Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Anglican Care Storm Village |
| Commission ID: | 0230 |
| Address: | 109 Cowper Street, TAREE, New South Wales, 2430 |
| Activity type: | Site Audit |
| Activity date: | 11 June 2024 to 13 June 2024 |
| Performance report date: | 29 July 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 246 Anglican Care Storm Village |

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 Storm Village (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others;
* the previous performance report dated 20 December 2023;
* the provider’s response to the assessment team’s report received 14 July 2024; and
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 8(3)(e**): The organisation ensures the clinical governance framework includes policies, procedures, and staff training reflective of current legislation and best practice requirements, particularly in relation to restrictive practices.

# 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

Consumers described how staff treated them with dignity and respect and understood what was important to them. Staff outlined how they ensured they were respectful during care, including asking for consent, acknowledging choices, and taking time to understand the consumer through knowing background story and life history. The consumer handbook outlined consumer rights to be treated with dignity and respect whilst supporting identity, culture, and diversity.

Consumers said their cultural backgrounds were recognised and respected, and care was provided in line with traditions and preferences. Care planning documentation included cultural assessments to outline needs and preferences, including days of cultural significance. Staff described how they supported and celebrated consumer’s cultural diversity.

Staff explained how they supported consumers to make choices, including on engaging in relationships. Consumers reported their choices were encouraged and supported by staff, including determining who should be involved in making decisions and who they wanted to spend time with. Consumer choices were reflected within care planning documentation outlining how and when care was delivered, who was involved in their care, and supports to maintain relationships.

Consumers described how the service supported choices where there was associated risk, with staff explaining the potential risks. Staff demonstrated awareness of risks taken by consumers and how they could be supported through undertaking assessment and discussing potential of harm and how this could be minimised. Care planning documentation outlined activities with risk, potential for harm, and safeguarding mechanisms.

Staff explained how they kept consumers informed through written and verbal communication and were observed adapting their communication style to support consumer understanding. Consumers verified they received sufficient information and could ask staff if they didn’t understand anything. Menus and activities calendars were available on noticeboards and in the dining area.

Consumers and representatives reported consumer privacy was respected, describing measures taken by staff during interactions and care. Information was kept confidential by securing it electronically with staff provided individual login access. Staff explained how they respected consumer privacy and maintained confidentiality. However, observed actions of one staff member did not demonstrate consideration of consumer privacy, with management undertaking immediate action including commencing performance discussions and reminding all staff of expectations.

Based on the evidence above, I find Standard 1 Consumer dignity and choice 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff described the care planning process, undertaking clinical assessments to determine consumer risks and inform management strategies outlined in a care and services plan. Care planning documentation evidenced consideration of individual risks and mitigation strategies to guide staff in the delivery of care and services. However, assessment and planning processes had not been undertaken to determine if consumers were able to independently use security measures at the front door, with potential for some consumers to be environmentally restrained without authorisation. As this has arisen from governance processes, it is considered further within findings for Requirement 8(3)(e).

Care planning documentation outlined the current and end of life needs and preferences of consumers. Consumers and representatives described how staff had identified consumer needs, goals, and preferences, including for advance care directives. Staff described how they approached discussions on advance care and end of life planning upon consumer entry and within review processes.

Consumers and representatives described their input within assessment and planning processes, and aware of other healthcare providers involved. Care planning documentation reflected involvement of consumers, representatives, medical officers, allied health professionals, and specialist providers. Staff explained how they partnered with consumers and representatives in assessment and care planning, and incorporated feedback of other providers.

Consumers and representatives said they were offered a care plan, and whilst most said they received effective explanation of assessment and planning outcomes, 2 representatives described potential improvements in communication. However, staff were able to describe processes to explain the outcomes of assessment and planning with consumers and representatives. Care planning documentation included summaries of conversations with consumers and representatives.

Staff explained care and services were reviewed every 3 months or following incident and updated after changes in condition or needs. Care and services plans had been reviewed in line with the schedule. Consumers and representatives explained reviews were undertaken regularly and adjustments or new strategies integrated into care delivery to better meet consumer needs.

Based on the evidence above, I find Standard 2 Ongoing assessment and planning with consumers 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. | 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

The Service was found non-compliant in Standard 3 in relation to Requirement 3(3)(b) and 3(3)(g) following an Assessment Contact in November 2023. Evidence in the site audit report dated 11 June 2024 to 13 June 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements. However, the assessment team recommended Requirements 3(3)(a) and 3(3)(d) Not Met.

The assessment team reported the service effectively managed consumer pain, along with restrictive practices and wound care for other consumers. However, Requirement 3(3)(a) was recommended Not Met in relation to the service not recognising use of psychotropic medication for a consumer as chemical restraint, and inconsistencies in provision of wound care management. One representative said they were unhappy following an incident of a consumer leaving the service unsafely, believing the consumer should have been environmentally restrained instead.

The provider’s response has neither refuted nor accepted the findings but addressed circumstances of each consumer, outlining how the psychotropic medication for the named consumer had been prescribed for anxiety, and as it had not been required for 5 months, it was deprescribed during the Site Audit. To ensure all consumers had been assessed correctly for use of chemical restraint, separate audits were undertaken by the clinical pharmacist and quality and risk team, with no identified issues for other consumers.

Clarification of the details of the consumer exiting the service was provided, with confirmation they were not environmentally restrained, however, they did not leave the service grounds and were observed leaving and undertaking exercise in the yard. The provider contends the consumer did not attempt to leave the facility but was engaging in the external service grounds. However, the service continues to consult with the multiple family members nominated as legal representatives to ensure consumer needs and family expectations were understood to meet needs of the consumer.

Deficiencies in wound management were identified within audit practices in April 2024, which was 2 months prior to the Site Audit, and improvements were implemented including increased oversight by senior staff. The provider has explained the complicating co-morbidities and an illness with COVID-19 infection for one of the named consumers, with support for wound care provided through increased allied health visits and reviews by wound care specialists and the nurse practitioner. Following identification of deterioration, wound swabs were taken, and an infection was identified with antibiotic prescribed.

I acknowledge the provider’s response and explanations and am satisfied the service is compliant with this Requirement. The application of effective management strategies had resulted in the psychotropic medication being deprescribed. Furthermore, the assessment team identified 11 other consumers subject to chemical restraint with effective identification, consent, and behaviour support strategies. In relation to wound care, I remain unclear on whether the deficiencies related to provision of wound care or documentation practices. However, the Site Audit report focuses on dates in March 2024, with evidence in the Site Audit report reflective of overall improvement in documentation of adherence with wound care management and strategies since May 2024.

There is a lack of clarity and consistency in the information before me relating to the consumer exiting the service, particularly in relation to how the consumer accessed the door, and the time of day is not referenced. The representative’s feedback suggested this was managed using open disclosure process, however, it is unclear if this was deemed an incident or in response to dissatisfaction. I do not have any information on the care planning requirements for the consumer, nor staff comments on what actions would be taken if the named consumer approached the door on their own and these would be required to determine the risk to the consumer. My decision places weight on the actions from the service, including monitoring of the consumer, and the provider’s description of the consumer’s activities whilst outside and find the matter did not place the consumer at risk with use of monitoring strategies to ensure their safety and well-being was maintained.

For these reasons, I have determined Requirement 3(3)(a) is compliant.

Requirement 3(3)(d) was also recommended Not Met. Whilst consumers and representatives said the service was responsive to changes, and staff could explain how deterioration or change was recognised and responded to, one representative reported staff failed to recognise deterioration in a consumer and as a result, the consumer required admission to hospital.

The provider has stated they do not agree with the recommendation of Not Met, nor the comments that staff were unaware of the consumer’s deterioration, outlining actions taken in response to changing needs of the consumer. This included identification and management of a diagnosis of COVID-19, with symptoms and treatments impacting the stability of other underlying conditions managed with ongoing medical assessment, review, and escalation of concerns. The provider described monitoring undertaken and responses taken to identified concerns as events unfolded. On the day the consumer was transferred to hospital, they were reviewed by the Registered nurse in the morning without any findings of concern. When the representative raised concerns, the symptom was considered new and a further assessment was undertaken with need for medical review, which was coordinated through transfer to hospital.

I acknowledge the provider’s response. Based on the evidence before me, I am satisfied staff recognise and respond to change in consumer condition or deterioration with actions supported by policies and processes. Monitoring processes were used with effect to identify change or deterioration of consumer condition up until the time of transfer to hospital. Whilst the representative was first to identify and report change in body temperature on the date the consumer was transferred to hospital, it is my view this does not automatically mean there was an absence of monitoring by the service as this change can be sudden. The consumer’s overall health, including underlying medical conditions, had been impacted by a recent COVID-19 infection all of which had been identified, managed, and monitored for treatment effectiveness.

For these reasons, I have determined Requirement 3(3)(d) is compliant.

Staff demonstrated awareness of strategies for management of high impact or high prevalence risks for consumers and were observed implementing these during care. Management described the multidisciplinary approach to identifying and managing consumer risks, and monitoring of effectiveness of strategies and consumer safety.

Staff explained how they recognised and addressed the needs of consumers nearing end of life, including monitoring for comfort, managing symptoms, and offering emotional and spiritual support. A representative of a late consumer verified the staff supported the consumer’s wishes and ensured comfort and dignity. Policies and procedures informed provision of palliative care which respected consumer goals, maximised their quality of life, and maintained their comfort.

Staff, including visiting providers, explained how information about consumers was communicated through verbal handovers, meetings, message boards, and documentation within the care management system. Consumers said they do not need to repeat themselves to staff, as they were knowledgeable about their needs and preferences. Three representatives described variation in staff knowledge when seeking updates, however, the provider has addressed some of the circumstances within their response, and I consider it reasonable for knowledge to vary by staff roles and allocation of daily duties.

Consumers and representatives said the service ensured referrals were made promptly once a need was identified. Staff were knowledgeable about how referral processes varied by provider. Care planning documentation reflected timely referral and involvement of a range of providers to meet consumer needs.

Representatives said consumer infections were identified and managed effectively. Staff explained actions to ensure appropriate antibiotic use. Whilst a staff member undertakes required training to become an Infection prevention and control lead, there is support from organisational level. Screening processes were used on entry for all visitors, contractors, and staff, and personal protection equipment required whilst on premises.

Based on the evidence above, I find Standard 3 Personal care and clinical care 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff explained how they understand consumer needs, goals, and preferences within assessment and planning processes. Consumers advised how their independence was supported by tailoring services and supports to meet their needs and preferences.

Consumers said staff recognise and provide emotional support when they are feeling low. Staff explained how they recognised low mood in consumers and the range of supportive actions used to provide emotional support. Faith based services and pastoral care visits were available to support religious and spiritual needs of consumers.

Consumers described how they were supported to pursue activities of interest, within the service or greater community, and maintain relationships of importance. Staff outlined how consumer interests were used to develop activities schedules, and family and friends were encouraged to participate in various events. Friends and family were observed spending time with consumers, and the consumer handbook detailed how visitors were encouraged and welcomed.

Staff explained how information about consumers was shared within the service, for example, changes to dietary needs were updated within the electronic system and printed out for hospitality staff to keep on hand during meal and drink services. Consumers and representatives reported information about consumers was effectively communicated and known by staff.

Care planning documentation evidenced timely and appropriate referrals for consumers. Staff detailed how they coordinate referrals for external services, such as volunteers.

Consumers and representatives provided positive feedback on the quality, quantity, and variety of meals, with choices offered and additional options if still hungry. Staff explained how the seasonal menu was created at organisational level with Dietitian input, and amendments were made at service level in response to consumer feedback, captured through food focus groups and dining experience surveys.

Consumers said they had sufficient access to equipment, and staff ensured this was cleaned and maintained. Staff described how personal and lifestyle equipment was sourced and maintained, with regular cleaning undertaken.

Based on the evidence above, I find Standard 4 Services and supports for daily living 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 and representatives described the service environment as welcoming, easy to understand, and consumers had input into the design of the environment to foster a sense of belonging. Management explained design features to support independent navigation, and said consumers were encouraged to personalise their rooms with pictures and memorabilia.

Staff described cleaning and maintenance processes to care for the service environment. Consumers and representatives described the service as clean, well-maintained, and confirmed they could move freely through indoor and outdoor areas. The front door was secured after hours, with independent exit supported by pressing a button next to the door, however, consumers free access to return was impacted by consumers requiring staff to permit entry. Further consideration has been given to this under Standard 8.

Consumers confirmed the cleanliness and suitability of furniture, fittings, and equipment. Staff explained processes to clean equipment between consumers, and equipment was regularly serviced and maintained, with processes to report repairs.

Based on the evidence above, I find Standard 5 Organisation’s service environment 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 said they were familiar with feedback and complaint methods and felt comfortable to raise concerns. Staff explained how they would support consumers to provide feedback and notified senior staff so they could undertake necessary actions. Opportunities for consumers to provide feedback or complaints were explained within the consumer handbook, newsletters, meeting minutes, and feedback forms displayed throughout the service environment.

Consumers and representatives were aware of available supports for raising complaints, including advocates, language services, and external complaint avenues. Most staff were familiar with available services, or if unsure said they would approach management for guidance. Advocacy material was readily available and displayed on posters and pamphlets, and meeting minutes reflected attendance of an advocacy service to explain their role to consumers.

Staff demonstrated an understanding of the open disclosure process used when things go wrong. Consumers and representatives said the service resolves complaints promptly and effectively. Records of feedback and complaints outlined steps to resolve, reflective of the open disclosure process, with timely management and evaluation to ensure the matter was effectively resolved.

Management explained how feedback and complaints were reviewed to ensure effective management, offering examples of identified trends and responsive actions taken including working with consumers and developing improvement activities. The Continuous improvement plan included activities developed in response to feedback and complaints. Consumers described improvements made in response to feedback.

Based on the evidence above, I find Standard 6 Feedback and complaints 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Service was found non-compliant in Standard 7 in relation to Requirement 7(3)(a), 7(3)(d) and 7(3)(e) following an Assessment Contact in November 2023. Evidence in the site audit report dated 11 June 2024 to 13 June 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with these Requirements. However, the assessment team recommended Requirement 7(3)(d) Not Met.

Evidence brought forward in Requirement 7(3)(d) detailed how staff could describe mandatory and self-directed training opportunities to ensure delivery of outcomes outlined in the Quality Standards, and management monitored for training needs of staff and compliance with attendance. However, 3 representatives provided feedback that staff would benefit from communication training after experiencing inconsistencies in detail from staff when asking about the consumer’s condition. The representatives also expressed concern the mixed understandings may affect consumer care. The assessment team were concerned that wound care training was not mandatory, although management responded by explaining they had approached the Board to include wound care education within formal training programs and had run a wound integrity workshop in March 2024 for clinical staff.

The provider’s response has neither refuted nor accepted the findings but addressed circumstances of each consumer and issue raised within the Site Audit report, along with strategies already in place or developed in response to representative feedback. In relation to feedback from one of the representatives, the provider contends they believe clinical language may have been used which did not support understanding. Management have subsequently met with each representative and agreed communication processes have been established. The mandatory training has been updated to include wound care, with all staff required to attend competency workshops based on additional material.

I acknowledge the provider’s feedback. Whilst the feedback from 3 representatives reflects concerns with staff knowledge of consumer status, I do not consider the cited concerns necessarily reflective of poor training, as it is reasonable for staff knowledge to vary dependent upon clinical or carer roles, or if allocated to care for other consumers in the other wings. I am also satisfied with the provider’s responsive actions to build relationships and better communication with the named representatives to address the concerns. In relation to the mandatory training program, I consider it is up to the provider to determine the topics this should or should not cover, including wound care education. However, I find the service took appropriate response to an identified area for improvement for staff through providing wound training to clinical staff in March 2024 and increased oversight by senior staff. The previous non-compliance, outlined in the Performance Report dated 20 December 2023, related to staff not understanding policies and procedures, and the service identifying deficiencies in care without taking actions to provide training or education, and I find the evidence before me demonstrates effective improvements were undertaken.

For these reasons, I find Requirement 7(3)(d) is compliant.

Whilst consumers, representatives, and staff reported the service would benefit from additional clinical and care staff, there was overall acknowledgement that consumers need were met in a timely manner by the existing workforce. However, 2 representatives said they believed the service was short staffed, and an increased workforce would offer continuity of care from regular staff which would result in improvement management of complex health care needs. Management explained planning and rostering processes to ensure consumer needs were met and unplanned leave covered, with ongoing recruitment strategies to meet legislative requirements. Documentation demonstrated care minutes were achieved with Registered nurses rostered on all shifts, and rostering and allocation sheets demonstrated all shifts for the sampled period prior to the Site Audit had been filled. Management explained organisational support to cover the current vacancy in a senior clinical role. In coming to a decision on compliance for this Requirement, I have recognised the improvements and placed weight on consumer needs being effectively met, reflected further within findings of compliance within the other Quality Standards.

Consumers and representatives said staff were kind, caring, and gentle when providing care and services. Staff interactions with consumers were observed to be positive, caring, and respectful. Policies, procedures, and guidance within the staff handbook outlined the service’s organisational values and expectations of staff delivery of respectful person-centred care.

Management described how recruitment processes considered the qualifications, knowledge, and competency of the workforce. Staff outlined their responsibilities in line with documented position descriptions. Records validated currency of professional registration and security checks of staff.

Staff described the annual performance appraisal process which included discussions for development or improvement. Documentation shows how medication administration incidents were considered at organisation and individual performance level. An internal audit of completion of staff performance reviews identified performance reviews had not been occurring in line with the organisation’s policy, with continuous improvement actions developed. The overdue performance reports are an ongoing issue, despite the provider’s previous commitment to this being completed by 15 December 2023, with management advising this was impacted by change of management and COVID-19 outbreaks. I hold concerns that the provider has not addressed overdue performance reviews despite being found non-compliant previously, however, place weight on the assessment team reporting improvements in monitoring incidents, and management explaining the actions undertaken following identification of issues with staff performance, and findings of compliance within the other Quality Standards.

Based on the evidence above, I find Standard 7 Human resources 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. | 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. | 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. | Not Compliant |

Findings

The Service was found non-compliant in Standard 8 in relation to Requirement 8(3)(c), 8(3)(d) and 8(3)(e) following an Assessment Contact in November 2023. Evidence in the site audit report dated 11 June 2024 to 13 June 2024 supports that the Service has implemented improvements to address the non-compliance and is now compliant with Requirements 8(3)(c) and 8(3)(d), however, the assessment team recommended Requirement 8(3)(e) Not Met.

The assessment team considered clinical governance framework and practices had not supported effective assessment and planning processes to determine potential for environmental restraint through considering whether consumers could independently access the external service areas through security measures on the front door. Consumers also could not gain independent entry to the service between the hours of 6:00pm and 8:00am. Staff advised they would enable consumers wishing to leave unless subject to environmental restraint. Management stated they did not consider their security measures could represent potential environmental restraint as they were for safety, with organisational management advising the assessment team they would not be taking any further action.

The provider’s response also disagrees that the after-hours security measures could be viewed as an environmental restraint practice, as it was not for the primary purpose of influencing consumer behaviour. They further refer to a statement within Commission guidance material reflecting definitions align to those within the National Disability Insurance Scheme (NDIS) and include analysis of NDIS documentation on the securing of the front door. A copy of both documents is included within their response. The provider states staff communicate with people at the front door through their systems, and there was no evidence of consumers experiencing delay to re-enter the service.

I acknowledge the provider’s response. However, I find the response has not reflected understanding of the requirement for assessment and planning processes to identify who is or is not able to freely access the outside areas. This has potential to result in unauthorised environmental restraint. Further, by relying upon NDIS guidance, which has some variations to the aged care legislation and guidance, the organisation has limited their understanding of the issue. I find the clinical governance framework has not delivered effective policies, processes and training to staff to undertake effective assessment for consumers to determine whether imposed security measures restrict freedom of access and movement, which may result in potential for consumer’s to be environmentally restrained without required authorisation.

For these reasons, I have determined Requirement 8(3)(e) is not compliant.

I find the other Requirements in this Standard compliant.

Consumers and representatives described their level of engagement within the service, including through consumer meetings and feedback. Staff said consumers were also involved through feedback forms, surveys, and within reviews of care and service plans. Consumer meetings reflected consumer engagement and involvement.

Management described the organisational structure, including areas responsible for oversight and governance. Board meeting minutes demonstrating monitoring of service performance and feedback, and the Board included executive and non-executive directors with clinical representation.

Organisation wide governance systems were supported by effective processes and mechanisms, including an information management system containing reporting, training, policies, and procedures. The continuous improvement process was supported through identifying actions through feedback, audits, quality meetings, and updates from external entities, including the Commission. Feedback and complaint processes enabled oversight by senior management and the governing body to ensure items were effectively resolved.

Risk management systems and practices supported management of high impact or high prevalence risks through effective identification, reporting, and monitoring. The incident management system enabled reporting and lodgement of incidents, with mechanisms to escalate critical incidents to organisational level for awareness of the governing body. Staff received training on recognising abuse and neglect within the mandatory training program and were aware of reporting obligations. Policies and procedures supported consumer choice to live their best possible life, including where this may involve risk.

As one of the 5 Requirements has been found non-compliant, Standard 8 Organisational governance is Not 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)