Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Anglican Care McIntosh Court |
| Service address: | 87 Toronto Road BOORAGUL NSW 2284 |
| Commission ID: | 0239 |
| Approved provider: | Anglican Care |
| Activity type: | Site Audit |
| Activity date: | 7 September 2022 to 9 September 2022 |
| Performance report date: | 7 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Anglican Care McIntosh Court (**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 6 October 2022.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **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.

* Requirement 1(3)(f) – The service has effective processes to identify and action issues in consumer’s privacy and dignity being maintained.
* Requirement 2(3)(e) – Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care, and strategies to manage consumer behaviours requiring support are reviewed for effectiveness following incidents.
* Requirement 3(3)(a) – Care provided to consumers is best practice, tailored to the consumer’s needs and optimises their health and well-being. Processes to identify and action risks to the health and well-being of consumers are effective.
* Requirement 3(3)(b) – The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. Interventions to minimise high impact and high prevalence risks, including behaviours requiring support, are reviewed for effectiveness.
* Requirement 4(3)(a) – The services and supports for daily living provided at the service meet each consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.
* Requirement 4(3)(b) – Consumers who may require services and supports to promote their emotional, spiritual and psychological well-being are identified, and support offered in response.
* Requirement 5(3)(a) – The service environment is easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. Dementia enabling environmental principles are implemented to reduce the confusion and wandering of consumers living with dementia.
* Requirement 5(3)(b) – The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors. The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* Requirement 7(3)(a) – The workforce deployed enables the delivery and management of safe and quality care and services. The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* Requirement 8(3)(d) – Risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system. Incidents reportable under the serious incident response scheme are identified and reported appropriately in a timely manner.
* Requirement 8(3)(e) – The clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care that optimises consumer’s health and well-being.
* The approved provider must demonstrate the service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

This Quality Standard is Non-compliant as one of the six Requirements have been assessed as Non-compliant.

Consumers and representatives interviewed by the Assessment Team confirmed consumer’s personal privacy is respected and were confident their personal information is kept confidential. Care and nursing staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumer’s privacy. However, during the Site Audit the Assessment Team observed visiting health professionals providing care and services to consumers in common areas which did not maintain consumer’s privacy.

The Site Audit report and the approved provider’s response identifies that during, and following, the Site Audit the service has put steps in place to ensure that any treatments conducted by external health providers occur in a location which respects the privacy of consumers receiving those treatments.

The service did not demonstrate processes were effective to identify and action issues in consumer’s privacy and dignity being maintained.

I find the following Requirement is Non-compliant:

* Requirement 1(3)(f)

Consumers and representatives interviewed by the Assessment Team said that they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed throughout the Site Audit interacting with consumers respectfully. The service provides culturally safe care and services. Information about consumer’s life history including their cultural and spiritual needs is captured in care planning documentation to inform staff when providing care and services.

The service demonstrated that each consumer is supported to exercise choice and independence. The service provides information to consumers in a range of ways, and information is generally clear, easy to understand and enables consumers to exercise choice. Consumers and representatives interviewed confirmed consumers are consulted and are able to make decisions about whenothers should be involved in their care. However, it was not demonstrated that consultation had occurred for one group of consumers regarding their dinner meal service.

Consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who undertake activities of risk. Where appropriate, measures to mitigate the associated risks are implemented.

I find the following Requirements are Compliant:

* Requirement 1(3)(a)
* Requirement 1(3)(b)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(e)

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Non-compliant as one of the five Requirements have been assessed as Non-compliant.

The Assessment Team found the service has procedures to review care plans on a regular basis. However, for consumers with behaviours requiring support documentation did not reflect review for effectiveness when incidents impacted on the well-being and safety of consumers. For one consumer, despite interventions to manage the behaviours recorded as ineffective, the consumer’s behaviour was not reassessed or reviewed to identify more effective interventions. The service did not demonstrate incident forms are routinely completed when incidents occur to identify whether review to consumer care and services are required. Additionally, the monthly clinical indicators and the data collection for quality improvements is not an accurate reflection of the consumer incidents occurring at the service.

The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to ensure that when incidents occur the care and services provided to those consumers are changed or reviewed to ensure the interventions meet their individual needs. This includes interventions to assist in the review and management of consumer behaviours requiring support, and support interventions that may be required for consumers impacted by these behaviours.

The service did not demonstrate that care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I find the following Requirement is Non-compliant:

* Requirement 2(3)(e)

The Assessment Team found that overall, the service has processes in place for assessment and care planning that informs the delivery of safe and effective care and services. A review of sampled care planning documents reflects assessment and planning that includes risk assessments to manage risks associated with falls, maintenance of skin integrity, pressure injuries, complex care and background medical history. However, the Assessment Team identified gaps in the consideration of risk regarding behaviours requiring support.

Consumer care documents reviewed by the Assessment Team reflected that assessment and care planning identifies the consumer’s needs and goals, and reflects their personal preferences including planning for end of life care.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to involve including other organisations and providers of care. Care planning documentation reviewed reflected assessments and care plans are discussed with consumers and their representatives, and a copy of the care plan is available and can be requested at any time. Consumers and representatives interviewed indicated satisfaction with the planned care and services, including addressing what is important to consumers.

I find the following Requirements are Compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)

# Standard 3

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

Findings

This Quality Standard is Non-compliant as two of the seven Requirements have been assessed as Non-compliant.

The Assessment Team found that consumers were not receiving best practice care that is tailored to their needs and optimising their health and well-being, and high impact or high prevalence risks associated with consumers were not effectively managed. Staff practices for managing a consumer with wandering, intrusive and sexually inappropriate behaviours included locking consumer’s doors from the outside when they are in their rooms to prevent the consumer with inappropriate behaviours entering other consumer’s room. I note that consumers who were able could open their door from inside to leave their room. Consumers behaviour support plans were not individualised and effective in identifying behaviours and ensuring effective interventions are in place to manage and support these behaviours and associated risks.

In their response, the approved provider acknowledges the gaps in the care provided to consumers and the management of high impact and high prevalence risks. The service has identified interventions to effectively manage the behaviour of the consumer identified in the Site Audit report, and to implement processes and practices across the service and organisation. The approved provider’s response identifies that staff training on dementia and behaviour management processes and reporting will occur, and the provider has appointed an advisor working within a risk management framework to ensure high impact and high prevalence risks are managed.

In relation to maintenance of skin integrity, wound management, and overall restrictive practices, the Assessment Team found that the service has effective processes in place to ensure safe and effective care.

The service did not demonstrate that all consumers received best practice care that is tailored to their needs and optimises their health and well-being. The service did not demonstrate that high impact or high prevalence risks associated with all consumer’s care were effectively managed to mitigate negative impacts to other consumers.

I find the following Requirements are Non-compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)

The service demonstrated the needs, goals and preferences of consumers nearing the end of their life are recognised and addressed, their comfort maximised, and their dignity preserved. Consumer files reviewed by the Assessment Team reflected discussion and documentation of end of life care and wishes. For a consumer who had recently passed away at the service, care documentation regarding end of life reflected that the service recognised and addressed their needs and goals towards the end of their life, including passing away peacefully at the service in dignity and comfort.

The Assessment Team found the service recognises when consumers experience a change in their condition, capacity or deterioration and implements strategies to respond to this in a timely manner, ensuring further health complications for the consumer can be avoided by intervening early.

For the consumers sampled, care documentation provides adequate information about the consumer’s condition, needs and preferences within and between organisations responsible for the consumer’s care. Overall, sampled consumers and their representatives reported staff know them and their care needs well and information about their care needs is shared. Review of consumer care planning documentation demonstrated timely referrals and involvement of medical officers and allied health providers including physiotherapy, dietitian, speech pathologist and other service providers. However, for one consumer referrals to behaviour specialists and a geriatrician were not completed in a timely manner in response to behaviours requiring support.

Overall, the service demonstrated minimisation of infection related risks and practices to promote appropriate antibiotic prescribing and use. Nursing staff interviewed demonstrated a general understanding of antimicrobial stewardship and the principles for outbreaks as well as standard precautions. While there is a surveillance system in place to record when infection incidents occur, there is no consistent review of pathology results to identify trends, cross infections and/or risks for consumers.

I find the following Requirements are Compliant:

* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Non-compliant as two of the seven Requirements have been assessed as Non-compliant.

Consumer and representative feedback received by the Assessment Team regarding services and supports for daily living was mixed. Some consumers indicated they attend activities regularly, while others advised they are bored, lonely, and have nothing to do. Consumers and representatives said activities are often cancelled as there is not enough staff to conduct them. Observations by the Assessment Team identified very few activities being conducted during the Site Audit and very little engagement at a social level by staff with consumers. Consumers were observed sitting in common areas with no activities, music, games or videos to engage with and promote quality of life to assist with enhancing their wellbeing. Consumers who were not provided with activities of interest were observed wandering into other consumer’s rooms and becoming agitated.

The approved provider’s response identifies that the service has engaged additional lifestyle management staff to gather individualised data for each consumer to assist in the development of person-centred care plans that staff can utilise to actively engage with each consumer.

The service did not demonstrate that the services and supports for daily living meet each consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

There was positive feedback from consumers and representatives regarding supports for consumer’s emotional, spiritual and psychological well-being. However, the service did not demonstrate emotional support was offered to consumers who indicated they do not feel safe in their home due to another consumer who displays behaviours requiring support. There was limited evidence of review of the consumers well-being following incidents.

The approved provider’s response identifies staff resources and training implemented to support staff to recognise and escalate behaviours requiring support, and to emotionally and psychologically support consumers who experience distress. Staff will also be supported to know who they can refer to when they feel a consumer requires additional support with their emotional and psychological wellbeing.

The service did not demonstrate that consumers who may require services and supports to promote their emotional, spiritual and psychological well-being are identified, and support offered in response.

I find the following Requirements are Non-compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)

Representatives interviewed by the Assessment Team were generally satisfied that their consumer is able to participate in their community within and outside the service environment, and maintain social and personal relationships that are important to them. While some consumers were not supported to do things of interest to them, this has been considered in my assessment of Requirement 4(3)(a).

Processes are in place to document and share information about consumer’s needs and preferences regarding daily living, both within the organisation and with others when required. The Assessment Team found this information is up to date and accurate, and staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers is offered.

Consumers interviewed expressed satisfaction with meals provided. Representatives and consumers advised there is a good variety of meals offered and a sufficient quantity served. Consumer care plans sampled reflected their dietary requirements.

Consumers, management and staff interviewed and observations by the Assessment Team indicated equipment to support consumer lifestyle is safe, suitable and clean.

I find the following Requirements are Compliant:

* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(f)
* Requirement 4(3)(g)

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Non-compliant as two of the three Requirements have been assessed as Non-compliant.

The Assessment Team found while service caters to consumers living with dementia, it does not reflect dementia enabling environmental principles. There was no visible wayfinding throughout the service. Hallways and consumer’s doors are all generally the same colour tones. There is a room number located on their door with a few consumer doors having the consumer’s names on them. There are very limited identifying pictures on the doors to assist consumers with independently finding their room. Care staff interviewed said consumers can have difficulties finding their rooms, so they often need to be redirected to them. There was no signage visible for the dining, lounge or outdoor areas. Representatives interviewed said they find their consumer’s wing to be generally clean and the staff very nice, however, indicated it was often difficult to find staff.

The organisation has a maintenance program for both preventative and reactive maintenance, however the Assessment Team’s observations identified that the service was not clean, well maintained and comfortable. The flooring throughout the service was dirty, marked/scratched in areas and has built up dirt along the edges. The carpet edging was frayed, and the carpet was not consistently clean in the common lounge and dining rooms. The external windows throughout the service were dirty and had cobwebs. While consumers had free access to indoor and outdoor areas, some consumers were observed needing assistance to open some doors to the courtyard as the doors were heavy to open.

Issues with the behaviour management of one consumer meant that the service environment was not always safe and comfortable, or optimised consumer’s sense of belonging, independence, interaction and function. Some consumers interviewed by the Assessment Team said they do not feel safe, and some have to lock the doors to their rooms because other consumers often wander into their rooms.

In their response, the approved provider identifies that a dementia-specific consultant has been engaged to ensure that the environment is reflective of dementia enabling principles. The approved provider identifies that issues pertaining to environmental safety were rectified during the Site Audit, and any other related actions have been scheduled and are due for completion as soon as practicable. The service’s enhanced internal auditing systems will monitor the service environment to identify and action further issues.

The service did not demonstrate that the service environment was easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. The service did not demonstrate effective processes to identify and actions risks to the safety, cleanliness and maintenance of the service environment.

I find the following Requirements are Non-compliant:

* Requirement 5(3)(a)
* Requirement 5(3)(b)

The Assessment Team found the service has processes in place to ensure furniture, fittings and equipment are safe, clean and maintained, including cleaning and maintenance schedules. Representatives interviewed said they felt consumer equipment was suitable for their needs, and the furniture, fittings and equipment observed by the Assessment Team was generally clean, maintained and used safely.

I find the following Requirement is Compliant:

* Requirement 5(3)(c)

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

The Assessment Team found the service encourages and supports consumers and representatives to provide feedback and complaints. Representatives interviewed by the Assessment Team advised they are encouraged and supported to provide feedback and make complaints on behalf of their consumers. Representatives interviewed knew how to access advocacy services and other methods for raising and resolving complaints. Staff were aware of how to access language services for consumers or representatives from a cultural and linguistically diverse background if required.

Representatives interviewed confirmed they were satisfied that management is responsive to any complaints or feedback they raised. The service demonstrated it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. Most staff interviewed were able to explain the complaints process which is in line with the open disclosure process the service uses to resolve complaints. The service has a continuous improvement process, and feedback and complaints provide a key area to identify areas for improvement.

I find the following Requirements are Compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Compliant |

Findings

This Quality Standard is Non-compliant as one of the five Requirements have been assessed as Non-compliant.

Representatives interviewed by the Assessment Team did not think there were enough staff at the service, however, did not identify negative outcomes for consumers as a result. Staff interviewed indicated for most shifts the service has an insufficient number of staff available to provide quality care, especially to effectively manage consumer behaviours. Some consumers were confined to their rooms as there was not sufficient staff to monitor a consumer with challenging behaviours. Staff indicated they do not record all the consumer’s behaviours requiring support as they do not have the time. Lifestyle staff backfill care shifts which means consumers do not have an ongoing lifestyle program in place to engage them in activities of interest. Review of the service roster allocation identified shifts are not consistently backfilled and the roster indicated approximately 60 shifts were unable to be filled in the month prior to the Site Audit. Some observations by the Assessment Team during the Site Audit indicated there was not sufficient staff to provide quality care and services.

The approved provider’s response identifies plans in place to mitigate the risks associated with insufficient staffing, including the engagement and training of new staff in ‘support’ roles to assist with the delivery of care and services. The service has commenced a recruitment process to engage new care, nursing and lifestyle staff.

The service did not demonstrate the number and mix of the members of the workforce deployed enables the delivery and management of safe and quality care and services.

I find the following Requirement is Non-compliant:

* Requirement 7(3)(a)

Consumers and representatives interviewed by the Assessment Team said staff are kind, caring, and gentle when providing care and feel staff treat consumers with dignity and respect and value their culture and diversity. The Assessment Team observed staff interacting with consumers generally in a respectful manner. However, observations of staff interacting with consumers who were wandering and intrusive was rushed and not evident of individualised interactions. This has been considered in my assessment of Requirement 7(3)(a), regarding the workforce not enabling the delivery of effective care.

The Assessment Team found the workforce is generally competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. There are systems to ensure all staff receive mandatory and ongoing training as required, including that the Quality Standards are promoted, and these outcomes are monitored. Consumers and representatives interviewed indicated staff are competent and know what they were doing.

The organisation has recently reviewed the performance assessment process to ensure outcomes benefit and enhance staff development and reflect the organisation’s core values. The new program had been rolled out at the service in recent months. When deficiencies in performance are identified, human resources and learning and development teams are engaged as needed and staff are provided with education or required to undertake other actions to improve their performance which will be monitored by management.

I find the following Requirements are Compliant:

* Requirement 7(3)(b)
* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)

# Standard 8

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

Findings

This Quality Standard is Non-compliant as two of the five Requirements have been assessed as Non-compliant.

The service was unable to demonstrate that risk management systems implemented to identify, assess, respond and monitor high impact and high prevalence risks at the service were effective. Risk management systems were not effective in identifying behaviours requiring support as a high impact risk. While staff had received training on the serious incident response scheme (SIRS), they did not escalate sexually inappropriate behaviours as an incident that may require reporting under the SIRS. The service did not demonstrate incident forms are routinely completed when incidents occur to investigate and mitigate the risk of further incidents.

The organisation has a care governance subcommittee that reports to the Board. The executive management indicated there have been significant reductions in consumer falls as a result of clinical review and governance. However, the organisation did not demonstrate its clinical governance framework consistently ensured effective clinical governance at the service level. While there are procedures implemented at the service to guide safe and effective clinical care, these have not been effective in ensuring management of consumer behaviours is effective and is best practice. This has had negative impacts on the health and well-being of other consumers.

The approved provider’s response outlines continuous improvement actions implemented since the Site Audit to improve the risk management and clinical governance at the service. This includes staff training, increased monitoring processes, and the appointment of an advisor to assist with the risk management framework.

I find the following Requirements are Non-compliant:

* Requirement 8(3)(d)
* Requirement 8(3)(e)

The organisation demonstrated that management and the Board are engaged with and support consumers to be involved in the development, delivery and evaluation of care and services. Consumers and representatives interviewed indicated that they felt the service is well run. The organisation has engaged a new service provider for benchmarking the service and organisation’s practice. As a result, consumers and representatives will have monthly input and engagement into their satisfaction with services provided. The organisation demonstrated their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The executive team and Board are accountable and oversee daily operations and regularly have face to face contact with service staff and consumers.

The service demonstrated it has effective organisational governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. While the Assessment Team identified gaps in the service effectively meeting their regulatory requirements in relation to reporting incidents under the SIRS, this has been assessed under Requirement 8(3)(d) in relation to risk management.

I find the following Requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)

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)