Performance

Report

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| Name of service: | Adventist Nursing Home |
| Service address: | 56 Elsom Road KINGS LANGLEY NSW 2147 |
| Commission ID: | 2562 |
| Approved provider: | Seventh-day Adventist Aged Care (Greater Sydney) Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 15 December 2022 |

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

**This performance report**

This performance report for Adventist Nursing Home (**the service**) has been prepared by Denise 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 6 December 2022 including, but not limited to:
  + clinical care extracts
  + care plan for a named consumer
  + medication monitoring records
  + training records
  + call bell monitoring reports
  + a continuous improvement plan
* a notice of non-compliance dated 17 November 2021
* a continuous improvement plans updated on 9 November 2021
* a performance report dated 15 July 2021
* 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* **Requirement 3(3)(b)** - The service improves management of high impact or high prevalence risks associated with the care of consumers, particularly risks associated with choking, catheter management and falls.
* **Requirement 3(3)(d)** - The service improves the recognition and response to the deterioration or change in consumer’s condition.
* **Requirement 6(3)(d)** - The service improves the use of feedback and complaints to improve the quality of care and services.
* **Requirement 7(3)(a)** - The service ensures there are sufficient staff rostered and available to meet consumer’s needs.
* **Requirement 8(3)(c)** - The service’s governance systems relating to organisational wide governance of its information and continuous improvement are effective.
* **Requirement 8(3)(d)** - The service improves management of high impact or high prevalence risks associated with the care for consumers and ensure consistent incident reporting.

# 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 said they were treated with respect and their identity, culture, and diversity were valued. Staff demonstrated an understanding of consumers’ life history and respectfully spoke about consumers. The service had a diversity and inclusion policy guiding the practice of promoting inclusivity.

Consumers confirmed the service recognised and respected their cultural background, and care was provided in line with their cultural preferences. Care planning documentation reflected the consumer’s cultural background, linguistic abilities, and activities the consumer wished to maintain. Staff explained the activities calendar as being designed to account for the diverse social, cultural, and religious needs of consumers and described celebrating cultural festivities as practices which increased rapport between consumers.

Consumers and representatives stated they were given choice about when and how care was provided. Staff described how they supported consumers to exercise choice and maintain their independence. Care planning documentation provided guidance for staff in supporting consumer relationships, including encouraging consumers to attend activities or escorting consumers to dining areas, where they dine with their friends.

Consumers described risks they wished to take, including not following their prescribed diet, and confirmed the service had explained the risks and possible outcomes. Staff described risks taken by consumers and explained the strategies in place to support risk-taking. Training records reflected the service had delivered an in-service session on supporting consumers to take risks.

Consumers described how they were informed of how to exercise choice, and described the information as easy to understand. Staff described various methods to communicate information, in line with consumer needs and preferences. Noticeboards displaying the service’s activities calendar were observed throughout the service.

Consumers explained how their privacy was respected by staff and they felt their boundaries were observed. Staff described the practical strategies used to ensure a consumer’s privacy preferences were respected, including respecting the consumer's wishes not to be disturbed. Clinical information was observed to be shared in a secure and restricted manner.

# 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

Following a previous site audit, the service was found non-compliant with Requirements 2(3)(a) and 2(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements having introduced revised assessment and care planning processes, which are monitored for completion, to ensure risks associated with the care of consumers is identified and informs the planning of care. Additionally, review and evaluation of care strategies is regularly scheduled and is generally undertaken following incidents such as falls, behaviours or skin tears.

Consumers and representatives confirmed on entry to the service hospital discharge documentation and the representative contribute information to identify risks to the consumer. Most care and service plans had identified relevant risks to consumers and strategies were planned to ensure safe and effective care, however the need to continuously monitor oxygen saturations was omitted from care plans. A checklist is used to ensure all consumers entering the service are assessed consistently.

Consumers and representatives said their current needs, goals and preferences of consumers including for advance care planning are identified and addressed through discussions held at entry to the service. Staff described how they ensure assessments and care planning are reflective of current needs and the consumers end of life wishes are recorded. All consumer care files sampled reflected current needs of consumers and included advance care plans.

Consumers and representatives reported the service partnered with consumers and others who consumers wished to involve, including medical officers and allied health professionals, in the assessment and planning of their care. Staff described processes such as through in-person meetings, teleconferences, or email. Documentation confirmed the partnership commenced at entry, continued through informal reviews and a formal case conference is conducted annually.

Most consumers and representatives said care plans are accessible, made sense to them, and staff explain things to them in a clear manner. Care documentation evidenced and staff confirmed the service regularly updates consumers and representatives on care outcomes over the telephone or through emails. A copy of the consumer’s summary care plan was displayed in consumers rooms.

Consumers and representatives described the regular review of care and services for consumers and provided positive feedback about the services review of the effectiveness of care and services when circumstances changed, or incidents occurred. Staff explained the 3-monthly review process for care documentation. Care documentation evidenced planned strategies were generally reviewed within the last 3 months or when incidents occurred, including being reviewed by a physiotherapist when a consumer was classified as experiencing a fall.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-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

Following a previous site audit, the service was found non-compliant with Requirements 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(d) and Requirement 3(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance relating to Requirement 3(3)(a) and Requirement 3(3)(e) and is now compliant with these requirements having introduced strengthened processes to ensure consumers who had a chemical restrictive practice applied, were administered medication following exhaustion of non-pharmacological strategies, staff were provided dementia specific training to ensure pain was identified as a trigger to escalating behaviours, consumer’s pain was managed appropriately and consumers exhibiting escalating behaviours received care in accordance with their care directives. Additionally, care planning documentation had been reviewed and updated to ensure consistent and current information was shared between staff and others who were involved in the care of consumers.

However, while the site audit report identified improvements had been made, Requirements 3(3)(b) and Requirement 3(3)(d) remained non-compliant as:

In consideration of Requirement 3(3)(b), the Site Audit report evidenced deficiencies in the effective management of high-impact or high-prevalence risks including swallowing and choking, and catheter management.

For a named consumer, with a diagnosis of dysphagia and care directives including being served a pureed diet, requiring thickened fluids and their medication to be crushed, there were occasions when the consumer was served meals inconsistent with the directives and the tablets were given or almost given without crushing.

Additionally, I have considered information contained within the Site Audit report under Requirement 2(3)(e), which evidences 2 named consumers, have not had their falls effectively managed as repeated falls out of bed have not been recognised as a fall, have not prompted re-assessment or monitoring and the falls have resulted in injuries.

Furthermore, information under Requirement 3(3)(d) supports the ineffective management of a catheter, as staff there was no evidence to support staff undertook any actions or monitored the consumer when it was noted their catheter was bypassing.

The provider’s response asserts the named consumer is provided with the correct texture modified diet, however, confirms a texture modification change occurred due to a short-term dentition issue and the handing over of this information between clinical and hospitality staff failed, resulting in the consumer receiving the incorrect meals. I note the consumer was not adversely impacted and staff were required to attend training as a corrective action. I also note, while the site audit report and the providers response contain different information on the consumer’s texture modifications, there has been no evidence submitted to support the consumer current assessed need, planned interventions or that demonstrates the risk of choking was being effectively managed.

Additionally, the provider confirms the consumer was almost administered a whole tablet in an isolated incident, which also resulted in staff being retrained as a corrective action.

In relation to the two named consumers who have repeatedly fallen out of bed, I consider the risk of falls has not been effectively managed as management has not recognised these events as falls, prompting reassessment or the evaluation of the planned strategies to minimise the risk with consumers sustaining injuries or requiring transfer to hospital as a result.

Overall, I am satisfied, that while some isolated incidents have occurred and were identified with corrective actions implemented by the service, I consider, at the time of the site audit, the service has not been able to demonstrate, the high impact of high prevalence risks have been effectively managed.

Therefore, find Requirement 3(3)(b) is non-compliant.

In consideration of Requirement 3(3)(d), the Site Audit report evidenced, deficits in the service’s responsiveness when, for a named consumer with an indwelling catheter, staff reported an absence of urine output. The named consumer was identified to be unresponsive the following day, was transferred to hospital and diagnosed with a urinary tract infection.

The provider’s response did not address the findings, however clarifying information advising of the named consumer’s diagnosis and the interventions in place to support behaviours was provided. I acknowledge the consumer has a history of regularly removing their own catheter, with re-insertion frequently required and following this incident and a trial of void, without urinary retention, the consumer’s medical officer has permanently removed the catheter.

I acknowledge the additional documentation submitted by the provider, which supports the consumer’s temperature had been routinely checked, was within normal range, however, documentation does not support, staff appropriately assessed the consumer at the time the absence of urine output was identified, other than to confirm the catheter was insitu or that staff monitored the consumer overnight, as per handover.

The provider’s response has indicated it has changed from a daily to weekly handover process has been implemented to improve continuity of care for all consumers and to ensure any required task are completed.

I consider the corrective actions identified and undertaken by the service will take time to demonstrate their effectiveness and at the time of the site audit, the service was not able to demonstrate deterioration in a consumer’s condition was responded to in a timely manner.

Therefore, I find requirement 3(3)(d) is non-compliant.

I find the remaining 5 requirements of Quality Standard 3 compliant as:

Consumers and representatives indicated consumers were receiving the personal and clinical care which was right for them; and which met the consumers' individual needs and preferences. Care documentation, including behaviour support and restrictive practice plans, demonstrated these were individualised to consumer’s needs, goals, and preferences and evidenced management of restrictive practices, skin integrity, and pain was in line with best practice. Staff described how the service delivered personal and clinical care in alignment with best practice. Staff were observed assisting consumers who appeared agitated in a calm and appropriate manner.

Care planning documentation reflected the needs, goals, and preferences of consumers nearing end of life, consumers wishes were recognised and responded to, ensuring comfort and dignity were maximised when consumers approached end of life. Consumers provided positive feedback with end-of-life care provided by the service. Staff described how care, such as continued continence care, mouth, and oral care, pressure area care, and monitoring pain, was provided to maximise comfort and maintain dignity.

Consumers and representatives said the consumers had access to a broad range of health professionals, including allied health and medical specialists, and referrals were timely, appropriate, and occurred when needed. Staff described available medical and allied health professionals to consumers such as medical officers, palliative care, geriatrician, specialist support agencies, physiotherapist, speech pathologists, podiatrists, and optometrists. Care planning documentation and progress notes evidenced input from others and referrals where needed.

Care documentation demonstrated adequate information was shared between staff and others to support effective and safe care. Staff described how information on consumer needs, conditions, and preferences was documented and communicated within the organisation and other where clinical care is shared, including via staff handovers and through the electronic care management system. However, while most consumers and representatives said staff were aware of their care needs, they sometimes had to repeat themselves as some staff did not know the consumers’ needs and preferences.

Staff described how they applied best practice infection control practices in their routine work. Infection control practices were observed, including a thorough visitor and staff COVID-19 screening process. The service also demonstrated they practiced antimicrobial stewardship through close monitoring of infections and working with the medical officer for the safe prescription of antibiotics. Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# 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 said they felt supported to participate in activities of interest; and were provided with support to optimise their independence and quality of life. Staff explained how they conduct a lifestyle assessment and collected the consumer’s individual preferences, likes, dislikes, interests, social, emotional, cultural, and spiritual needs, and traditions. The activities calendar included a variety of activities including craft and exercises for consumers with varied physical and cognitive abilities.

Consumers reported their emotional, spiritual, and psychological needs were supported, and the service encouraged them to access pastoral support. Staff described how the consumer’s emotional, social, and psychological needs were supported through facilitating connections to family and friends and, referrals to external mental health and psychological specialists. A spirituality policy promoted all consumers were provided with an environment to practice their faith at their discretion.

Consumers said they participated in the community within and outside of the organisation’s service environment, to maintain connections and to do the things of interest to them. Staff provided examples of scheduling contact with relatives overseas to maintain relationships, and how consumers were encouraged to undertake activities of interest to them. Care planning documentation scheduled times to contact family who live overseas and members of the community who are important to the consumer were identified.

Consumers felt confident their condition, needs and preferences were communicated within the organisation, and with others where responsibility for care was shared. Staff said they communicated any changes in the needs and preferences of consumers through the electronics care management system. Care planning documentation was reviewed and found to record information to support the provision of safe and effective care as it related to services and supports for daily living.

Consumers said they were supported by support services, and providers of other care and services. Staff described other organisations and providers of care and services and the specific consumers who accessed these services, including providing specialised support to consumers with diverse abilities. Care planning documentation acknowledged specific consumer needs and the supports made available, should a consumer require specialised support.

Consumers expressed dissatisfaction with the service’s meals, due to the service’s only offering a vegetarian diet. Management advised, consumers and external agencies, were informed of the service’s dietary restrictions prior to referrals or admission. Management, staff and consumers confirmed meat products were able to be accessed through alternate arrangements However, due to the consumer feedback, a monthly barbeque had been scheduled and was commencing in November 2022.

Consumers and representatives said consumers have access to safe, suitable, and well-maintained equipment. Staff advised they have access to equipment when required and equipment was always kept clean and well maintained. The service’s preventative maintenance log was reviewed and demonstrated regular servicing of equipment, with regular external audits conducted for equipment, such as lifters.

# 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 confirmed the service’s environment was welcoming and easy to understand. Staff described welcoming aspects of the service which optimised each consumer’s sense of belonging and provided ease of navigation, explaining how handrails situated within the hallway were intentionally dark in colour to ensure consumers living with diverse visual abilities could see the hallway path and mobilise independently. Consumer's own furniture and possessions were observed in the consumer's rooms.

Consumers and representatives said they thought the service environment was safe, clean, and well-maintained and allowed them to move around freely. Staff described the cleaning schedule followed and specific infection prevention control measures in place to minimise the spread of bacteria. The service environment was observed to be clean and consumers were moving independently between internal and external areas.

Observations identified, and consumers confirmed, their equipment was checked, cleaned, and maintained regularly. Staff described how cleaning and care of personal cleaning equipment was managed. Maintenance documentation evidence preventative maintenance included inspection of lifting equipment and servicing of laundry and kitchen equipment.

# 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. | Non-compliant |

Findings

The assessment team recommended Requirement 6(3)(d) was not met and the Site Audit report evidenced deficiencies in the service’s systems and processes as feedback and complaints were being received from consumers and representatives in relation to care, staff responsiveness, cleaning and laundry processes, however, the complaints register and plan for continuous improvement evidenced this feedback had not been collated, trended to identify systemic deficits or used to prompt improvement actions.

The provider’s response submitted clarifying information together with additional documentation in relation to the feedback on care provided and staff responsiveness. I note the provider advised, contact made by a consumers’ representative in relation to bruising was not considered a complaint, however, this was not the understanding of the author as they categorised the feedback as a complaint when recording the information within the electronic care system, therefore it should have been escalated and documented as such.

Additionally, while the submitted call bell data for a named consumer supports the consumer’s calls for assistance were answered, it also evidences an extended wait period between calling for assistance and staff arriving, was experienced and there has been no evidence submitted which supports how this feedback has been used to improve care and services.

I acknowledge the provider has submitted evidence which supports corrective actions have been undertaken including implementing processes to improve the identification of consumer’s clothing, management of missing clothing, training provided to staff on complaints handling including escalation and commenced transferring feedback or complaints from the electronic care system into complaints and continuous improvement monitoring documentation. However I consider the corrective actions identified and undertaken by the service will take time to demonstrate their effectiveness and at the time of the site audit, the service was not able to demonstrate feedback and complaints were reviewed and used to inform the quality of care and services for consumers.

Therefore, I find requirement 6(3)(d) is non-compliant.

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

Mechanisms to support consumers to lodge complaints anonymously were absent, however secured feedback boxes were installed during the Site Audit and consumers or representatives advised they felt comfortable raising concerns directly with staff or through email. Staff described processes in place to encourage and support feedback and complaints at the service. A consumer handbook and information displayed, encourage consumers to lodge feedback or make complaints.

Consumers described access to advocates and external complaints mechanisms and confirmed they had been able to utilise these services. Staff described training delivered by clinical educators on access to advocacy and translation services. Brochures were observed to be available within the service on advocacy and external complaints mechanisms.

Consumers and representatives said the service took action in response to feedback and complaints made and described elements of open disclosure when things went wrong. Staff demonstrated an understanding of open disclosure. Documentation reviewed evidenced the guidance and application of open disclosure when things went wrong, and action was taken to address feedback and complaints.

# Standard 7

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

Findings

Following a previous site audit, the service was found non-compliant with Requirements 7(3)(a), and Requirement 7(3)(d), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance relating to Requirement 7(3)(d) and is now compliant with this requirement having provided staff with additional training on caring for consumers with dementia, managing escalating behaviours, behaviour support planning and manual handling.

However, despite some improvements having been made, including the implementation of call bell monitoring processes, the site audit report recommended Requirement 7(3)(a) remained non-compliant as consumers and representatives provided negative feedback concerning the current staffing levels, particularly at night, with examples given of consumers having to void in their continence aids as staff were not available to assist them to the toilet, consumers were left to settle on crash mats, following falling out of bed and consumers were not able to do the activities they would like. Additionally, consumers were observed repeatedly calling out for assistance without staff attending promptly, rostering documentation indicated shifts were unfilled and the base roster had not been reviewed since August 2020.

The Provider’s response refuted the findings of the Site Audit, and submitted documentation to evidence the workforce was sufficiently planned and deployed as it was meeting the legislated care minutes to be provided to each consumer and provided clarification on the shifts identified as unfilled, were either reflective of a full complement of staff not being required, due to reduced occupancy or endorsed nursing staff were being allocated as opposed to registered staff. Additionally, the continence care plan for a named consumer demonstrated the agreed interventions for overnight toileting assistance.

While I acknowledge the service is meeting the care minutes required, this in itself does not satisfactorily evidence the adequate deployment of staff to meet consumer needs and staff were observed to be delayed in responding to consumers who were assessed as a high falls risk and had activated their sensor alarms. Additionally, I note the consumers care plan indicates toileting assistance is to be recorded by staff on a toileting checklist, however this was not provided to support the consumer is being assisted overnight as agreed.

Furthermore, I note the service has not provided information or evidence to counteract consumers are left to settle on crashmats post a fall out of bed and consider this supports non-compliance.

Overall, I have placed weight on the negative feedback of consumers and the observations made, affirming staff were unavailable or delayed in responding to call bell activations for consumers who required toileting assistance and consider at the time of the site audit, the service was not able to demonstrate a workforce that was adequately planned and deployed to ensure safe and quality care.

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

I find the remaining 4 requirements of Quality Standard 7 compliant as:

Consumers and representatives said staff were mostly kind, caring, and respectful. Staff spoke about consumers in a kind and caring manner. Staff were observed to treat consumers kindly and respectfully, including when consumers did not wish to attend activities staff would check with them and set up individual activities, if appropriate.

Consumers and representatives said they felt staff were competent and skilled to meet their care needs. Staff described the annual competency testing and described how, for manual handling, the physiotherapist conducted competency testing for machines or equipment if there was a new machine or piece of equipment in the service for a consumer. Position descriptions were observed to be contained within personnel files and contained main duties and responsibilities, qualifications required, and core skills and competencies, with a signature from staff on the position description.

Consumers and representatives said staff are sufficiently training to deliver care which met the needs of consumers, including those living with dementia. Management and staff described processes in place to support the training and skilling of staff to provide quality care and services including the introduction of a new electronic training system to monitor and record the completion of training. Documentation reviewed generally evidenced the workforce had participated in training modules, including manual handling and serious incident reporting, to deliver the care and services required by the Quality Standards.

Management described the annual appraisal process and how it was used to review performance and identify training needs for staff. Whilst documentation evidenced, and management confirmed, the appraisal process was significantly behind in completion, the service demonstrated staff were still being performance managed and training needs were met.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Following a previous site audit, the service was found non-compliant with Requirement 8(3)(d), and evidence within the Site Audit report supports the service remains non-compliant with this requirement. Additionally, based on the findings of the Assessment team, Requirement 8(3)(c) was also recommended as not met.

In consideration of Requirement 8(3)(c), the Site Audit report brought forward deficits in the services governance systems pertaining to information management, regulatory compliance, feedback, complaints and continuous improvement as staff advised they were not able to access policies and procedures, access to care and medication systems was problematic and medication monitoring records were not available for a named consumer.

For systems relating to continuous improvement, feedback and complaints, I have considered the evidence in the Site Audit report and the providers response and have found Requirement 6(3)(d) non-compliant as the evidence submitted supports staff were receiving feedback and complaints and were failing to escalate these appropriately. Additionally, the plan for continuous improvement did not reflect feedback or complaints had resulted in improvement actions being identified as necessary, documented, monitored or evaluated which supports governance systems were ineffective.

Furthermore, continuous improvement actions and processes implemented as a result of the previous site audit have not been monitored to determine their effectiveness or sustainability as some requirements have been found to remain non-compliant.

In relation to information management, I note the additional documentation submitted in the provider’s response confirms staff were unable to access the electronic system containing the policies and procedures prior to the site audit. Additionally, the documentation supplied to evidence psychotropic medication was being monitored evidenced gaps in the recording of medication, the effectiveness of medication was not being recorded and inconsistencies between the prescribed dosage and that administered was also noted, which supports non-compliance with this requirement.

The provider’s response acknowledges the deficiency in compliance with legislative requirements to report allegations of unreasonable use of force as an allegation was made and while the service identified it as a complaint, a report was not made to the appropriate authorities.

I acknowledge the corrective actions included in the providers response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate its organisational governance systems, pertaining to information management, continuous improvement, regulatory compliance, feedback and complaints were effective.

Therefore, I find Requirement 8(3)(c) is non-compliant.

In consideration of 8(3)(d), the Site Audit report evidenced deficits in the effectiveness of the service’s risk management systems as non-compliance has been found in relation to the management of high impact-high prevalence risks to consumers and incidents, including those classified as a near miss or alleged incidents of abuse, were noted in care documentation but had not been consistently identified, reported or investigated within the service’s incident management systems.

Additionally, the Site Audit report evidences discrepancies with management’s understanding of the services policies and procedures, particularly in relation to identifying and reporting falls, as management advised a consumer landing on the floor, following falling out of bed, was not recognised as a fall, despite this being defined in the service’s policies and procedures, leading to under reporting of the rate of falls occurring within the service and causative factors not being comprehensively investigated or minimised. Furthermore, incidents were a named consumer was almost given texture modified meals or tablets inconsistent with the directives of health professionals were not recognised as near miss incidents and reported to effectively manage the risk or minimise potential reoccurrence.

The provider’s response acknowledges the failure to recognise, respond to and report an allegation of abuse and that incident management systems continued to be reviewed and improved with staff training resulting in a noted increase in incidents being reported and closed, however conceded not all incidents are being identified or reported and remedial actions were still required.

I acknowledge the corrective actions included in the provider’s response and consider these will require time to embed and monitor their effectiveness and at the time of the site audit, the service was not able to demonstrate risk management systems were effective.

Therefore, I find requirement 8(3)(d) is non-compliant.

I find the remaining 3 requirements of Quality Standard 8 compliant as:

Management described how consumers were engaged in the development and review of care and services and documentation reviewed evidenced the involvement of consumers and representatives in described processes. Representatives said attending consumer committee meetings promoted involvement, and allowed for questions, suggestions, and the opportunity to raise any concerns.

The service demonstrated the organisation was governed by a board who promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The board is supported by sub-committees, including a clinical governance committee, and a hierarchical management structure is in place. Management described the role of the board and sub-committees in ensuring safe and quality care was delivered within the service. Documentation supports the board receives information on the operations and performance of the service against key performance measures.

The service had documented policies and procedures relating to restrictive practice, antimicrobial stewardship, and open disclosure. Although there were deficiencies in the services information management which resulted in staff not having read or undertaken training, the staff could describe how they applied these policies and procedures to their practice.

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