Performance

Report

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| Name of service: | Aegis Shawford |
| Service address: | 8 Twyford Place INNALOO WA 6018 |
| Commission ID: | 7263 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 February 2023 to 17 February 2023 |
| Performance report date: | 23 March 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 Aegis Shawford (**the service**) has been prepared by K Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the provider’s response to the Assessment Team’s report received 10 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **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.

* The provider ensures consumers are supported to take safely take risks they want to take and to make informed risk-taking decisions. The provider ensures risk discussions and decisions are documented, appropriate risk mitigation strategies are identified and consistently implemented.
* The provider ensures action is consistently taken in response to complaints and open disclosure practiced when things go wrong. The provider ensures an effective complaints and feedback system is implemented. The provider ensures staff are trained in complaints handling and open disclosure.
* The provider ensures each member of the workforce has regular assessment, monitoring and review of the performance. The provider ensures staff are supported with adequate time and resources to complete relevant training and that training completion is monitored by the service. The provider reinforces service policy and procedure for staff training and education.

# 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. | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have assessed this Quality Standard as Non-compliant as Requirement (3)(d) in this Quality Standard is Non-compliant.

Requirement (3)(d)

The Assessment Team found the service did not demonstrate each consumer is supported to take risks to enable them to live their best life. Examples of deficiencies were provided relating to five consumers as follows:

* Consumer A advised they were not supported to get out of bed independently if they did not want to wait for staff, who are sometimes delayed. The consumer’s mobility aids were observed to have been stored out of reach in the bathroom when they were in bed.
* Consumer B had a risk assessment undertaken for an activity of choice, however, this had not considered risk to other consumers or the environment.
* Consumer C did not have a risk assessment to leave the service accompanied by their spouse, also a consumer within the service.
* Consumer D advised they were not supported to have an electric wheelchair to improve their independence moving throughout the service.
* Consumer E had not been supported to have a nail file to undertake their own nail care, and the service had not undertaken a risk assessment in relation to use of equipment for an activity of choice.

The provider has not refuted the Assessment Team’s findings for Requirement (3)(d), however, they have provided additional evidence to clarify some aspects of the Assessment Team’s report. These include policies and procedures demonstrating availability of systems to guide staff to support consumer decision making relating to taking risks and associated documentation for each of the five consumers.

Consumer A

The Assessment Team identified a risk assessment had been undertaken for Consumer A to get up from the floor in a particular manner, however the request to get out of bed independently to avoid waiting for staff had not been considered. The provider’s response indicates they do not agree with the Assessment Team’s report in relation to Consumer A, providing the following reasons:

* The risk assessment relating to the consumer getting off the floor without assistance has been deactivated as the consumer is no longer physically capable.
* Where the Assessment Team identified the consumer’s walker was not within reach, this is against the organisation’s procedures, however, the consumer could have called for assistance through the call bell or sensor.
* Assessments undertaken did not demonstrate Consumer A’s request to transfer independently was safe, with mobility assessment detailing the consumer’s requirement for two staff to provide assistance, or use of mechanical lifters when tired.
* Consumer A’s memory is moderately impaired, they have little insight into their abilities, and this makes it difficult for the consumer to remember they can no longer get up independently.

The previous risk assessment for Consumer A, undertaken in 2021, was undertaken directly with the consumer without documented involvement of representatives. Whilst I note the provider’s concerns for consumer safety and number of recent falls, I have also considered the service’s policy, titled Supporting Choice and Mitigating Policy, states consumer preferences may not always appear to be in the best interest of the consumer, and acknowledgement that best interest has previously been defined by healthcare professionals instead of the individual. The provider has not provided any evidence in relation to recent or ongoing consultation with Consumer A or a substitute decision maker on the consumer’s preference to transfer independently, and whilst documentation identifies Consumer A has mild cognitive impairment, the provider has not demonstrated the consumer is no longer capable of making their own decisions relating to taking risks.

Consumer B

The provider has acknowledged the risk assessment undertaken for Consumer B focused on their functional ability to undertake the activity, however, had not taken into account risk to other consumers or the environment. A reassessment for Consumer B demonstrated they remain functionally capable and safe to undertake the activity, however, it was not considered safe to undertake this activity in the consumer’s room, and the service is yet to find an appropriate environment for the activity. The organisation’s risk assessment form has been updated in response to include consideration of risk to other consumers or the environment, with ongoing discussion about learnings from the incident in Therapy Meetings to avoid recurrence.

Consumer C

I acknowledge the feedback and documentation supplied by the provider demonstrate Consumer C does not leave the service unless accompanied by other family members to support them and their spouse, and therefore does not require a risk assessment.

Consumer D

The provider has supplied documentation for Consumer D, including assessments, demonstrating awareness and consideration of the consumer’s request for an electric wheelchair. The Allied Health assessments identify safety risks for Consumer D and other consumers, due to Consumer D’s underlying medical issues with risks unable to be mitigated through alternate strategies. An alternate option was provided to Consumer D to allow some independence with transferring throughout the service, with further risk assessments for capability and safety undertaken. I accept the provider has considered the consumer’s right to take risk, but followed their policies and procedures to find a compromise due to potential impact on the safety of other consumers.

I also accept the provider’s position that the risk form is not intended to guide care, and information included in the consumer’s mobility plan clearly identifies issues and risks to inform staff.

Consumer E

In relation to Consumer E, the provider has acknowledged confusion in relation to storage of nail care equipment, and the service has subsequently undertaken assessment for Consumer E to independently care for their own nails. Whilst the service has provided confirmation Consumer E was not using the equipment for their activity of choice, they acknowledged a risk assessment had not been undertaken. A subsequent discussion has been held with Consumer E and their family, where it was determined the consumer wanted to keep the equipment, and an agreement has been made for the service to store parts, including the power cord, for safety. The provider advises if the consumer wishes to use the equipment, a further assessment can be undertaken.

Whilst I note the provider has taken action in response to the information raised in the Assessment Team’s report, I find the service could not demonstrate each consumer was supported to take risks to enable them to live their best lives.

For the reasons outlined above, I find Requirement (3)(d) Non-compliant.

Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f)

Most consumers and representatives said consumers are treated with dignity and respect. Staff could give examples of how they demonstrated respect towards consumers, and demonstrated familiarity with consumers’ culture and identity. Staff are guided by policies and training modules in provision of care that is respectful of consumers’ identity, culture and diversity.

Consumers said they felt culturally safe. Staff spoke of the importance of understanding consumers’ cultures and backgrounds as it can impact on care preferences. Lifestyle staff spoke of cultural activities scheduled, and how they celebrate and acknowledge different cultural backgrounds of consumers. The service was actively working to find non-English speaking volunteers to engage with consumers and meet cultural and social needs.

Consumers said they were supported to maintain relationships of importance to them, and they could make decisions about their care, or who should be involved. Lifestyle staff spoke of efforts to create networks for consumers through making connections with consumers from similar backgrounds, including at other services. Care documentation captured consumer decisions about care and delivery through care conference discussions, and who the consumer wishes to be involved in their care.

Consumers and representatives said they were satisfied with the written information they receive, with verbal reminders also provided by staff at the commencement of activities. Menus and activity planners were displayed, the Welcome pack includes key information for consumers about the service, and information was displayed on noticeboards. Minutes for Resident Meetings were available and included information about upcoming events. Management said they were hoping to reintroduce the newsletter, however, it was dependent upon departments being able to provide content.

Consumers and representatives said they were satisfied consumers’ privacy is respected and personal information is kept confidential. Staff members described actions to maintain privacy and protect consumer information. Handover was observed to occur in office areas, away from consumers, and doors were noted to be closed when staff were attending to consumers.

# 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

The Quality Standard is assessed as Compliant as five of the five Requirements have been assessed as Compliant.

Clinical staff described process to assess risk for consumers through use of admissions checklist for new consumers, validated assessment tools, and interviews with consumers and/or their representatives. Care planning documentation identified known consumer risks and mitigation strategies. The service had not identified all risks associated with preferred activities of choice, which I have considered within Standard 1 Requirement (3)(d), and I note the provider has made changes to the associated risk assessment form to ensure risks to other consumers and environment has been considered. Accordingly, I remain satisfied that Requirement (2)(a) is compliant.

Consumers confirmed their needs, goals and preferences were known by staff, and the service demonstrated these were captured within care planning. Advance care directives are discussed during the admission process, updated during regular reviews, and information was readily available to staff through handover and within the Advanced Care file available in each nurses’ station.

Consumers and representatives said they receive regular updates, and are encouraged to be involved in discussions relating to care planning. Staff were able to describe how other providers, including Allied Health staff and external specialist organisations, are involved in assessment and planning. Documentation within care files summarised consultation with consumers and/or representatives.

Consumers and representatives said the service keeps them informed of the outcome of assessments, or when changes in care delivery occur, and care plans are provided on request or following review. Staff said they could access care planning documentation on the electronic management system, and copies are kept for reference at the point of care where needed, for example, information on dietary needs and preferences was kept in food service areas.

Care plans were updated where there was a decline or change in health status, following incidents or for reconsideration of consumer preferences. Clinical staff spoke of the importance of completing regular care plan reviews to meet changing needs of consumers. Care documentation demonstrated care plans were regularly reviewed and updated following deterioration and improvement to health.

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

Consumers and representatives said they were satisfied with clinical and personal care consumers receive, and described how care was tailored to consumer needs. Clinical staff described how they ensure consumers receive best practice wound care and diabetes management. Care plans included personalised management plans, with documentation demonstrating appropriate assessment and management of consumer needs and preferences.

Consumers and representatives said staff provide care which is safe and right for consumers, with understanding and management of associated risks. Staff were able to describe risks and management strategies for individual consumers, and the process to escalate risks if required. Consumers identified with high risks were reviewed at regular clinical care meetings and reviews. Care documentation includes baseline parameters for observations, including blood glucose levels, and triggers alerts for staff when readings are outside these guidelines.

Staff described how they recognised when consumers were entering end of life care, with increased focus on consumer comfort, including provision of emotional and spiritual support for the consumer and their family. Clinical staff advised they have sufficient policies and procedures to guide them in recognising and managing consumers entering end of life stage, with care focused on maximising comfort, and provision of emotional and spiritual support for the consumer and their family.

Comments from consumers and representatives throughout the Assessment Team’s report demonstrate most were satisfied the service identified and responded to deterioration of consumer health, although one consumer said they had to prompt staff to undertake review following increased symptoms. Staff could describe how deterioration is identified, including through use of policy and procedures, and escalation pathways for health management. Documentation demonstrated assessment of acute health changes, and monitoring ‘body mapping’ assessment was undertaken monthly to assess for subtle health changes.

Consumers and representatives said staff are aware of how consumers like care to be delivered. Staff were able to describe consumer care needs in line with consumer feedback and care plans, and said they were kept updated of changes through verbal and written handover processes.

Consumers and representatives said the service ensures referrals to external providers are made for support when and as required. Staff described referral processes utilised and available services. The Assessment Team’s report included examples of referrals to Allied Health professionals, external specialist organisations including dementia organisations or palliative care specialists, Medical Officers and Residential Care Line Outreach Service.

Staff said they have sufficient access to personal protective equipment to ensure use of standard and transmission based precautions to prevent infection. Staff receive training on infection prevention, however, at the time of the site audit many staff were overdue mandatory training. Staff were observed using appropriate infection prevention and control processes, and the service has regular screening against COVID-19 for all staff, visitors and consumers. Clinical staff described practices to promote appropriate use of antibiotics, including using only when the consumer is symptomatic, has a history of infection related illness, or a diagnosis confirmed via pathology.

For the reasons outlined above, I find all Requirements in Standard 3 Personal care and clinical care Compliant.

# 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

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

Consumers described supports for daily living to assist with maintenance of independence. Staff could describe consultation processes and adapting programs for processes. Care plans included assessments identifying consumer wishes and required supports to optimise their independence, well-being and quality of life.

The Assessment Team’s report includes examples of consumers receiving services and support for emotional, spiritual, and psychological well-being. Staff could give examples of providing emotional support to consumers, and could engage with pastoral care or external organisations for psychological support.

Consumers said they are engaged in activities of importance to them, including within the community, and were supported to maintain relationships of importance to them. One representative raised concerns that bus outings were not inclusive for consumers requiring wheelchairs, which was acknowledged by management who advised they are seeking alternate providers to accommodate all consumers. Staff described supports provided to consumers to participate in activities within and outside the service. Care documentation identified consumer interests, and consumers were observed participating in activities of interest and going into the community with friends.

Most consumers said they receive consistent care and support, and did not have to repeat their preferences to multiple staff. Staff said they are kept informed of consumers’ conditions, needs and preferences through handovers and reviewing documents, including care plans. Consumer needs are identified through assessment processes and incorporated into care plans.

Consumers confirmed timely and appropriate referrals are made for care and services, including volunteers, religious representatives, and external support workers including psychologists. Staff said referrals are provided through internal channels and to external organisations. Care files demonstrated referrals were made in a timely manner.

Consumers and representatives said they were satisfied with the variety and quantity of food, and there were plenty of choices for each meal, although jugs of water were not readily available for consumers in the memory support unit. Consumers could provide feedback on meals to staff, through feedback forms or meetings. One representative was unaware consumers could request items not listed on the menu, such as sandwiches, salads or fruit, and management advised they will take action to ensure all consumers and representatives are aware. Hospitality staff described actively seeking consumer feedback about meals through daily conversations, focusing on consumers who had eaten little, or through attending consumer meetings and food focus groups, and could give examples of working with consumers to meet individual tastes and needs.

Consumers and representatives said they were satisfied with available equipment, consumers felt safe using it and would tell staff if there were any issues. Lifestyle staff said they have access to sufficient equipment to provide a range of activities. Equipment was observed to be clean and in working order, and the service had processes in place for ongoing maintenance and cleaning.

For the reasons outlined above, I find all Requirements in Standard 4 Services and supports for daily living Compliant.

# 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

The Quality Standard is assessed as Compliant as three of the three Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to personalise consumers’ rooms, with rooms observed to be furnished to reflect consumer interests and preferences. Staff described features of the service environment to optimise consumer independence, and explained how they know a consumer feels at home. The environment was observed to be well lit and welcoming with numerous spaces for interaction or quiet reflection.

Consumers and representatives said the service is clean and well maintained, and consumers can manage natural light, fresh air and temperature in their rooms to meet comfort needs. Staff advised they provided assistance for consumers unable to mobilise to access indoor and outdoor areas of choice. Emergency evacuation diagrams were observed to have inaccurate guidance and directions for evacuation during an emergency, which was raised with management who advised they would rectify. The risk to the environment relating to one consumer’s preferred activity had not been identified, however, I have considered this information under Standard 1.

Consumers, representatives and staff were familiar with reporting concerns relating to equipment or maintenance needs. Consumers said they felt safe during use of equipment, including mobility aids and hoists. The service has a maintenance schedule, with arrangements with third party contractors for specialised maintenance needs. No outstanding maintenance requests were noted.

For the reasons outlined above, I find all Requirements in Standard 5 Organisation’s service environment Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I have assessed this Quality Standard as Non-compliant as Requirement (3)(c) in this Quality Standard is Non-compliant.

Requirement (3)(c)

The Assessment Team found the service did not demonstrate appropriate action is taken in response to all complaints, including use of an open disclosure process. Whilst the service has policies and processes to guide staff on identifying, recording, and managing complaints, these were not consistently followed. Examples of deficiencies were provided as follows:

* Three representatives said they were not satisfied with the complaints resolution process
  + For one of the three complainants, the Assessment Team were satisfied the service demonstrated ongoing and appropriate actions to resolve issues, however, deficiencies remained for the other two.
* One consumer’s complaint resulted in an incident report through the Serious Incident Response Scheme in November 2022, however, the consumer said they did not receive any response by time of the site audit in February 2023.
* Documented feedback from one representative had not been responded to in accordance with the service’s processes.

The provider has not refuted the Assessment Team’s findings for Requirement (3)(c) and acknowledges deficiencies in relation to management of complaints, including the lack of action on the documented complaint. The provider has supplied evidence of actions now taken in response to all complaints identified within the Assessment Team’s report, including concerns provided within other Standards.

I acknowledge the organisation has policies, procedures and framework to guide on management of complaints, including use of open disclosure, and could demonstrate these were effectively used in response to most complaints. However, the Assessment Team’s report provided four examples where appropriate action had not been taken in a timely manner to response to complaints, and open disclosure had not consistently been used.

Whilst I note the provider has taken action in response to the information raised in the Assessment Team’s report, I find the service could not demonstrate appropriate action, including use of an open disclosure process, is taken in response to complaints.

For the reasons outlined above, I find Requirement (3)(c) Non-compliant.

Requirements (3)(a), (3)(b) and (3)(d)

Consumers and representatives said they felt encouraged and supported to give feedback and could describe different options to raise compliments or concerns, including through speaking with staff, through surveys or at meetings. Staff said they encourage feedback, and can provide support by accepting and escalating verbal feedback or directing them to feedback forms. The service has regular planned surveys to collect comprehensive feedback and also targeted areas of care and services, and Resident Meeting minutes demonstrated the service actively sought feedback about food, and ensured consumers and representatives knew they could directly contact management with any concerns.

Consumers and representatives said they were aware of advocacy services, and had seen brochures available for advocates and external complaints processes. Staff said they could access interpreter services if required, and had access to brochures in several languages about external complaints services. Brochures and newsletters from external advocacy and complaints services were displayed through the service, and the complaint form includes information on other available services to assist with complaints.

Consumers and representatives could give examples of where feedback had been used to improve quality of care and services. Feedback was recorded in an electronic system that creates quality improvement actions where there is an identified benefit or need for change. Two consumers and/or representatives raised concern that consumers in wheelchairs could not participate in bus outings, with the matter raised some months prior to the site audit, management advised they were exploring options for improvement in relation to this.

# 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

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

Requirement (3)(e)

The Assessment Team found the service did not demonstrate regular assessment, monitoring and review of the performance of each staff member. Examples of deficiencies were provided as follows:

* A significant number (over 60%) of annual performance appraisals were overdue, with similar numbers of staff being overdue mandatory training.
* Organisational procedures to take disciplinary action for staff with training overdue by more than 6 months had not been followed, with some staff competencies expiring in 2021.
* Incidents citing poor staff behaviour or error had not resulted in timely investigation with alleged staff members involved, and the service did not make record of discussions in personnel files.

The provider has not refuted the Assessment Team’s findings for Requirement (3)(e), acknowledging areas for improvement in relation to performance appraisals, and explaining impact of sudden loss of senior management on oversight and actions. The provider has provided updated records demonstrating efforts to ensure overdue staff performance appraisals are addressed, with number of overdue staff appraisals reducing from 62% to 54% incomplete.

The provider’s response describes how they monitor compliance with training at an organisation level, with reporting sent weekly to the service, however, the service has not demonstrated taking sufficient action to ensure staff compliance with mandatory training. In response to the poor compliance with training, the provider’s response demonstrates communication was sent to all staff dated 7 March 2023 requiring overdue training and staff component of performance appraisals to be completed by 10 March 2023. A report of staff compliance with mandatory training dated 9 March 2023 demonstrated some improvements with compliance, however the updated records show compliance is under 90% for all mandatory training modules, with only 67% of staff compliant with fire safety training.

In relation to the incidents raised by the Assessment Team, the provider has demonstrated investigation and actions taken in response to an error, including provision of additional training. Of two of three incidents raised, the provider states they were unable to adequately identify staff involved in the incidents, although in hindsight, could have used the feedback as a reminder for all staff of expectations. The provider’s response does not demonstrate investigation with staff rostered at time of alleged incidents, despite lodging one incident through the Serious Incident Response Scheme, however, I accept the Assessment Team asked for personnel files in relation to incidents, which would not have been possible when staff involved were unable to be identified.

I remain concerned regarding the timeliness of actions taken in response to an incident lodged under the Serious Incident Response Scheme (SIRS) following a complaint from a consumer about a staff member. The provider’s response shows the staff member was not interviewed about this until over two months after the incident was reported. The provider states the matter was impacted by the absence of several key management personnel at the time, and they have adjusted their reporting process to include Human Resources in SIRS reporting updates for their information and prompt involvement.

Whilst I am sympathetic to the loss of several senior management staff and acknowledge challenges to cover key personnel responsibilities, I do not consider this a reasonable explanation on why the service is so far behind with mandatory training and performance reviews.

Whilst I note the provider has taken action in response to the information raised in the Assessment Team’s report, I find the service could not demonstrate undertaking regular assessment, monitoring or review of the performance of each member of the workforce.

For the reasons outlined above, I find Requirement (3)(e) Non-compliant.

Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

Consumers and representatives said although staff are very busy, staff do not rush or reduce time with them, and consumers only occasionally have to wait a short period of time after calling for assistance. Staff said there are enough staff at the service, with a reduction of agency staff ensuring their time is spent providing consumer care rather than guiding unfamiliar staff. Management monitor consumer needs and call bell response times and adjust staffing to meet needs.

Most consumers and representatives described staff as kind, caring and respectful. One consumer said they had raised a complaint regarding the occasion a staff member was not kind and caring, and a report was made under the SIRS. Staff gave examples of how they deliver care and services in a respectful manner. Expectations for staff are documented in the code of practice, with education and training provided at induction and on an ongoing basis, and management advised they monitor staff interactions through observations, feedback and complaints, and incidents.

Systems are in place to ensure staff have appropriate qualifications and knowledge to effectively perform their role, including reviewing qualifications, registration and police clearances. A formal onboarding process is available for new staff, with a mandatory training program including they are aware of expectations and processes. Staff said their competency is assessed by consumers, representatives, peers and management, and regular education and training is provided to improve their knowledge. Management advised existing agreements with external companies ensure subcontracted staff have required qualifications and knowledge to work at the service.

Consumers and representatives said they were confident in the ability of staff to deliver care and services. Staff said they receive regular training. Training attendance is monitored and reported at an organisational level with reporting of incomplete training sent to the service. Records showed not all staff were up to date with mandatory training requirements, which was acknowledged by management with continuous improvement activities captured to resolve.

# 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

The Quality Standard is assessed as Compliant as five of the five Requirements have been assessed as Compliant.

Requirement (3)(d)

The Assessment Team was not satisfied the service demonstrated effective risk management systems and practices as the service had not been trending or analysing increases in high risk incidents. Examples of deficiencies were provided as follows:

* Incidents should be trended monthly in line with organisatinal procedure, however, this has not been undertaken since October 2022, despite increases in wounds, falls and infections.
* Allegations of neglect or abuse reported through SIRS were not investigated, and did not lead to performance reviews of staff.
* Consumers wanting to take risks did not always have regular review of their risk assessment, and not all risks to consumers had been identified.
* The Assessment Team’s report provides only one example of the service not identifying all risks for consumers, based on feedback from a representative that consumers within the memory support unit do not have water jugs available, however, consumers are provided regular drinks.

The provider’s response refutes the Assessment Team’s recommendation, citing the following:

* The organisation has a Care and Lifestyle Governance Framework to guide provision of safe and quality care and services.
* The Assessment Team’s report acknowledges within Standard 8 Requirement (3)(c) there are effective organisation-wide governance systems.
* The Assessment Team were satisfied with effective management of high impact and high prevalence risks relating to clinical and personal care in Standard 3.
* Incidents are captured, and although there were delays in analysis due to shortage of senior management, this was identified and monitored from an organisational level. When it was identified the service required additional support, the organisation increased surveillance to ensure risk management as prioritised, providing additional support from consultants.
* Subsequent trending has been undertaken, demonstrating the increase in wounds were linked to the increase in falls, and wounds were managed effectively with good healing times. The increase in falls had been identified and led to commencement of a specialised exercise program in January 2023.
* Incidence of urinary tract infections is consistent with previous months and time of year.
* Although evidence of actions in response to two serious incidents could not be located during the site audit, they have subsequently located documentation relating to management of the staff error.
  + The provider acknowledges errors in investigation and response to the second incident referenced by the Assessment Team, and subsequent improvements to their process in response such as alerting Human Resources to SIRS reports relating to abuse and neglect.
* Consumers wanting to take risks had risk assessments and ongoing review in line with the organisation’s process, that is, as part of the annual care plan, following incident or change in cognitive status. The provider included supportive documentation in relation to examples provided by the Assessment Team demonstrating review by the Occupational Therapist.
* The provider’s response indicates most consumers in the memory support unit require assistance with drinks, and staff regularly assess consumers for unmet needs including hunger and thirst, however, water jugs are now provided into consumer rooms where safe for them to drink without supervision.
* I have come to a different decision than the Assessment Team, and find the service Compliant in Requirement (3)(d). I acknowledge the provider’s argument that the service has effective frameworks, as evidenced in the Assessment Team’s reports under Standards 2 and 3. Although trending and analysis of clinical indicators such as wounds, falls and infections was delayed through loss of several senior management staff, they were still monitored and responded to at an organisational level, including taking responsive actions such as commencing a new exercise program for consumers at high risk of falls.

Within this Requirement, the Assessment Team provided one example of a consumer choosing to take risk who had not had review undertaken. In coming to my finding, I have also considered evidence provided in Requirement (3)(d) of Standard 1 relating to supporting consumers to take risk, and throughout Standard 2 on assessment and planning, and do not consider the one provided example demonstrates systemic deficiencies within risk management systems and practices. The provider has also supplied documentation demonstrating review was undertaken following incident, in line with expectations under Standard 2 Requirement (3)(e).

The deficiencies in relation to delays in investigation and response to SIRS incidents were considered more broadly in Standard 7. Whilst I do not consider this to reflect failings of the organisational systems, I do hold some concerns on the potential impact delays in responding to consumer allegations against staff and whether this leaves any consumer at risk of repeat incidents. Whilst I accept the actions to include Human Resources in escalation processes for SIRS reporting, I would strongly encourage the provider to ensure there are timely investigations and appropriate responsive actions to ensure consumers are safe from abuse or neglect.

Requirements (3)(a), (3)(b), (3)(c) and (3)(e)

Consumers said management and staff consulted directly with them on delivery and evaluation of personal care and services. Consumers and representatives said they were satisfied with the level of input into the development and evaluation of services through regular surveys. Management described how the service seeks and evaluates feedback from consumers. The organisation has a Resident Voice policy to ensure consumers have opportunity to be engaged.

Consumers and representatives said the service was well run, and consumers feel safe. Staff described actions from the governing body to promote a culture of safe and inclusive quality care and services, including through training and celebrations of diversity.

The service has effective organisation-wide governance systems, although the service did not always demonstrate policies and procedures within these systems were consistently followed, as identified under Standard 7. Consumers and representatives were satisfied the service is working to improve care and services. Staff said they have sufficient information to perform their roles. Monitoring of legislated changes is undertaken at organisational level and used to inform policies and procedures. Financial governance systems were used for budgeting for staff, equipment, and extraordinary expenditure could be requested at organisational level.

The clinical governance framework provided guidance on minimising use of restrictive practices, and was used to monitor and reduce unnecessary use. The Assessment Team identified the securing of the front door, undertaken as a preventative measure due to COVID-19, has led to some consumers now requiring staff to assist them to leave independently, which could be constituted as environmental restraint. There is a policy on antimicrobial stewardship, and staff demonstrated familiarity with this and actions taken to minimise antibiotic use. Staff were familiar with processes for open disclosure, and the service could demonstrate its use in response to incidents.

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)