Performance

Report

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| Name of service: | Akooramak Care of Older Persons |
| Service address: | 267-269 Wood Street WARWICK QLD 4370 |
| Commission ID: | 5084 |
| Approved provider: | Warwick Benevolent Society Inc |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 2 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 Akooramak Care of Older Persons (**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 22 November 2022 submitted:
  + a plan for continuous improvement
  + restrictive practice monitoring templates and draft registers
  + policies to support infection prevention and control, risk management, compliance and organisational governance.
* 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 | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* **Requirement 1(3)(d) -** the service ensures consumers are supported to undertake activities which present a risk, with appropriate assessment, consultation, informed consent and risk minimisation strategies planned.
* **Requirement 2(3)(a) -** the service ensures assessment and care planning processes consider the risk to individual consumers and effective care is planned to reduce the risk to the consumer.
* **Requirement 3(3)(a) -** the service ensures the personal care delivered to consumers, including for toileting assistance, meets consumer’s needs, is best practice and optimises consumers health and wellbeing.
* **Requirement 7(3)(a) -** the service ensures the deployment of the workforce is planned with the right number and mix of staff to deliver safe and quality care and services.
* **Requirement 7(3)(d) -** the service ensures staff are provided with, are able to access and complete training to deliver the outcomes required by these Quality Standards.
* **Requirement 7(3)(e) -** the service ensures each member of the workforce has their performance regularly assessed, reviewed, evaluated and monitor with opportunities to identify plan and support provided to meet any training needs.
* **Requirement 8(3)(a) -** the service ensures consumers and representatives are engaged in decisions about the design, development and evaluation of care and services.
* **Requirement 8(3)(c) -** the service ensures organisational systems are adopted and implemented to improve access to information, continuous improvement processes, regulatory compliance and workforce governance.
* **Requirement 8(3)(d) -** the service ensures an risk management framework is adopted and implemented which provides appropriate guidance to staff on management of risks, incident management and supporting consumers to live their best life.
* **Requirement 8(3)(e) -** the service ensures a clinical governance framework is adopted and embedded to provide guidance to staff, on but not limited to, antimicrobial stewardship and minimising the use of restrictive practices.

# 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

The assessment team recommended this requirement was not met.

* Each consumer is supported to take risks to enable them to live the best life they can.

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

The Site Audit report evidenced deficiencies in the processes to support consumers who wished to undertake activities which present an element of risk, such as smoking, use of motorised scooters, and requesting texture-modified diets. Consumers confirmed the potential harm and risks associated with those activities had not been discussed with them and documentation recording the consumers decision to undertake those activities based on an understanding of the risk had not been completed.

The provider did not refute the findings and submitted a plan for continuous improvement with actions taken, commenced or planned in response to the deficits identified and confirmed consumer assessments had been completed to establish risk activities, the relevant mitigation strategies had been discussed with consumers and all consumer care plans will be reviewed.

I acknowledge the corrective actions to remedy the deficits identified and while some of these have been completed, others will take time to action and to demonstrate their ongoing effectiveness.

Based on the evidence before me, at the time of the site audit, the service was not able to demonstrate consumers were not supported to take risks facilitating them to live their best life.

Therefore, I find requirement 1(3)(d) is non-compliant.

I find the remaining 5 requirements of Quality Standard 1 compliant as:

Consumers said they were treated with dignity, respect; and their identity, culture, and diversity were valued. Staff described how they treated consumers with respect by using their preferred names, acknowledging their choices, and knocking before they entered their room. The activities program included events and celebrations acknowledging cultural diversity and enabled participation by consumers with diverse abilities.

Consumers said they felt safe, comfortable and their cultural practices and identity were respected. Staff described the cultural background of individual consumers which aligned with care documentation. Staff were observed to provide care and services respecting the cultural background of individual consumers.

Consumers said they have a choice of the activities they attend and stated they were satisfied with their ability to make choices about the way care and services were delivered. Staff described strategies for supporting consumers to exercise choice and independence, including always offering choices regarding times for getting out of bed and showering, food, and choice of clothing. Staff were observed to offer choices to consumers before providing care and services.

Consumers said they received information in a way they understood and the service updated them about any changes promptly. Staff described different strategies for communicating information to consumers, including those with diverse cognitive abilities. The current activity calendar and information on internal, external complaints and advocacy services were displayed.

The service had policies and procedures to guide staff in the provision of privacy and confidentiality. Staff described strategies for ensuring confidentiality, including not having conversations about consumers in public areas, knocking on doors before entering, asking permission to undertake care, closing doors when providing personal care, and password protection on electronic records. Staff were observed respecting the privacy of consumers and adhering to these protocols.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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 assessment team recommended this requirement was not met.

* 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.

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

The Site Audit report evidenced assessment and care planning processes did not always inform the delivery of safe and effective care and services as risks associated with cognitive impairments, locking of consumer rooms and the application of restrictive practices had not been consistently determined, assessed and documented in care and service plans to guide staff practice. Additionally, care plans were inconsistently completed due to the transition from a paper based care system to an electronic system resulting in staff not demonstrating consistent understanding of the risks to consumers.

The provider did not refute the findings and submitted a plan for continuous improvement with actions taken, commenced or planned in response to the deficits identified and confirmed all consumers would be assessed to accurately identify risks, care plans would be reviewed to ensure interventions to guide staff were correctly recorded and where restrictive practices were used, consumers and their representatives would be consulted, and informed consent obtained.

Based on the evidence before me, I consider, at the time of the site audit, the service was unable to demonstrate assessment and care planning process were effective in informing safe and quality care to consumers and the proposed corrective actions will take time to implement and demonstrate their effectiveness.

Therefore, I find Requirement 2(3)(a) is non-compliant.

I find the remaining 4 requirements of Quality Standard 2 compliant as:

Care planning documentation generally identified and addressed the consumer's current needs, goals, and preferences, including for advance care and end-of-life planning, however deficits were identified due to the transition of care documentation to an electronic system. Consumers and representatives said staff involved them in the assessment and planning of care through regular conversations either in person, by telephone, or at case conferences. Staff explained how they determine what is important to the consumer through these regular discussions, care plan reviews, and observations.

Consumers said they were involved in their care planning and review, and their chosen representatives were also involved. Care planning documentation included details of care conferences and the involvement of external providers, including physiotherapists and dietitians. Staff explained how they communicated the needs and preferences of consumers to ensure care plans were up to date and reflective of consumer needs.

The service had introduced a new electronic care management system in the previous 3 months which included assessments, daily charting and record keeping, progress notes, and care plans. Consumers and representatives said the outcomes of assessments and planning were communicated to them and they were offered a copy of the completed care plan. Staff explained the process of accessing care plan documents on the electronic system and said they communicated the outcomes of assessments by talking to consumers and their representatives and providing copies.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred, such as falls or wounds. Staff said they report and record incidents in the electronic care management system. The service was reviewing policies, procedures, and staff training to ensure incidents were reported accurately and led to care reviews when circumstances changed, such as a change in health or risk.

# Standard 3

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

Findings

The assessment team recommended this requirement was not met.

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

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

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

The Site Audit report evidenced for three consumers, toileting assistance had not been as planned or when needed resulting in the consumers being incontinent and increased levels of anxiety. Additionally, staff were applying restrictive practices in the form of bedrails.

I note the Site Audit report brought forward evidence of incomplete care planning documentation and staff not demonstrating consistent knowledge with the planned interventions, due to the service being in the process of transitioning from a paper-based care management system to an electronic system and I have considered this under Requirement 2(3)(a).

The provider’s response did not refute the findings and advised additional clinical staff are being appointed to oversee the monitoring of care provided to consumers and new monitoring documentation has been developed to track restrictive practice authorisation and review requirements.

I consider the corrective actions identified and undertaken by the service will take time to complete and demonstrate their effectiveness and at the time of the site audit, the service was not able to demonstrate each consumer received tailored, best practice personal and clinical care which was safe and effective.

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

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

Consumers and representatives considered high impact or high prevalence risks were effectively managed. Care planning documentation generally evidenced high impact, high prevalence risks associated with delirium, pressure injuries, medications, unplanned weight loss, and hearing loss, had been identified with strategies to manage these recorded. A review of wound documentation evidenced the incidence of wounds was monitored and referred to the medical officer as required.

Consumers and representatives confirmed staff had spoken to them about advance care planning and end-of-life preferences. Care plans detailed advance care planning information, including choices and end-of-life preferences. Staff advised at end-of-life they attended to mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity, and advised, families were encouraged to be present and welcomed throughout the end-of-life care of the consumer.

Care documentation demonstrated any deterioration in consumer’s health, capacity and function was recognised and responded to promptly. Consumers and representatives said staff recognised the signs of deterioration or changes in their condition and described how they were quickly referred to their medical officer for review. Staff provided examples of actions taken when responding to changes in a consumer’s condition.

Consumers and representatives considered communication was managed effectively by the service. Staff described changes in consumers’ care were communicated through verbal handover processes, meetings, care plans, communication diaries, and electronic notifications. Documentation demonstrated how current information about a consumer’s condition, changes, and upcoming appointments was shared with representatives and the incoming shift to monitor and follow up.

Consumers and representatives said referral processes were effective. Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation included referrals to, and input from other providers of care, such as physiotherapists, occupational therapists, podiatrists, speech pathologists, and dieticians.

Consumers and representatives said the service managed COVID-19 precautions and infection control practices well. Staff said they had received training on infection-minimising strategies, including hand hygiene, the use of appropriate personal protective equipment, and outbreak management processes. The service had policies to guide infection control practices.

# 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 described how they were able to optimise their independence, contributing to their health, well-being, and quality of life through the services and supports provided. Care planning documentation identified the individual supports consumers needed to do the things they wanted to do. Staff explained what was important to consumers and what they liked to do, and this aligned with the information in the consumer’s care plan.

Consumers described services and support available to provide emotional, spiritual, and psychological well-being, including being engaged in meaningful activities. Staff said they recognise when consumers were feeling low and needed emotional support, through changes in mood, appetite, or routine. In those instances, they take the time to sit and talk to the consumer, offer to contact their family, and notify clinical and lifestyle staff. Care planning documents recorded consumers’ individual emotional support strategies and how these were implemented.

Consumers felt supported to participate in activities within and outside the service as they chose, stating participation in activities with peers made them feel connected and gave them purpose. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer. The activities program included internal group and individual activities, visiting art and music therapy groups, as well as a weekly bus trip.

Consumers said staff were aware of their needs and preferences and they did not have to repeat their information to multiple staff members. Staff described ways they shared information and were kept informed of the changing conditions, needs, and preferences of each consumer. Care planning documentation provided adequate information to support safe and effective care as it related to services and supports for daily living.

Care planning documentation illustrated how the service collaborated with external providers to support the diverse needs of consumers. Consumers and staff provided examples of referrals to external providers, including volunteers and hairdressers, as well as allied health and specialist support services. Staff said entertainers were engaged for events to supplement the lifestyle program.

Consumers said the service provided varied meals, of suitable quality and quantity, and they were offered alternative options where the daily menu was not to their liking. Staff were observed chatting with consumers during meal service and ensuring individual preferences for meals were met, in line with documented needs and preferences. The service sought feedback and suggestions from consumers regarding the menu and advised 6 consumers volunteered to be on the food committee.

Consumers advised they felt safe when using the service’s equipment and said staff were skilled in using the equipment, such as lifters. Staff said they had easy access to regularly maintained equipment and described processes for reporting faults and issues. Equipment used for activities of daily living was observed to be clean and safe, suitable, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they felt comfortable, at home and they found it easy to mobilise throughout the service. Staff described aspects of the environment which assisted consumers, such as directional signage, consumers’ names and room numbers were displayed at each door. The service environment included a mix of small, comfortable sitting rooms and larger community rooms with access to books, activities, games, tea, coffee, and audio-visual equipment. Outdoor areas were well-maintained and easy to navigate.

Consumers said they could move freely inside the building and into the internal courtyard and stated that any maintenance concerns were attended to promptly. Consumers were observed leaving the facility to access the community independently, on bus trips organised by the service, or accompanied by family members/friends. Consumers were noted to be moving freely between the floors and accessing external areas. Maintenance staff described the plan, including environmental audits the service was undertaking to declutter hallways and storage areas.

Consumers described the service, furniture, and equipment as clean, well maintained, and comfortable. Staff said they had access to safe and well-maintained equipment to support consumer needs and described both preventative and reactive maintenance logs for their respective areas. Communal furniture and equipment used to support safe manual handling when providing care was observed to be clean and in good repair.

# Standard 6

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

Findings

Consumers said they could make complaints and provide feedback and advised they would have no concerns talking with staff or management if they wanted to make a complaint. The service had several different methods for consumers to make complaints and provide feedback, including using a formal feedback form, raising issues at meetings, or speaking directly with any member of the management team. Posters providing information about how to make a complaint, and collection boxes for formal complaints were observed to be available in each wing.

Consumers said although they had no concerns about raising complaints and offering feedback to the service, they were also aware of other avenues for raising a complaint, such as through the Commission. Staff said all current consumers were able to communicate in English, however, they were aware they can access translation services by speaking with management. The residential care agreement contained contact details for advocacy or translation services and the management team was able to describe the process they would follow if consumers needed to access a translation or advocacy service.

Consumers and representatives said management was prompt to resolve any concerns or issues, and an open disclosure process was used. Staff said if a complaint or concern was raised with them directly, they would escalate all complaints to senior management for investigation and follow-up. Management said the feedback/complaints boxes were emptied every day and information from the forms was entered into the complaints register.

Consumers and representatives described changes implemented at the service because of feedback and complaints and said they were confident these were used to improve the quality of care and services. Management advised the service trended and analysed feedback offered by consumers and representatives and used this to inform continuous improvement activities across the service. Consumer meeting minutes confirmed changes and improvements made at the service were discussed at monthly consumer meetings.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The assessment team recommended these 3 requirements were not met.

* The workforce is planned to enable, and the number and mix of members of the workforce deployed enable, the delivery and management of safe and quality care and services.
* The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken.

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

In consideration of Requirement 7(3)(a), the Site Audit report brought deficits in the planning and deployment of the workforce supported by the negative feedback given by consumers who advised they experienced long delays when they called for assistance, with staff confirming they were unable to attend promptly when required.

The provider’s response did not refute the findings and advised of corrective actions including reviewing the roster, extending shifts to improve coverage and recruitment strategies, including internationally, which were underway to increase the number and mix of staff employed due to the limited pool of staff in the area. I note the provider’s advice which demonstrates some effectiveness with the recruitment strategies with staff already on-boarded and other staff to begin in January 2023.

However, I consider the corrective actions identified by the service will take time to fully implement and demonstrate their effectiveness and at the time of the site audit, the service was not able to demonstrate the workforce was planned and deployed to deliver safe and effective care.

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

In consideration of Requirement 7(3)(d), the Site Audit report evidenced deficiencies in the provision of and staff’s ability to undertake mandatory training and monitoring processes were ineffective in identifying low completion rates. Additionally, staff did not demonstrate knowledge of key elements related to the Quality Standards including infection prevention, open disclosure and restrictive practices.

The provider’s response did not refute the findings and advised of immediate, planned and commenced corrective actions to improve filing systems and training monitoring including investigating the capacity of human resource systems to generate automatic training alerts.

Overall, I am satisfied the service was unable to demonstrate the workforce had been supported and trained to deliver the outcomes required by these standards and the planned actions will take time to implement and demonstrate their effectiveness.

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

In consideration of Requirement 7(3)(e), the Site Audit report evidenced most staff had not had their performance reviewed in the past 12 months and informal monitoring processes were not effective as staff were observed wearing personal protective equipment incorrectly and this was not remediated appropriately.

The provider did not refute the findings and advised planned corrective actions were being progressed including improvements to the personnel filing system and the electronic recording of all staff data relating to training and performance assessment.

Based on the information before me, I consider the service was not able to demonstrate compliance with this requirement as each member of the workforce had not had their performance regularly assessed, monitored or reviewed.

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

I find the remaining 2 requirements of Quality Standard 7 compliant as:

Consumers said staff were very kind, caring and respected their individuality, identity, culture, and, despite shortages of staff, care was generally provided according to their preferences. Staff were observed to be consumer focused and went out of their way to do whatever they could to ensure consumers were happy, interacting kindly and respectfully with consumers. Policies guided staff on the expected values of putting consumers first, listening to them, respecting their choices, and supporting them to live the life they choose.

Consumers and representatives said staff were well competent and met their needs in a friendly and helpful manner. Staff said they had the necessary skills to perform their role, were supported by senior staff and registered nurses were observed providing care staff with guidance and support. A register was in place to ensure staff had current qualifications and the was monitored regularly.

# Standard 8

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

Findings

The assessment team recommended these 4 requirements were not met.

* Consumers are engaged in the development, delivery, and evaluation of care and services and are supported in that engagement.
* 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.

* 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.

* 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.

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

In consideration of Requirement 8(3)(a), the Site Audit report brought forward evidence demonstrating consumers and representatives had not been engaged in the development, delivery, and evaluation of care and services and management decisions affecting consumers were made without consumer consultation or involvement.

The provider did not refute the findings and advised expression of interest had been sought from consumers to form an advisory group, consumer meetings with a set agenda had been scheduled monthly and a meals committee was to be established.

I consider the corrective actions undertaken by the service will take time to implement and demonstrate their effectiveness and at the time of the site audit, the service was not able to demonstrate consumers were supported in the design, delivery or evaluation of care and services.

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

In consideration of Requirement 8(3)(c), the Site Audit report brought forward deficits in the service’s government systems which were in varying stages of replacement due to a change in key personnel. Governance systems were ineffective as staff confirmed they are unable to access information they need to perform their roles, they have not been trained in new systems, they felt disconnected to continuous improvement processes, the staffing profile was insufficient, and they were unaware of the requirements of recent legislative changes.

The provider did not refute the findings and advised steps taken to address the deficits included strategies to improved communication, establishment of structured team meetings, implementation of staff training and a restructure of staff to increase clinical oversight, educational capacity and compliance monitoring.

I acknowledge the providers response and consider these improvement actions will take time to implement and demonstrate effectiveness.

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

In consideration of Requirement 8(3)(d), the Site Audit report brought forward deficits in the services risk management process, resulting in risks for consumers not being accurately identified, assessed and consumers were not supported to make informed decisions.

The provider did not refute the findings and advised a risk management framework has been developed, however was not yet endorsed by the Board.

Base on the evidence before me, I find the service was unable to demonstrate effective risk management systems were in place and the corrective actions proposed will take time to implement and monitor for their ongoing effectiveness.

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

In consideration of Requirement 8(3)(e), the Site Audit report brought forward deficits in the organisation’s clinical governance framework as clinical oversight had commenced in the three months, was still in the process of being developed and policies to support clinical governance in antimicrobial stewardship or minimising the use of restrictive practices had not been developed.

The provider did not refute the findings and advised a clinical governance framework had been developed but was yet to be endorsed by the Board, with the intent of introducing the framework by the end of January 2023.

I consider the service has not been able to demonstrate a clinical governance framework including policies and procedures to guide the workforce was in place and the corrective actions will take time to introduce, embed and demonstrate their effective.

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

I find the remaining requirement of Quality Standard 8 compliant as:

Management advised the services’ Board worked to improve the quality of care by being responsive to information from internal audits, clinical indicator reports, serious incidents, incidents or near misses, consumer and staff feedback. The board and management were making a significant number of changes and were in the process of adding these changes to the service’s Strategic plan and these were to be communicated with consumers, their representatives, and staff through meetings, emails, and consumer newsletters.

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)