Performance

Report

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| Name of service: | Arcare Kanwal |
| Service address: | 2 Pearce Road KANWAL NSW 2259 |
| Commission ID: | 0885 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 September 2022 to 16 September 2022 |
| Performance report date: | 25 November 2022 |

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

**This performance report**

This performance report for Arcare Kanwal (**the service**) has been prepared by James Howard, 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 Approved Provider’s response to the Assessment Team’s report, received on 31 October 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-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 1(3)(a)* – The service must ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* *Requirement 2(3)(b)* – The service must ensure 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.
* *Requirement 3(3)(a)* – The service must ensure each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* *Requirement 7(3)(a)* – The service must ensure 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.

# 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

*Requirement 1(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service did not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

The site audit report noted:

* The Assessment Team observed a consumer in another consumer’s room, wearing only underwear. Staff walked the consumer back to their room through the communal areas whilst the consumer was still wearing only their underwear. Staff assisted this consumer with dressing in their own room; however, their door was left ajar when providing this assistance.
* The Assessment Team observed staff interactions with a consumer that were undignified and disrespectful. The consumer noted that staff intentionally place the call bell out of reach to prevent the consumer from pressing the bell, as a result the consumer indicated they were rarely assisted with their toileting needs, and often forced to use incontinence aids.
* A consumer indicated over the previous few months, staff refrained from speaking to them while providing assistance. The consumer stated they felt upset by this and when they asked a staff member why they did not talk to them, the staff member indicated they were told not to speak to the consumer. During the site audit, the Assessment Team observed staff verbally interacted with the consumer in a respectful manner. Management were advised of the consumer’s feedback and indicated the consumer can be rude to staff; however, management did not clarify whether staff were instructed to avoid speaking to the consumer.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning staff providing personal assistance to a consumer with their bedroom door left ajar – Management acknowledged the issues at the time of the site audit and immediately sent out communication to all staff members, reinforcing the importance of treating consumers with and respect and maintaining their privacy.
* Concerning the Assessment Team’s observations of undignified and disrespectful staff interactions – The service advised it was unaware of these issues and took immediate corrective action which included a one-to-one conversation conducted by management with the staff member involved, an apology given to the consumer and the identification of continuous improvement opportunities.
* Concerning the consumer who indicated staff refrained from speaking to them – The service confirmed it did not instruct team members to refrain from speaking with the consumer. The service reiterated the consumer can be rude to staff and can refuse the provision of care. Management provided coaching to staff in ways of communicating with the consumer and debriefing with staff following an adverse event with the consumer.

In reaching my conclusion, I considered the information presented by the site audit report and the Approved Provider’s response. I acknowledge the Approved Provider is taking action to address the issues identified in the site audit report. However, due to the observations made by, and feedback provided to, the Assessment Team during the site audit, I consider that at the time of the site audit, the service did not demonstrate that each consumer was treated with dignity and respect, with their identity, culture and diversity valued. Therefore, having considered all available evidence, I decided the service was non-compliant with Requirement 1(3)(a) at the time of the site audit.

*The other Requirements:*

Consumers and representatives from culturally diverse backgrounds confirmed staff respected and valued their cultures. The service conducted case conferences upon entry to the service to capture information regarding consumers’ backgrounds, cultures and goals.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. The Assessment Team observed rooms for couples, and staff to facilitate friendships between consumers.

Staff described the areas in which they supported consumers to take risks and live the best life they can and demonstrated an awareness of consumers that participated in activities which included an element of risk. Consumers spoke of various ways the service supported them to take risks and live they best life they can.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that is clear, easy to understand and enabled them to exercise choice and control. The Assessment Team reviewed consumer and representative meeting minutes, which indicated up-to-date information was provided regarding feedback and complaints, continuous improvement, and activities.

The Assessment Team observed staff knocking prior to entering consumers’ rooms and closing bedroom doors when providing personal care. Staff described how consumer privacy and confidentiality was maintained by ensuring consumers’ doors were kept closed when providing care and services and keeping the doors to the nurse’s station locked.

# 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. | Non-compliant |
| Requirement 2(3)(e) | 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

*Requirement 2(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate that assessment and planning identified and addressed the consumer’s current needs, goals and preferences.

The site audit report noted:

* A consumer considered their current care needs, goals and preferences were not being met by the service, and this adversely affected their health and well-being. The consumer further indicated there were a range of issues with which they had requested assistance, including a review by several different health professionals for a range of matters, a request for an air mattress to reduce the development of pressure sores and additional assistance to engage in social and lifestyle activities. A review of the consumer’s care planning documentation evidenced contradictory information regarding the consumer’s dietary requirements. Consequently, the consumer was observed to receive a meal which they were unable to eat due to their current requirement for a soft diet. The consumer was observed to inform staff about this issue, the staff member advised they would inform the kitchen staff of the consumer’s preferences for their meal tomorrow, but did not offer the consumer an alternative meal to eat for their current meal. Management were advised of these issues at the time of the site audit and indicated they would arrange an urgent case conference with the consumer and their family, and an alternative meal for that day.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service outlined the processes in place to ensure the assessment and planning process met the consumers’ needs, and indicated the consumers’ goals, preferences, choices and risks were identified and discussed with the consumer, representative and if required, allied health professionals, during the admission process. Care plans were reviewed every six months or as needed with changes in consumers’ condition and during the three-monthly case conference.
* Concerning the consumer’s feedback – Management conducted a case conference with the consumer and their representative to discuss the consumer’s needs and preferences and follow up on the issues raised by the consumer.

In reaching my conclusion, I considered the information presented in the site audit report and the Approved Provider’s response. I acknowledge the Approved Provider is taking action to address the issues identified in the site audit report. However, due to the feedback provided to, and a review of care planning documentation made by the Assessment Team, I consider that at the time of the site audit, the service did not consistently demonstrate that assessment and planning identified and addressed the consumer’s current needs, goals and preferences. Therefore, having considered all available evidence, I decided the service was non-compliant with Requirement 2(3)(b) at the time of the site audit.

*The other Requirements:*

Care planning documentation included consideration of any risks to the consumers’ health and wellbeing, which informed the delivery of safe and effective care and services. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer.

Consumers and representatives confirmed they were involved in the assessment and planning process when they entered the service and on an ongoing basis. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning, and when required, input was sought from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated and they could access consumer care plans upon request. A review of care planning documentation showed regular communication with consumers and representatives.

The service demonstrated care and services were regularly reviewed for effectiveness and when there was a change to the consumers’ care needs or if an incident occurred that impacted the consumer’s need, goals or preferences. Management and staff confirmed care plans were reviewed every six months, or when changes and incidents occurred.

# 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. | 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

*Requirement 3(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service was unable to demonstrate that each consumer received safe and effective clinical care that was best practice, tailored to their needs and which optimised their health and well-being.

The site audit report noted:

* A consumer and their representatives expressed concerns regarding the clinical care the consumer received in relation to their wound care. The representative indicated their concern about the increase in size of the consumer’s wound and possibility of infection and felt staff were not maintaining the wound as regularly as required, in accordance with the consumer’s care plan. The consumer’s care planning documentation mentioned the wounds and included input from a review conducted by the wound consultant. At the time of the site audit, management acknowledged the issues raised by the Assessment Team and indicated they were trying to resolve these issues with the consumer and their representatives; however, due to conflicting schedules, the service advised it had been unable to arrange a meeting with all representatives at the same time.
* A consumer indicated their clinical and personal care needs were not being met. The consumer stated they received a shower once a fortnight with bed washes on the other days and indicated this did not align with their stated preference of receiving a daily shower. The consumer attributed this issue to staff shortages. In addition, the consumer outlined a range of unmet clinical care needs which the service had not yet assisted the consumer to resolve, this included a referral to a medical officer, optometrist, dentist and a request for an air mattress. The consumer’s representative further expressed the consumer was often left in bed after the consumer had requested assistance to get out of bed. The representative indicated staff advised this occurred due to insufficient staffing levels within the service. The Assessment Team observed the consumer struggling to speak due to issues with improperly fitted dentures. The consumer raised concerns with call bell response times and stated that staff responding to a call bell request will enter their room, turn off the buzzer and leave. A review of the consumer’s call bell data showed call bell response times were generally lower than five minutes. On some occasions, spanning across multiple days, the consumer’s call bell was raised and answered/cancelled within a short time frame of between fifteen seconds to two minutes. At the time of the site audit, management advised they were unaware of these concerns and would organise a case conference with the consumer and their representatives. In relation to the call bell data, management advised the consumer had a behaviour of pressing the call bell for minor things and to get attention; however, this behaviour was not documented within the consumer’s care plan.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service is committed to optimising the safety and well-being of clients by ensuring that personal and clinical care delivery is best practice and is tailored to individual needs.
* Concerning the consumer’s feedback regarding wound care needs - the service outlined the consumer’s wounds were reviewed multiple times by the wound care specialist, geriatrician and nurse practitioner, and registered nurses were following the wound regime.
* Concerning the consumer’s feedback regarding unmet clinical and personal care needs – the service indicated they were unaware of the concerns the consumer raised, and have since conducted a case conference with the consumer and their representative to discuss the consumer’s physical and psychological needs and preferences. In addition, the service has scheduled a review by a dentist and arranged an air mattress for the consumer.

In reaching my conclusion, I considered the information presented in the site audit report and in the Approved Provider’s response. I acknowledge the Approved Provider is taking actions to address the issues identified in the site audit report. However, due to the significant concerns raised by consumers and representatives, the service did not demonstrate that each consumer received safe and effective clinical and personal care that was best practice, tailored to their needs and optimised their health and well-being. Furthermore, it is clear that these shortcomings affected consumers’ quality of care and enjoyment of life. Therefore, having considered all available evidence, I decided the service was non-compliant with Requirement 3(3)(a).

*The other Requirements:*

The service had processes in place to manage and monitor risks associated with the care of consumers. The service completed monthly clinical indicator reports, which trended high impact and high prevalence risks, these were analysed and addressed at monthly meetings as areas for improvement.

Management and staff described how to provide care to consumers that were palliating to ensure their comfort was maximised and their dignity maintained. The service had policies and procedures to inform staff practice in relation to palliative and end of life care.

Deterioration or changes in a consumer’s health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives indicated the service contacted them in a timely manner to discuss any deterioration in the health, or ability of the consumer.

Consumers and representatives stated information about the consumer’s care needs and preferences was effectively communicated between staff and services. Staff reported that information relation to the consumer’s condition, needs and preferences was documented in the service’s electronic care management system and communicated via handover and face to face communication.

Care planning documentation showed evidence of timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed they had access to the required health care supports.

The service implemented policies and procedures which guided staff practices on antimicrobial stewardship, infection control and COVID-19 outbreak management. Staff demonstrated a shared understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics.

# 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

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. The Assessment Team observed consumers actively involved and encouraged by staff to participate in activities held within the service.

Staff provided examples of how they supported consumers to maintain their emotional and psychological well-being by offering one-to-one supports, particularly for consumers who may be bed-bound. Consumers described services and supports available which promoted emotional, spiritual and psychological well-being.

Consumers and representatives indicated they were supported to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Staff provided examples of how consumers were supported to maintain relationships with people who are important to them.

Consumers and representatives reported information about their daily living choices and preferences was effectively communicated throughout the service, and staff understood their needs and preferences. Staff demonstrated how information was shared with those who are responsible for providing care to consumers.

Care planning documentation identified the involvement of other organisations and providers of care and services. The service had policies in place which supported the referral of consumers to other organisations and providers of care.

Consumers and representatives mostly indicated the provided meals were varied and of suitable quality and quantity. Care planning documentation outlined the dietary requirements and preferences were captured and were consistent with feedback received from consumers.

The Assessment Team observed equipment to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean, and well maintained. Management and staff identified the processes in place for identifying and reporting equipment that required maintenance.

# 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

Consumers and representatives confirmed the service was kept clean and well maintained and indicated they were able to move freely, both indoors and outdoors. The Assessment Team observed all areas of the service were clean, safe, well maintained and at a comfortable temperature.

Staff described the processes in place for preventative maintenance, reactive maintenance and cleaning. The Assessment Team reviewed the service’s policies and procedures which supported the cleaning and maintenance of the facility.

The Assessment Team observed the furniture, fittings and equipment at the service were safe, clean, well-maintained and suitable for the use of consumers. Consumers requiring mobility aids were observed using them freely and equipment was accessible when required.

# 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

Consumers and representatives stated they were encouraged and supported to provide feedback and make complaints. Management and staff described processes in place to support and encourage consumers and their representatives to provide feedback.

The Assessment Team observed information on display regarding advocacy, language services and other methods for raising and resolving complaints throughout the service. Consumers and representatives indicated they were aware of and knew how to access external support services.

Consumers and representatives indicated the service took appropriate action in response to complaints and the practice of open disclosure is utilised. Management and staff demonstrated an understanding of open disclosure in practice including the complaints management process.

Staff and management described how trending and analysing feedback and complaints resulted in improvements to care and services. Consumers and representatives stated their feedback was used to improve the quality of care and services.

# 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. | 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

*Requirement 7(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services.

The site audit report noted:

* Consumers and representatives provided examples how insufficient staffing and lengthy call bell response times impacted their care. This included delays with assistance for care needs, personal care not being provided in alignment with their preferences and the inability to engage in lifestyle activities of interest.
* Staff provided feedback there were insufficient staff at the service, and they had to undertake extra shifts. A review of the staffing roster by the Assessment Team identified the service attempted to fill sick leave and annual leave absences with internal staff working additional shifts and with agency staff.
* Management advised call bell responses were reviewed as part of their daily huddle meetings and a follow up provided for call bell responses longer than eight minutes. A review of the daily huddle meeting minutes by the Assessment Team did not demonstrate the service carried out individualised investigations and actions for call bell responses longer than eight minutes. Management indicated that verbal discussions were held with the team and was not recorded in the meeting minutes and accepted this was an opportunity for continuous improvement.

In its response, the Approved Provider submitted additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service advised there were systems in place to ensure team members were working to achievable staffing levels, including during periods of leave, unplanned absences or increased consumer needs. Citing national workforce challenges, the service indicated there are increased difficulties with recruitment and retention.
* Concerning call bell responses – The service indicated an action-focused discussion and evaluation of call bell responses will occur in the daily system meeting. In addition, an analysis of call bell guidance has been written for use by management and staff.
* Concerning feedback from consumers and representatives – The service acknowledged the feedback provided by consumers and their representatives. An ongoing recruitment meeting is set to occur with the Human Resources (HR) team and, in addition, the HR manager has planned a site visit to provide mentoring and coaching to staff and create a positive teamwork culture.

In reaching my conclusion, I considered the information presented in the site audit report and in the Approved Provider’s response. I acknowledge the Approved Provider is taking action to address the issues identified in the site audit report. However, based on feedback from consumers, representatives and staff, I consider that at the time of the site audit, the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Therefore, having considered all available evidence, I decided the service was non-compliant with Requirement 7(3)(a).

*The other Requirements:*

Consumers and representatives advised workforce interactions were kind, caring and respectful and this feedback was consistent with observations by the Assessment Team. Staff demonstrated an understanding of the consumer’s preferences, needs and culture.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. Consumers and representatives felt staff were effective in their roles and were confident that staff are skilled to meet their care needs.

Management described how it ensured staff met the minimum qualification and registration requirements for their respective roles and ensured they had current criminal history checks. Staff received orientation training, annual mandatory training, and complete competencies such as medication competencies, manual handling, fire and evacuation training and infection control practices.

Staff confirmed performance appraisals were completed regularly and outlined the service’s appraisal process. The performance review register showed most staff had their performance reviews completed and outstanding reviews were highlighted to be completed by the end of the month.

# 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

Consumers and representatives expressed satisfaction with the management of the service and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management advised consumers and representatives were actively encouraged to be involved in consumer and representative meetings.

Management said the organisation’s governance structure included direct feeding of information to the organisational management team from the front-line managers of each service. Consumers and representatives felt safe and indicated they lived within an inclusive environment with access to quality care and services.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management systems, policies and procedures in place to monitor, assess and manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents.

Management and staff described how clinical care practice was governed by policies concerning antimicrobial stewardship, restrictive practices and open disclosure principles. Staff confirmed they received education in relation to open disclosure and antimicrobial stewardship and provided examples of how they applied these policies in a practical setting.

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)