Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Autumn Lodge Glass Street | 18 August 2022 |
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| Approved provider: | Activity date: |
| Autumn Lodge | 21 June 2022 to 23 June 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 Autumn Lodge Glass Street (**the service**) has been considered by Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 21 June 2022 to 23 June 2022; 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 following information given to the Commission, or to the Assessment Team for the Site Audit of the service: 6 consumers and 8 consumer representative provided feedback to the Assessment Team.
* the following information received from the Secretary of the Department of Health (**the Secretary**): Exceptional Circumstances Determination dated 09 March 2021.

# 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 | **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 that all consumers are treated with dignity and respect with their call bells answered in a timely manner and that their privacy is maintained.

Requirement 2(3)(a) The approved provider must demonstrate that assessment and planning identify risks and triggers for consumers and strategies to prevent these risks and incidents. Outcomes of assessment and planning is provided to the consumer and representative.

Requirement 3(3)(a) The approved provider must demonstrate that there is effective oversight of consumers’ personal and clinical care and it is tailored to the needs of the consumer.

Requirement 3(3)(b) The approved provider must demonstrate that high prevalence or high impact risks to consumers are included in care planning for consumers with triggers, and strategies included to minimise risk of the risk reoccurring. Incident reports should contain comprehensive investigation and analysis.

Requirement 3(3)(e) The approved provider must demonstrate information about the consumer’s condition, needs and preferences is documented and communicated consistently between registered nurses, care staff and management.

Requirement 3(3)(g) The approved provider must demonstrate that all staff are following NSW Health Guidelines in relation to PPE and infection control and reduce the risk of infection or cross contamination at the service.

Requirement 7(3)(b) The approved provider must demonstrate that all interactions between staff and consumers and their representatives are kind, caring and respectful of each consumer’s identity, culture and diversity.

Requirement 8(3)(d) The organisation must demonstrate the risk management framework, includes systems and policies to identify, investigate, manage and effectively analyse high impact and high prevalence risks for consumers, and be accountable for all staff to have a practical knowledge of how to respond to risks and incidents, including documenting and communicating when incidents occur and when strategies are ineffective.

Requirement 8(3)(e) The organisation must demonstrate accountability for all staff to understand the clinical governance framework including restraint.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| 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 have been assessed as Non-compliant.

**The following requirement has been found to be non-compliant.**

Requirement 1(3)(a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team interviewed consumers and representatives and received mixed responses. One consumer advised that the older more experienced staff are very good, however, considers some of the younger less experienced staff to be rude and not respectful at times. During the interview, staff were heard speaking loudly in the corridor, the consumer advised that this happens at times and it is annoying and shuts the door so as not to hear them. One consumer indicated they have had their dignity negatively impacted upon as a result of their call bell not being responded to in a timely manner.

The approved provider responded to the Assessment Team’s report and provided evidence of training that has been conducted for staff. The information provided has not persuaded me of the compliance with this requirement.

I find that the approved provider is not compliant with this requirement.

**The following requirements have been found to be compliant.**

* Requirement 1(3)(b) Care and services are culturally safe
* 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.

* Requirement 1(3)(d) Each consumer is supported to take risks to enable them to live the best life they can.
* 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.
* Requirement 1(3)(f) Each consumer’s privacy is respected and personal information is kept confidential.

The Assessment Team interviewed consumers and representatives who confirmed that they feel they are cared for appropriately and were overall satisfied with care provided. Consumers provided feedback indicating they are given information which enables them to exercise choice. The organisation provides consumers with information which allows them to make informed choices and understand their rights and the services available to them.

The Assessment Team found staff interviewed were respectful when discussing consumers and demonstrated knowledge of their preferences. Staff provided information which indicates they recognise, understand and respect the cultural identity of consumers. Staff could describe how they adapt the way care and services are provided so this is culturally safe for each consumer. Staff were able to outline the various habits some consumers have and how they accommodate consumers’ needs. Overall staff said that consumers and representatives are able to make their own choices regarding their care and services. For the consumers sampled, staff could describe how each consumer is supported to make informed choices about their care and services.

The Assessment Team reviewed care planning documentation which contained information regarding consumers cultural needs, goals and preferences and detailed how they assist consumers to maintain their social, spiritual and cultural life. Care plans sampled evidenced that assessments are completed on admission and reviewed regularly. The Assessment Team reviewed activity calendar, menus, consumer meal feedback, and minutes of consumer meetings in which leisure/ lifestyle activities, menu, laundry and maintenance are all on the agenda. The Assessment Team observed staff interactions with consumers overall were discrete, and consumers’ personal information was not discussed in public areas where others could overhear.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | 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

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

**The following requirement has been found to be non-compliant.**

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.

The Assessment Team reviewed assessments and care plans which identified that consumers generally have care plans that identify most care needs. However, assessments are not consistently identifying the triggers for consumers’ behaviours or the planning of interventions for the management of the consumer. The assessments and planning for consumers sampled also does not address specific risks to the consumer’s health and well-being in relation to consumer behaviours.

The Assessment Team interviewed representatives who could not comment or recall the initial and/or ongoing assessment and planning of the consumer’s care and services. They indicated they are not aware of the assessment of their relative’s safety.

The approved provider responded to the Assessment Team’s report and advised that they have undertaken a review and updated care plans for the consumers. The provider has also acknowledged that evaluation of incidents is an improvement opportunity which they are working on providing them with greater data to analyse. They have also organised training in Root Cause Analysis to be provided by consultants.

I find that the approved provider is not compliant at the time of assessment.

**The following requirements have been found to be 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.
* 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.

* 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.
* 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.

#### The Assessment Team identified through documentation sampled, consumer and representative feedback together with staff interviews, that assessment and planning address the consumer’s needs and preferences. However, individual goals are not identified for consumers sampled. The consumer goals within the care planning documentation are generic in nature and do not demonstrate the goals are driven by the consumer. Advance care and end of life planning for those consumers who choose to have one is in place.

The Assessment Team found that overall the service demonstrated they have a partnership with consumers and representatives to involve the consumer and representative in the care assessment and planning of the consumer. Assessment and planning include other organisations, individuals and providers of care and services that are involved in the care of the consumer. Representatives interviewed indicated they are notified and are kept informed when consumer incidents occur. Overall most consumers and representatives indicated they were satisfied with the communication that occurs when incidents occur.

The Assessment Team interviewed representatives which indicated they are generally made aware of outcomes of the consumer assessment and planning. Consumers interviewed did not indicate or recall being aware of the availability of their care plans or the overall outcomes of assessment, however this was not causing them concern. Some representatives interviewed, indicated they can receive a copy of the consumer care plan. Observations made, and staff interviews indicated that consumer care plans are accessible to consumers or their representative (on request).

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Non-compliant |

## Findings

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

**The following requirements have been found to be non-compliant.**

* 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.

The Assessment Team identified the service was not effectively managing all consumers behaviours of concern and there were deficits in restrictive practice, consumer medication management and clinical oversight of consumers clinical care and personal care. For the consumers sampled personal and clinical care has not been consistently tailored to their needs and/or has optimised their health and well-being and/or is best practice.

The Assessment Team found in relation to behaviour management, documentation indicates not all consumers with behaviours of concern receive effective care that is tailored to their needs or optimises their wellbeing and/or best practice. Staff are not consistently identifying the triggers for consumers’ behaviour (at the time of the displayed behaviour) or demonstrating what interventions are used next if tried interventions are ineffective. Documentation does not support care staff are reporting to the registered nurses when interventions used are ineffective.

Whilst the majority of consumer and representative feedback is positive, one representative indicated the personal care for their relative is not effective or dignified. The Assessment Team reviewed clinical data which indicated there are 10 consumers who had a pressure injury in May 2022. Data indicates many of the pressure injuries are recurrent, however does not indicate what further risk mitigation strategies will be in place to minimise the risk of pressure injuries for consumers other than correct wound care, monitoring and checking the air mattress’s pressure is correct according to consumer weight.

The approved provider responded to the Assessment Team’s report and advised that they have improved their incident management evaluation to identify trends and potential improvements for consumer care. I have considered the providers response, however identify that it will take some time to reflect improvements in this requirement.

I find that the approved provider is not compliant with this requirement.

* Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that the service is not identifying the high prevalence risks or high impact risks to consumers. Care plans include very limited information about some high impact and high prevalence risks for consumers. Interventions are not adequate to minimise risk to and for a consumer. For the consumers sampled, negative outcomes have been identified in relation to pressure injury prevention management, behaviour management and there were potential negative outcomes for consumers who have bruising without the service evaluating the reason for the bruising. The service does not demonstrate root cause analysis of consumer incidents/injuries to ensure there is effective management strategies for each consumer.

The Assessment Team reviewed care planning documentation and identified that high impact or high prevalence risks are not identified in care plans. While consumer pressure injuries and bruising are reported, comprehensive falls management plans are not in place for consumers who are having pressure injuries and/or bruising There is a lack of evidence to support a thorough investigation has been conducted in relation to the root cause of the consumer pressure injuries and bruises and further strategies developed to minimise the risk of reoccurrence.

The approved provider responded to the Assessment Team’s report and advised that they have introduced a number of measures to address the gaps identified by the Assessment Team.

I find that the approved provider is not compliant with this requirement.

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.

The Assessment Team found that there is a process for information about the consumer’s condition, needs and preferences to be communicated in an electronic information management system. All information entered into the electronic system is available to those who share responsibility for the consumer’s care. However, documentation and staff interviews indicated information about consumers condition is not consistently shared between registered nurses, care staff and management.

The Assessment Team identified that there were gaps in information sharing in the clinical oversight and review of current behaviours, interventions, or needs and preferences in relation to responsive behaviours. Documentation indicated there was a lack of communication of information regarding the correct setting of each consumers air mattress leading to a risk for the consumer sustaining a pressure injury or having their pressure injury deteriorate. Documentation indicated there is a lack of comprehensive investigation of incidents, meaning that strategies to minimise the risk of reoccurrence are not identified and actioned. Management review of incidents does not indicate analysis of the root cause and identification of further strategies required to meet the needs of the consumer.

The approved provider responded to the Assessment Team’s report and advised that they have introduced measures to address the gaps identified by the Assessment Team.

I find that the approved provider is not compliant with this requirement.

Requirement 3(3)(g) Minimisation of infection related risks through implementing:

standard and transmission based precautions to prevent and control infection; and

practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team found that the service demonstrated a preparedness in relation to managing an outbreak of COVID-19 and/or any other outbreak. The service currently has an infection prevention control lead. However, staff practices are not consistently aligned to service protocols and the training staff have received.

The Assessment Team observed (in the MSU) a clean linen trolley with dirty linen and worn/dirty consumer clothing sitting on top. The Assessment Team raised with management the issue and the potential for cross contamination as well as this not being best practice in infection control.

The Assessment Team identified infection control was not always best practice, with staff not always wearing masks correctly, staff not sanitising hands as they went between the kitchen to serving consumers in dining room, staff not using utensils to place bread rolls on consumers plate and catering staff not wearing hair nets. These issues were addressed at the time; however, it is not evident if these practices will be continued.

The approved provider responded to the Assessment Team’s report and advised that they have conducted further refresher training on infection control and there will be increased monitoring by Team Leaders, Registered Nurses and management.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have been found to be 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.
* 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.
* Requirement 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team reviewed care planning documentation which show that consumers are given opportunities to express their wishes. These are documented, and planning occurs to ensure their comfort is maximised and their dignity is preserved. The service generally demonstrates that staff monitor and recognise deterioration in most sampled consumers cognitive and physical condition and respond in an appropriate and timely manner.

For the consumers sampled, care planning documentation indicates there is identification of, and response to, deterioration or changes in condition on most occasions. Care planning documents evidenced the input of others such as allied health professionals and specialists. Referrals were made when required. For example, there was evidence of referrals to a speech pathologist, nurse practitioner, geriatrician, mental health services, and dementia services. The input from the specialist and allied health professional is documented in the consumers’ clinical file

The Assessment Team interviewed consumers and representatives who confirmed consumers have access to services such as, medical, physiotherapy and dieticians. They indicated the consumer is seen by their medical officer as needed.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

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

The Assessment Team interviewed consumers and representatives who overall confirmed that consumers are supported to do the things they want to do, that optimises their independence, health and well-being. Consumers and representatives sampled said consumers are supported by the service to engage in activities both inside and outside the service and maintain contact and relationships with people who are important to them. Most consumers and representatives said the meals are of suitable quality and quantity and align with their dietary needs and preferences, although the food sometimes is warm rather than hot. Consumers said they can access food if they feel hungry and would talk to the staff if they were hungry or did not want the meal on the day.

The Assessment Team reviewed care planning documentation which identified information about what services and supports were required to help consumers do the things they want to do. Care plan documentation included consumers backgrounds, leisure and lifestyle abilities, special considerations and goals which are all taken during initial assessment and reviewed during reviews. Care planning documents also include information about their emotional, spiritual or psychological well-being, and strategies to increase their well-being, there is also information identifying how consumers wish to participate in activities, outings into the community, and maintain relationships.

The Assessment Team observed consumers participating in group and individual activities, sharing meals together, and receiving visitors. Consumers were seen using different areas in the service including the communal rooms and indoor and outdoor areas. The Assessment Team reviewed examples of consumer feedback, and minutes of the resident’s meetings that showed participation, consultation and feedback from consumers in menu choices and options, and actions taken.

The Assessment Team observed a lunch service in the Wollemi dining area and noted staff offering choices of meals and beverages during the meal service. Consumers were seated together at tables which were laid prior to the meal. Staff settled consumers at the table and provided one to one assistance for those requiring it. The meal service was calm and unhurried.

The Assessment Team observed equipment used to support consumers to engage in lifestyle activities within and outside of the service to be suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

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

The Assessment Team interviewed consumers and representatives who said they feel at home living at the service, although for some this did take some time to adjust to, as they did not want to move into care when they came. Another said they loved the gardens and sitting in the sunshine. Consumers said that they feel safe at the service and are not disturbed by other consumers or staff. They can navigate and move around the service areas they use easily.

The Assessment Team found there are various signs to support wayfinding throughout the service, there is adequate lighting, and heating which contributes to a comfortable atmosphere. The service environment is well maintained and has a welcoming and easy to understand environment which optimises each consumer’s sense of belonging, independence, interaction and function. The garden spaces are freely accessible to consumers.

The Assessment Team observed the service environment to be clean, well-maintained and enabling free movement. The service environment (including outdoor areas and gardens) was observed to be clean, with an absence of obstructions, steps, or trip hazards to enable free and safe movement. Cleaning was observed to be undertaken at multiple locations throughout the service at various times. Communal areas were observed to have clean floors and surfaces and dining areas were observed to be cleared and cleaned promptly following meal services. Fire safety equipment and illuminated exit signage is displayed throughout the service.

The Assessment Team identified the service has processes in place including cleaning and maintenance schedules to ensure furniture, fittings and equipment are safe, clean and maintained. Consumers and staff were observed using equipment they needed safely throughout the service. The furniture, fittings and equipment were observed by the Assessment Team to be clean, well maintained and used safely.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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.

The Assessment Team interviewed consumer representatives who described various ways they can provide feedback or make a complaint. Consumer representatives said that matters raised are mostly addressed in a timely manner and that there has been no need to escalate their concerns. Consumer representatives described in various ways they can provide feedback or make a complaint. Consumer representatives said they felt safe in raising concerns and were mostly confident that action would be taken. Consumer representatives expressed satisfaction with their ability to provide feedback directly to the service or using an external complaints body. Overall consumer representatives confirmed action is taken in response to complaints and they were satisfied with the level of responsiveness of current management and said they feel their suggestions are mostly listened to and actioned.

The Assessment Team observed internal and external complaints information on display within the service. The Assessment Team observed feedback forms located at the reception area of the service, as well as a locked suggestion box outside the manager’s office that is checked daily. Feedback forms are entered in the complaints register, along with feedback and complaints gathered through other mechanisms. Feedback and complaints are monitored and, as necessary, escalated by the service manager to ensure issues are resolved. There is a complaints management policy to provide staff guidance in how to encourage consumers, representatives and staff to provide feedback and complaints. The service demonstrated that there are established processes to enable the submission of complaints, that formal complaints are documented, actioned and resolved in a timely manner.

The Assessment Team interviewed staff and management with staff describing how they offer to assist consumers to make a complaint or feedback. Care and nursing staff were able to describe the advocacy and language services available to residents who require them and how they would assist them in contacting these if they needed assistance to do so. Staff demonstrated an understanding of how they respond to complaints by apologising and following the service’s open disclosure process. Management were able to describe the main areas of complaints and how areas of concern are captured in the continuous improvement plan to improve service to their consumers. Senior management said that they monitor and review all complaints to their satisfactory conclusion. Trends are reported to the Board.

**Standard 7**

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| Human resources | | Non-compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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 five specific requirements have been assessed as Non-compliant.

**The following requirement has been found to be non-compliant.**

* Requirement 7(3)(b) Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The Assessment Team found that most sampled consumer representatives described various ways staff are kind, caring and gentle when providing care. However, one representative gave examples of times when the consumer they represent was not treated with kindness, dignity and respect. Observations of staff interactions with consumers were generally polite and caring, however the Assessment Team observed an incident where staff were not kind caring and respectful.

The approved provider responded to the Assessment Team report and advised that continence, infection control and dignity education had been provided for all staff.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have been found to be compliant.**

* 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.
* Requirement 7(3)(c) The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Requirement 7(3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Requirement 7(3)(e) Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team interviewed consumer representatives who felt that there are enough staff for consumers to receive the care they need and that when they were visiting, their family member did not generally have to wait long for staff to attend after pressing the call bell. Consumer representatives gave mixed responses as to whether they felt that the workforce have the qualifications and knowledge to effectively perform their roles. One representative said that staff know what they are doing but need more training on pressure sores and identifying risks.

The Assessment Team interviewed staff who said that, although they sometimes needed more staff, they have the support of management and others to ensure consumers receive the care they need. Staff interviewed said they get informal feedback from their supervisor on a regular basis. While staff stated that performance reviews are done annually, most staff could not recall when their last review took place.

The Assessment Team spoke to management who advised that the roster is reviewed to ensure that there are enough staff. The service will firstly attempt to fill shifts with current staff but where this is unsuccessful can source staff from an agency. Staff can work longer shifts. If staff ask for additional shifts, this is usually approved by management. Management described how they determine whether or not staff are competent and capable in their role by conducting observations and seeking feedback from the nurse in charge.

Management described how they use a range of processes to monitor staff performance including monitoring incidents and complaints, observation, and feedback from consumers, registered nurses and team leaders. Management described how they undertake disciplinary action and how any poor performance is addressed through education and counselling sessions. Where the matter is repeated or of a more serious nature, the organisation’s performance management process would commence.

The Assessment Team found that the service recruits, trains, equips and supports its workforce to deliver the outcomes required by the standards. Not all staff have completed mandatory training since their mandatory pre-employment training. The service uses of a new electronic education platform. The platform enables the effective delivery and monitoring of staff education. The service demonstrated its capacity to ensure staff complete all required education modules in the near future. The service demonstrated it has a system in place for regular assessment, monitoring and review of the performance of each member of the workforce. Staff confirmed they receive regular informal feedback from their supervisor and/or management. However, for the last two years the service has had low levels of completion of formal staff performance reviews.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | 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 two of the five specific requirements have been assessed as Non-compliant.

**The following requirements have been found to be 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.

The Assessment Team found that the organisation was unable to provide a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, how abuse and neglect of consumers is identified and responded to, how consumers are supported to live the best life they can and how incidents are managed and prevented.

The Assessment Team interviewed staff and asked them whether these policies had been discussed with them and what they meant for them in a practical way. Most staff said were aware of the requirements of risk management however, the Assessment Team found that they were not always put into practice.

The approved provider responded to the Assessment Team’s report and advised that a risk management plan and framework are in place and were endorsed by the Board in May 2022. The provider disputed the Assessments Team’s findings, advising that the lack of practical application of this requirement is one of individual practices and not that of the organisation. However, I find organisationally there has not been effective oversight for high impact and high prevalence risks, or that comprehensive investigation has occurred with management and effective strategies in place to prevent the risks from reoccurring.

I find that the approved provider is not compliant with this requirement.

* 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.

The Assessment Team found that the organisation was able to provide policies relating to antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

The Assessment Team interviewed staff and asked them whether these policies had been discussed with them and what they meant for them in a practical way. Staff said that they had been educated about the policies and were able to demonstrate an understanding and relevance to their work in relation to clinical governance, antimicrobial stewardship and open disclosure, however were not able to demonstrate an understanding of restrictive practises.

The approved provider responded to the Assessment Team’s report and disputed the findings of the team, stating that as their other service achieved a compliant rating for this requirement, organisationally it should apply to this service as well. However, I find organisationally there has not been effective oversight identified that restrictive practice is well understood or practiced by the workforce in that restraint is any practice or action that interferes with a consumer’s ability or restricts a consumer’s free movement.

I find that the approved provider is not compliant with this requirement.

**The following requirements have been found to be compliant.**

* Requirement 8(3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* 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.
* 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.

The Assessment Team interviewed consumer representatives who confirmed they are satisfied the service is well run, their family members are well cared for and they are kept informed of changes. Sampled consumer representatives said that they could put suggestions forward to management and could do this via resident meetings or directly speaking to or emailing the manager. Consumers representatives’ expressed satisfaction of their family members feeling safe living in an inclusive environment with provision of quality care and services. The organisation promotes safe and inclusive care through equal opportunity and diversity policy to guide staff practice.

The Assessment Team spoke with management who described how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers and representatives are encouraged to give feedback through the resident support group meetings and there are feedback forms available to the consumers and their representatives. COVID-19 updates were provided to consumers and representatives to keep them informed of the situation and any change in guidance and visitation policies. Communication to consumers and representatives has been provided regarding the acquisition of the service.

The Assessment Team identified that the service’s performance is monitored and reviewed at the organisational and local level through review of key performance data including incident data, review of consumer and representative feedback and satisfaction surveys with results provided to clinical personnel and management. The organisation is responsive to expenditure to meet the change of needs to consumers. The board is kept informed of the service’s performance through quality performance surveys conducted as part of an internal audit, the sample audit of clinical profiles and Hotel service manager reports. The education and quality manager communicates with staff and consumers regarding events, updates on policies and changes to legislation and outcomes from visits of regulatory bodies.

The Assessment Team reviewed a copy of the continuous improvement plan and observed that the items in the plan are documented clearly with links to the Quality Standards relating to each item and incidents are used to inform items in the plan. This was evident when an incident led to leadership training for registered staff.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)