Performance

Report

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| Name of service: | Amaroo Village McMahon Caring Centre |
| Service address: | 74 Lissiman Street GOSNELLS WA 6110 |
| Commission ID: | 7909 |
| Approved provider: | Amaroo Care Services Inc |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 16 August 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 Amaroo Village McMahon Caring Centre (**the service**) has been prepared by M Glenn, 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; and
* the provider’s response to the Assessment Team’s report received 19 July 2023.

# 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 | **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 | **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.

**Standard 1 requirement (3)(d)**

* Ensure consumers are supported to partake in activities which include an element of risk, and the consequences of these risks are discussed and agreed management strategies implemented in consultation with consumers and/or representatives; and
* Review processes, policies and procedures relating to supporting consumers to exercise choice and independence and take risks to enable them to live the best life they can.

**Standard 2 requirement (3)(a)**

* Ensure risks to consumers’ health and well-being are identified and appropriate management strategies developed and implemented in consultation with consumers to guide staff in the provision of safe and quality care and services.

**Standard 8 requirement (3)(d)**

* Review the organisation’s risk management processes in relation to supporting consumers to live the best life they can.

# 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 Quality Standard is assessed as non-compliant as one of the six specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(d) in Standard 1 Consumer dignity and choice not met.

**Requirement (3)(d)**

Documentation for four consumers included inconsistencies in the identification of risk and assessment processes. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Consumer A felt supported by staff to undertake activities which included an element of risk and recalled having assessments undertaken in relation to the activities with risks discussed. The risk assessment for one activity did not show consideration of Consumer A’s medical condition and regular psychotropic medication(s), nor evidence of consultation with a Medical officer. There were no comprehensive strategies to guide staff to support Consumer A’s choice of activities factoring in all risks to enable this to be done in a safe manner.
* Consumer B was unclear if an assessment had been undertaken relating to an activity. A mobility assessment states Consumer B requires assistance with mobility and transfers and they have a medical condition, impaired cognition and vision. The Risk assessment form does not demonstrate consideration of risks related to the medical condition, medications, mobility, and impaired cognition and vision and did not include strategies to undertake the activities in a safe manner to mitigate the risk of harm.
* Consumer C has a cognitive impairment and a medical condition. Risks related to an activity, such as cognitive impairment and use of equipment related to the activity had not been considered or assessed and there were no strategies guiding staff to support the safe use of equipment to mitigate harm.
* Consumer D has a medical condition, cognitive impairment, and is unable to mobilise independently. A Dignity of risk form dated June 2023 contained minimal information on all potential risks related to an activity, consequences of risk, and strategies to minimise risk. Staff were able to describe strategies to manage related risks, including monitoring Consumer D whilst they partake in the activity.

The provider acknowledged the Assessment Team’s recommendation. The provider’s response included commentary relating to the information included in the Assessment Team’s report, as well as documentation to support and demonstrate the actions taken in response. A Plan for continuous improvement report was also included outlining planned actions and completion dates. The provider’s response included, but was not limited, completed Risk assessments for Consumers A, B, C and D undertaken in collaboration with consumers and/or representatives, the General practitioner and Allied health professionals.

I acknowledge the provider’s response. However, I find each consumer was not effectively supported to take risks safely. While I acknowledge the consumers highlighted are partaking in a range of activities which include an element of risk, in line with their wishes and preferences, I have considered that a collaborative approach to the assessment process has not been undertaken with the consumers to help them to understand the related risks or to allow them to make decisions and choices relating to how these risks could be managed to assist them to undertake these activities safely. I acknowledge the actions taken to address the deficits identified. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

In relation to consideration of consumers’ medical conditions, other contributing factors and development of strategies to mitigate risk, I find these processes are more aligned with assessment and planning of consumers’ care. As such, I have considered this evidence in my finding for requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

For the reasons detailed above, I find requirement (3)(d) in Standard 1 Consumer dignity and choice non-compliant.

In relation to all other requirements in this Standard**,** care files sampled reflected consumer histories, preferences and culture and were inclusive of what was important to consumers, such as their faith, goals and maintaining their independence. Staff demonstrated an understanding of individual consumers’ backgrounds, cultures and diversity, and described how they engage and get to know consumers and incorporate their identity into their care and services. Most consumers and representatives said consumers are treated with dignity and respect and staff are supportive of who they are and what they want to do.

Provision of care and services was found to be culturally safe, with consideration and support for cultural needs when planning and when providing care. Staff were knowledgeable of individual cultural needs of consumers and described how this considered in delivery of daily care and services. Consumers and representatives said staff understand consumers’ cultural preferences and beliefs and enable them to feel respected, valued and safe. Overall, consumers felt accepted for who they are, stating staff treat them as individuals and understand what is important to them.

All consumers and representatives sampled were satisfied consumers are supported to exercise choice and independence about their care and services and consumers said they feel they have a voice which is heard. Staff described how they engage consumers in making informed choices about their care and services through informal conversations in everyday care, or via family conferences and showed an awareness of consumers’ social networks.

Information is provided to consumers through a range of avenues, including during day-to-day conversations with staff, consumer and representative meetings, food forums, newsletters and noticeboards. Information was found to be provided in a timely manner and in a format which was clear and easy to understand, allowing consumers to make informed choices. Consumers and representatives were satisfied with the communication and information being provided and consumers said staff communicate well and they feel supported and encouraged to raise suggestions and provide feedback relating to their care and services. There are processes to ensure consumers’ privacy is respected and personal information kept confidential.

For the reasons detailed above, I find requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

# 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 Quality Standard is assessed as non-compliant as one of the five specific requirements has been assessed as non-compliant. The Assessment Team recommended requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers not met.

**Requirement (3)(a)**

The Assessment Team were not satisfied assessment and planning, including consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care and services. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Consideration of Consumer A’s medical condition and current psychotropic medications administered in conjunction with an activity the consumer chooses to partake in had not been considered when assessed by an Allied health professional. These considerations were not captured in documentation, nor were any strategies to guide staff to minimise risk of harm to Consumer A when undertaking these activities.
* Consumer B’s mobility assessment contained minimal information and stated Consumer B has impaired vision and cognition with slow comprehension, is ambulant with assistance and a mobility aide and gave an overall summary of ‘minimal supervision.’ There was no assessment of risk undertaken with consideration of how Consumer B undertakes an activity or of medications taken for a medical condition, the inherent risks, consequences of risk, or if a review by a Medical officer had occurred.
* Consumer C’s medical condition and cognitive impairment in relation to an activity they choose to partake in had not been considered. No risk identification had occurred, or assessments undertaken in relation to Consumer C’s physical and cognitive capacity to safely use related equipment.
* Consumer D’s medical conditions and impaired cognition had not been considered in relation to an activity they choose to partake in which includes an element of risk. A Dignity of risk form dated June 2023 contained limited information regarding cognitive, mobility and/or dexterity assessments having been undertaken and did not reflect any consideration or risks relating to the consumer’s ability to undertake the activity. The form included minimal identified risks which were repeated as the consequences of risk and noted family were aware of all possible risks and strategies in place to prevent harm, but no strategies were actually listed.
* Staff were aware of requirements related to the activity, including staff supervision and related safety equipment, however, this was not documented on the related form.

The provider acknowledged the Assessment Team’s recommendation. The provider’s response included commentary relating to the information included in the Assessment Team’s report, as well as documentation to support and demonstrate the actions taken in response. A Plan for continuous improvement report was also included outlining planned actions and completion dates. The provider’s response included, but was not limited to, completed Risk assessments for Consumers A, B, C and D undertaken in collaboration with consumers and/or representatives and the General practitioner and Allied health professionals. The Risk assessments include consideration of consumers’ medical conditions and other contributing factors.

I acknowledge the provider’s response. However, I find assessment and planning processes have not been consistently undertaken to enable risks to consumers’ health and well-being to be identified and appropriate management strategies implemented. For activities Consumers A, B and D choose to partake in which include an element of risk, relevant factors, which have the potential to increase risk of harm to consumers’ safety, health and well-being, have not been considered, adequately assessed or discussed with consumers to enable them to make an informed decision about their care and services. Assessments for these consumers also did not include management strategies to guide staff in supporting consumers to undertake these activities in a safe manner. Assessments related to an activity Consumer C chooses to partake in had not been completed at all. I have also considered while staff were aware of some strategies to maintain Consumer D's safety whilst undertaking an activity, these strategies were not captured in a related assessment completed in June 2023. As such, I find the evidence presented demonstrates care plans are not tailored to consumers’ specific needs nor do they inform how, for each consumer, care and services are to be safely delivered. I acknowledge the actions taken to address the deficits identified. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

In relation to all other requirements in this Standard, care files sampled included consumers’ preferences and current care needs, including end of life wishes, and things and people important to them to maintain health and well-being. Consumers and representatives confirmed consumers are asked about their end of life wishes, goals and preferences on entry and during care conferences.

Care files sampled confirmed consumers and their representatives are involved in assessments and planning of care and services on entry and on an ongoing basis and demonstrated involvement of General practitioners and Allied health services in consumers’ care. Consumers and representatives were happy with their input during the care planning process, with a representative stating the service always discusses the consumer’s care needs with them, and an update is always provided by clinical staff relating to the management of the consumer’s care needs.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers. Care plans had been updated in response to incidents and changes in consumers’ health and condition and during six monthly and annual review processes. Care files included input from Medical officers and Allied health professionals and resulting recommendations had been incorporated into care plans. Staff confirmed they are informed of changes to consumers' care needs and services, including through handover processes. Consumers and representatives said the service communicates with them whenever there are changes to consumers’ care.

For the reasons detailed above, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

Consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being and expressed satisfaction with management of specific aspects of care, including pain, wounds, specialised nursing care and chemical restrictive practices. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of specific aspects of care, including personal care, pain, wounds, catheter care and psychotropic medications. Staff provided examples of how they provide care to consumers that is tailored and delivered in a safe and effective manner.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to skin integrity, diabetes and falls. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and consumers and representatives felt staff provide care to consumers that is safe and right for them.

Care files for two consumers nearing the end of life demonstrated their needs, goals and preferences had been recognised and addressed. The care files demonstrated involvement of General practitioners and evidenced monitoring and management of consumers’ condition to ensure their comfort was maximised. The consumers’ representatives said they were grateful for the care and support the service was giving to the consumers. Staff described how they support consumers during the end of life phase, including input from General practitioners and specialist palliative care services.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to General practitioners and/or Allied health services. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated to reflect any changes to consumers’ care and service needs. Staff demonstrated an understanding of their roles and responsibilities, including identifying and reporting signs of deterioration and consumers and representatives were happy with the way the service responds to change or deterioration in condition.

Standard precautions are used to prevent and control infections. Appropriate antibiotic prescribing is used to reduce the risk of antibiotic resistance and clinical staff described processes they follow to reduce the risk of increasing resistance to antibiotics. The service has an Infection prevention and control lead who is onsite Monday to Friday. Consumers and representatives expressed satisfaction with the current measures in place to minimise the spread of COVID-19 and other infections.

For the reasons detailed 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

Care files included consumers’ choices and information relating to their needs, goals and preferences. An Occupational therapist and Physiotherapist attend the service regularly and work with consumers to optimise their independence, where possible, through different programs, such as restorative one-to-one, active ageing or maintaining mobility. Staff were knowledgeable of individual consumers’ needs and preferred activities and consumers felt supported to optimise their independence and said they have input into the services and supports they receive.

Staff described how they support consumers well-being and care files showed individualised needs and strategies to support each consumer’s well-being had been identified and documented. Consumers felt their emotional, spiritual and psychological needs were supported and said they enjoy spending time or speaking with their families, staff and their friends within the service and through their pastoral or religious beliefs. Consumers described staff as very caring and supportive of their well-being and said they have access to services and supports that are meaningful to them.

Consumers said the service supports and encourages community engagement, social and personal relationships and they participate in things that interest them. The service promotes and encourages consumer interactions both within and outside of the service environment through provision of community outings, entertainment providers, volunteers, and family and friends. Care files identified a range of activities, pastimes and people of importance to support consumers and staff were knowledgeable of consumers’ preferences and what they liked to do.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up-to-date with consumers’ changing needs and preferences and consumers felt their needs and preferences were well managed across the service with staff knowing and sharing information with other providers.

Most consumers were satisfied with the food and said they had access to meal alternatives each day and after hours. Meals are prepared in line with a seasonal menu which has been approved by a Dietitian. Consumers can participate in a monthly Food focus meeting where they can provide feedback and suggestions on what they enjoy or dislike. Consumers said they are included in menu planning and food forums and feel encouraged to provide suggestions or feedback in relation to their meals.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. All consumers said the service keeps everything clean and they feel safe when using equipment.

For the reasons detailed 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 service environment was observed to be homelike, welcoming and easy to navigate. Consumer rooms were personalised, and communal areas provided suitable seating and had easy access to various covered courtyards and garden areas which were well maintained. The service environment was safe, clean, and well maintained with consumers able to move freely both indoors and outdoors. Cleaning is undertaken in line with a daily task list and preventative and reactive maintenance processes are in place. Furniture, fittings and equipment were observed to be clean, safe and well maintained. Consumers and representatives confirmed rooms and furnishings are cleaned regularly and kept tidy and furniture and equipment is clean and well maintained.

For the reasons detailed 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. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The service has a comprehensive system that encourages and supports the capture of feedback, compliments and complaints. Feedback forms are prominently displayed, along with feedback boxes which are emptied every weekday. A phone number and email address are also visible on the form for those who prefer other ways to provide feedback. Consumers are encouraged to provide feedback and raise complaints at meeting forums and staff described how they assist consumers to raise concerns, including by assisting them to complete feedback forms. All consumers and representatives sampled knew how to provide feedback, felt comfortable to do so either verbally or using feedback forms and whenever they had done so, were happy with the outcome.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Representatives from an advocacy organisation are regular guest speakers at consumer meeting forums. There is information about advocacy, external complaint and language services in the Resident handbook. There are a number of consumers who speak other languages and communication with these consumers is supported by some service staff, volunteers and the consumer’s families. Consumers and representatives were aware of external and internal complaint avenues and said when, or if, they raise issues, they are dealt with effectively.

A Comment and complaints register is maintained and demonstrated appropriate action is taken in response to complaints raised, including use of open disclosure. Family meetings and meetings with complainants are minuted and include information about investigation progress, apologies when appropriate, and actions taken to prevent issues reoccurring. Feedback and complaints are reviewed and used to identify and drive continuous improvement, and there are processes to monitor complaints data to identify trends. Consumers and representatives said when concerns are raised, they could see improvements occurred.

For the reasons detailed above, I find all requirements in Standard 6 Feedback and complaints compliant.

# 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. | Compliant |

Findings

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. A major roster review is currently being conducted to ensure consistency, adherence with care minutes and that staff roster patterns align with consumer needs. Call bells response times are monitored regularly and follow up is undertaken with consumers to ensure they are satisfied with response times. Delayed response times are investigated by management on a case-by-case basis. Staff felt there was sufficient staff rostered for them to get things done and there are processes to ensure vacant shifts are covered. Most consumers and representatives were satisfied with staffing levels and mix.

Consumers and representatives spoke positively of staff, stating they were kind and caring, and observations confirmed staff are kind, caring and respectful when interacting with consumers. Staff described consumers’ needs and preferences and how they deliver care which is respectful and in line with individual needs and wishes. Where staff felt other staff members were not treating consumers respectfully, they felt comfortable raising this with management and documentation demonstrated prompt action is taken in these circumstances.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Staff competency is monitored through direct observation, review of staff performance appraisals, feedback, review of incidents, and monitoring of key and clinical performance indicators. Management stated, and documentation showed prompt response to issues where staff knowledge and skills have been identified as requiring support. All staff felt supported by management and have had sufficient training to undertake their roles and consumers sampled felt safe and confident staff were skilled and delivered care and services that meets their needs.

A thorough onboarding process is undertaken for all new staff which includes mandatory training, an induction and buddy shifts. A new annual training schedule has been implemented and is aligned with the Aged Care Quality Standards. An audit program has been developed to link with the training program to enable management to monitor if training is having a positive impact on practice. Staff described recent training they had completed and how the training had improved their practice. Consumers and representatives were confident in the ability of staff to deliver care and services.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Review of staff performance is ongoing through direct observation and review of data, such as feedback, incidents and near misses. There is an efficient performance management process, including prompt response to staff misconduct. Staff confirmed they have been informed of the new schedule for performance reviews where they can identify their personal strengths and areas for improvement, as well as any additional training they may wish to undertake.

For the reasons detailed above, I find all requirements in Standard 7 Human resources compliant.

# 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as non-compliant one of the five specific requirements has been assessed as non-compliant. The Assessment Team recommended requirements (3)(d) and (3)(e) in Standard 8 Organisational governance not met.

**Requirement (3)(d)**

Effective risk management systems and practices relating to managing high impact or high prevalence risks, identifying, and responding to abuse and neglect and managing and preventing incidents were demonstrated. However, the Assessment Team were not satisfied effective risk systems and practices were demonstrated in relation to supporting consumers to live the best life they can. The Assessment Team’s report provided the following evidence gathered through interviews, and documentation relevant to my finding:

* While there are policies and procedures to support consumers to undertake activities of choice where risk has been identified, the risk management framework is not effective in ensuring risks to consumers are identified and mitigated. Staff were unclear about their responsibilities in relation to assessing and identifying risks, the process for the identification of potential risks and the documentation of actions being taken to mitigate these risks.
* Four consumers participating in risk activities of choice did not have appropriate risk assessments and risk mitigation strategies in place to ensure consumer safety.
* A siloed approach to completion of risk assessments was identified, with limited sharing of information across workforce disciplines. Nursing and Allied health staff complete risk forms separately and do not always have access to all the information required to complete a holistic assessment.

The provider acknowledged the Assessment Team’s recommendation. The provider’s response included commentary relating to the information included in the Assessment Team’s report, as well as documentation to support and demonstrate the actions taken in response. A Plan for continuous improvement report was also included outlining planned actions and completion dates. The provider’s response included, but was not limited to, revised the related policy, clarifying roles and responsibilities with a focus on Dignity of risk forms and Risk assessments; developed a process flowchart to assist staff with interpretation and application of related procedures; and created a Clinical risk register which will form a basis for discussion on consumer risks at relevant meetings.

I acknowledge the provider’s response. However, I find effective risk management systems and practices, specifically in relation to supporting consumers to live the best life they can were not demonstrated. In coming to my finding, I have considered that staff have not consistently followed organisational policies and procedures to ensure consumers are supported to live the best life they can with all risks relating to activities consumers choose to partake in not identified or strategies to mitigate risks developed. Staff were not aware of their responsibilities or the processes relating to assessment and identification of risks. As highlighted in Standard 1 Consumer dignity and choice requirement (3)(d) and Standard 2 Ongoing assessment and planning with consumers requirement (3)(a), relevant factors, which have the potential to increase risk of harm to consumers’ safety, health and well-being had not been considered through assessment processes or management strategies to reduce the risk of harm developed. Additionally, these processes not been undertaken in consultation with consumers to enable them to make an informed decision about their care and services. As such, I consider that this has not ensured the possibility of risks and the impact to consumers is reduced. I acknowledge the actions taken to address the deficits identified. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(e)**

The Assessment Team were not satisfied aspects of the clinical governance framework for minimising the use of restraint were effective. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

* Management stated an increased risk to consumers was recently identified which was managed by locking the front door. The resulting impact to mobile consumers had not been fully considered with these consumers having to contact staff to let them in/out of the service. These consumers had not been considered to be under environmental restrictive practice and informed consent had not been sought.
* One consumer said they do not have free access to the front door as they do not have a code or electronic fob to open the front door. They stated while it is frustrating at times to have to wait for staff to open the door, there has not been an instance of being unable to leave the service when they wanted to.
* Staff sampled demonstrated a misunderstanding in relation to consumers in the secure memory support wing. Not all consumers who were mobile were considered to be under an environmental restrictive practice.
* One consumer was receiving a medication identified by the service as meeting the definition of a chemical restrictive practice, but the service’s processes had not identified appropriate authorisations were not in place.

The provider acknowledged the Assessment Team’s recommendation. The provider’s response included commentary relating to the information included in the Assessment Team’s report, as well as documentation to support and demonstrate the actions taken in response. The provider’s response included, but was not limited to, completion of a Perimeter assessment resulting in Risk assessments and Dignity of risks forms being completed and FOB keys issued to three consumers; completed a related restrictive practice form for environmental restraint for one consumer; and undertaking Risk assessments and Dignity of risk forms with identified consumers and have purchased sufficient quantities of FOB keys.

I acknowledge the provider’s response and the Assessment Team’s report. However, I have come to a different view to that of the Assessment Team’s recommendation of not met and find requirement (3)(e) compliant. In coming to my finding, I have considered the evidence presented does not indicate systemic issues relating to the clinical governance framework, specifically minimising use of restraint.

I acknowledge that as a result of actions taken in response to an identified risk, consumers had not been considered as being subject to environmental restrictive practices. I also acknowledge that not all consumers in the secure wing had been considered as being environmentally restrained. However, I have also considered information in the Assessment Team’s notes for the Site Audit relating to the entry Risk based questions demonstrating 19 consumers had been identified as being subject to environmental restrictive practices. There was no evidence presented suggesting related authorisations for these consumers had not been obtained. I consider this shows the organisation was aware of the definition of this type of restrictive practice and have systems to manage how this restrictive practice is applied. I am satisfied that the provider has taken appropriate and timely actions to address the deficits highlighted in the Assessment Team’s report.

In relation to chemical restrictive practices, while I acknowledge one consumer did not have appropriate authorisations for the use of a chemical restraint, the medication had been recognised as a restrictive practice and a Behaviour support plan identifying related behaviours and non-pharmacological management strategies was in place. I have also considered evidence in Standard 3 Personal care and clinical care requirement (3)(a) relating to two consumers which demonstrates consultation with representatives and appropriate consents for use of psychotropic medications had been obtained.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant.

In relation to all other requirements in this Standard,consumers described engagement in the development, delivery and evaluation of care and services through one-to-one communication, feedback processes, surveys and meeting forums. A Consumer advisory group is in the process of being established and the process to invite representatives is commencing shortly.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There is an established meeting structure at the service through to Board level, where issues are identified, discussed, and escalated. Monthly performance level information is captured and analysed and trended graphs include explanatory comments and actions for improvement which are communicated to the Board. Consumers and representatives felt the service was well run, and stated both service and organisational management are approachable and act on issues raised.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

For the reasons detailed above, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 8 Organisational governance compliant.

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