Performance

Report

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| Name: | AnglicareSA Grange |
| Commission ID: | 6779 |
| Address: | 56 High Street, GRANGE, South Australia, 5022 |
| Activity type: | Site Audit |
| Activity date: | 18 June 2024 to 20 June 2024 |
| Performance report date: | 2 August 2024 |
| Service included in this assessment: | Provider: 1197 Anglicare SA Ltd  Service: 4239 AnglicareSA Grange |

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 AnglicareSA Grange (**the service**) has been prepared by Denise McDonald, 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 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 22 July 2024
* other information and intelligence held by the Commission in relation to the performance of the service

# Assessment summary

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| 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **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 6(3)(d)** – The service ensures continuous improvement actions are implemented and effective in addressing concerns raised through consumer feedback and complaints.
* **Requirement 7(3)(a)** – The service’s workforce planning, rostering and recruitment processes ensure sufficient staff are deployed to meet consumers care and services needs and preferences, particularly in relation to personal care, mobility and mealtime assistance.

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Most consumers and representatives said staff made consumers feel valued, treated them well and were respectful. However, 2 representatives said consumer’s personal care preferences were not being adhered to by staff. In response, staff were provided with additional instruction and the consumer’s care documentation amended to reflect their preferences and updated care needs. Care documentation contained each consumer’s identity, culture, choices and reflected what was important to them. Staff were observed treating consumers with dignity and respect, however, the bed linen of one consumer was observed to be soiled, with staff changing the linen immediately once informed.

Consumers and representatives said consumers care and services were adjusted to ensure it was delivered in ways that was safe for each consumer. Staff were knowledgeable of consumers with diverse cultural backgrounds and gave practical examples of how they delivered care which was culturally safe. Policies and procedures guided staff on providing inclusive and culturally safe care.

Consumers and representatives confirmed consumers were supported to make decisions on their care preferences, the delivery of services, who they wanted to be involved in their care and what supports were required to maintain intimate relationships. Staff gave practical examples of how consumers were supported to maintain close relationships and how they assisted consumers to make decisions on their activities of daily living. Care documentation recorded who consumers had chosen to be involved in care discussions, their care preferences and who was important to them.

Consumers and representatives said consumers were supported to take risks which enabled them to live life as they chose. Staff were knowledgeable of which risks consumers had chosen to take and processes used to support consumers to understand the potential benefits and harms to make informed decisions. Care documentation demonstrated a multidisciplinary approach was taken to support consumers in their risk-based choices and strategies were planned to promote consumer safety.

Most consumers and representatives said the information consumers received was current, accurate, given in a timely manner and in a format consumers could understand. However, one consumer, said they were unable to understand the activities calendar as they could not read English prompting a calendar in their preferred language to be provided. Staff said information was communicated via a monthly newsletter, consumer meetings and if changes were made to daily activities, these were communicated verbally. Menus and activity calendars were observed to be accurate and written in large font to cater for consumers varying sensory needs which supported consumers to make choices.

Consumers gave practical examples supporting how staff respected their privacy and kept their personal information confidential. Staff were observed to seek consent prior to entering a consumer’s room and computers were locked when not in use. Staff confirmed consumer’s personal information was stored in an electronic care management system (ECMS) which was password protected and confidential information was discussed in private enclosed areas to avoid it being overheard.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said assessment processes identified potential risks such as falls, pressure injury and those posed by their medical diagnosis and strategies were documented to form consumer’s care plans. Staff confirmed validated assessment tools, embedded within the ECMS, were used to assess risk to consumers and where risk was identified, care strategies were planned to ensure the health and wellbeing of consumers. Policies, procedures and checklists guided staff in assessment and care planning processes, however, these were being reviewed as they did not guide staff to assess consumers for the risk of environmental restrictive practice, with 21 consumers still to have their assessments completed.

Consumers and representatives confirmed they had discussed consumer’s goals of care, their preferences for advance care and their end of life wishes with staff. Staff demonstrated knowledge of consumers current care needs and preferences. Care documentation reflected consumers end of life wishes, their care needs and contained a copy of an advanced care directive, were this had been given.

Consumers and representatives said they felt included in, and confirmed allied health and medical professionals were also involved in, the assessment, planning and review of consumers’ care. Care documentation evidenced regular and ongoing consultation occurs with the consumer and their representative, and a range of health and medical professionals contributed to assessment and planning processes. Medical officers were observed consulting with consumers and those discussions recorded within the ECMS to inform care planning.

Most consumers and representatives confirmed assessment outcomes and plans for care were discussed with them, and they had received a copy of the consumer’s care plan. However, one representative was provided with a copy of the care plan after advising they had not received it, and a care consultation was scheduled with another representative who gave negative feedback on staffs’ recent levels of communication. Staff confirmed consumers care planning information was readily accessible via the ECMS, it’s able to be printed upon request and a copy is offered during care consultations. Staff were observed discussing consumer’s assessment outcomes with them or their representatives.

Consumers and representatives confirmed consumers care and services were continuously reviewed, and care plans were updated following any changes to the consumers health or if they were involved in an incident. Staff advised consumers care was reviewed following an incident and routine reviews occurred at 6 monthly intervals. Care documentation evidenced consumers were reassessed following an incident such as a fall, however, 14 care plans reviews had not been conducted when scheduled, with an additional staff member rostered to complete those reviews which were overdue.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Most consumers and representatives gave positive feedback on the management of restrictive practices, pain, wounds and the clinical care provided. However, three consumers or representatives, raised concerns with provision of personal care including timeliness of toileting assistance, shaving preferences not being met and delays in repositioning. This has been considered further under Requirement 7(3)(a). Staff demonstrated knowledge of consumers individualised care strategies and confirmed directives for management of pain, wounds and non-pharmacological behaviour support strategies were followed. Care documentation reflected care strategies were tailored to the needs of consumers and chemical restrictive practices were managed in line with best practice.

Consumers and representatives felt high impact risks to consumers were effectively managed by staff. Staff were knowledgeable of the risks to individual consumers, described delivering care consistent with planned care strategies and in accordance with organisational policies and procedures. Staff advised the management of high impact risks to consumers were monitored through multidisciplinary meetings and specialist review was determined when care strategies were identified to be ineffective.

Care documentation, for a consumer who had recently passed away, evidenced the consumers administration of pain medication was monitored continuously to ensure they were kept comfortable. Staff demonstrated knowledge of how care changes for a consumer as they near end of life and confirmed they had access to palliative care support, if required. Staff confirmed end of life care was guided by the consumer’s medical officer, following discussions with the consumer and their representatives.

Consumers and representatives said when consumers experienced a change in condition or became unwell, staff responded appropriately. Staff demonstrated knowledge of the signs and symptoms which may indicate deterioration and advised when identified, escalation for clinical review occurred. Care documentation evidenced when deterioration was detected staff responded quickly, the consumer was monitored and reviewed by a medical officer when clinically indicated.

Consumers and representatives said staff had a shared understanding of consumers care needs and their preferences. Staff demonstrated knowledge of processes used to ensure consumer’s health and care information was shared with, and received from, other organisations when consumers attended external medical appointments. Staff were observed to handover information on changes to consumers conditions and updates to care needs between shifts and to access consumers care documentation via the ECMS.

Consumers advised when they needed to be referred to other health professionals for review this was undertaken quickly. Care documentation evidenced staff undertook referrals promptly and consumers were reviewed by allied health professionals as required. Staff were knowledgeable of referral pathways and confirmed ready access to a range of medical and health professionals.

Consumers and representatives confirmed practices such as hand hygiene, use of personal protective equipment (PPE) and isolation were implemented to prevent and control the spread of infection, including during a COVID-19 outbreak occurring at the time of the Site Audit. Staff demonstrated knowledge of antimicrobial stewardship and gave practical examples of strategies used to reduce the likelihood of consumers contracting infections. Policies, procedures and a management plan guided staff on their roles and responsibilities when an infectious outbreak happened and when antibiotics or antivirals needed to be administered.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Most consumers and representatives said they received daily living services and supports which promoted their independence, well-being, and quality of life; however, 3 consumers described the services and supports as ineffective as clothing kept going missing during laundry services and staff were not available to support them with mobilising. These deficits are further considered under Requirement 6(3)(d) and Requirement 7(3)(a). Staff advised consumers leisure interests, daily living preferences, and support needs were documented, and the activities program was designed with consumer input. The activities calendar evidenced a variety of individual and group activities such as bus outings and men’s club were scheduled with consumers advising their attendance improved their quality of life.

Consumer and representatives confirmed consumers’ emotional, spiritual and psychological needs were supported, with consumers assisted to continue faith-based practices. Care documentation reflected supports provided to consumers included accessing volunteers, counsellors, one on one room visits and assisting consumers to connect with family members for emotional support. Staff confirmed church services were regularly held and consumers were able to request individual visits for religious counsel.

Consumers said they were supported to maintain relationships, participate in activities such as walking groups and to access the local community, including the library, shopping centre and other places of interest. Staff gave practical examples of how they supported consumers to maintain contact with their family members and confirmed regular bus outings were scheduled. Care documentation identified consumer’s interests, those important to them and what supports were required to assist them with socialisation.

Consumers and representatives confirmed information was effectively shared between staff as staff were aware of changed to consumers care needs and preferences, however one consumer confirmed their religious practices were incorrectly recorded and this was adjusted during the Site Audit. Staff confirmed consumers daily living support and service needs were communicated verbally, via handover documentation and was accessible via the ECMS. Registered staff were observed sharing information with catering staff regarding changes to a consumer’s dietary requirements.

Consumers and representatives felt confident they would be quickly referred to an appropriate organisation or provider if the support they required was unable to be provided by staff. Staff gave examples of consumers being referred to volunteer services to reduce social isolation, with care documentation evidencing staff acted promptly once the need was identified. Posters were observed to promote consumer referrals to volunteer, church and advocacy groups if required.

Most consumers and representatives gave positive feedback on the quality of meals, the amount of choice and the quantity of food available, however, others said meals were often served cold. Staff confirmed consumer feedback influenced menu development, meal service processes were reviewed with additional steps added to improve meal temperatures and further kitchen refurbishments were planned. Staff knowledge of consumer’s dietary needs, preferences and assistance requirements was consistent with their care documentation, however insufficient staff were observed to be available at mealtimes to provide timely assistance to all consumers who required it. This is further considered under Requirement 7(3)(a).

Most consumers and representatives said the equipment used by consumers in activities of daily living was safe and requests for maintenance were attended to promptly, however accessibility to leisure and mobility equipment, such as board games, cards and wheelchairs was raised as a concern by 2 representatives. Staff demonstrated knowledge of equipment maintenance and cleaning processes and advised consumers mobility equipment needs were assessed, to ensure any issued equipment was suitable for each consumer. Equipment used for lifestyle activities and mobility aids was observed to be safe and clean, with maintenance documentation evidencing it was routinely inspected.

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service environment was welcoming, they found it easy to get around and they felt at home as they were encouraged to personalise their rooms when moving in. Communal living and outdoor areas were comfortably furnished, with a large outdoor café available to support consumer interaction with other each and their visitors. Staff confirmed consumers were supported to personalise their rooms to optimise their sense of belonging. Staff were observed to welcome consumer’s visitors, who participated in activities with consumers.

Most consumers and representatives said the environment was kept safe, communal areas and consumer’s rooms were well-maintained and were mostly kept clean; however, 2 raised issues of rubbish being left on the floor of a consumer’s room and spilled juice not being cleaned up promptly. Staff confirmed cleaning was routinely scheduled and was completed by externally contracted staff. However, as care, catering and kitchen staff gave varied responses to who was responsible for cleaning spills which occurred within dining areas, a meeting was scheduled with the contractor for further discussions. Consumers, who had been assessed and were not subject to environmental restrictive practices, were observed to be able to leave the service independently and all consumers could move freely within indoor and outdoor areas of each house.

Consumers and representatives confirmed consumers’ rooms were well maintained, the fittings within their room’s worked and repairs were undertaken quickly, as required. Staff knew, how to progress maintenance requests and the need, to clean shared equipment such as lifters between use. Maintenance documentation evidenced preventative maintenance was programmed, reactive maintenance was attended to promptly and routine safety inspections and servicing occurred as scheduled.

# 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. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant, as one of the 4 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 22 July 2024.

The Site Audit report evidenced consumer and representative feedback had been reviewed with areas of improvement needed in relation to the provision of laundry services and clothing being misplaced during laundering processes. However, while some responsive actions had been taken historically, these had not ensured improvement to the quality of care or services had been attained.

Consumers and representatives advised they had previously given feedback to staff or had made complaints regarding their missing clothing which had been addressed, however, other items of clothing continued to be misplaced.

Complaints documentation evidenced 13 consumers had reported missing clothing items during the period January 2024 – June 2024, with 5 complaints identified as ongoing and all others closed without the missing clothing being found.

Management confirmed they were aware of the ongoing trend and advised actions including staff education, processes changes and consultation with the external laundry supplier had been undertaken earlier in 2024, however, acknowledged these actions had not been effective.

The provider’s response noted their acceptance of the findings, with additional information and a plan for continuous improvement included describing actions taken, commenced or planned to address the deficits. The provider confirms laundry processes are to be revisited with staff, labelling processes reviewed and enhanced, staff duties changed, and new equipment purchased. Additionally, shorter timeframes for return of clothing sent to the external laundry provider are being sought.

While the PCI confirms some of these actions have been undertaken or completed, other planned actions to improve laundry processes and ensure a reduction in missing clothing will take time to implement, embed and for their effectiveness to be demonstrated.

Based on the evidence detailed above, I find Requirement 6(3)(d) non-compliant.

In relation to the remaining 3 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives said they were encouraged, supported and felt comfortable to give feedback and make complaints, directly with staff, at meetings and in writing. Staff were knowledgeable of complaints processes, confirming most consumers raised their concerns verbally and directly with staff. Posters and brochures displayed encouraged consumers to make complaints, with feedback forms and lodgement boxes available in each house, supporting consumers to do so anonymously, if required.

Consumers and representatives said they were aware of how to access external complaint mechanisms, such as the Commission, they had been supported to access advocacy services, as required. Staff were knowledge of formal advocacy services available for consumers and advised they acted as informal advocates for consumers with a cognitive or sensory impairments who were unable to raise concerns on their own. Posters and pamphlets displayed promoted consumer access to external language, complaints and advocacy services.

Staff demonstrated knowledge of the principles of open disclosure, confirming those who raise concerns are involved in the resolution process. Most consumers and representatives said apologies were given when concerns were raised and prompt action was taken in response to their feedback, while others have said when they have raised concerns regarding staffing, availability of equipment or poor laundry services, this had not led to changes. Complaints documentation evidenced most feedback and complaints were recorded, apologies were given, and actions were taken, however some actions taken had not been effective in resolving complaints. These deficits are further considered under Requirement 6(3)(d) where it is more relevant.

# 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. | Not 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 Quality Standard is assessed as non-compliant, as one of the 5 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 22 July 2024.

The Site Audit report evidenced the number of staff deployed had not enabled the delivery of quality care and services to meet consumers needs. Fourteen consumers and representatives felt there was insufficient staff and described how this had negatively impacted the provision of their care, services and mental stimulation.

Consumers and representatives said consumers shaving preferences were not met, delays were experienced when repositioning was required and when continence aids needed to be changed. Two consumers who required multiple staff to assist with their transfers confirmed they were required to wait until an adequate number of staff were able to be sourced from other houses, which resulted in the provision of their care being delayed. Two consumers who required staff to propel their wheelchairs said they were often left waiting in the dining area for up to 20 minutes as staff were assisting other consumers.

Staff confirmed there was only one care staff member deployed to each house per shift and their ability to complete their duties was dependent, on the rostered shift and the house in which they were providing care.

Meal service was observed, with insufficient staff deployed to provide meal assistance to all those seated in the dining room, as staff were seen assisting multiple consumers simultaneously and no staff were available to assist consumers who ate their meals in their room.

Management confirmed they struggle with the deployment of staff due to the geographical layout of the service and designated staff are clustered to provide care in response, however deficiencies in staff availability at mealtimes existed. A project, requiring all staff to be available at mealtimes was implemented at the time of the Site Audit, including updating consumers preferences for when they were taken back to their room following their meal.

The provider’s response noted their acceptance of the findings, with additional information and a plan for continuous improvement included describing actions taken, commenced or planned to address the deficits. The provider confirms a new manager with small house build experience has been engaged to oversee operations, with plans to embed a new model of care, overhaul rostering and recruitment processes and change staffing allocations to meet consumer needs.

While the PCI confirms some of these actions have been undertaken or completed, other planned actions to improve workforce planning and deployment will take time to implement, embed and for their effectiveness to be demonstrated.

Based on the evidence detailed above, I find Requirement 7(3)(a) non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives said staff were kind, caring and respectful when providing care. Staff demonstrated familiarity with each consumer's cultural and identity preferences, confirming consumers were supported by staff of a specific gender when requested and consumer’s preferred names were used. Policies and procedures outlined the expected behaviours of staff and compliments on staff interactions were recorded in the feedback registers.

Consumers and representatives felt staff were competent to meet consumers care needs and said staff performed their duties well. Management advised staff competency was determined using observations, feedback and assessments undertaken by the in-house educator. Personnel records evidenced mandatory qualifications and suitability to work in aged care are checked when staff commence employment and ongoing monitoring ensures currency of is maintained.

Consumers and representatives said staff were well trained and provide safe and effective care. Staff confirmed mandatory training was provided which included restrictive practices, infection control, incident management and the Aged Care Code of Conduct. Staff were observed participating in manual handling training during the Site Audit and education records evidenced staff were completing training modules within scheduled timeframes, with additional training to be provided to contracted cleaning staff as the current induction process did not include elements of the Quality Standards.

Staff advised their performance was monitored through on-going supervision arrangements and formal appraisals were conducted annually. Management confirmed staff performance was monitored in line with policies and procedures, with set probation reviews and annual performance assessments, informed by consumer feedback. Personnel records evidenced performance appraisals were being completed within scheduled timeframes and performance management was initiated in response to poor performance.

# 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. | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said they participated in consumer meetings, their suggestions were listened to, and were used to develop the menu, activities program and to make improvements, however concerns were raised regarding the high turnover of management personnel. Management gave examples of how consumers had influenced the design of their dining experience and advised the consumer advisory body was in the process of being established. Consumer meeting minutes evidenced consumers were actively engaged in the evaluation of care and services.

Management said the governing body (the Board) sets clear expectations on safety, inclusivity and quality and advised a range of sub-committees support the Board to monitor the performance of the service. Management advised reports including audit results, clinical data, notifications, consumer feedback, were provided to the Board ensuring their oversight of service performance and were used to inform their decisions on controls and mitigating strategies to ensure the quality of care and services. Management advised the strategic plan promotes the organisations commitment to safe, inclusive and quality care and was reviewed annually.

Organisation-wide governance systems effectively controlled and delegated responsibilities for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Information was readily accessible as required, funding was available to commit to continuous improvement projects including refurbishment of the site and legislative changes were detected to ensure regulatory compliance was maintained. However, improvement actions implemented in response to feedback had not been monitored or evaluated to ensure improvement was attained and insufficient staff have been deployed to deliver safe and effective care. This is further considered under Requirement 6(3)(d) and Requirement 7(3)(a) which have been found non-compliant.

The risk management systems, including policies are procedures were effective in supporting the management of high impact and high prevalent risks, detecting and reporting elder abuse and ensuring consumers live life as they choose. Staff confirmed they had received training and understood their roles and responsibilities in identifying and responding to incidents and supporting consumers to engage with risk. Incident data is collated and analysed to inform when risk controls and mitigation strategies require adjusting to reduce potential for harm.

A clinical governance committee oversees the effectiveness of the clinical governance framework in promoting antimicrobial stewardship, use of open disclosure and minimising the use of restrictive practices. Staff demonstrated knowledge of these policies and procedures and gave examples of how these were implemented within their practice. Clinical processes had identified deficits in guidance on assessment of environmental restrictive practice and updated procedures had reduced the prevalence of restrictions placed on consumer’s free movement.

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