Performance

Report

**1800 951 822**

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| Name of service: | Anglican Care Bishop Tyrrell Place |
| Service address: | 60 Princes Street CUNDLETOWN NSW 2430 |
| Commission ID: | 0896 |
| Approved provider: | Anglican Care |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 6 April 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 Anglican Care Bishop Tyrrell Place (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 21 March 2023.
* the Performance Report dated 15 June 2021 following the Site Audit undertaken from 11 May 2021 to 13 May 2021.

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

Requirement 2(3)(a) – the approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. Risks to consumer’s health and well-being are identified in the assessment process and following incidents, and strategies are identified and implemented to minimise risks.

Requirement 2(3)(c) – the approved provider must demonstrate effective processes in place to ensure that assessment, planning and review of the consumer’s care and services is based on ongoing partnership with the consumer and others that the consumer wishes to involve.

Requirement 2(3)(e) – the approved provider must demonstrate processes are consistently effective to ensure consumer’s care, services, and interventions are reviewed regularly and as required including following incidents. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.

Requirement 3(3)(a) – the approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative. Management of consumer behaviours and personal care delivery optimises consumer health and well-being.

Requirement 3(3)(e) – the approved provider must demonstrate processes are consistently effective to ensure information on the consumer’s current condition, needs and preferences is documented accurately, and communicated effectively to all staff involved in the consumer’s care. Consumer care documentation contains sufficient information, including on risks to consumer’s health and well-being, to inform safe and effective care delivery.

Requirement 3(3)(g) – the approved provider must demonstrate the minimisation of infection related risks through implementing standard and transmission based precautions, and effective care delivery, to prevent and control infection and promote appropriate antibiotic prescribing and use.

Requirement 4(3)(c) – the approved provider must demonstrate services for daily living support all consumers to participate in activities of interest to them, and consumers are satisfied the lifestyle services and activities meet their needs and interests. Effective processes are in place to identify activities of interest to consumers.

Requirement 7(3)(a) – the approved provider must demonstrate the workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and leisure and lifestyle services. The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.

Requirement 7(3)(c) – the approved provider must demonstrate staff are competent and have the knowledge required to effectively perform their roles. The service has a system to ensure competencies and training relevant to staff’s duties are undertaken, including in response to incidents.

Requirement 7(3)(d) – the approved provider must demonstrate staff are trained, recruited, and supported to deliver the outcomes required by the Quality Standards. The service’s processes regarding induction and training of agency staff and new staff are consistently followed.

Requirement 7(3)(e) – the approved provider must demonstrate a system to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Information including incidents and feedback is used to inform staff performance reviews.

Requirement 8(3)(a) – the approved provider must demonstrate consumers are actively engaged and supported in the development, delivery and evaluation of care and services. Consumer feedback influences the development, delivery and evaluation of care and services, across the service and organisation.

Requirement 8(3)(c) – the approved provider must demonstrate the organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Gaps in the implementation and delivery of these governance systems are identified and action is taken to rectify these gaps.

Requirement 8(3)(d) – the approved provider must demonstrate risk management systems are consistently effective in managing and preventing incidents, including the use of an incident management system. Gaps in the implementation and management of risk management systems are identified and action is taken to rectify these gaps.

# Standard 1

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

Findings

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

The Assessment Team found the service does not have processes to ensure consumer’s decisions about who and how they want others to be involved in their care is obtained and followed. Consumer files reviewed by the Assessment Team included the name and phone number for a contact person and representative. However, there is no information about how the consumer wishes the contact and/or representative to be involved in decisions about their care and services or the kinds of information they wish, or do not wish, to be provided to the representative. The Assessment Team found one consumer had a representative make decisions or sign documents on their behalf, which was not in line with the consumer’s documented needs and choices. For another consumer, the service did not demonstrate they are supported to exercise choice and independence, including to make decisions about their care and service delivery, and representatives were making decisions regarding their care who did not have authority or indication from the consumer that this was their choice.

The approved provider’s response includes additional and clarifying information for the two consumers identified in the Site Audit report regarding consultation with the consumers, and their substitute decision makers. While the approved provider’s response did not include evidence of processes to ensure information is documented about how the consumer wishes for representatives to be involved in decisions about their care and services, or information to be provided to the representative, consumers generally did not provide negative feedback or any negative impacts regarding this. Overall, I consider consumers are supported to exercise choice and independence regarding making and communicating decisions about their care and services, who is involved in making decisions, and maintaining relationships of choice.

Overall, consumers and representatives interviewed by the Assessment Team reported that they are treated with dignity and respect. The Assessment Team observed interactions between staff and consumers or representative to be respectful and caring. The service demonstrated it provides culturally safe care and services. Information about the consumer’s life history, including their cultural and spiritual needs is captured in care planning documentation and informs care and service delivery.

The service demonstrated they support consumers to take risks to enable them to live their best life. The Assessment Team reviewed dignity of risk assessment forms for sampled consumers which demonstrated the service generally identifies risks associated with consumer’s activities of choice and interventions to manage these risks. However, one consumer interviewed by the Assessment Team did not feel supported by the service to smoke. The service provides information to consumers in a range of ways that meets the consumer’s needs. Information is clear and easy to understand, allowing consumers to exercise choice.

The service demonstrated that, overall, each consumer’s privacy is respected, and their personal information is kept confidential. While some observations by the Assessment Team were not respectful of consumer’s privacy, no consumers raised any concern regarding this.

# 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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as three of the five specific Requirements have been assessed as non-compliant.

The service has been non-compliant in Requirement 2(3)(a), Requirement 2(3)(b), and Requirement 2(3)(d) since the previous Site Audit conducted 11 to 13 May 2021. Limited information was provided to the Assessment Team regarding improvements made as a result of this identified non-compliance. However, some improvement actions implemented were identified in the approved provider’s response to this Site Audit report.

The Assessment Team found that assessment and planning did not consistently include considerations of risks to consumer’s health and well-being, or inform safe and effective care delivery. Risks to consumer’s health and well-being are not identified in the assessment process or following incidents, and strategies are not identified to minimise risks. For two consumers who displayed behaviours that posed some risk to their health, the Assessment Team found assessment and planning did not include comprehensive information to guide management and mitigation of these behaviours. Risks associated with the use of restrictive practices had not been assessed or discussed with two consumers.

For one consumer named in the Site Audit report, the approved provider’s response demonstrates that some details regarding their risks were included in care planning documentation during the Site Audit. However, care documentation did not identify an incident that occurred as a result of this risk factor, or interventions to guide staff in reducing the risk of this specific incident. The approved provider’s response identifies that for consumers named in the Site Audit report, their care assessment and planning has been updated to identify risks to their health and well-being and inform staff practice. However, the service did not demonstrate that assessment and planning processes have consistently been effective to identify risks to consumer’s health and well-being, and implement interventions to ensure safe and effective care delivery and management of these risks.

The Assessment Team found the service did not demonstrate an effective process in place to partner with consumers and their representatives in the assessment and care planning process. Four representatives interviewed by the Assessment Team said they were not involved in the decision-making process regarding care provided and were instead informed of decisions that were being made. The Assessment Team found minimal documentation to demonstrate that involvement of consumers and their representatives occurs regularly or is actively sought by the service. While the service’s processes are for regular case conferences to involve consumers and representatives, consumer files did not indicate this is occurring. However, the service demonstrated that organisations, individuals, and providers of other care and services are involved in the assessment and planning for the care of the consumer.

The approved provider’s response identifies some avenues the service uses to discuss care and services with the consumer and/or representative, and agreement of the care plan. For one representative who had identified concern regarding their involvement in their consumer’s care assessment and planning, the approved provider’s response included additional information of consultation and information provided to this representative.

The approved provider’s response and the service demonstrated that consumers are informed of the outcomes of assessment and planning, and some are involved in care plan reviews. However, I do not consider the service has effective processes in place to ensure that assessment, planning and review of the consumer’s care and services is based on ongoing partnership with the consumer and others that the consumer wishes to involve.

The Assessment Team found the service did not demonstrate care and services are reviewed regularly, when circumstances change, or when incidents impact on the needs, goals and preferences of consumers. Review of recent consumer incidents identified incidents are not always effectively investigated, with effective interventions identified to prevent or reduce the likelihood of re-occurrence. While the organisation has policies and procedures to guide staff on incident management, not all incidents recorded in progress notes are documented on incident reports. For two consumers, care and services, or risk mitigation interventions, were not reviewed following incidents that posed a risk to their health. For a consumer who had sustained multiple skin injuries, the Assessment Team found most incidents had no investigation to identify contributing factors to assist in the development of effective interventions to prevent future injuries. The service did not demonstrate falls are appropriately investigated and managed as not all falls were recorded on incident reports or investigated to identify effective interventions to prevent further falls. For one consumer, following a fall, while their risk assessment was updated no additional interventions to prevent further falls were identified.

For the consumer who had sustained skin injuries, while the approved provider’s response identified some guidance for staff and interventions to manage this risk, there was no evidence provided that these were reviewed for effectiveness following several skin injuries. For other consumers named in the Site Audit report, the approved provider’s response identifies that their care, service, and assessment documentation were updated to reflect incidents.

However, I am not satisfied that the service’s processes are consistently effective to ensure consumer’s care, services, and interventions are reviewed regularly and as required including following incidents.

I find the following Requirements are non-compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(c)
* Requirement 2(3)(e)

The Assessment Team found most sampled consumers had assessments and care plans addressing end of life care needs and preferences. Staff interviewed could describe the process for identifying advance care and end of life needs and preferences. However, the Assessment Team identified assessment and planning did not address one consumer’s current needs, goals and preferences in relation to behaviour, falls, pain and sleep. The Assessment Team found assessment and planning did not address one consumer’s needs regarding management their skin integrity.

The approved provider’s response includes additional and clarifying information to the findings in the Site Audit report. For one consumer, additional information was provided regarding the assessment and monitoring of their behaviour, falls, pain and sleep that demonstrates most of these needs were identified, and generally addressed. For the other consumer, the approved provider’s response identifies guidance for staff and some interventions to manage their skin integrity.

While for three consumers assessment and planning did not identify or manage current risks to their health and well-being, I have considered this in my assessment of Requirement 2(3)(a). Overall, the service demonstrated assessment and planning identified and addressed consumer’s needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

The Assessment Team found that the service did not demonstrate the outcomes of assessment and planning are being effectively communicated to consumers and representatives, or that care plan documentation is accessible to the consumer. Some consumers and representatives interviewed said they do not receive information from the service, or did not have a copy of their care plan. The approved provider’s response includes additional information that demonstrates the outcomes of assessment and planning is generally communicated to the consumer and/or representative, and consumers and/or representatives are able to receive a copy of the consumer’s care plan.

I find 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.

I find the following Requirements are compliant:

* Requirement 2(3)(b).
* Requirement 2(3)(d).

# Standard 3

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

Findings

The Quality Standard is assessed as non-compliant as three of the seven specific Requirements have been assessed as non-compliant.

The service has been non-compliant in Requirement 3(3)(a) and Requirement 3(3)(b) since the previous Site Audit conducted 11 to 13 May 2021. Limited information was provided to the Assessment Team regarding improvements made as a result of this identified non-compliance. However, some improvement actions implemented were identified in the approved provider’s response to this Site Audit report.

While some consumers and representatives interviewed by the Assessment Team said consumers get personal and clinical care that is right for them, other consumers and representatives said staffing issues have negatively impacted on their personal care delivery. Impacts on care delivery identified by consumers or representatives included not getting their personal hygiene attended to daily as they prefer, delays and impacts on toileting, and delays in receiving pain relief. The Assessment Team found that restrictive practices were not managed in line with best practice including review of consents in accordance with the service’s policy, and assessment and discussion of the risks involved with the consumer and/or representative. For one consumer, the service did not demonstrate chemical restrictive practice was considered as a last resort, however, it was ceased shortly after being prescribed. For another consumer, while psychotropic medications were prescribed for end of life symptom management, the consumer’s condition had improved, and the medications were given to manage behaviours and were not considered as chemical restrictive practice. The Assessment Team found some recommendations from a specialist service to manage behaviours for one consumer were not implemented and staff were not aware of these recommendations. For two consumers, gaps in the management of their wounds and pain were identified.

The approved provider’s response included some additional and clarifying information, including evidence for named consumers that pain and wounds were generally monitored and managed appropriately, including escalation where required. However, I am not satisfied that consumers consistently received best practice personal and clinical care that is tailored to their needs, and optimising their health and well-being. This incudes for the management of restrictive practices, behaviour management, and personal care delivery.

The Assessment Team found all consumers have a care plan which generally documents the consumer’s condition, needs and preferences, and care plans are available electronically for staff and other health providers to access. However, the Assessment Team found information about consumer’s condition, needs and preferences was not consistently communicated to staff, or information in consumer care plans did not align with their current condition or needs. For example, one consumer’s infection was not documented in care planning or handover documentation. Not all staff were aware one consumer had commenced on a palliative care pathway, or were able to describe the specific care and service needs for one consumer in the area they were working in. Some care plans reviewed by the Assessment Team did not contain sufficient information, including risks to consumer’s health and well-being, to inform safe and effective care delivery.

The approved provider’s response includes some additional information for the consumers named in the Site Audit report, including some processes to communicate infection status for one consumer. In their response, the approved provider identifies that action will be taken to update care planning information to include consumer’s current condition and needs. However, I am not satisfied that the service’s processes are consistently effective to ensure information on the consumer’s current condition, needs and preferences is documented accurately, and communicated effectively to all staff involved in the consumer’s care.

The Assessment Team found the service did not demonstrate they have minimised infection related risks by taking standard and transmission based-precautions to prevent and control infection, or implementing practices that promote appropriate use of antibiotics. The Assessment Team observed that shared equipment was not being cleaned in-between use, and management advised that this equipment should not be shared between consumers. For one consumer with a possible infection, precautionary infection control measures were not implemented. The Assessment Team found for some consumers infections were indicative of deficiencies in personal hygiene care, and one consumer’s infection was not documented in care planning or handover documentation.

The approved provider’s response includes additional information about some processes to communicate infection status for one consumer, and the use of antibiotics for several consumers identified in the Site Audit report. While the service and the approved provider’s response demonstrates processes to minimise infection related risks and the use of antibiotics, it was not evident that staff practice and knowledge is consistently in line with these processes. For example, what equipment is shared between consumers or cleaning of this equipment for infection prevention and control, some infection control processes for consumers with current or potential infections, and care delivery to prevent infection.

I am not satisfied the service is minimising infection related risks through implementing standard and transmission based precautions, and effective care delivery, to prevent and control infection and promote appropriate antibiotic prescribing and use.

I find the following Requirements are non-compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(e)
* Requirement 3(3)(g)

The Assessment Team found the service did not demonstrate effective systems to identify and manage the high impact or high prevalence risks associated with the care of each consumer. While the service has a process to identify the high impact and high prevalence risks for consumers, the Assessment Team found this was not updated in accordance with the service’s procedures. The service did not demonstrate in all incidents, falls are appropriately investigated and managed as not all falls were recorded on incident reports or investigated to identify effective interventions to prevent further falls. The Assessment Team identified gaps in the management of skin integrity for two consumers.

The approved provider’s response includes additional information about the service’s processes for the identification and oversight of high impact and high prevalence risks across the service. The approved provider’s response includes additional information about the management of consumer’s falls and skin integrity. The service did not demonstrate effective processes to ensure risks and incidents are investigated, with effective interventions identified to prevent or reduce the likelihood of re-occurrence. However, I have considered this in my assessment of Requirement 2(3)(a) and Requirement 2(3)(e) as the Site Audit report identified limited impacts to consumers following identification of these risks. Overall, the service and the approved provider’s response demonstrated that the high impact and high prevalence risks associated with consumer’s care, if identified in assessment and planning, are managed.

The Assessment Team found the needs, goals and preferences of consumers nearing the end of life are generally identified and documented. However, the Assessment Team identified for one consumer nearing the end of their life, their condition was not effectively communicated to staff, or their comfort maximised. The service did not demonstrate for this consumer, their pain was effectively monitored and managed while they were commenced on a palliative pathway.

The approved provider’s response includes additional information regarding the monitoring and management of the consumer named in the Site Audit report, including regarding their pain. While staff interviewed by the Assessment Team were not aware of the changes in the consumer’s condition, consultation and management of this consumer’s condition and palliative care needs was ongoing at the time. I find the service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, and their comfort and dignity preserved.

Consumers and representatives interviewed by the Assessment Team were generally happy with the service’s response to deterioration or changes in consumer’s condition. The Assessment Team found consumers who experience deterioration or change in some aspects of their condition such as unplanned weight loss or swallowing difficulties are responded to in a timely manner. However, the Assessment Team identified changes in two consumer’s continence conditions were not responded to in a timely manner. The approved provider’s response includes additional and clarifying information regarding the condition and care provided to the two consumers identified in the Site Audit report. This evidence demonstrates, overall, the deterioration or change of a consumer’s condition is recognised and responded to in a timely manner by the service.

The Assessment Team found the service demonstrated consumers are generally referred to appropriate individuals, organisations and providers of care and services in a timely manner. This included physiotherapists, dementia support services, and geriatricians.

I find the following Requirements are compliant:

* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(f)

# 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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the seven specific Requirements have been assessed as non-compliant.

The service generally supports consumers to have social and personal relationships, and to participate in their community. However, there was limited information that consumers are supported to do activities of interest to them. While some consumers indicated satisfaction with the lifestyle program and their ability to pursue their interests, others indicated the activities provided were not of interest to them. The Assessment Team found that consumers who were not able to, or not interested in, participating in group activities were provided with minimal lifestyle activities or support to pursue activities of interest. Several consumers interviewed by the Assessment Team provided feedback that the activities at the service did not meet their interests or preferences, or there was not sufficient things for them to do. For example, one consumer interviewed said they are not able to participate in many activities due to their current condition, and another consumer said they would like to go outdoors for walks but is only supported with this every few months. Documentation reviewed did not identify how the service assists consumers to pursue activities of interest.

The approved provider’s response demonstrates for some consumers named in the Site Audit report, they have participated in the service’s activity program, and had been consulted regarding their needs and preferences for lifestyle services and supported. However, the service did not demonstrate all consumers are supported to do activities of interest to them, and the approved provider’s response did not identify improvements made for the consumers named in the Site Audit report as a result of their feedback. The service has been non-compliant in this Requirement since the previous Site Audit conducted 11 to 13 May 2021.

I find the following Requirement is non-compliant:

Requirement 4(3)(c)

The Assessment Team found that consumers were getting a range of services and supports including a lifestyle program, meals, cleaning services, laundry services and pastoral care that assist them with their needs, goals and preferences. Overall, most consumers were happy and provided feedback to indicate that they feel supported at the service with their daily living activities, however some consumers felt they were not supported to undertake activities of interest to them. The Assessment Team found the services and supports for daily living promote consumer’s emotional, spiritual and psychological well-being. External organisations visit the service and provide pastoral and spiritual care, and consumers are referred to psychological support services when required.

The service demonstrated, overall, processes in place to communicate information regarding consumer’s condition, needs and preferences for daily living within the organisation and where responsibility is shared. The service demonstrated that referrals were made to individuals, organisations and providers of other care and services in a timely and appropriate manner.

The Assessment Team found that meals provided were varied, of suitable quality and quantity. While there was some mixed feedback received, most consumers interviewed provided positive feedback about the meals provided at the service. Consumers have a dietary assessment completed on admission by clinical staff which contain consumer preferences and needs. This information is provided to kitchen staff. Consumers are encouraged to provide feedback to the service about their meals.

The Assessment Team found that equipment provided was safe, suitable, clean and well maintained on most occasions. Lifestyle staff showed a range of equipment at the service to support the lifestyle program and stated that management was supportive of purchasing new equipment when required.

I find the following Requirements are compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(f)
* Requirement 4(3)(g)

# Standard 5

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

Findings

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

Consumers interviewed by the Assessment Team reported that the service environment is comfortable, clean and well maintained. The service is actively working towards facilitating dementia enabling design principles throughout the service environment. The Assessment Team found that the service environment was safe, clean, well maintained and enabled free movement for consumers. While most external doors were locked, consumers are able to leave the service through the front reception if required.

The service had range of equipment to meet consumer’s needs, and furniture, fittings and equipment were observed be safe, clean, well maintained. Positive feedback was received from consumers and staff about the furniture, fittings and equipment.

# Standard 6

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

Findings

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

The Assessment Team identified deficiencies in relation to feedback and complaints being captured effectively by the service to improve the quality of care and services. The service had a complaints register, however, feedback received through a range of mechanisms including case conferences and feedback given during consumer meetings were not included in this register to allow for effective trending and analysis of complaints. Consumers interviewed indicated that care and services do not always improve as a result of raising feedback. Although service management were able to identify some improvements made as a result of feedback or complaints.

The Site Audit report and the approved provider’s response identifies some improvements to care and services, including at the service-level, in response to feedback or complaints. While the service did not demonstrate all complaints and feedback is documented and analysed, I have considered this in my assessment of Requirement 8(3)(c) regarding the systems implemented at the service for continuous improvement and feedback and complaints.

Consumers and representatives interviewed by the Assessment Team felt supported to provide feedback and complaints, and those who had made a complaint stated that they were satisfied with the action the service took in response. The service demonstrated a range of methods for consumers and representatives to provide feedback and complaints including consumer meetings, feedback forms and boxes, and information provided on admission.

The service ensures consumers are made aware of, and have access to, advocates and other methods for raising and resolving complaints. Observations of the service by the Assessment Team demonstrated that consumers have information about a range of external services including advocacy organisations.

The service provided evidence that appropriate action is taken for formal complaints that are received. Complaint information reviewed by the Assessment Team demonstrated that open disclosure was utilised, and the complaints were being addressed in conjunction with the consumer and/or their representatives.

# Standard 7

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

Findings

The Quality Standard is assessed as non-compliant as four of the five specific Requirements have been assessed as non-compliant.

The service has been non-compliant in Requirement 7(3)(a) and Requirement 7(3)(c) since the previous Site Audit conducted 11 to 13 May 2021. Limited information was provided to the Assessment Team regarding improvements made as a result of this identified non-compliance. However, some improvement actions implemented were identified in the approved provider’s response to this Site Audit report.

The Assessment Team found the number and mix of the workforce deployed did not enable the delivery and management of safe and quality care and services. Consumers and representatives interviewed by the Assessment Team consistently reported that there are insufficient staff to deliver quality care and services. Several consumers said they will press the call bell and staff do not come or they have to wait for long periods of time for assistance. Impacts identified by consumers and representatives include consumers left in soiled clothes, meals not served hot, delays in receiving pain relief, feeling ignored by staff, not getting personal care in line with their preferences, or staff not able to assist with setting up videoconferences for consumers. Call bell data reviewed confirmed long wait times for assistance. The Assessment Team found not all shifts were filled in the period reviewed prior to the Site Audit, and the service relies on agency staff to cover shifts.

The approved provider’s response includes information regarding the organisation’s ongoing workforce planning and recruitment activities. However, these have not yet been demonstrated to be effective in ensuring the workforce deployed enables the delivery and management of safe and quality care and services for all consumers.

The Assessment Team found while members of the workforce have the necessary qualifications to undertake their roles, some staff do not have the necessary knowledge and skills to effectively undertake some aspects of their roles. The Assessment Team found the service did not demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Incidents reviewed by the Assessment Team indicated some staff were not competent in all aspects of safe manual handling which impacted on consumers. For some of these incidents, the Assessment Team did not find evidence of investigation or action taken in response to improve staff competency and prevent further incidents. Some consumers interviewed did not think that staff were well trained. For one staff member who was involved in several incidents impacting on consumers, the Assessment Team found they had completed limited education and no competency assessments prior to commencing their shifts. The Assessment Team found some staff are undertaking tasks outside their scope of work, in which they have not been trained. While the service has induction processes for new staff and agency staff, the service was unable to demonstrate these have consistently been completed.

The approved provider’s response includes planned education and training for staff on a variety of topics that relate to the deficiencies and incidents identified in the Site Audit report. While the approved provider’s response demonstrates the service has processes regarding induction and training of agency staff and new staff, it was not demonstrated that these have consistently been completed.

The service did not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards, and are competent to effectively perform their roles.

The Assessment Team found the service did not provide information to demonstrate that assessment, monitoring and review of the performance of members of the workforce occurs on a regular basis or when there are indications that performance management may be required. The approved provider’s response outlines plans for all staff appraisals to be completed by May 2023.

I find the following Requirements are non-compliant:

Requirement 7(3)(a)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

Consumers and representatives interviewed by the Assessment Team generally provided positive feedback about staff and indicated they are always kind, caring and respectful. The Assessment Team observed staff interactions with consumers to be kind and caring. For example, when consumers and representatives were upset staff immediately attended to them in a caring manner.

I find the following Requirement is compliant:

* Requirement 7(3)(b)

# Standard 8

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

Findings

The Quality Standard is assessed as non-compliant as three of the five specific Requirements have been assessed as non-compliant.

The organisation does not have a framework to actively engage consumers in the development, delivery and evaluation of care and services. Mechanisms to engage consumers are limited to consultation and information gathering rather than active engagement. The organisation is in the process of developing new policies which will include consideration of stakeholder engagement. However, the service was able to provide an example of a complaint leading to a change in the service environment. The approved provider’s response includes some additional information about the organisation’s commitment to engaging with consumers. While the approved provider demonstrated a review of a service that considered consumer feedback, it was not evident that this was driven by consumers or included consumer engagement in the review. The service did not demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team found the service did not demonstrate effectively implemented organisational governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Some information regarding continuous improvement, incident management, education, care assessment and planning, and access to electronic systems was not available or easily accessible during the Site Audit. While the service had been non-compliant in nine Requirements of the Quality Standards since the previous Site Audit conducted 11 to 13 May 2021, the service was unable to provide information about what improvements had been made in relation to this non-compliance. The Assessment Team identified deficiencies in workforce governance in relation to workforce duties, competency, training and sufficiency of staff. Gaps in regulatory compliance was identified in relation to the serious incident response scheme (SIRS), and minimisation of restrictive practices. The service did not demonstrate all complaints and feedback is documented and analysed to inform service-level and wider improvements. However, effective systems were demonstrated in relation to financial governance.

The approved provider’s response includes additional information about access to requested information and systems, and the continuous improvement plan and non-compliance action plan available during the Site Audit. The approved provider identifies plans to implement an improved incident management system which encompasses new mechanisms for feedback, complaints and incident management.

I am not satisfied the governance systems implemented at the service are effective in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The Assessment Team found the organisation has policies and procedures in relation to managing risks, however, these are not effective to ensure management and oversight of risks. Not all staff had received training on elder abuse or SIRS, and some staff did not demonstrate an understanding of the SIRS requirements. The service did not demonstrate effective investigation of incidents, the development of interventions to prevent further incidents, or education and training considered in response to incidents involving staff. However, the organisation’s processes for supporting consumers live the best life they can have generally been effective and assessment is undertaken with measures developed when consumers wish to undertake activities of choice that may involve some risk.

The approved provider’s response identifies plans to implement an improved incident management system which encompasses new mechanisms for hazard management, internal audits, plans for continuous improvement and incident management. This will have improved management and reporting capability for users.

I am not satisfied the risk management systems and practices implemented at the service are effective in relation to managing and preventing incidents. Gaps were identified in the service’s processes for managing high impact or high prevalence risks associated with the care of consumers, and identifying and responding to abuse and neglect of consumers. The service has been non-compliant in this Requirement since the previous Site Audit conducted 11 to 13 May 2021.

I find the following Requirements are non-compliant:

Requirement 8(3)(a)

Requirement 8(3)(c)

Requirement 8(3)(d)

The Assessment Team found the organisation’s governing body did not demonstrate it promotes a culture that ensures safe and quality care and services, and is accountable for their delivery. The service was unable to identify any recent changes driven by the governing body as result of consumer feedback. The organisation has implemented some processes which do not support the delivery of safe and effective care and services. The governing body did not demonstrate effective oversight or review of the changes to ensure the SIRS and incident management systems are effectively implemented at the service.

The approved provider’s response includes clarifying information about the SIRS and incident management system implementation, updates to policies and procedures, and oversight at the organisational level. The approved provider’s response also identifies a review of services initiated by the governing body that includes some consumer feedback and surveys.

I have considered gaps in the implementation of the SIRS and incident management systems in my assessment of Requirement 8(3)(d). I am satisfied the organisation’s governing body promotes a culture of safe, inclusive and quality care and services, and is generally accountable for their delivery.

The organisation has a clinical governance framework which includes policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. However, the Assessment Team found some of these policies had not been reviewed or updated to ensure they are reflective of best practice. Education records do not demonstrate the organisation ensures all relevant staff are provided with education and training in relation to antimicrobial stewardship, open disclosure or minimising the use of restrictive practices, and staff did not demonstrate a sound understanding of these areas.

The approved provider’s response demonstrates some of the policies identified in the Site Audit report had been reviewed and updated prior to, or following, the Site Audit. While the service did not demonstrate education had been provided, or was effective, in relation to antimicrobial stewardship, open disclosure or minimising the use of restrictive practices, I have considered this in my assessment of Requirement 7(3)(d). I am satisfied a clinical governance framework which includes policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure is implemented at the service.

I find the following Requirements are compliant:

Requirement 8(3)(b)

Requirement 8(3)(e)

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)