Performance

Report

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| Name of service: | Anglican Care Kilpatrick Court |
| Service address: | 152-156 Brighton Avenue TORONTO NSW 2283 |
| Commission ID: | 1026 |
| Approved provider: | Anglican Care |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 17 March 2023 |
| Performance report date: | 19 May 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 Kilpatrick Court (**the service**) has been prepared by M.Wyborn, 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 17 April 2023

# 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 | **Non-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.

***Standard 2***

* *Ensure consumer care planning documentation records consumers' current needs, goals and preferences and addresses consumers' individual needs or preferences.*
* *Establish a system to ensure a routine consultation occurs or that appropriate records are maintained in response to consumer assessment and planning outcomes.*
* *Provide education to staff to ensure that reportable risk incidents are consistently recorded, managed and evaluated with a focus on minimisation and strategy to prevent reoccurrence.*

***Standard 3***

* *Ensure the service has an effective system for recording, monitoring and reviewing consumer care plans.*
* *Ensure the service’s information systems are better integrated.*
* *Provide education and training to staff to understand when to appropriately refer a consumer to another individual, other organisation and provider of other care and services.*

***Standard 4***

* *Ensure the service routinely reviews consumer and representative feedback in relation the variety and suitability of meals.*

***Standard 5***

* *Ensure the service provides appropriate supports for consumers to allow for easier wayfinding throughout the service environment.*

***Standard 7***

* *Ensure the service is adopting effective workforce planning strategies, including strategies to minimise the impact of agency staff on consumers’ care and services.*
* *Provide education and training to staff on the risks relating to pressure injuries, falls, restraint and behaviour management.*
* *Provide education and training to staff on the aged care quality standards, serious incident response scheme, consumer restricted practices and open disclosure.*
* *Ensure the service is providing regular performance appraisals for all staff.*

***Standard 8***

* *Ensure the organisation’s suite of policies and procedures are reviewed.*
* *Provide ongoing education and training to staff on the suite of organisational policies.*
* *Ensure the organisational governance systems related to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints are effective.*
* *Ensure the service maintains an integrated continuous improvement planning system.*
* *Ensure the service maintains effective risk and incident management systems to detect, address and prevent consumer risks and abuse and neglect of consumers.*
* *Ensure the service maintains an effective system to manage standard and transmission-based precautions to prevent and control infections.*
* *Ensure the service maintains an effective clinical governance framework around antimicrobial stewardship, consumer restraint and open disclosure.*

# 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 service demonstrated provision of person-centred care for consumers and the Assessment Team’s review of consumer documentation exhibited consumer choice is respected and valued. Staff demonstrated an appropriate awareness of the needs and preferences of consumers. Care planning documentation reflected consumers’ cultural needs, interests and preferences, and the Assessment Team observed a monthly lifestyle activities calendar, which included religious, spiritual and cultural events and international celebrations for consumers to attend and celebrate.

Management utilise surveys and feedback from consumers and representatives to update information regarding changes to consumer needs for care and services, and the service has an appropriate Diversity and Inclusion Policy to guide staff on provision of culturally safe care.

In their Assessment Report, the Assessment Team reported matters relating to the service not providing valuable opportunities for consumers to make and sustain personal connections with other consumers within the service, as well as the service’s management of risk assessment reviews and the service’s focus on consumer privacy. The Assessment Team reported mismanagement of consumer printed documents and lack of consumer privacy when staff deliver care to consumers whilst a consumer’s door is open.

In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced appropriate actions taken by the service that is focused on consumer dignity and choice. The Approved Provider supplied a copy of their Choice and Decision Making Policy, a copy of the document used to conduct consumer care reviews and a copy of their Computer Systems Policy. In addition, the Approved Provider supplied relevant information to substantiate appropriate action in response to each consumer mentioned in the Assessment Team Report and after considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service treats consumers with dignity and respect, supports consumer choice and independence, enables consumers to engage in risk to live their best life possible and respects consumer privacy and confidentiality. With these considerations, I find the service compliant in Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f).

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as 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. | 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. | Non-compliant |

Findings

In their Assessment Report, the Assessment Team reported matters relating to the service not providing evidence of comprehensive assessment and care planning that considers risk to consumer health and wellbeing and they reported that consumer care plans and assessments were not regularly updated or reviewed when due and/or when a consumers’ needs change. The Assessment Team also reported gaps in documentation in the electronic care planning system, where consumers' needs and preferences were not identified or addressed in accordance with their current health conditions or that assessment and planning processes are routinely undertaken in partnership with consumers or representatives.

In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and established that the service undertakes appropriate actions that are focused on ensuring relevant and ongoing consumer assessment and planning. The Approved Provider supplied the service’s Wound Management Procedure, their Clinical Governance Policy, their Admissions Checklist, consumer introduction letter and they evidenced information within each Consumer Care Plan Compendium Folder that highlights availability of a copy of a consumer care plan upon request. Further, the Approved Provider supplied evidence to support consumer wound charting and referral to relevant allied health specialist as necessary. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service conducts effective assessment and planning that informs the delivery of safe and effective care and services, identifies and addresses each consumers’ current needs, goals and preferences, includes other organisations and individuals, and are made readily available upon request. With these considerations, I find the service compliant in Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d).

The service was unable to demonstrate however that a routine review of consumer assessment and care planning is conducted to ensure effectiveness. The Assessment Team reported that consumers and representatives provided positive feedback and explained that they are informed when there is a change, however consumer care and service documentation did not corroborate a routine approach. The Assessment Team’s review of the incident register demonstrated that the service has reported increased behavioural incidents in the last three months and some severe impacts were correctly reported under the serious incident review scheme (SIRS). However, service management team were unable to provide accurate recent data and advised the Assessment Team that recent incidents were yet to be investigated. The Assessment Team’s review of consumer falls and behaviour incidents demonstrated a lack of investigation to determine the nature and contributing factors leading to the incident(s). After considering the Approved Provider’s response to the Assessment Team Report, I find the Assessment Team’s response to be more compelling in regard to compliance for Requirement 2(3)(e).

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-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. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service demonstrated effective processes for recognising and addressing consumers' needs, goals and preferences nearing the end of life. Consumer care and service documentation ensures comfort and dignity is preserved when a consumer receives end-of-life care and consumer wishes and directives are incorporated into their care and service records. Representatives advised they are consulted regarding their relative's end-of-life wishes and staff appropriately described strategies and care they apply for consumers receiving end-of-life care.

In their Assessment Report, the Assessment Team reported matters relating to the service’s provision of best practice personal and clinical care, and management of high impact or high prevalence risks, including diabetes and consumer falls management. The Assessment Team also reported gaps in documentation about each consumer’s condition, needs and preferences and a lack of timely referral to providers of other care and services as necessary. Further, they reported that the service does not have a dedicated Infection Prevention and Control (IPC) Lead.

In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and supplied the service’s Wound Management Procedure, Falls Prevention and Management Procedure and information to demonstrate routine and appropriate management of consumer care and services. The Approved Provider advised that the service has implemented an additional shift to focus on consumer wellbeing during peak times of confusion and behaviour expression for consumers living in the memory support unit, and the Approved Provider supplied evidence to demonstrate that staff regularly utilise strategies and personalised details captured in consumer care plans to tailor interventions which are meaningful for each consumer. The Approved Provider supplied evidence supporting their approach to localising onsite precautions to prevent and control infections, including posters and reference to NSW Health guidelines. I have considered the service’s lack of an IPC Lead in Requirement 8(3)(c).

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service tailors consumer personal and clinical care and documents and communicates high impact or high prevalence risks effectively and provides appropriate referrals when necessary. With these considerations, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(e), 3(3)(f) and 3(3)(g).

The service was unable to demonstrate however that deterioration or change of consumers' mental health, cognitive or physical function, capacity or condition is recognised and responded to promptly on a routine basis. After reviewing consumer behaviour charts, the Assessment Team reported a delay in recognising the decline in a consumer's mental health and providing appropriate non-pharmacological management strategies and support to the consumer in managing the changing behaviour of concern. After considering the Approved Provider’s response to the Assessment Team Report, I find the Assessment Team’s response to be more compelling in regard to compliance for Requirements 3(3)(d).

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives advised that the service promotes their emotional, spiritual and psychological well-being. Staff demonstrated their knowledge of consumers who have external support to meet their psychological or emotional well-being. The Assessment Team’s review of care and service plans demonstrated individual consumer needs, goals and preferences for their emotional, spiritual and psychological wellbeing are effectively documented. Some consumers participate in a program to support their psychological needs called “Be Friends”, the service engages volunteers with pets to visit consumers regularly under the pet therapy program for emotional support, and the service’s lifestyle program engages spiritual support as part of their regular lifestyle program to include various religious denominations.

The service demonstrated that information about individual consumer’s condition, needs, and preferences in relation to support for daily living are communicated effectively within the organisation and with others where responsibility for care is shared. Consumer assessment and care planning documentation reflects each consumers’ current condition, and potential risks in the delivery of care and services.

The service demonstrated timely and appropriate referrals to other organisations, individuals and providers of other care and services. Consumer care planning documentation provided evidence that the service collaborates with external providers to support the diverse needs of consumers, and consumers and representatives advised that when the service is unable to provide targeted support, they are confident they would be offered a referral to an external provider.

Consumers advised that they felt safe when using the service’s equipment and advised it was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair, explained that they knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities of daily living were observed to be safe, suitable, clean, and well-maintained.

In their Assessment Report, the Assessment Team reported matters relating to each consumer not receiving safe and effective services for daily living that encourages consumers to have social and personal relationships, and supports consumers to do the things of interest to them. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and supplied the service’s monthly activities calendar. The Approved Provider evidenced individual consumer activities charts, and highlighted the choice provided to each consumer in relation to participation in targeted activities. Further, the Approved Provider demonstrated how staff utilise a range of non-pharmacological and pharmacological interventions to support consumer interactions and also explained how the service has implemented quiet times in the afternoon based on evidenced based practice for Dementia care. The service is reviewing the outcomes of medication required and consumer behaviours during these quiet time periods. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service is optimising consumer independence, health, well-being and quality of life and providing services and supports for daily living that are of interest to consumers. With these considerations, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g).

The service was unable to demonstrate however that consumer meals are varied and of suitable quality and quantity. The Assessment Team reported that some consumers and representatives were dissatisfied with the meals and the efforts made by the service to resolve their issues about meal services. Staff demonstrated good knowledge of the nutritional and hydrational needs of consumers, however the Assessment Team observed the meal service throughout the Site Audit and noted many of the meals from consumers in their rooms were brought back untouched or barely touched. In their response to the Assessment Team Report, the Approved Provider advised that the service’s feedback trends demonstrate that some consumers remain dissatisfied with the quality of the meals at the service and explained that the service has engaged a dietician to work on food fortification procedures and will commence a food focus group with consumers where the hospitality team leader will be in attendance. After considering the Approved Provider’s response to the Assessment Team Report, I find the Assessment Team’s response to be more compelling in regard to compliance for Requirement 4(3)(f).

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-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. | Non-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 Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers advised that they were satisfied with the furniture, fittings, and equipment and the service demonstrated effective systems in place for the cleaning and regular maintenance.

In their Assessment Report, the Assessment Team reported matters relating to environmental risks to consumers accessing some outdoor areas that are not inviting, clean or well maintained, including pest control, debris and visible cobwebs. The Assessment Team reported that most consumers advised that they were happy with the cleaning and were able to move freely internally and externally throughout the facility. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and supplied evidence to support the service’s approach to a systematic routine maintenance program and auditing process. This evidence supports an immediate and proportionate response to the concerns raised by the Assessment Team, and after considering the information available and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service is safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors. With these considerations, I find the service compliant in Requirement 5(3)(b) and 5(3)(c).

The service was unable to demonstrate it has considered dementia design wayfinding to ensure consumers with reduced cognition can engage with the environment. New and agency staff were not fluent in wayfinding across the service and some consumers advised the Assessment Team that they did not connect with their environment. Consumers and representatives advised that they have difficulty navigating the service environment and wayfinding is particularly difficult for consumers in the memory support unit. In their response to the Assessment Team Report, the Approved Provider highlighted their action to review the environment relating to appropriate signage within the memory support unit to better support new staff, agency staff and consumers at the service. After considering the information available and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to compliance for Requirement 5(3)(a).

The Quality Standard is assessed as non-compliant as one of the three specific requirements have been assessed as non-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 demonstrated effective consumer exposure and access to advocate services, language services and other methods for raising and resolving complaints. The service displays posters about lodging feedback or complaint at the entrance to the facility, the entrance to every individual level and at each nurses station. These posters advise consumers, staff and families how they can make a complaint both internally and externally. The Assessment Team observed brochures within the service that relate to advocacy services such as the seniors’ rights service and the older peoples’ advocacy network (OPAN).

In their Assessment Report, the Assessment Team reported matters relating to consumers and representatives not being encouraged to provide feedback, that appropriate action is not taken in response to complaints and that an open disclosure process is not routinely applied. Further, the Assessment Team reported matters related to complaint data not being used to improve the quality of care and services for consumers. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and supplied the service’s Complaints Policy, Open Disclosure Policy, relevant posters that inform consumers and representatives on how to lodge feedback or complaints both internally and externally. Further, the Approved Provider supplied evidence of related brochures in other languages, and the Approved Provider supplied examples of feedback and complaints received from consumers and representatives that were used to inform improvements for consumers at the service.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service is encouraging feedback and complaints, applying proportionate action and open disclosure processes and utilising feedback data to support improvements for consumers. With these considerations, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

In their Assessment Report, the Assessment Team reported matters relating to effective workforce interactions, workforce competencies including staff qualifications and knowledge, and deficiencies in the services’ workforce recruitment, training and ability to deliver outcomes for consumers that meet the Quality Standards. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and supplied evidence to support their approach to ensure ongoing education and training is made available to staff, including mandatory training. The Assessment Team reported that consumers and representatives advised that staff are kind, caring and respectful of them, however reported that some consumers and representatives advised that staff shortages impact on their care and services.

The Approved Provider supplied evidence to support their ongoing recruitment efforts and explained that the past three months the service has successfully managed to cover the majority of registered nursing shifts, care staffing shifts and team leading shifts. In addition, the Approved Provider supplied a copy of the service’s new employee onboarding program which evidenced staff competencies, knowledge and training are supported and reviewed.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that workforce interactions are routinely kind and respectful, the workforce is competent with relevant qualifications, training and support to deliver outcomes that meet the Quality Standards. With these considerations, I find the service compliant in Requirements 7(3)(b), 7(3)(c), and 7(3)(d).

The service was unable to demonstrate however that the workforce is routinely planned and deployed to enable delivery and management of safe and quality care and services. Further, the service was unable to demonstrate that regular assessment, monitoring and review of staff performance is undertaken. The Assessment Team reported that the service does review workforce planning, however, staffing records indicate that there are continual staff changes and shortages, and shifts are not always filled. In addition, the service engages a significant number of agency staff, and several consumers and representatives provided information that staff shortages impacts on consumer care and services. Staff advised the Assessment Team that they are asked to do additional shifts and that staffing workloads are impacting on them progressing consumer care plan reviews. The Assessment Team reported that consumer call bells are not routinely evaluated for trending at the service. Further, management advised the Assessment Team that the service does not have any policies or procedures to evaluate and trend call bell data. The Assessment Team reported observations that reception staff are not replaced during their meal break, and there is no one available to supervise visitor sign-in or RAT testing during this time.

In respect to regular assessment, monitoring and review of staff performance, the Assessment Team reported that management advised that most staff have not had a staff appraisal in the last 12 months, and management were unable to provide documentation with regard to consultations with staff or performance management plans to indicate procedural fairness is occurring. In their response to the Assessment Team Report, the Approved Provider advised that the organisation is considering innovative ways to attract new staff members, including a trail of a support worker program involving staff hired on a values basis into a support role, and the service is continuing recruitment for care staff and registered nurses. Further, the Approved Provider advised that the service would have all employee’s performance reviewed annually.

After considering the information available and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to compliance for Requirements 7(3)(a) and 7(3)(e).

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

Findings

In their Assessment Report, the Assessment Team reported that the organisation’s governing body is not provided with sufficient information and in a format for them to be effectively involved in, or be accountable for the planning, delivery and evaluation of consumer care and services. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and explained that the organisation has created a subcommittee of the Care Governance Board which includes key staff to oversee critical reform aspects and provide focus solely for this service. The Approved Provider supplied their Care Governance Committee Business Paper to demonstrate their focus on macro analysis and robust systems used to focus on consumer risk. After considering the Approved Provider’s response to the Assessment Team Report, I find the Approved Provider’s findings to be more compelling in regard to compliance for Requirement 8(3)(b).

The service was unable to demonstrate however that consumers are effectively engaged in the development, delivery and evaluation of care and services, or that the organisation deploys effective governance systems relating to information management, continuous improvement or feedback and complaints. Further, the service was unable to demonstrate effective risk management systems and practices or an up to date clinical governance framework.

The Assessment Team reported that the organisation was unable to demonstrate that it actively engages and supports consumers in the development, delivery and evaluation of care and services and consumers are not encouraged to participate in their day-to-day care and do not have a broader representation in the planning of their care and services. Further, service management were unable to demonstrate an effective understanding of consumer engagement in respect to organisational governance.

The Assessment Team Reported that several of the organisation’s policies and procedures were out of date or did not have procedures to guide staff in their roles. These included serious incident response scheme (SIRS) procedures, skin integrity policy, infection prevention and control procedures and feedback mechanisms. Senior management advised the Assessment Team that policies and procedures were being developed and that the clinical unit were developing policies and procedures however this has been delayed due to competing priorities as staff redeployment was required. The Assessment Team also reported that the continuous improvement plan did not include information with regard to actions planned, timelines for improvement or any evaluation of actions for their effectiveness. Further, the Assessment Team reported that the organisation’s governance systems in relation to workforce management are not effective, highlighting issues in relation to the sufficiency of staff, staff competency and knowledge, the effectiveness of staff training and support and monitoring and review of staff performance.

The organisation demonstrated systems for receiving information about regulatory obligations from a range of sources, such as the peak body and the Aged Care Quality and Safety Commission’s bulletins and subscribes to the Department of Health and Aged Care online. However, policies and procedures to guide staff in their compliance with regulatory matters have not been kept up to date. This is substantiated in that the organisation does not have an effective incident management system to mitigate significant incidents at the service, and deficiencies in the effectiveness of interventions is not effectively documented and evaluated. Further, there is no Infection Prevention and Control (IPC) Lead dedicated to the service.

In respect to the requirement to demonstrate effective risk management systems and practices, the Assessment Team reported that the organisation has an overarching Risk Management Policy for the whole of organisation, however it does not have a specific risk management plan to identify specific service risks. Service management provided an interim Risk Management Framework however they advised is under review. The service was unable to demonstrate a register of consumers with identified with high impact or high prevalence risks associated with the care, and the Assessment Team observed deficits in managing high-impact or high-prevalence risks associated with consumer care, including diabetes management and falls management, wound management, medication management, and pain management.

While the organisation has policies in relation to antimicrobial stewardship and open disclosure, and the use of restraint, the Assessment Team reported that the policies are not tailor for the service and do not provide effective guidance to the workforce in support of implementing the policies to ensure best practice care and services for consumers.

After considering the information in the Assessment Team Report and the Approved Provider’s response to the Assessment Team Report, I find the Assessment Team’s findings to be more compelling in regard to compliance for Requirements 8(3)(a), 8(3)(c), 8(3)(d) and 8(3)(e).

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

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