Performance

Report

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| Name of service: | Performance report date: |
| Aldinga Beach Court | 21 July 2022 |
| Commission ID: | Activity type: |
| 6164 | Site Audit |
| Approved Provider: | Activity date: |
| Churches of Christ Life Care Incorporated | 15 June 2022 to 17 June 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 Aldinga Beach Court (**the service**) has been considered by Peter Griscti, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 and others; and

the provider’s response to the assessment team’s report received 8 July 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

**Standard 2 Requirement 2(3)(a)**

Assessment and planning, specifically relating to restrictive practices and behaviour support planning, is individualised, comprehensive and relevant as to guide staff to deliver quality, personalised care for consumers.

Information relating to strategies and non-pharmacological behavioural interventions is documented, including effectiveness, and evaluated to be used in planning care delivery.

**Standard 7 Requirement 7(3)(e)**

Undertake regular review of workforce performance and monitor and respond to performance concerns in a timely manner.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

I have found the Approved Provider Compliant with Standard 1 as all Requirements associated with this Standard have been deemed Compliant.

The service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team found consumers felt they were treated with kindness and respect, and services provided to them were individualised and considerate of their individual identity. Staff demonstrated knowledge of consumers as individuals, such as their cultural backgrounds, and described how they deliver tailored care with this in mind. The service also demonstrated overarching strategic documents, policies, and procedures in place which describe an inclusive, consumer-centred approach to organisational practices and care and service delivery.

Care and service delivery was demonstrated to be culturally safe, with consumers feeling safe and supported to maintain their identity and do things that are meaningful to them. For example, one consumer noted they felt valued, safe, and supported to maintain their relationships with their local community. Care documentation was observed to be individualised and include relevant information relating to ethnicity, cultural practices and spiritual needs. The Assessment Team observed a well-attended ‘high tea’ event occurring during the Site Audit and staff could describe what matters (culturally) to consumers and how this influences their care and services.

Consumers confirmed they are supported to exercise choice and independence, communicate their decisions and decide who is involved in their care. Consumers said they felt supported to make and maintain connections or relationships with others both within and outside the service. The service demonstrated there are formal processes, such as care plan reviews, which ensure consumers and representatives (if consumers wish to include them) regular opportunity to discuss and plan consumers’ care. A sample of care planning documentation viewed confirmed consumers are involved in decision making and the Assessment Team observed documentation throughout the service to assist consumers in making informed choices.

Consumers said they felt supported to do things which enhance their overall well-being, including activities which may involve risk. Staff could describe how they identify, mitigate and minimise risk to support consumer choice and dignity of risk. Documentation for relevant consumers included risk assessments and intervention strategies which had been developed in consultation with them, and others where they wished.

The Assessment Team observed information enabling informed decision making to be readily available to consumers, and consumers confirmed they have the information they need to make choices about their care. Staff described how they support consumers in an inclusive and individualised way to make choices, for example, how they communicate with consumers living with cognitive impairment, or present information in large format to consumers with vision impairment.

Consumers confirmed they felt their privacy and dignity was upheld and gave examples where staff demonstrated respectful care delivery. Staff discussed how they deliver care to consumers aligned with their personal preferences, which was observed by the Assessment Team. Nursing stations and other areas containing confidential information were observed to be secure.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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

I have found the Approved Provider Non-compliant with Standard 2 as one or more of the Requirements associated with this Standard has been found Non-compliant.

In relation to Requirement **2(3)(a)**, the Assessment Team found behaviour support plans lacked sufficient information as legislated when chemical restrictive practices are a component of care delivery for an individual consumer. For one consumer prescribed psychotropic medication as a chemical restraint to manage their known challenging behaviours (Consumer A), the Assessment Team noted the service had insufficient assessment and guidance for staff, including no description on how pharmacological intervention would be used or monitored. For a second consumer, the Assessment Team observed generic interventions and strategies noted with no description of how pharmacological intervention would be used or monitored (Consumer B).

The Approved Provider responded to the Site Audit findings, clarifying:

The service relied upon a behaviour support plan supplied by external services for Consumer A as they had transferred from a specialist dementia support facility.

Consumer B’s Medical Officer had not outlined the specific requirements relating to use of their medication despite being asked to do so by the service, accordingly, the service follows internal process and administers based on assessment of current behaviour.

The service had self-identified that behaviour support plan documentation required review which had also been raised with the Assessment Team at the time of the Site Audit.

The service is implementing improvements in relation to assessment and care planning, including a new electronic care planning system, which will provide staff with real-time/mobile access to documentation.

I have considered the Approved Provider’s response alongside other evidence and note:

Consumer A initially entered the service on respite for approximately 2.5 months prior to permanency, however, a restrictive practices assessment was not completed until they became a permanent consumer. This was acknowledged by the service when raised by the Assessment Team during the Site Audit and an assessment was completed and provided, however, it contained insufficient information to support quality care delivery aligned to legislated requirements.

In the case of Consumer B, the service asserts the success of non-pharmacological interventions has resulted in only 2 instances where as required psychotropic medication was administered. However, in the evidence provided, the service has not documented that alternative strategies were trialled prior to use in those instances, nor is there information to show how Consumer B was monitored following administration, nor is it clear if informed consent has been obtained.

I acknowledge the service has identified and commenced improvements relating to behaviour support planning and associated documentation since the Site Audit. However, it has not been demonstrated that sufficient or comprehensive assessment and care planning has been undertaken in line with legislated requirements to guide staff practice in relation to use of restrictive practices and behaviour management. Accordingly, I find the Approved Provider Non-compliant with this Requirement.

In relation to Requirement **2(3)(d)**, the Assessment Team found that 2 consumers did not have external organisation assessment/recommendations incorporated into their care planning and a representative raised that they had not been made aware of whether their relative had received a Speech Pathologist review and if so, the outcome of such review.

The Approved Provider provided a response to the Site Audit findings and additional accompanying documentation.

I have considered that the information presented in relation to external input into care planning relates more closely with other Requirements under this Standard. Nonetheless, while the information may enhance the delivery of quality, individualised care, it is inconclusive whether its absence has been of deficit.

In relation to informing representatives when assessment is undertaken and subsequent outcome, the Approved Provider clarified the consumer in question is competent to make independent care decisions. Nonetheless, further evidence was provided to demonstrate that the representative was contacted, the outcome had been communicated internally, and with the consumer, as is the intent of this Requirement.

The Assessment Team noted, which has weighed on my decision, that multiple representatives stated they are informed of the outcomes of assessment and care planning and one reported they had requested a copy of the consumer’s care plan. It has also been demonstrated through other Requirements that assessments and care planning outcomes are documented, however, improvements may continue to be made, such as relating to behaviour support planning. Accordingly, on balance of the evidence presented, I find the Approved Provider Compliant with this Requirement.

I am satisfied that the Approved Provider has demonstrated compliance with the remaining Requirements of Quality Standard 2 Ongoing assessment and planning with consumers.

The service demonstrated 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. Two representatives stated the service supported them to discuss advance care planning and staff detailed how they approach sensitive conversations. The service has policies and procedures to assist and guide staff during the end stages of a consumer's life.

Similarly, the service demonstrated how assessment and planning is completed in partnership with the consumer and others they wish to involve. Representatives confirmed staff contact them in relation to changes in care planning and senior clinical staff detailed how review and changes are undertaken through consultation. The Assessment Team observed a framework of policies and procedures relating to planning and assessment to guide staff practice and noted involvement from Allied health professionals and others in assessment and planning.

The Assessment Team observed that care planning was revisited regularly with reassessment occurring when circumstances change or incidents impact on consumer needs, goals or preferences. This was confirmed by representatives and further evidenced through documentation viewed by the Assessment Team.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

I have found the Approved Provider Compliant with Standard 3 as all Requirements associated with this Standard have been deemed Compliant.

Consumers and their representatives were satisfied that clinical and personal care is delivered in a tailored manner which optimises consumer health and well-being. The Assessment Team observed that information gathered through assessment processes and conversations with consumers and/or representatives had been used to develop individualised care plans to inform care delivery. Care delivery in relation to pain, skin integrity and diabetes management was observed to be delivered in a timely and appropriate manner. I note the Assessment Team’s report presented evidence that the service has not fully utilised non-pharmacological strategies prior to use of as required medication to alter the behaviour of one consumer. I have considered whether this warrants a finding of non-compliance in relation to Requirement 3(3)(a), however, there is some evidence that simple strategies have been used and this issue has been discussed in further detail under Standard 2 Requirement 2(3)(a), noting deficiencies relating to behaviour support plans. Notwithstanding, a continuous improvement lens should be applied to this area of care delivery.

The service demonstrated consumers expressed needs, goals and preferences of consumers nearing the end of life had been recognised and addressed and staff could relay strategies for maximising comfort and dignity during palliative care. One representative stated they were happy with the end-of-life care their relative had received.

The Assessment Team observed, through review of documentation, that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Representatives confirmed they were satisfied with the service’s actions when consumer condition deteriorates and staff were able to explain applicable escalation processes.

Care planning documentation showed evidence of communication with consumers and representatives. Consumers confirmed they felt the service had captured their preferences accurately and staff were aware of their needs. Staff could describe processes for sharing information within and external to the organisation and similarly, how external advice or assessments are incorporated into care plans. The Assessment Team observed staff handover documentation which included relevant information to deliver care.

The service demonstrated timely and appropriate referrals are made to individuals, other organisations and providers of other care and services when required, evidenced through care documentation and confirmed by several representatives. Staff could describe how input from external and Allied health professionals informs care and services for individual consumers.

The service was able to demonstrate the service has embedded infection prevention and control measures, in addition to antimicrobial stewardship principles, into service care and delivery. Staff demonstrated sound knowledge and understanding of antimicrobial stewardship and infection control practices. The service has a dedicated Infection Prevention and Control (IPC) lead and the relevant policies and procedures to guide infection control and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

I have found the Approved Provider Compliant with Standard 4 as all Requirements associated with this Standard have been deemed Compliant.

The service demonstrated each consumer receives safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being, and quality of life. Consumers discussed how the service supports their interests and delivers care according to their preferences. Staff were able to describe individual consumer interests and preferences which were reflected in assessments and other documentation. The Assessment Team noted care plans to contain detailed information to inform care and other documentation, such as Resident meeting minutes, reflected consumer input informing lifestyle planning, such as the activity calendar and meal planning.

Consumers confirmed they felt supported with their emotional, spiritual and psychological well-being needs, including through the service’s onsite chaplain and volunteer program. The Assessment Team observed that care planning documentation provided contemporary and individualised information relating to spiritual and emotional needs. Staff described how they provide emotional support to consumers.

Consumers discussed, and care planning documentation evidenced, how the service supports consumers to remain connected to their communities both within and outside the service environment. This included examples, such as spending time with family in the community, going shopping, enjoying live music and being provided with large-print books to maintain a lifelong interest in reading. Staff were knowledgeable about individual consumer interests and important relationships and could describe how they provide support, such as ensuring care tasks are scheduled around visits and respecting consumer privacy and time. The Assessment Team were advised the service has an active volunteer program who assist consumers to engage with the community, provide emotional support, and support consumers to do things of interest to them.

Consumers interviewed said they feel their condition, needs and preferences are effectively communicated within and between organisations and they do not need to repeat the same information. Staff said information pertaining to the consumer’s condition, needs and preferences are documented in care planning which is accessible to staff and with others who share responsibility for care.

The service was able to demonstrate it makes timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff were able to describe how they initiate and support referrals where required. Consumers confirmed how referrals, such as to regular Optometrist services, supported them to do the things they wanted to continue doing like reading. The Assessment Team observed care planning documentation to reflect input from referred services.

The service demonstrated that meals are varied and of suitable quality and quantity. The service has a rotating menu which has been reviewed and endorsed by an independent Dietitian and Nutritionist. Consumers provided positive feedback about the variety and quality of food and were aware they could request alternate food if they did not like the meal. Care plan documents included a nutrition and hydration assessment and plan, identified dietary requirements, including food sensitivities, food texture requirements and whether assistance was required for meals. Staff were able to demonstrate knowledge about individual consumer needs and where to find further information. The Assessment Team observed the kitchen, cold-room and storeroom areas which appeared neat, tidy, and organised. Kitchen staff appeared to be following appropriate food safety protocols, such as use of hairnets and protective clothing.

The service was able to demonstrate equipment provided inside and outside the service is comfortable, clean and well maintained. Observations evidenced enough equipment, such as lounge chairs, tables and chairs for consumers to use, and personal equipment, or that provided by the service, is well maintained. The service demonstrated an effective system for assessing equipment suitability and managing ongoing maintenance.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

I have found the Approved Provider Compliant with Standard 5 as all Requirements associated with this Standard have been deemed Compliant.

Consumers stated they felt safe in the service environment, found it welcoming, easy to navigate and well furnished. One consumer who uses mobility equipment stated they like being able to access the length of the service’s rooms and corridors. The Assessment Team observed consumer rooms to be personalised, the environment well-lit and corridors clean and not obstructed by equipment.

Consumers said they were satisfied with the cleanliness of the service environment and the service’s level of maintenance. Consumers were able to access most indoor and outdoor areas of the service. Staff, including maintenance, were able to describe the process for actioning service requests and a proactive and reactive maintenance plan was demonstrated as being effective. Cleaning staff described how they ensure the environment is maintained and confirmed they have sufficient time to do their work. The Assessment Team observed documentation relevant to this Requirement, including maintenance registers, cleaning schedules, fire safety audit documents and compliance certificates.

The Assessment Team observed furniture, fittings and equipment throughout the service to be clean, safe, well maintained and appearing to be suitable for consumers. Consumers confirmed they felt safe when staff used equipment to assist them and stated they observe staff cleaning equipment after use. Staff described how service equipment is cleaned and maintained according to a schedule and maintenance records confirmed this occurs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

I have found the Approved Provider Compliant with Standard 6 as all Requirements associated with this Standard have been deemed Compliant.

In relation to Requirement **6(3)(c)**, the Assessment Team received feedback that the service had not acted upon complaints and found that feedback and complaints were not consistently recorded in the service’s electronic system nor not actioned in line with service policy and process.

The Approved Provider disagreed with the Site Audit findings and provided further information to support their view, including evidence that the service had corresponded with complainants, where their identity was disclosed.

I have come to the view that while there is a clear process gap in that the service has failed to consistently record complaints, it is not strongly evident that the service has failed to act on receipt of complaints or feedback, based on the limited number of concerns raised throughout the Site Audit report. The Approved Provider has acknowledged that attention needs to be given to consistent recording of feedback and complaints and ongoing actions to strengthen the service’s feedback and complaints systems have been demonstrated, including a new Consumer feedback framework.

I have considered and place weight on feedback and Assessment Team observations presented under other Requirements that feedback and complaints are actioned, despite evidence presented under this Requirement that they are not recorded. The small number of logged complaints were marked as resolved and I have also considered the Assessment Team’s finding that the service does use an open disclosure process as central to this Requirement. Accordingly, I find the Approved Provider Compliant with this Requirement.

I am satisfied that the Approved Provider has demonstrated compliance with the remaining Requirements of Quality Standard 6 Feedback and complaints.

The service demonstrated it supports and encourages consumers, their family, friends, and others to provide feedback and make complaints. The Assessment Team observed mechanisms to provide feedback, including feedback forms, surveys and Resident meetings. Staff were able to describe how they support consumers and representatives to provide feedback and were aware of the complaints process.

The Assessment Team observed information readily available informing consumers, representatives and others how to access advocacy and other services and noted the service had recently held an Aged Rights Advocacy Services (ARAS) information session to increase consumer awareness. Consumers and representatives stated they would speak directly with management or staff if they had concerns or wanted to access these services.

The service demonstrated it monitors feedback and uses it to identify trends and potential improvement opportunities and staff could identify improvements (or planned improvements) resulting from consumer feedback. The Assessment Team observed documentation showing feedback and complaints are actioned, reviewed and used to improve care and services. The service has policies and procedures relating to feedback, complaints and continuous improvement.

**Standard 7**

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| Human resources | | Non-compliant |
| 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 found the Approved Provider Non-compliant with Standard 7 as one or more of the Requirements associated with this Standard has been found Non-compliant.

In relation to Requirement **7(3)(e)**, the Assessment Team found the service could not demonstrate regular monitoring and review of staff performance, including follow-up after concerns were raised in relation to one staff member’s conduct.

The Approved Provider responded to the Site Audit findings with a response that detailed actions taken following specific staff performance concerns and it’s approach to workforce performance monitoring more broadly.

In relation to an individual staff member’s performance, I am of the view the service demonstrated a considered response and associated process, although there may be potential for improvements in timeliness of response to concerns.

Regarding broad monitor and review of workforce performance, I note that the service was unable to provide the Assessment Team with a performance approval schedule or similar evidence showing staff had undergone review or development processes, similarly, no documentation of this nature accompanied the Approved Provider’s response. While the Approved Provider’s response outlines a comprehensive framework and process for monitoring, assessing and reviewing staff performance, it does not include evidence that relevant actions have, or are yet occurring.

I have also considered that in the case of individual staff performance following a complaint about their conduct, the service presented a performance review dating to mid-2019 and was unable to explain why a more recent review had not occurred. This is despite comment from management that service policy has been to undertake annual review of staff performance, with the intention for more frequent performance conversations as the service moves to their new ‘feedback framework’.

Accordingly, I am of the position that the service is unable to demonstrate regular assessment, monitoring and review of workforce performance has occurred, and find the Approved Provider Non-compliant with this Requirement.

I am satisfied that the Approved Provider has demonstrated compliance with the remaining Requirements associated with Quality Standard 7 Human resources.

The service demonstrated the workforce is planned, and the number and mix of members of the workforce deployed enables delivery and management of safe and quality care and services. Overall, consumers and representatives felt there were sufficient staff to deliver care in a timely manner and staff confirmed they could complete their work within allocated timeframes. Processes are in place to ensure the skill mix of employees is considered in addition to staffing level based on occupancy rates, increased staff leave due to COVID-19 and acuity of consumers. Staff confirmed they have sufficient time to undertake their duties. Overall, consumers and representatives confirmed there are adequate numbers of staff with the necessary skills to deliver safe and quality care and call bells are answered in a timely manner.

Consumers and representatives confirmed staff are kind and caring, highlighting that staff treated consumers with respect, take an interest in their preferences how they like things done. One consumer stated that ‘staff here are fabulous’ and another stated ‘they can’t do enough for you’. The Assessment Team observed exemplary staff conduct throughout the Site Audit and documentation viewed reflected respectful and caring language being used in relation to consumers’ progress notes and their needs, goals and/or preferences.

The service demonstrated it ensures staff are competent and have the qualifications and knowledge to effectively perform their roles. Management described having a recruitment process to ensure incumbent staff are credentialled and have the relevant and necessary skills to perform their role. The Assessment Team observed a process in place to ensure staff have appropriate qualifications and where relevant, had current professional registrations. Consumers and representatives felt staff were competent and able to deliver high quality care.

Consumers and representatives stated they were satisfied with how staff delivered care and did not identify any areas which they felt staff required training. The service demonstrated it has various human resources policies procedures to recruit, train, equip and support a high-performing workforce. Care, clinical and lifestyle staff confirmed they had access to training to maintain contemporary knowledge and felt supported by management to build their skills. The Assessment Team observed that the service has a plan and monitors staff training and identifies areas which may need attention through regular reporting.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

I have found the Approved Provider Compliant with Standard 8 as all Requirements associated with this Standard have been deemed Compliant.

The service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. This includes involvement though feedback mechanisms, such as Resident meetings, surveys and the care plan review process and improvements are communicated through regular meetings. I have considered, as noted under Standard 6 Requirement 6(3)(c), that not all verbal feedback is documented through the comments and complaints system, however, it is evident that the service has demonstrated a holistic approach to consumer engagement throughout care planning and delivery and monitors its own performance against this Requirement through ongoing audits and other surveys to seek consumer sentiment.

The service demonstrated how the governing body promotes and supports safe, inclusive and quality care and is accountable for delivery. Management and other staff could discuss a range of reporting mechanisms which ensures oversight and accountability, in addition to direct governing body engagement with consumers onsite. Directors have been provided training in relation to serious incident reporting, restrictive practices and the Aged Care Quality Standards.

The Assessment Team observed effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, which includes (where applicable): relevant documented policies and procedures, internal check/audit processes, organisational delegations, staff training and ongoing planning and review processes. For example, staff confirmed they can access the information they need to undertake their roles and the service demonstrated a system for information sharing (as assessed through other Requirements) with respect to information security and handling of confidential information. The service has an ongoing compliance and improvement plan, managed through a collaborative effort between the Quality manager and service management. Management described how they seek changes to budget or expenditure to support changing consumer needs. The service monitors and keeps abreast of regulatory change through peak body membership and filters relevant updates to staff with additional training where applicable.

The organisation demonstrated a risk management framework policy, systems and practices, including the management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. The organisation has a risk sub-committee which reports to the governing body. The Assessment Team observed that the service audits and monitors high impact or high prevalence risk; has an electronic incident reporting system and staff have received training in relation to serious incident reporting.

Similarly, the service demonstrated a clinical governance framework, incorporating policies, procedures, tools and staff training in relation to antimicrobial stewardship, minimising the use of restraint, and use of open disclosure. Staff confirmed they were familiar with organisational documentation; had been educated in this area and could provide examples of practical application to their work.

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-2)