback on managements response and observations made during the Site Audit identified staff were responding promptly when toileting assistance was needed.

In relation to wound care, I note consumers and their representatives provided positive feedback that wounds were well managed, dressed when required and confirmed their wounds were healing, I consider this supports compliance with tailored care being provided which supports the consumer’s health and well-being.

In relation to oxygen management, I note documentation supported oxygen therapy, including the maintenance of equipment, was being undertaken in accordance with planned directives and all staff demonstrated knowledge of the consumer’s needs. Additionally, care planning documentation evidenced, the risk associated with the consumer removing the oxygen administration equipment themselves, had been identified with strategies recorded to ensure staff responded appropriately and within their scope of practice.

The provider’s response on 16 November 2022 advised they were aware of inconsistent completion of documentation, and this was being addressed through improved handover processes. In relation to wound management documentation, all consumers were to be reviewed by a wound specialist to ensure updated wound management plans were in place and responsibility for reviewing wound charting completion assigned to the care manager. While I note documentation was not consistently completed, I acknowledge a medical officer is on site at the service several days per week and attends wound reviews and dressing changes themselves ensuring all wounds are actively monitored. I also note new digital devices have been purchased to ensure visual wound monitoring, with a ruler as per best practice, is documented and this action has been completed.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response and have disagreed with the Assessment Team’s recommendation. Based on the evidence before me, I am satisfied, consumers were receiving personal and clinical care which was tailored to their needs as while minor documentation gaps were identified, wounds were being monitored and confirmed as healing, oxygen therapy was being appropriately managed and previous concerns with toileting assistance had been addressed.

Therefore, I find Requirement 3(3)(a) is compliant.

I find the remaining 6 requirements of Quality Standard 3 compliant as:

Staff identified, and clinical indicator data confirmed, falls and medication incidents were the most prevalent risks at the service. Consumers and representatives said they believed risks were well managed by the service. Staff described a range of mitigation strategies used to manage these risks, which aligned with information recorded in care plans.

Staff described conversations around end of life and how they provided palliative care which maximised the comfort and dignity of consumers towards the end of life. Care documentation included an advance care plan, discussion, and collaboration with representatives regarding palliative care and comfort care measures. Policies and procedures regarding advance care planning, palliative, and end-of-life care aligned with staff knowledge of providing palliative care.

Care documentation reflected the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service was responsive to consumers’ care needs and would inform representatives of any deterioration to consumers' health, along with planned management strategies. Staff explained how deterioration was discussed during handovers, monitoring, and charting would commence where required, referrals to a medical officer or specialist would occur, and care plans would be reviewed.

Care plans and handover documentation provided information to support effective and appropriate sharing of the consumer’s information to support care. Consumers and representatives said the consumer’s care needs and preferences were effectively communicated between staff and they received the care required. Staff described how information was shared through staff meetings and handover when changes occurred, and how the electronic management system generated alerts which staff must view and acknowledge before accessing a consumer's care plan.

Care documentation evidenced the involvement of medical officers, allied health professionals, and other providers of care where needed. Consumers and representatives said referrals were timely and appropriate, and consumers had access to a range of health professionals. Staff described how the care at the service is supplemented by other providers of care such as medical officers, physiotherapists, dietitians, speech pathologists, palliative care services, and podiatrists.

Staff described how they applied best practice infection control practices in their routine work. Policies and procedures ensured all infection risks were minimised. Consumers and representatives said the service was kept clean including high touch point cleaning, and they saw staff using personal protective equipment and practicing hand washing and sanitising. Visitors were observed be screened for respiratory infection prior to entry.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well-maintained. | Compliant |

Findings

Consumers and representatives confirmed consumers were supported to participate in activities they enjoyed and were provided with appropriate support to optimise their independence and quality of life. Staff explained how they partnered with the consumer and representatives to conduct a lifestyle assessment on entry which collected the consumer’s individual preferences, including leisure likes, dislikes, interests, social, emotional, cultural, and spiritual needs and traditions. Staff explained what was important to the consumers and what they liked to do, and this aligned with the information in the consumer’s care plan. The activity schedule was displayed and evidenced a variety of activities were held, catering to consumers different interests.

Consumers described how the service promoted their emotional, spiritual, and psychological well-being. Care planning documentation included information on consumers' emotional, spiritual and psychological well-being needs, goals, and preferences. Staff advised consumers’ emotional, social and psychological needs were supported in many ways including facilitating connections with people important to them, one-on-one lifestyle staff support, church and religious services, and referrals to external emotional and psychological specialist support services.

Care documentation aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships. Staff said several consumers go out into the community, either independently, or with their families and there were several activities to support consumers to participate in the community including scenic bus or shopping trips, and dining at community restaurants. Consumers were observed having visits from family and coming and going from the service independently.

Consumers and representatives said the consumer's condition, needs, and preferences were effectively communicated within the service and with others responsible for care. Care planning documentation provided adequate information to support safe and effective care as it related to daily living. Staff described how information was shared when changes occurred through staff meetings and handover, and how changes were documented in progress notes and communicated within the electronic care management system via alerts which must be acknowledged by staff.

Staff described how the service worked with external organisations to help supplement the lifestyle activities offered within the service, including an art therapist, a Chaplin who spent one-on-one time with consumers, entertainers who provided engagement and entertainment at the service, and weekly bus outings into the community. Consumers described accessing other services and providers the service partnered with, including entertainers, the art therapist, and a hairdresser.

Consumers and representatives offered primarily positive feedback about the variety, quality, and quantity of food being provided at the service. Consumers said they were given a choice for each meal daily and they could request alternatives such as sandwiches or salads if they do not like what is on the menu. Staff explained how consumer preferences were incorporated into the seasonal menu and how feedback was used to inform the development of the menu.

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs, and manual handling equipment, to assist them with their daily living activities. Staff advised there was sufficient equipment and described it as safe, clean, and well maintained The preventative maintenance schedule demonstrated regular and up-to-date servicing of equipment relevant to services and supports for daily living, including wheelchairs, walkers, and manual handling equipment.

# 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

Consumers and representatives said they found the service’s environment to be welcoming and easy to understand. The service was observed to be welcoming, reflecting dementia-enabling principles of design including sufficient lighting, handrails to move around, and signage throughout the service to provide direction. Staff advised consumers provided feedback describing the service as homely due to its layout, including communal lounges, chapel, gardens, and views of the Yarra River.

Consumers and representatives said they thought the service environment was safe, clean, and well-maintained. Staff described how the service environment was cleaned and maintained, following a daily cleaning schedule, including cleaning of communal areas and consumer rooms, and a review of the cleaning schedule checklist indicated regular cleaning of the service, occurred as per the schedule. Consumers were observed independently moving between wings, including consumers in wheelchairs and using 4-wheel walking frames.

Consumers stated, and observations confirmed, equipment was checked, cleaned, and maintained regularly. Staff described how cleaning and care of personal cleaning equipment were managed through a preventative maintenance schedule which evidenced all equipment maintenance was completed (for example, lifting machines checked 6-monthly). Call bells were observed to be within reach of the consumers and the call bell system was observed being used and staff were seen responding to the calls.

# 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

Consumers and representatives said they understood how to provide feedback or make a complaint and said they felt comfortable filling out the service 'tell us about it' forms or approaching staff and/or management directly. Management said they followed an open-door policy where consumers, representatives, or staff could directly approach them if they had any feedback, complaints, or concerns. Information was observed at reception and on noticeboards throughout the service on how to make complaints, the service's “tell us about it” forms, and a locked letterbox for the forms to be submitted anonymously if required were located at the entrance of the service.

Consumers and representatives said they were aware of, and had access to, advocates, language services, and other methods for raising and resolving complaints. Consumers advised an advocacy organisation recently held an information presentation at the service which all consumers and representatives were invited to. Management described advocacy services available, including external feedback and advocacy services, and how the service ensures consumers are aware of these services, stating the information was available in multiple languages regarding care and services and described situations in the past where CALD consumers were supported to access interpreter services.

Consumers and representatives said the service responded to and resolved their complaints or concerns when they were raised or when an incident occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaints data showed action was taken and open disclosure was practiced through acknowledging concerns, apologising, remaining transparent, and resolving the issue whilst keeping the consumer informed.

Consumers and representatives reported their feedback was used to improve services. Management described complaints and the actions taken in response, as well as how feedback and complaints had been used to drive continuous improvement across the service. The service had a continuous improvement plan which included a detailed record of improvements made in response to trends in complaints data and issues identified by management, detailing actions to be taken, responsible stakeholders, and planned completion date.

# 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. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The assessment team recommended these 2 requirements were not met.

* 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.
* Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken.

I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

In consideration of Requirement 7(3)(a), the Site Audit report evidenced the workforce was not sufficiently deployed due to feedback from a named consumer and their representative who expressed concerns with the timeliness of toileting assistance and for another consumer who experienced delays in the replacement of their nasal prongs when they removed them. Additionally, staff said staffing levels effected their ability to provide timely care and service and rostering documentation supported only 2 staff were on duty overnight, while a named consumer was identified as requiring 3 staff to assist with mobilising.

I have considered the evidence in relation to timeliness of toileting and oxygen therapy assistance under Requirement 3(3)(a), where I found the service’s actions to a previous complaint have addressed toileting assistance concerns, risks associated with the consumer removing their own oxygen equipment were well known by staff with strategies in place to manage and observations made, supported the workforce deployed enabled the delivery of responsive personal and clinical care. Therefore, I do not consider this evidence reflective of non-compliance with this requirement.

For the named consumer, assessed as requiring 3 staff to assist with mobilising, I note while the roster identifies 2 staff are allocated overnight, with additional staff able to be contacted should an emergency arise, there was no evidence to support the consumer has required mobilisation overnight. I consider this insufficient evidence to support non-compliance by itself, as the consumer has provided positive feedback with the overnight support received.

In relation to rostering documentation, I note a baseline roster is used with a mix of registered and care staff allocated across a 24-hour period, evidencing the mix of staff deployed supports compliance with this requirement. While documentation supported, 9 shifts were not filled, management described vacancies are filled through extension of shift hours, offering staff additional shifts and use of agency staff as a last resort.

The provider’s response confirmed they face issues with attracting staff to ensure an adequate workforce is deployed to deliver safe, effective and quality care to consumers, however they described additional actions which had been undertaken such as reviewing the roster and recruitment activities, including for trainee staff, to ensure sufficient staff are available.

In response to some data indicating consumers had waited for extended periods of time, I note a review of the call bell system identified a fault which has been rectified, an automated escalation process and increased monitoring has demonstrated improvements in staff responsiveness with 90% of calls attended in under 6 minutes.

In relation to staff adequacy, I acknowledge the service operates a roster based on full occupancy and the roster review demonstrated the service had been operating at reduced occupancy without a reduction in the allocation of staff, there have been nil resignations, all unallocated shifts have been assigned to staff and two new staff have been recruited with additional staff also undergoing orientation. I consider these findings and actions support compliance.

Overall, I am satisfied, the service has demonstrated improvement in responsiveness to calls for assistance, consumers are receiving safe and effective care and the deployed workforce is sufficient.

Therefore, I find requirement 7(3)(a) is compliant.

In consideration of Requirement 7(3)(e), the Site Audit report evidenced the performance of new staff was assessed through a probationary review process completed 6-months post the commencement of performance. However, the service was not able to demonstrate systems and processes were in place to regularly review, assess, evaluate and monitor the performance of each member of the workforce with staff confirming their performance had not been reviewed other than through the probationary process.

The provider’s response asserted they have a range of informal and formal processes to review, monitor and assess the performance of the workforce, confirming an annual appraisal is not in place due to the small size of the service, its local community location and the fluidity of the workforce in response to the pandemic.

I acknowledge a responsive and dynamic approach has been taken with the implementation of a staff counselling record and a total of 26 sessions have been conducted over the past 4 months. However, these records were withheld and therefore I am unable to determine the regularity of the monitoring, if staff have been able to identify, plan or seek support for any training or development they require or if each member of the workforce has had the opportunity to have a performance evaluation.

I note the service has advised a formal appraisal will be reintroduced to complement the counselling record, based on the evidence before me, the service has not demonstrated how each member of the workforce has had an appropriate person regularly assess and evaluate how they are performing their role; nor were they able to demonstrate all staff have been able to identify, plan and support any training and development they need.

Therefore, I find Requirement 7(3)(e) is non-compliant.

I find the remaining 3 requirements of Quality Standard 7 compliant as:

Consumers and representatives said staff were kind, caring, and gentle when providing care. Encounters between staff and consumers were observed to be kind and respectful, for example, several consumers were observed to be distressed following a power outage and staff provided the consumers with emotional support in a kind, caring, and supportive manner. Documentation confirmed staff had completed training on diversity and respecting cultural differences as part of mandatory training.

Consumers and representatives said that they felt the staff were competent and appropriately skilled to meet their care needs. Position descriptions provided included key competencies and qualifications either desired or essential for each role, and staff were required to have relevant qualifications according to their role. All registrations and legislated requirements, such as police checks, were observed to be current, and expiry dates were recorded and monitored for currency by the service.

Consumers and representatives said they felt staff were competent and qualified to do their job and did not provide any specific feedback on any areas where staff need more training. Staff training records showed most staff had completed mandatory training. Management described the yearly mandatory training provided at the service, which includes both face-to-face and online components and said staff received regular reminders to complete training and the service followed up with staff if training was overdue.

# 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

Consumers and representatives said they were engaged in the development of care planning processes and the service respected their feedback. Management described how the service used consumer meetings, including the food focus group, and informal engagement, to obtain feedback from the consumers. Consumer meeting minutes reviewed included discussed subjects such as COVID-19 updates, volunteers, activities, renovations, outings, church groups, and suggestions and improvements.

The organisation is governed by a Board which promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. Management described the role of the Board in ensuring safe and quality care is delivered within the service. Management said every month, management met with the chief executive officer of the Board and report any changes in processes, concerns and significant incidents. Management said when a trend in feedback from consumers and representatives related to strengthening communication was identified, the Board approved purchasing technology to enable video calls to ensure consumers were emotionally supported.

The organisation had effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities were identified and funding was secured through financial governance processes. Feedback and complaints were suitably addressed. The service communicated changes to aged care laws and staff training was conducted if required. The service ensured the organisation has a workforce that was sufficient, skilled, and qualified to provide safe and quality care and services. However, deficiencies were noted in performance monitoring and workforce planning processes.

Frameworks, policies, and guidelines support the management of risks, and acceptance by consumers of risks in respect of their choices, and in response to incidents. In most instances, the service was able to demonstrate the implementation of these frameworks, policies, and guidelines. Staff and management provided examples of risks and how they were managed within the service.

A clinical governance framework including policies on antimicrobial stewardship, minimising the use of restrictive practices and open disclosure had been implemented. Staff provided examples of how it applied to their day-to-day work, including how the use of restrictive practices was managed including the need for consent and review, apologies were given when things went wrong and how the infection prevention strategies reduced the need for antibiotics.

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)