Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Anglican Care Mirrabooka Place |
| Service address: | 1 Clement Street GLOUCESTER NSW 2422 |
| Commission ID: | 1073 |
| Approved provider: | Anglican Care |
| Activity type: | Site Audit |
| Activity date: | 9 May 2023 to 11 May 2023 |
| Performance report date: | 12 July 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 Mirrabooka Place (**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 19 June 2023.

# Assessment summary

|  |  |
| --- | --- |
| 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.

**Standard 2**

* Ensure the service is documenting detailed consumer assessment information covering each consumers’ needs in accordance with best practice.
* Endure the service is routinely demonstrating ongoing partnership with consumers and other organisations and individuals involved in each consumers’ care and services.
* Ensure the service demonstrates that consumer assessment and planning consistently addresses the needs, goals and preferences of consumers. Assessment and planning provides effective guidance to staff on the management of consumer needs such as weight management, wounds, and the use of restrictive practices.
* Ensure the service demonstrates that consumer assessment and planning involves consumers, representatives, and others the consumer wishes to involve in their care.

**Standard 3**

* Ensure the service has an effective system for recording, monitoring and reviewing consumer assessment and care planning with a focus on high impact or high prevalence risks associated with the care of each consumer.
* Ensure the service is routinely reporting and investigating trends identified from the data gathered from quality safety risk meetings.
* Ensure the service is demonstrating that high impact and high prevalence risks associated with the care of consumers are effectively identified and managed, including medication management, consumer falls, and unplanned weight loss.

**Standard 4**

* Ensure that the meals provided at the service are varied and of suitable quality and variety.
* Ensure that consumers are provided with meals that meet their dietary requirements and that consumer feedback on the meal service is actioned appropriately to improve the service.

**Standard 7**

* Ensure the service can demonstrate that the workforce enables the delivery and management of safe and quality care and services to consumers, including providing effective personal and clinical care, leisure and lifestyle services.
* Ensure the service has effective processes to manage unfilled shifts without impacting on quality consumer care and services.

**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 service maintains an effective clinical governance framework around antimicrobial stewardship, consumer restraint and open disclosure.
* The organisation must demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* The organisation must demonstrate effective governance systems to ensure the service is effectively managed. This includes systems related to information management, continuous improvement, workforce governance, and regulatory compliance.
* The organisation must demonstrate an effective clinical governance framework or the service to ensure safe and quality clinical care for consumers. This includes updated policies and staff education on minimising the use of restrictive practices, antimicrobial stewardship, and open disclosure.
* The organisation must ensure monitoring and oversight of the clinical care delivered at the service, and demonstrate that information and data is used to collate well-informed decisions.

# 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. | Compliant |

Findings

The service demonstrated that consumers are treated with dignity and respect with their identity, culture and diversity is valued. The service is guided by the organisation’s policies and staff are educated and trained in the principles of dignity and respect. The Assessment Team’s review of consumer care planning documentation highlighted consumers’ preferred names and staff were aware of individual consumers’ preferences. Consumer dignity and respect principles is a mandatory training topic and staff were able to refer to recent education on this topic.

The service demonstrated that consumer care and services are culturally safe. The service provided a culturally and linguistically diverse report which contained information including consumer gender, country of birth, religion and language(s) spoken. The service also arranges theme days to celebrate key events.

Consumers advised that they are supported to exercise choice and independence including being able to involve or not involve others in their care depending on their wishes, communicate these decisions and make connections with others. Staff demonstrated how they support consumers to exercise choice at the service and management advised that consumer choice drives the decision-making process at the service and that key information is captured and discussed during each 3 month review process. With these considerations, I find the service compliant in Requirements 1(3)(a), 1(3)(b) and 1(3)(c).

The Assessment Team reported matters relating to the service supporting consumers to take risks and providing appropriate risk management strategies in response. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced their organisational Risk Management Framework. The service demonstrated effective management of consumer incidents that were noted 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 the service supporting consumers to take risk(s) to live their best lives. With these considerations, I find the service compliant in Requirement 1(3)(d).

Consumers advised they are provided with information that allows them to make choices, and management advised that the service communicates to consumers and their representatives through a range of mechanisms, including their 3 monthly care planning process, communicating through their electronic care management system, and speaking in person. Staff demonstrated how they provide consumers with relevant information on how to exercise their powers to make choices.

Consumers advised they felt their privacy is respected, and management explained that staff are provided with education and training on how to respect consumer privacy. The Assessment Team observed that consumer privacy is respected and personal information is kept confidential, highlighting that the electronic care management system is password protected, and all computers are located in designated staffing areas and require swipe card access. With these considerations, I find the service compliant in Requirements 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

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

Findings

The Assessment Team reported matters relating to the service’s ongoing assessment and planning with consumers, including consideration of risks to consumer’s health and wellbeing, and regular review of care and services when consumer circumstances change or needs, goals or preferences change. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced their policies and procedures to guide staff practice in relation to conducting assessments and developing consumer care plans. Further, the Approved Provider demonstrated that all consumer care plans were up to date and highlighted their system to ensure that consumer servery notifications are made available to the kitchen. 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 consumer assessment and planning and with these considerations, I find the service compliant in Requirements 2(3)(a) and 2(3)(e).

Although the service has processes in place to ensure assessment and planning addresses consumers’ individual preferences or current needs, and consumers and representatives advised the Assessment Team that they are satisfied with the assessment and planning conducted to address their current needs, goals, and preferences, including advance care planning and end-of-life planning, the Assessment Team observed that documentation was generic and that some consumer needs were not assessed and documented in accordance with best practice. In their response to the Assessment Team Report, the Approved Provider advised that they have untaken a project to rectify this issue by upgrading their electronic management system to standardise key operational processes such as consumer care planning, observation and the reporting processes. With these considerations, I find the service non-compliant in Requirement 2(3)(b).

The Assessment Team also reported that ongoing partnership with consumers and other organisations and individuals was not routinely demonstrated at the service. In their response to the Assessment Team Report, the Approved Provider advised that the service is in agreeance that while they were undertaking external partnership to best support consumers, there is not apposite evidence to support that the consumer and their representative were kept up to date. With these considerations, I find the service non-compliant in Requirement 2(3)(c).

The service demonstrated outcomes of assessment and planning are effectively communicated to each consumer and documented in their care and services plan. Further, the consumer care and services plan is readily available to each consumer and highlighted that discussions around care are occurring on a routine basis. Consumers and representatives advised that they are involved in case conferencing and have been provided with a copy of their care plan. With these considerations, I find the service compliant in Requirement 2(3)(d).

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

# 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. | 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. | 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. | Compliant |

Findings

The service demonstrated that consumer care and services for those receiving or had received end of life care was appropriate. Consumer comfort was maximised, and their dignity was preserved. Representatives provided positive feedback and staff knowledge around end-of-life care was sound. Staff appropriately described interventions to maintain comfort for consumers who are nearing the end stage of life including personal comfort care such as pressure area care, mouth care, pain management and bowel care. With these considerations, I find the service compliant in Requirement 3(3)(c).

The Assessment Team reported matters relating to the service providing safe and effective personal and clinical care; the service’s ability to recognise and respond to consumer deterioration or change in function; timely referrals to providers of other care and services; and the service’s ability to minimise infection related risks. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced their policies and procedures to guide staff practice in relation to wound management, pain management, minimising restrictive practices, diabetes management and their broad Clinical Governance Framework. Further, the Approved Provider demonstrated that consumers noted in the Assessment Team Report are effectively monitored and assessed, based on their wishes, and referred to other organisations and providers of other care and services as necessary. In their response, the Approved Provider explained that the organisation is reviewing options to introduce artificial intelligence technology to recognise and record consumer facial features to provide staff with a guided framework to observe and record pain related behaviours. Further, the Approved Provider highlighted their EziMed system to ensure that registered nursing staff are aware of restrictive practices and are up to date with consumer consent requirements. The Approved Provider was also able to demonstrate effective systems to ensure the service remains in line with the current visitation advice to residential aged care facilities and demonstrated appropriate precautions to prevent and control infection, as well as effective practices to promote appropriate antibiotic prescribing. 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 personal and clinical care and with these considerations, I find the service compliant in Requirements 3(3)(a), 3(3)(d), 3(3)(f) and 3(3)(g).

The Assessment Team reported matters relating to effective management of high impact or high prevalence risks, and the service’s ability to document and communicate within the organisation, and with others where responsibility for care is shared, information about each consumer’s condition, needs and preferences. The Assessment Team reported that consumer documentation showed high impact, high prevalence risks were not managed appropriately, and some consumers were negatively impacted. In addition, monitoring of high impact, high prevalence risks was not adequate across wound management, pain management and unplanned weight loss. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and noted that the service has areas to improve in relation to information exchange regarding consumer condition, needs and preferences. The Approved Provider highlighted the introduction of a standardised agenda for the service’s weekly clinical meetings that discusses high impact, high prevalence risks and prompts consideration for appropriate referral(s) when necessary. The Approved Provider also supplied evidence to support individual consumer observations and referrals occurs on occasion, however, after considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to personal and clinical care and with these considerations, I find the service non-compliant in Requirements 3(3)(b) and 3(3)(e).

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

# 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. | 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

The service demonstrated how they promote consumers’ emotional, spiritual, and psychological well-being, including arranging visits from spiritual community services including Catholic and Anglican services. Staff demonstrated an appropriate knowledge on how they provide emotional and psychological support to consumers on a routine basis. The service also demonstrated how they effectively support consumers to participate in community activities and maintain social and personal relationships. Consumers advised the Assessment Team that they are satisfied in their ability to participate in their community within and outside the organisation, and discussed regular social bus trips, community lunches and club outings, as well as regular bus trips for a range of medical appointments.

Consumers provided positive feedback on the service arranging timely and appropriate referrals to other providers outside of the organisation. Staff demonstrated their knowledge of referrals made to individuals, other organisations and providers of other care and services, including allied health referrals, volunteer programs and external lifestyle programs. In addition, consumers and representatives advised that equipment at the service is safe, suitable, clean, and well maintained. Management explained that the service focuses on purchase of high quality equipment only, and the bulk of the equipment was purchased recently with the opening of the service. The service ensures the equipment is routinely serviced, and cleaning staff demonstrated an effective cleaning program, supported by observation by the Assessment Team. With these considerations, I find the service compliant in Requirements 4(3)(b), 4(3)(c), 4(3)(e) and 4(3)(g).

The Assessment Team reported matters relating to the service providing safe and effective services and supports for daily living that meets and optimises each consumer’s preferences, independence and health. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced effective processes used at the service to ensure individual consumer lifestyle and wellbeing assessments are completed and reviewed. In addition, the service demonstrated an effective system for undertaking individual consumer lifestyle assessments, and the service’s holistic lifestyle program is reviewed with consumers and representatives during each monthly resident meeting. The service also conducts regular lifestyle and wellbeing surveys to gain consumer and representative feedback. In their Assessment Team Report, the Assessment Team reported matters related to the service’s processes in communicating consumer needs and preferences within the organisation and with others where responsibility for care is shared. In their response, the Approved Provider advised that the service’s clinical management system is projected for upgrade to better support consumers and ensure a singular source of truth regarding consumer care planning and assessment documentation. 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 services and supports for daily living, and with these considerations, I find the service compliant in Requirements 4(3)(a) and 4(3)(d).

The Assessment Team reported matters relating to meals provided at the service. Consumers advised the Assessment Team that the meals provided were not always of suitable quality and variety, and management confirmed that food complaints made a significant proportion of the feedback at the service. In their response to the Assessment Team Report, the Approved Provider explained that consumer food production is presently centralised in a cook chill food production method with onsite cooks undertaking the final food preparation only. The Approved Provider explained that after Board consideration into consumer feedback together with data on the cost of food production and delivery, the organisation is scoping options to re-establish on-site kitchens at each facility. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to services for daily living, and with these considerations, I find the service non-compliant in 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

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

Consumers provided positive feedback about the service environment, and the Assessment Team observed a positive sense of belonging, independence, interaction, and function. Management discussed how changes to the service environment are made to support consumers, including adding additional rails in consumer bathrooms to ensure safety and functionality. The service has predominantly single ensuite rooms with a few double rooms, as well as common areas including a multipurpose room, a physical therapy room, and a number of common areas with couches and books. The service has common kitchen areas that display fruit and a coffee machine.

The service supports consumers to move freely throughout the service environment apart from consumers in the dementia support unit who require a pin code or swipe card to access in and out of the wing. The Assessment Team observed unlocked doors to external communal areas being accessed by consumers and representatives. The dementia support unit has its own outdoor area that is accessible by the consumers residing there, and the Assessment Team observed consumers being supported by staff in wheelchairs and care chairs to access all areas. The Assessment Team reported that maintenance requests are effectively logged electronically and reviewed on a routine basis.

The Assessment Team’s observations highlighted that furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers at the service. Consumers did not raise any concerns regarding the suitability of the furniture, fittings, and equipment at the service. Staff demonstrated knowledge of their responsibility to ensure equipment met consumer’s needs, and maintenance staff demonstrated effective proactive and reactive maintenance programs that ensures equipment is well maintained and suitable for consumers.

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

# 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

Consumers and representatives advised they were aware of the process for providing feedback or making a complaint and they felt comfortable in doing so. Representatives were aware of external process for making complaints, including to the Aged Care Quality and Safety Commission. The service environment displayed complaints and feedback information and feedback forms and locked suggestion boxes were available for consumers or others in order to provide confidential feedback. Consumer resident meetings are held monthly and enable consumers to provide feedback. Consumer representatives advised that they feel comfortable talking to staff or management if they had any issues, and service staff demonstrated an effective knowledge of the complaints process. The service has also undertaken a representative and family survey recently with outcomes recorded in the organisation’s audit system.

Consumers and representatives have access to information regarding advocacy services such as Older Persons Advocacy Network (OPAN) brochures at reception. All consumers and representatives are able to communicate with staff and management in English, however staff effectively described how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. This includes supporting consumers to complete a feedback form or contacting the consumer’s representative for assistance.

The service demonstrated appropriate policies and procedures regarding open disclosure and routinely train staff in the open disclosure process. The Assessment Team’s review of the service’s feedback and complaints register demonstrates that consumer issues are appropriately documented and are resolved to the satisfaction of consumer or representatives in a timely manner. Further, the service’s incident management register highlights that an appropriate open disclosure process transpires including investigation, referral, and strategies to prevent reoccurrence and communication with consumer and representatives.

Consumers and representatives advised that improvements have been made at the service as a result of their complaints and feedback. The service’s plan for continuous improvement includes issues raised by consumers and identifies overall improvements to services as a result of organisation-wide improvements identified through feedback and complaints, audits, and surveys. The organisation’s audit program to record and manage feedback and complaints effectively supports the service to trend consumer feedback, complaints, and compliments to assist in identifying continuous improvement opportunities.

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

# 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

Consumers and representatives advised the Assessment Team that staff are kind, caring and respectful of them and the Assessment Team observed staff treating consumers with kindness, dignity, and respect. The service demonstrated an effective system to routinely assess, monitor and review the performance of each member of the workforce, and documentation confirmed that staff have completed their performance appraisals within the last 12 months. Management highlighted that staff performance is identified through a regular review of incidents with a focus on risks and trends, and that incidents are followed up with toolbox talks and regular discussions at staff meetings. The service has a Performance Management Policy to provide appropriate guidance to staff and management. With these considerations, I find the service compliant in Requirements 7(3)(b) and 7(3)(e).

The Assessment Team reported matters relating to workforce competency and workforce training. The Assessment Team reported that not all staff have the required skill and knowledge to effectively undertake their roles, and this includes the services of agency staff. Further the Assessment Team reported that staff are not effectively trained or supported by the organisation to deliver quality care and services to consumers, and that the service does not have a system to monitor training, including mandatory training, to ensure staff have sufficient training to perform their roles. In addition, consumers and representatives advised the Assessment Team of issues relating to the employ of agency staff and its impact on the ability of staff to perform their roles. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced their reporting guide which supports managers to be able to ensure their specific workforce have the qualifications and knowledge they require to effectively perform their roles, and supports performance discussions around training needs if necessary. The Approved Provider evidenced their individualised contracts with nursing agencies where it is a requirement for all employee’s contracted to maintain the competence, training, education and experience of employees necessary to carry out the services required. The service also highlighted their schedule for annual competencies, which demonstrated appropriate training coverage across mandatory service topics. 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 human resources and with these considerations, I find the service compliant in Requirements 7(3)(c) and 7(3)(d).

The Assessment Team reported matters relating to workforce planning including staff shortages, shifts not always filled, and the use of agency staff, who consumers advised do not always have the skill to perform their roles and often do not know the consumer. Consumers and representatives advised that staff are kind and caring but that there are not enough staff, and this is impacting on the care they receive. Staff advised that they are often very busy, especially when staff call in sick, where replacement is generally via an agency staff, or request that ongoing staff work extra shifts and extended shifts. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced their Workforce Governance Framework as well as their Workforce Strategy and Plan. The Approved Provider also highlighted their data analysis systems related to their workforce, however after considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to human resources and with these considerations, I find the service non-compliant in Requirement 7(3)(a).

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

# 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. | Non-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

The organisation demonstrated that it effectively engages and supports consumers in the development, delivery and evaluation of care and services. Consumers and representatives advised that they feel supported by the service to have a say in their care and services and feel the service is well run. Consumers are provided with opportunities to feedback suggestions and raise issues with management via monthly resident meetings, regular surveys, and via an effective feedback and complaints process. The Assessment Team reported that the organisation has adopted the partners in care program for visitors to the service. With these considerations, I find the service compliant in Requirement 8(3)(a).

The service was unable to demonstrate that the services currently being delivered by the organisation provide a culture of safe, inclusive, and quality care and services. While the governing body has systems to provide information about consumer care and services, this information is not sufficient for the governing body to be effectively involved in or be accountable for their delivery. The Assessment Team reported that management advised, and governance documentation highlighted, that the organisation is moving toward more robust systems for reporting to the governing body. This is done through strategies including the use of more comprehensive monthly. Moving on audit data, implementation of a quality assurance team to oversee quality and risk, and service and organisational audits. The General Manager acknowledged that the organisation is still working to enhance the reporting and response processes of relevant data to the Board. In their response to the Assessment Team Report, the Approved Provider highlighted their implementation of a Residential Aged Care Working Group and creation of a new Director of Clinical Care role. The Approved Provider explained that the Board has developing oversight on critical incidents and data, thus allowing for better macro analysis on areas such as high impact, risk and external reporting requirements. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to organisational governance at this time, and with these considerations, I find the service non-compliant in Requirement 8(3)(b).

The organisation was unable to demonstrate effective organisation wide governance systems relating information management, continuous improvement, workforce governance, and regulatory compliance. The Assessment Team reported issues related to fragmented consumer care documentation, unreviewed policies and procedures, including the clinical governance policy, antimicrobial stewardship, and risk management policy. Further, the Assessment Team reported some gaps in the organisation’s legislative requirements including routine risk assessments, incident reporting and consumer neurological observations. In their response to the Assessment Team Report, the Approved Provider highlighted enhancements underway to improve the service’s information and incident management systems and procedures. Further, the Approved Provider notified of significant policy and procedure updates scheduled until January 2024. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to organisational governance at this time, and with these considerations, I find the service non-compliant in Requirement 8(3)(c).

The organisation was unable to demonstrate effective risk management systems or effective practices relating to management of risk to the health, safety, and well-being of consumers. Assessment Team observations and documentation review highlighted that adequate or appropriate clinical care is not routinely provided by the service. The Assessment Team reported that the organisation is not managing and preventing incidents through the service’s incident management system nor routinely conducting comprehensive risk assessments or analysis to identify potential risk to consumers and risk mitigating strategies. In their response to the Assessment Team Report, the Approved Provider highlighted that after the recent adoption of a standard template document to conduct weekly clinical meetings on-site with the services senior clinicians and multidisciplinary group, the service has developed improved clinical meetings and escalation processes. The Approved Provider also highlighted effective systems the service uses to monitor, track, trend, analyse and benchmark clinical and WHS incidents, feedback, quality improvements, and plans and actions for improvement. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to organisational governance at this time, and with these considerations, I find the service non-compliant in Requirement 8(3)(d).

The organisation was unable to demonstrate an appropriate documented clinical governance framework. While the organisation has policies in relation to antimicrobial stewardship, the use of restraint and open disclosure, the Assessment Team reported that the policies are largely generic and lack effective procedures to guide the workforce in implementing the policies. In their response to the Assessment Team Report, the Approved Provider noted that the organisation has reviewed and adopted the Newcastle Anglican Clinical Governance Framework, which operationalises from the organisation’s National Model Clinical Governance Framework. Further, the Approved Provider advised that the service’s clinical procedures are regularly reviewed in line with the National Model Clinical Governance Framework. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service non-compliant in Requirement 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 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)