Performance

Report

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| Name of service: | Anglican Care Storm Village |
| Service address: | 109 Cowper Street TAREE NSW 2430 |
| Commission ID: | 0230 |
| Approved provider: | Anglican Care |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 24 January 2023 |
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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 E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 21 February 2023.
* notice of decision to impose sanctions and notice of requirement to agree to certain maters issued 27 January 2023.
* the provider’s response to the notice of decision to impose sanctions and notice of requirement to agree to certain maters received 8 February 2023.

# Assessment summary

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| 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)(a) – The approved provider must demonstrate all consumers are treated with dignity and respect. Staff practices, the workforce planned and deployed, and the service environment is effective in ensuring respectful and dignified care and services for consumers.
* Requirement 2(3)(a) – The approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. The service’s procedures to inform the assessment and planning of new admissions are effectively implemented.
* Requirement 2(3)(b) – The approved provider must demonstrate 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. Assessment and planning is effective to identify and address consumer’s needs and preferences regarding end of life care.
* Requirement 2(3)(c) – The approved provider must demonstrate assessment and planning involves consumers, representatives, and others the consumer wishes to involve in their care. The assessment and planning of psychotropic medications and chemical restrictive practice involves adequate consultation, including informed consent, with the consumer and/or representative.
* Requirement 2(3)(d) – The approved provider must demonstrate assessment and planning is informed by the outcomes of specialist reviews, such as reviews from dietician and dementia support services, and the outcomes of these are communicated and documented appropriately. Consumer care plans include sufficient information to guide staff in the delivery of safe and effective care to meet consumer needs, goals and preferences. Consumers and relevant representatives are aware they can access consumer care and service plans.
* Requirement 2(3)(e) – The approved provider must demonstrate care and services are reviewed for effectiveness regularly, and 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. When regular review of care and services occur, these are effective in identifying any changes required and consider any changed circumstances for the consumer.
* Requirement 3(3)(a) – The approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being. Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Requirement 3(3)(b) – The approved provider must demonstrate the high impact and high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to medication management, falls, and unplanned weight loss.
* Requirement 3(3)(c) – The approved provider must demonstrate the needs, goals and preferences of consumers nearing the end of their life are recognised and addressed in a timely manner. Assessment, monitoring and management is effective to ensure consumer comfort is maximised during the end of their life. This includes in relation to pain and skin integrity.
* Requirement 3(3)(d) – The approved provider must demonstrate effective systems to ensure the identification of deterioration or change of a consumer’s condition, and timely and appropriate response. This includes escalation to the consumer’s medical officer as required.
* Requirement 3(3)(e) – The approved provider must demonstrate information about the consumer’s condition, needs and preferences is documented and communicated effectively to staff and others responsible for the consumer’s care. This includes to consumer representatives where appropriate.
* Requirement 3(3)(f) – The approved provider must demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services are made to support the care of consumers.
* Requirement 3(3)(g) – The approved provider must demonstrate the service has implemented practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. Consumer monitoring is effective in identifying and responding to potential infection. Standard and transmission based precautions to prevent and control infection are effectively implemented at the service.
* Requirement 4(3)(a) – The approved provider must demonstrate 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. The workforce planned and deployed is effective in ensuring quality services and supports for daily living.
* Requirement 4(3)(b) – The approved provider must demonstrate services and supports promote each consumer’s emotional, spiritual psychological well-being. Assessment and support is provided to consumers following incidents that may have triggered an emotional or psychological impact.
* Requirement 4(3)(c) – The approved provider must demonstrate services and supports for daily living assist each consumer to participate in their community within and outside the service environment and do things of interest to them. Systems are effective to ensure and monitor consumer satisfaction with the activity and lifestyle program, including availability to participate in the community outside the service environment.
* Requirement 4(3)(d) – The approved provider must demonstrate systems implemented at the service are effective in ensuring information on the consumer’s condition, needs and preferences regarding daily living is communicated. This includes in relation to consumer’s spiritual, emotional, and lifestyle needs.
* Requirement 4(3)(f) – The approved provider must demonstrate meals provided at the service are varied and of suitable quality and quantity. Consumers are provided with meals that meet their dietary requirements. Feedback on the meal service is actioned appropriately to improve the service.
* Requirement 5(3)(b) – The approved provider must demonstrate the service environment is safe, clean, well maintained, and comfortable. The service has an effective hazard and maintenance reporting system to ensure issues or risks to the safety and comfort of the service environment are identified and actioned.
* Requirement 7(3)(a) – The approved provider must demonstrate the workforce deployed enables the delivery and management of safe and quality care and services. This includes personal and clinical care, and leisure and lifestyle services. The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* Requirement 7(3)(c) – The approved provider must demonstrate staff are competent and have the knowledge required to effectively perform their roles. Staff duties are clearly understood by relevant staff and the service has a system to ensure competencies and training relevant to these duties is undertaken.
* Requirement 7(3)(d) – The approved provider must demonstrate staff are trained, recruited, and supported to deliver the outcomes required by the Quality Standards. Effective orientation and induction is undertaken for new staff. Regular and as required training is undertaken by staff, and evaluation of the effectiveness of the training is considered.
* Requirement 7(3)(e) – The approved provider must demonstrate a system to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Information including incidents and feedback is used to inform staff performance reviews.
* Requirement 8(3)(a) – The approved provider must demonstrate consumers are actively engaged and supported in the development, delivery and evaluation of care and services. Consumer feedback influences the development, delivery and evaluation of care and services, across the service and organisation.
* Requirement 8(3)(b) – The approved provider must demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Monitoring and oversight by the governing body of the care and service delivery at the service is effective to inform changes, decisions, and evaluation at this level.
* Requirement 8(3)(c) – The approved provider must demonstrate the organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, and regulatory compliance. Gaps in the implementation and delivery of these governance systems are identified and action is taken to rectify these gaps.
* Requirement 8(3)(d) – The approved provider must demonstrate risk management systems are consistently effective in 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 responded to appropriately. Effective monitoring and oversight of the risks at the service, with information provided to the organisation to ensure well-informed decisions.
* Requirement 8(3)(e) – The approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care to consumers. This includes minimising the use of restrictive practices, antimicrobial stewardship, and open disclosure. Effective monitoring and oversight of the clinical care delivery at the service, with information provided to the organisation to ensure well-informed decisions.

# Standard 1

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

Findings

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

Consumers and representatives interviewed by the Assessment Team identified instances when consumers were not treated with dignity and respect by staff. For example, opening the bathroom door while the consumer is using the bathroom, speaking disrespectfully to consumers, and not listening to consumers. The Assessment Team identified some negative impacts to consumer’s dignity and respect as a result of shared bathrooms and staff shortages.

I find the following Requirement is Non-compliant:

* Requirement 1(3)(a)

The Assessment Team found the service enables consumers to take risks to enable them to live the best life they can and develops strategies to mitigate risks. However, these measures are not always followed, and staff were unaware of how to correctly support the consumer to safely undertake the risk according to their dignity of risk assessment. For two consumers, while assessment had occurred to enable them to eat a diet of their choosing, interventions to manage the associated risks were not followed and staff were not aware of these interventions. While interventions to manage risks associated with consumers undertaking activities to live their best life were not consistently followed, I have considered this in my assessment of Requirement 8(3)(d) regarding ineffective risk management systems and practices and Requirement 4(3)(d) regarding communication of consumer dietary needs. Overall, I consider that consumers are supported to take risks to enable them to live the best life they can.

Consumers and representatives interviewed by the Assessment Team described how staff respect consumer’s culture, values and diversity. Care planning documentation reviewed reflected consumer’s cultural needs, interests and preferences to inform culturally safe care and services. The service supports consumers to exercise choice and independence in relation to their care and services, including decisions about who and how others will be involved in decisions about their care and services. The service demonstrated they assist consumers to make and maintain relationships of choice.

Overall, the service demonstrated consumers and representatives are provided with current, accurate and timely information which is clear and easy to understand and enables them to make informed choices. Consumers and representatives stated the service provides regular information regarding events and updates and staff provide daily information on activities and meal choices.

Most consumers interviewed reported that staff respect their privacy, and most observations by the Assessment Team were that staff protected consumer privacy and personal information. There were some comments from consumers and observations by the Assessment Team that indicated disrespectful interactions by staff impacted negatively on consumer privacy. However, I have considered this in my assessment of Requirement 1(3)(a). Care plans and personal information is kept secured in an electronic system with individual logins and passwords. The Assessment Team observed staff explaining and discussing care options with consumers before providing care and services.

I find the following Requirements are Compliant:

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

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

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

The Assessment Team found the service did not demonstrate risks are consistently considered in assessment and planning to inform safe and effective care delivery. This includes risks associated with falls, restrictive practices, pain, behaviours requiring support, hypertension and diabetes for several consumers reviewed, leading to negative impacts to their health and well-being. For one new consumer, initial assessment and planning processes were not completed to inform care delivery, assessment and management of risks to their health and well-being, or the development of a care plan. Service management advised the Assessment Team there was a delay in assessment and planning and follow up of clinical issues for this consumer due to low staffing levels, particularly registered nurses.

The service did not demonstrate assessment and planning identifies and addresses each consumer’s current needs, goals and preferences. Some consumers and representatives interviewed by the Assessment Team expressed concern that consumer’s needs are not adequately addressed and are impacting on their health and well-being. For example, for several consumers sampled the Assessment Team found assessment and planning did not identify or address their current wounds or skin integrity condition. For three consumers who had experienced unplanned weight loss, assessment and planning did not identify this weight loss or provide guidance to prevent further weight loss. For four consumers who were prescribed a chemical restrictive practice, assessment and planning did not consistently identify the restrictive practice, provide guidance to staff about the circumstances in which the restrictive practice should be used, or interventions which should be undertaken prior to the administration. Most sampled consumers had end of life planning completed, including advance care directives. However, documentation reviewed showed that consumer’s needs and preferences regarding end of life care are not always identified or addressed in a timely manner, or in accordance with the consumer’s expressed wishes when they are nearing the end of their life.

Most consumers and representatives interviewed said they are not involved in their consumer’s assessment and planning, or feel they are always informed of the outcomes of assessment and planning. Most consumers and representatives interviewed said they have not been offered a copy of their consumer’s care plan. Consumer care documentation showed there had not been adequate assessment or consultation with consumers and representatives regarding restrictive practices including psychotropic medications and chemical restrictive practice. Service management advised the Assessment Team that they have recently commenced a care plan consultation process and had attended this for some high-risk consumers at the time of the Site Audit. Information regarding specialist reviews, such the recommendations from dieticians and dementia services, were not available in consumer’s assessment and planning to inform care delivery.

The service did not demonstrate care and services are reviewed on a regular basis, when circumstances change, or when incidents impact on consumer’s needs and preferences. The Assessment Team found when incidents occur, the service does not always identify, manage and investigate these effectively to prevent further incidents occurring. For example, for one consumer there was no or limited review of care and services following a hospital admission after sustaining a fracture, identification of unplanned weight loss, or increased pain. For two consumers, care and services were not reviewed following a decline and deterioration in their condition. While there was some evidence of care plan reviews, this was not always effective. For example, while one consumer had a range of assessments recently completed / reviewed, these did not consider pain related to a recent fracture or recent unplanned weight loss.

I find the following Requirements are Non-compliant:

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

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Non-compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant |

Findings

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

The Assessment Team found the service did not demonstrate each consumer receives safe and effective personal and clinical care that is best practice, tailored to their needs and optimising their health and well-being. Some consumers and representatives interviewed by the Assessment Team raised concern regarding clinical care delivery and identified impacts on consumer’s health and well-being. This included concern regarding pain, weight loss, infections, incident management, chemical restrictive practice, and wound management.

Documentation reviewed by the Assessment Team identified deficits in the management of high impact and high prevalence risks, restrictive practices, maintenance of skin integrity, unplanned weight loss, pain, medications and falls. The Assessment Team found the service had a large number of skin integrity incidents and pressure injuries. Gaps in the management of pressure injuries were identified including injuries not identified until they were at a late stage, limited to no review by registered nurses, and limited escalation or follow up with specialist services. Pain for many consumers is not recognised and responded to appropriately. The Assessment Team found limited pain assessment, monitoring and evaluation of interventions when pain is recognised. Pain management interventions including heat packs and therapeutic massage have been undertaken by staff who have not been trained and assessed as competent in relation to those interventions. Ongoing severe pain had not been managed for some sampled consumers.

Restrictive practice management regarding chemical and environmental restrictive practice was not demonstrated to be best practice and tailored to consumer needs to optimise well-being. Legislative requirements relating to the regular review, informed consent and content of behaviour support plans when restrictive practices are implemented have not been followed. The Assessment Team found gaps in the prevention and management of consumer falls, with negative outcomes for some consumers sampled. The service had a high number of medication incidents, and evidence was found that some incidents were not reported or investigated appropriately. This includes many incidents of medications not signed as administered, and several incidents of no available stock. For three consumers, unplanned weight loss was not effectively managed to prevent the risk of further weight loss.

The service did not demonstrate the needs, goals and preferences of consumers nearing the end of their life are always recognised and addressed in a timely manner, and that their comfort and dignity is maximised. For two consumers, end of life care processes were not commenced until late in the consumer’s end of life pathway, and aspects of care including pain management and maintenance of skin integrity were not maintained to support consumer’s comfort and dignity.

The Assessment Team found deterioration in consumer condition is not always recognised and responded to in a timely manner which has had a negative impact on consumers. For example, one consumer’s condition deteriorated following a fall with the consumer appearing unwell and observations outside of normal ranges. Action was not taken by staff to escalate concerns to the medical officer or undertake further monitoring. The consumer was displaying signs of a respiratory infection and concern was raised by the consumer’s representative, however a COVID-19 test was not attended until days later during routine screening. This was returned a positive result. For several other consumers, increases in their pain levels, deterioration of wounds, signs of pneumonia, weight loss, and overall decline in health status was not responded to in a timely manner. Several representatives interviewed provided feedback that deterioration in their consumer’s condition was not responded to by the service in a timely manner.

The Assessment Team found although the service has systems to support documentation of consumer condition, needs and preferences, they are not well communicated within the organisation and with others where responsibility is shared. For sampled consumers, information regarding medications, wounds, current injuries, and overall care needs was not effectively communicated within the organisation and with others where required. Dissatisfaction was expressed by some consumers and representatives interviewed regarding communication within the service. For example, one representative did not feel they were kept updated regarding their consumer’s weight, engagement in activities and meals, and medical procedures despite requesting this information. When asked, staff were unable to tell the representative whether their consumer was receiving antiviral medication.

The service did not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services where required. The service has support services available such as dementia support, on site physiotherapist and dietitian services. However, the service did not have access to other allied health staff onsite such as speech pathologist, wound specialist services and some issues were identified regarding timely access to medical officers. For consumers sampled, timely referrals or follow up of referrals did not occur regarding weight loss, wounds and behaviour support.

The Assessment Team observed deficiencies in standard and transmission based precautions to prevent and control infection. For example, incorrect use of personal protective equipment (PPE). The Assessment Team found the service does not have an effective system in place to monitor all infections and promote appropriate antibiotic prescribing to support optimal care. Medication incidents show antibiotics and other medications have not always been administered as prescribed to support minimisation and management of infections. Review of clinical documentation identified consumers who had incidents or adverse events following which it was found they had an infection at the time of the incident which had not been identified by staff. Some consumers and representatives interviewed by the Assessment Team raised concerns regarding infection control practices at the service, particularly regarding PPE use and management of urinary tract infections.

I find the following Requirements are Non-compliant:

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

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | 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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Non-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 Quality Standard is assessed as Non-compliant as five of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found that consumers did not receive safe and effective services and supports for daily living to meet their needs and optimise their overall health and well-being, including their emotional, spiritual and psychological well-being. Consumers in the memory support unit have been subjected to, or witnessed, incidents that have negatively impacted on their quality of life and well-being. The Assessment Team was not provided sufficient evidence that the behaviours and emotional and psychological impact of the ongoing behaviours have been considered and addressed. Some consumers and representatives interviewed by the Assessment Team identified that they are not always supported in their emotional needs.

While some consumers expressed satisfaction with the activity program provided by the service, other consumers, particularly those who are unable, or unwilling to participate in group activities are provided with limited stimulation and engagement. Some consumers and representatives provided feedback that they are not engaged in activities in the service or there are not activities that interest them. Some consumers did not feel they are supported to participate in the community outside the service environment, or that their personal relationships are supported.

The Assessment Team found the service did not have systems to ensure that information on the consumer’s condition, needs and preferences regarding daily living is communicated effectively. This included in relation to consumer’s spiritual, emotional, and lifestyle needs. Staff were not always familiar with consumer’s needs and preferences for daily living, and some consumers and representatives raised concerns about this.

Consumers and representatives interviewed consistently stated they are not satisfied with the quality, variety and quantity of the meals provided by the service. Some representatives were concerned their consumer was losing weight or not eating enough. Consumers are not always provided with meals that meet their dietary requirements. Service management was aware of the feedback regarding the meals and are working with the catering team to find solutions to improve the quality of the catering services.

I find the following Requirements are Non-compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(f)

The service demonstrated that referrals are made to individuals, other organisations and providers of care and services where appropriate to supplement the lifestyle supports at the service. The service refers consumers to representatives or volunteers of various faiths, advocacy networks, and community visitors’ programs. Consumers and representatives said lifestyle and personal care equipment is clean, safe and well maintained. The Assessment Team observed lifestyle and personal care equipment to be suitable, clean, and well maintained.

I find the following Requirements are Compliant:

* Requirement 4(3)(e)
* Requirement 4(3)(g)

# Standard 5

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

Findings

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

The Assessment Team found while some areas of the service are safe, clean, and well maintained, the service environment presented some unmitigated risks to consumer safety and ineffective cleaning and maintenance. For example, while some consumers have ensuite bathrooms, other consumers have shared bathrooms which are poorly maintained and do not support consumer privacy. Most outdoor areas were overgrown with weeds and had dirty outdoor furniture, cobwebs, debris, and mould. Some uneven flooring areas posed a potential trip hazard. Other areas of the service had stained carpet, water damage, and access to service areas such as the loading dock and kitchen which presents a risk to consumers.

Service management raised with the Assessment Team that there is a plan to refurbish the shared bathrooms, and refurbishment of outdoor areas and furniture is proposed to be discussed in the coming year. While the service is planning to address some of the issues with the safety and maintenance of the service environment, this has not yet rectified current deficits.

I find the following Requirement is Non-compliant:

Requirement 5(3)(b)

The service environment presents a welcoming atmosphere and is easy to understand and navigate. There are multiple indoor and outdoor areas for consumers and visitors to enjoy in a social setting or for private and quiet reflection. The environment incorporates some dementia enabling principles such as different coloured railing and toilet seats, consumer names on room doors, good use of lighting, and signage to help with navigation. Most consumers and representatives said they feel comfortable and at home within the service environment.

Overall, the service demonstrated most furniture and equipment is safe, clean and well maintained. Consumers and representatives said they are satisfied with the quality and comfort of furniture and fittings, and equipment is safe, clean, and well maintained.

I find the following Requirements are Compliant:

* Requirement 5(3)(a)
* Requirement 5(3)(c)

# Standard 6

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

Findings

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

Consumers and representatives interviewed by the Assessment Team confirmed they are encouraged and supported to provide feedback and make complaints, and were aware of how to do this. Most consumers and representatives expressed satisfaction with the management of their complaint or feedback. The service provides consumers and representatives access to advocates, language services and other methods for raising and resolving complaints.

The service has policies and processes in place to action and respond to complaints and uses open disclosure when required. The service demonstrated a process of open disclosure was used in response to complaints and negative feedback. The service has policies and processes to review and analyse complaints and feedback and inform continuous improvement. Complaints information from complaint forms, surveys, audits, and verbal complaints are identified and analysed by service management. The service demonstrated action taken to improve care and services following feedback from consumers and staff.

# Standard 7

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

Findings

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

The Assessment Team found the service did not have sufficient numbers of staff to consistently deliver safe and quality care and services. Consumers and representatives interviewed by the Assessment Team provided feedback that was consistent in all wings of the service regarding insufficiency of staff, particularly in recent months. Consumers and representatives provided examples of the impact on consumer care and services including consumers losing weight due to insufficient assistance with meals, continence care, long waits for assistance, personal care not delivered in accordance with preferences, and medications administered late. The service had ongoing shifts that were not filled in the weeks prior to the Site Audit. Service management acknowledged staff shortages and have initiated various strategies to increase staffing levels. However, these have not yet been effective in ensuring the number and mix of the workforce deployed enables the delivery and management of safe and quality care and services.

The service did not demonstrate staff have the skills, qualifications and knowledge required to effectively perform their roles and provide quality and safe care and services. The service does not have a system to ensure that staff are always assessed as being competent in tasks they complete and there was some confusion in the training and duties of some support worker roles. This has resulted in some staff undertaking tasks outside their scope of work, in which they have not been trained. While service management identified there is an induction process for staff, not all staff members interviewed said they have received an induction or training. Some consumers and representatives interviewed expressed concern that staff are not well trained, and many are not able to provide effective personal care.

The service did not demonstrate that staff performance is regularly assessed, monitored and reviewed or that performance management occurs when deficiencies in staff performance are identified. Only a small number of staff had completed their annual performance review during the Site Audit. Incidents, including medication incidents and potential unreasonable use of force, were not used to inform staff performance review.

The approved provider provided the Commission with a clinical education framework and training plan that will be used throughout 2023 to support workforce development and clinical training needs. This framework includes a review of the effectiveness of the training plan and further continuous improvement opportunities for workforce development.

I find the following Requirements are Non-compliant:

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

Overall consumers and representatives provided feedback that most staff are kind, caring and respectful of their identity, culture, and diversity. Observations by the Assessment Team confirmed this feedback. While some consumers and representatives identified instances in which staff were not always respectful, these were generally linked to insufficient staffing levels and shared bathroom spaces which impacted on consumer dignity.

I find the following Requirement is Compliant:

* Requirement 7(3)(b)

# Standard 8

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| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | 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 Quality Standard is assessed as Non-compliant as five of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found the organisation does not have a framework or processes to actively engage consumers in the development, delivery and evaluation of care and services. While one consumer was involved in a recruitment activity, other mechanisms to engage consumers are limited to consultation and information gathering rather than active engagement in the development and delivery of care and services at the service or organisational level.

The Assessment Team acknowledges that the governing body has been involved in receiving information and making decisions about safe, inclusive and quality care and services. However, it has not promoted a culture that ensures safe and quality care and services or ensured mechanisms are in place to ensure it is accountable for their delivery. While staff shortages across the organisation had been identified as presenting a risk to the safety and quality of care for consumers, this had not been detailed or mitigated at the service and consumer level for the situation at Anglican Care Storm Village at governance meetings. Some interventions introduced by the organisation have had issues with successful implementation or presented further risks to the delivery of quality care and services for consumers. There was no evidence of evaluation of the outcome of this intervention. The governing body did not demonstrate effective oversight or review of the changes to ensure the serious incident response scheme (SIRS) and incident management systems are effectively implemented at the service.

The Assessment Team found the organisation did not demonstrate effective organisation wide governance systems in place relating to information management, continuous improvement, workforce governance and regulatory compliance. Deficiencies were identified in information management systems in relation to care planning, communication of consumer needs, preventative maintenance of the service, and workforce duties and training. The service demonstrated there is a continuous improvement system which includes audits, feedback and observations which are fed into a continuous improvement plan. However, while some deficiencies have been identified as areas for improvement, there is limited information about the effectiveness of measures implemented to address deficiencies or evidence of monitoring to ensure improvement activities have been effective. The Assessment Team identified deficiencies in workforce governance in relation to workforce duties, competency, training and sufficiency of staff. Gaps in regulatory compliance was identified in relation to SIRS, minimisation of restrictive practices, and behaviour support plans.

The Assessment Team found the organisation has policies and procedures in relation to managing risks, however, these are not effective to ensure management and oversight. The governing body receives aggregated data which does not distinguish which services are performing well and which are performing poorly in relation to a range of indicator measures and risks including falls data, incident data and SIRS incidents. The aggregation of data does not enable the governing body to be kept informed about, and make decisions about, the risk management for specific services. The organisation’s processes for identifying and responding to abuse have not been effective at the service as incidents between consumers have not been reported appropriately. The organisation’s processes for enabling consumers to take risks to live the best life they can have been effectively implemented at the service. However, while assessment had occurred to enable consumers to take risks, for example to eat a diet of their choosing, interventions to manage the associated risks were not followed and staff were not aware of these interventions.

The organisation has a clinical governance framework which includes policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. However, the organisation has not ensured comprehensive clinical oversight and governance at the service or ensured policies are effectively implemented. The organisation has implemented systems which are not in line with best practice in relation to clinical care, including non-registered staff undertaking clinical observations and complex wound care with limited clinical oversight. Clinical care provided is not safe and effective for all consumers, with service level and organisational oversight of clinical governance not effective to identify and address these deficiencies.

I find the following Requirements are Non-compliant:

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

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)