Performance

Report

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| Name of service: | Balaklava Millcourt Homes |
| Service address: | 7 Railway Terrace, BALAKLAVA, SA 5461 |
| Commission ID: | 6063 |
| Approved provider: | Balaklava Mill Court Homes Inc |
| Activity type: | Site Audit |
| Activity date: | 16 August 2022 To 18 August 2022 |
| Performance report date: | 05 October 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 Balaklava Millcourt Homes (**the service**) has been prepared by Marek Dubovinsky 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 other;
* performance report dated 7 October 2021 for the Assessment Contact dated 23 to 24 August 2021; and
* the provider’s response to the assessment team’s report received 16 September 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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.

Standard 2 Requirement (3)(e)

* Review policies and procedures in review processes and specifically in relation to nutrition and hydration and weight management, diabetic management and following changes in continence.
* Ensure staff are aware of and follow relevant policies and procedures in relation to review processes.

Standard 3 Requirement (3)(b)

* Ensure staff are aware of and follow relevant policies and procedures in relation to identifying and managing high impact and high prevalence risks.
* Review policies and procedures in relation to management of nutrition and hydration and weight management, diabetic management and changed behaviours.

Standard 7 Requirement (3)(c)

* Review monitoring processes to ensure staff are aware of their roles and responsibilities in relation to reviewing consumers and identifying and managing high impact and high prevalence risks.
* Ensure staff have knowledge to effectively perform their roles in relation to reviewing consumers and identifying and managing high impact and high prevalence risks.

# 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

The Quality Standard is Compliant as six of the six Requirements have been assessed as Complaint.

Consumers confirmed staff treat them with dignity and respect and were aware of their cultural preferences. Care planning documentation used respectful language and recorded the consumer’s life story, preferences, interests and spirituality. Staff were observed interacting with consumers in a kind and courteous manner.

Consumers were able to describe how the service provides spiritual services to ensure cultural safety. Staff were able to provide examples of how they provide care in line with consumers’ cultural needs such as supporting consumers who prefer a female carer.

Consumers interviewed confirmed they are supported to exercise choice. One consumer described how the service helps them maintain relationships of choice. Care files sampled included information about decision makers and emergency contacts and significant others. Staff were able to provide examples of how they support consumers to take risks, such as leaving the service to go to on outings. Care planning documentation confirmed risks are identified, assessed and planned for.

Information is provided to consumers through a range of mechanisms. This includes documentation such as newsletters, activity calendar, menus and through meetings such as regular resident meetings.

Consumer’s privacy is respected, and personal information is kept confidential. Staff described how they maintain consumer privacy. Staff were observed maintain consumer privacy and securing sensitive information.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# 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. | Non-compliant |

Findings

The Quality Standard is Non-compliant as one of the five Requirements has been assessed as Non-complaint.

The Assessment Team was not satisfied the service demonstrated care and services were reviewed for effectiveness for two consumers following incidents and/or changes to their health and wellbeing. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* The consumer experienced low Blood Glucose Levels (BGLs) on 11 occasions for an approximate two-month period prior to the Site Audit, without staff documenting actions taken and reviewing the consumer’s diabetic management plan.
* The consumer experienced weight loss, which was not identified. In response to feedback from the Assessment Team, a review was completed during the Site Audit and the consumer was commenced on additional nutritional supports.
* Increases in changed behaviours were noted by staff, which did not result in a review of care and services.
* Changes to the consumer’s continence of increased frequency were identified by staff and communicated to the medical officer. However, the consumer’s continence was not reviewed.

Consumer D

* The consumer experienced deterioration and was not effectively monitored during the period in relation to potential dehydration and poor oral intake.

The provider’s response acknowledges the findings in the Assessment Team’s report in relation to Consumer A and refuted the finding for Consumer D. The following evidence was provided:

Consumer D

* The consumer was monitored throughout their deterioration. Regular monitoring of the consumer’s health status occurred which included monitoring of their blood pressure.
* Records showing the consumer was reviewed by a Physiotherapist 2 days after the fall. Progress notes showing the medical officer reviewed the consumer 3 days after the fall and was aware of the consumers vitals, including blood pressure and noted to continue to monitor. A further medical review was completed four days after the fall and recommended to continue with fluids and a particular product.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences for one consumer in relation to nutrition and hydration and weight management, diabetic management and following changes in continence.

In coming to my finding I have placed weight on the evidence for Consumer A which showed the consumer experienced weight loss, episodes of low BGLs and changes to their continence care which did not prompt a review of care and services. In relation to Consumer D, I have considered the evidence is more aligned with Requirement (3)(b) in Standard 3 Personal care and clinical care, as the service did not effectively manage the consumer’s high impact or high prevalence risks relating to nutrition and hydration needs. Evidence presented in the Assessment Team’s report has therefore been considered under that Requirement.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(e) in this Standard.

The service was found Non-compliant with Requirements (3)(a), (3)(b) and (3)(d) following an Assessment Contact conducted from 23 to 24 August 2021, where it was found the service was unable to demonstrate:

* assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services specifically for pain and weight loss;
* assessment and planning consistently identify and address consumers’ goals, needs and preferences in relation to advance care planning and end of life planning; and
* consumers and representatives were routinely involved in the care plan review process, including involvement in discussions relating to consumers’ care and service needs.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* In relation to Requirement (3)(a):
  + Completed a pain gap analysis, reviewed the pain policy, educated staff and sourced a validated pain tool to identify and monitor pain.
  + Reviewed and updated the weight loss spread sheet and monitoring tools. Provided education to staff on food and fluid charting and reviewed the clinical indicator report to include additional information on weight loss over 6 to 12 months.
* In relation to Requirement (3)(b):
  + Reviewing palliative care plans for all consumers.
  + Reviewing policies and procedures in relation to advanced care planning and end of life planning.
  + Providing education to staff on palliative care to ensure preferences are identified during the care plan evaluation process.
* In relation to Requirement (3)(d):
  + All consumers and representatives were notified that a care plan is available for them to access whenever they wish.
  + Education with the clinical nurse around consultation and notification of care plans availability.
  + The care evaluation policy/procedure was updated to be reflective of the availability of care plans for consumers and/or representatives.

At the Site Audit conducted from 16 to 18 August 2022, the Assessment Team found these improvements were effectively embedded and recommended the service meets these Requirements. The Assessment Team provided the following evidence relevant to my finding:

* There are processes in place to ensure all relevant information is captured to ensure safe and effective care and services are delivered to all consumers. Care planning documentation shows a range of validated clinical risk assessment tools are completed on entry, including skin, mobility, nutrition and hydration, falls, behaviour and medication. Staff were able to explain the assessment process, how they identify risks and how consumers and representatives were involved in undertaking the assessments. Staff have received training in relation to assessment and planning processes. Two consumers said they have been involved in assessment and planning, including in relation to risks to their health and well-being.
* The service has policies and procedures to guide staff on the care planning process, including end of life wishes and advanced care directives. All clinical staff interviewed were aware of the need to discuss advance care planning with consumers and representatives on entry and at all care plan reviews. Sampled consumer care plans included detailed information relating to consumers’ goals needs and preferences including end-of-life wishes.
* Clinical staff were able to describe how consumers and representatives can access care plans on request. Staff confirmed they are informed of changes to consumers' needs and services after a review is completed through the handover process.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a), (3)(b) and (3)(d) in this Standard.

In relation Requirement (3)(c), representatives confirmed they are informed regularly of updates and changes to their family members care and health. Consumers are provided information on entry regarding family involvement in their care planning and assessment process. The organisation has policies to inform staff of the process of completing assessments in partnership with consumers and representatives.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(d) in this Standard.

# 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. | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is Non-compliant as one of the seven Requirements has been assessed as Non-complaint.

The Assessment Team recommended Requirement (3)(b) not met, as they were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of one consumer. Specifically, management of risks associated with diabetes, nutrition and hydration, changed behaviours and continence. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* The consumer experienced 13 occasions of low BGLs within the last two months, which were outside the consumers normal range. All strategies outlined in the diabetic management plan were not followed for at least 11 of the occasions. In addition, actions taken in response to the low BGLs were not documented for 6 of the 11 occasions.
* Management acknowledged the consumer’s diabetes has not always been attended in line with the medical officer’s diabetes management plan.
* The consumer experienced significant weight loss in the last two months prior to the Site Audit. Records showed the medical officer noted the loss in weight in the month prior to the Site Audit and management said this was as a result of an underlying medical condition.
* Food monitoring charts were implemented for a 12-day period approximately two months prior, which showed the consumer was not consuming meals consistently, with 5 of the 8 main meals only half eaten and for 21 main meals monitoring was not recorded. The analysis indicated the consumer was tolerating the food well.
* The consumer was reviewed during the Site Audit by an allied health professional and was commenced on nutritional supplements and they noted varied intake likely contributed to the weight loss.
* The consumer experienced episodes of increased changed behaviours and whilst the strategies were documented in the consumer’s behaviour assessment and management plan, the frequency was not documented. Management updated the consumer’s care plan to include frequency.

The provider’s response acknowledges the findings in the Assessment Team’s report and a continuous improvement plan was submitted. Improvements included reviewing policies and procedures, implementing additional training to staff and implementing monitoring processes.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. This specifically related to diabetes management, management of changed behaviours and management of nutrition and hydration.

In coming to my finding I have noted Consumer A experienced incidents of low BGLs with strategies to manage their medical condition inconsistently followed. I have placed weight on the significant number of low BGLs, in addition to no actions being documented for six of the readings to support effective monitoring and management of the consumer’s diabetes. In addition, I have noted consumer A experienced weight loss and whilst the medical officer was aware of some of the weight loss, appropriate monitoring and analysis was not completed to support effective management of the consumer’s nutrition and hydration care and service needs. Finally, for Consumer A, I have noted the consumer had experienced changed behaviours which were ongoing to support my view which did not result in a review of care and service to support effective delivery of care and service.

To further support my view, I have considered evidence for Consumer D that was documented in the Assessment Team’s report under Requirement (3)(d) in this Standard and Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers, which showed the consumer’s nutrition and hydration needs were not effectively managed. To support my view, I have considered the limited documentation in food intake charts and other documentation in addition to the recommendations made by the medical officer which were not consistently followed.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(b) in this Standard.

The Assessment Team recommended Requirement (3)(d) not met and were not satisfied the service demonstrated they identify and respond to deterioration or changes in consumers’ physical function or condition in a timely manner. The Assessment Team provided the following evidence relevant to my finding:

* Consumer A experienced weight loss and increased episodes of changed behaviours which was not identified and addressed.
* Consumer B was diagnosed with an infection two months prior to the Site Audit and four days after the initial diagnosis, experienced one record of slightly elevated blood pressure, which was higher than normal. Approximately one hour later, the consumer’s blood pressure had returned to a lower reading. Twenty minutes later the consumer presented unwell and was assessed and nursing staff recommended to continue to monitor. The consumer was reviewed further times during the day and following a worsening health status, an ambulance was contacted. The consumer passed away shortly after the attendance of ambulance personnel.
* Consumer C was diagnosed with an infection approximately two months prior to the Site Audit. Four days following the diagnosed infection, the consumer became unwell and had altered level of consciousness and reduced oxygen saturation. Oxygen therapy was delivered and the consumer refused to be transferred to hospital. Over the next 3 hours, the consumer was reviewed on two occasions and was noted to be well. Shortly after, the consumer deteriorated, and ambulance personnel were contacted, and a decision was made for comfort care at the service in consultation with the representative. A further review was completed one hour later by nursing staff which noted the consumer’s poor health status and the consumer passed away four hours later.
* Consumer D became unwell approximately two months prior to the Site Audit and was noted to have fluctuating blood pressure and required medication to manage their blood pressure. Following episodes of out of range blood pressure, further records were taken which showed reduced levels over the next 24 hours. An immediate review was not undertaken by the medical officer. A review was completed a day later, and the medical officer recommended to support the consumer with their fluids and a recommendation was made for a specific product in light of the consumers signs and symptoms. Over the next two days, the specific product was provided on two occasions. Limited monitoring occurred in relation to the consumer’s nutritional intake in food charting documentation and a nursing review indicated possible dehydration. The consumer was transferred to hospital for pain management and died shortly after.

The provider’s response acknowledges the findings in the Assessment Team’s report for Consumer A but refutes the findings for Consumers B and D. The following evidence was provided relevant to my finding:

* Refutes Consumer B’s blood pressure was significantly elevated. Affirmed their view that when the consumer deteriorated the ambulance personnel were contacted and in consultation an appropriate management plan was implemented. In addition, policies and procedures outlined processes to manage the consumer whilst being treated for an infection which were followed.
* Refutes Consumer D’s blood pressure was significantly elevated and provided records from the medical officer indicating the consumer’s blood pressures was stable.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate 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.

In relation to Consumer A, I find the core deficiencies relate to management of high impact or high prevalence risks associated with the care of the consumer. I have therefore considered evidence in the Assessment Team’s report under Requirement (3)(b) in this Standard.

In relation to Consumer B, I have considered the evidence which showed staff had monitored the consumer and had undertaken regular clinical observations. In addition, I noted that when then the consumer had deteriorated, relevant personnel were contacted. I have noted and accept the provider’s response indicating their blood pressure was not significantly elevated. I have also noted internal policies and procedures which were consistent with the actions by staff in managing the consumer’s clinical care.

In relation to Consumer C, I have considered the evidence which showed the consumer was regularly reviewed by nursing staff and when the consumer deteriorated, ambulance personnel were contacted. In addition, I have noted the management of the consumer’s condition was in accordance with both the representative and the consumer’s preference, which was for the consumer to remain at the service and no specific medical intervention was required.

In relation to Consumer D, I have considered the evidence which showed their blood pressure was effectively monitored and managed. In addition, I have noted the medical officer was notified to review the consumer following the altered blood pressure readings. I have noted however, the consumer’s nutrition and hydration needs were not effectively managed. To support my view, I have considered the limited documentation in the food intake charts and other documentation, in addition to the recommendations made by the medical officer which were not consistently followed. I have considered deficits for Consumer D under Requirement (3)(b) in this Standard, as the core issue relates to the management of high impact or high prevalence risks.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirement (3)(d) in this Standard.

In relation to all other Requirements in this Standard, consumers get safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs, and optimises their health and well-being. Most consumers and representatives said consumers get the care and services they need and can see the medical officer and other allied health services when they need. Consumer files reflected individualised care that is safe, effective and tailored to individual needs of consumers. Staff were able to provide examples of how they provide care and ensure services are delivered in a safe and effective manner. Staff were able to demonstrate care and services for each consumer are tailored.

Consumers’ end of life needs and preferences are monitored and provided through assessment of consumers for pain, agitation, and discomfort. Additionally, information is added to the consumer’s care plans once they are on comfort care measures, and a palliative care plan is completed once the medical officer, consumer and representative agree the consumer is for comfort care.

Information is communicated effectively within the service and with others where responsibility is shared. Consumers have a care plan and a summary care plan to enable staff to address any concerns quickly. Staff are informed of any changes to consumers’ health, condition and needs regularly through their handover process and alerts on the service’s documentation computer system.

Timely and appropriate referrals occur to individuals, other organisations and providers of other care and services. Referrals are completed to internal and external allied health professionals and specialists in a timely manner. Staff were able to demonstrate how referrals are completed and how the service communicates any changes or recommendations to staff, consumers and representatives. Infections are monitored, and staff demonstrated they have a clear understanding of infection control and antimicrobial stewardship principles and are working with medical officers to promote appropriate antibiotic prescribing and use of antibiotics.

Based on the evidence documented above, I find the provider, in relation to the service Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard.

# 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

The Quality Standard is Compliant as seven of the seven Requirements have been assessed as Complaint.

Consumers said they felt supported to do things they enjoyed and to maintain their independence and quality of life. Care plans showed consumers’ background, life story and experiences, past and current interests, religious and other cultural practices and what is meaningful for the consumer. Staff were able to describe consumer interests and preferences in line with their care plans and how they support them.

Consumers said they are supported to attend cultural or religious activities and events. Care planning documentation showed consumers had their emotional, spiritual and psychological well-being identified and documented. Care and lifestyle staff were able to describe how they provide support to consumers to enhance their wellbeing.

Consumers said they are assisted with daily living activities that support them to pursue their interests and take part in the community and social activities. Care planning documentation showed consumers are supported to participate in the community, maintain relationships and do things of interest to them. Management described how they support consumers to participate in the community such as recently taking 4 consumers to a local theatre production.

Care documents demonstrated information about the consumer’s condition, needs and preferences is reflected in consumer care plans, assessments, lifestyle activities plan and progress notes. Staff said information pertaining to the consumer’s condition, needs and preferences are documented in the care plan which is accessible to all staff on the electronic clinical management system and on their service issued phones.

Staff could describe how they refer consumers to work with external organisations and use volunteers to help supplement the lifestyle program. Care plans reflected involvement from other organisations including library services, volunteers and community groups.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# 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

The Quality Standard is Compliant as three of the three Requirements have been assessed as Complaint.

Consumers said they enjoyed the dining and communal areas, and the service environment was easy to navigate. Rooms were observed to be personalised and consumers said they felt safe and comfortable in their rooms. The service’s corridors were observed to be easy to navigate and uncluttered.

Consumers were satisfied with the standard of cleanliness and felt safe. The service environment was observed to be safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors. Maintenance and cleaning schedules ensure the environment is safe, clean and well maintained.

Furniture, fittings and equipment was observed to be safe, clean, well maintained and suitable for consumers. Staff said environmental audits of consumer rooms includes check of furnishings and equipment such as chairs and walking aids. Staff described how shared equipment, such as lifters and mobile shower chairs are wiped after use and visual checks are conducted. Maintenance records showed regular maintenance equipment and issues are actioned in a timely manner, including the use of contractors when required.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# Standard 6

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

Findings

The Quality Standard is Compliant as four of the four Requirements have been assessed as Complaint.

Consumers said they are comfortable talking to staff and management about any issues and feel like they are listened to. Resident meeting minutes show how consumers are actively engaged in feedback, which was confirmed by consumer feedback. Staff described how they support consumers through advocates or language services and demonstrated how they assist consumers with communication difficulties. Management was able to describe how the service uses surveys and meetings to encourage and facilitate feedback or concerns.

Consumers are aware of the various methods to raise feedback or complaints and are assisted when required. Staff described how they raise issues or concerns on behalf of consumers and were aware of language and advocacy services. Consumers are provided information about internal and external complaints services and advocacy services when entering the service, which are displayed though out the service environment.

Consumers interviewed confirmed an open disclosure process is used when they made complaints and felt their concerns were addressed satisfactorily. The complaints register showed complaints being actioned. Staff interviewed were able to demonstrate their awareness of open disclosure.

Consumers said management work with them to ensure feedback is actioned in a timely manner and service improvements are identified and implemented because of feedback received. The service’s continuous improvement plan contained examples of how consumer feedback and/or complaints were reviewed and used to improve the quality of care. Examples included reviewing and replacing sensor mats following the feedback of the risk of falls to consumers posed by the cords.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

# 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | 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 Non-compliant as one of the five Requirements has been assessed as Non-complaint.

The Assessment Team recommended Requirement (3)(c) not met, as they were not satisfied the service demonstrated staff have the knowledge to perform their roles specifically in relation to the management of consumers’ diabetes, nutrition and hydration, changed behaviours and continence. The Assessment Team provided the following evidence relevant to my finding:

* Evidence documented for Consumer A demonstrating deficits in staff knowledge relating to management of diabetes, nutrition and hydration, changed behaviours and continence care.
* Evidence documented for Consumer D demonstrating deficits in staff knowledge relating to management of nutrition and hydration.

The provider’s response acknowledges the findings in the Assessment Team’s report and a continuous improvement plan was submitted. Improvements included reviewing policies and procedures, implementing additional training to staff and implementing monitoring processes.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their role, specifically in relation to the management of consumers with care and service needs in relation to diabetes, nutrition and hydration, changed behaviours and continence care. In coming to my finding I have relied on the deficits identified for both Consumer A and Consumer D, which were reflected under Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers and Requirement (3)(b) in Standard 3 Personal care and clinical care.

Based on the evidence documented above, I find the provider, in relation to the service Non-compliant with Requirement (3)(c) in this Standard.

In relation to all other Requirements in this Standard, processes support the planning and management of the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. The number of consumers and their acuity determine the staffing model. Consumers and representatives were satisfied the number of staff were adequate to meet consumers’ care and service needs and preferences.

Workforce interactions were observed to be kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers and representatives said staff are kind and caring, they treat consumers with respect, are responsive to their needs and understand their preferences and interests. Care staff were observed talking to consumers respectfully and spoke of consumers affectionately and kindly.

Care and clinical staff said they are provided enough training to perform their role confidently and can access further training opportunities if they want. Consumers and representatives were satisfied with the skills and knowledge of staff and have confidence in them to deliver safe and effective care and services.

Management said competencies are conducted through training days to ensure staff can perform their role competently, or if an issue is identified staff will receive further training. Clinical nurses are also instructed to observe staff and identify deficiencies or gaps in the work they perform. The service has a performance appraisal and development process for newly employed and existing staff. Staff performance issues are addressed through a formal investigation or counselling process.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in the Standard.

# 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Complaint.

Consumers are engaged and supported in the development, delivery and evaluation of care and services. Management were able to describe and provide documented evidence how consumers were involved in improving care and services primarily through resident meetings, focus groups, surveys and verbal feedback.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The governing body comprises of a Board of directors which is supported by a chief executive officer and leadership team. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services. The Assessment Team viewed documentation in the form of meeting minutes and reports demonstrating the Board and executive teams' awareness and involvement in the delivery of services. The leadership team provides the Board with a comprehensive report that includes information related to risk complaints, continuous improvement and human resources.

Effective information management systems and processes are in place to ensure staff and management have ready access to relevant and up-to-date information to perform their role. Consumers are encouraged to participate in continuous improvement initiatives through feedback, surveys and meetings. Documentation showed how the service monitors and reports financial expenditure to the Board. Workforce governance, including associated policies and procedures, for staff development, education, and training policies support staff to perform their roles to the services required standard. The service tracks changes to the aged care legislation and this is communicated to staff; the service’s incident management system showed incidents were reported within legislated timeframes and in line with the service’s reporting policy. Feedback and complaints are governed by management and reported at consumer, staff, and management meetings, including the Board who have oversight of all feedback.

Processes support effective risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. The service has an incident management system to report against the service’s legislative requirements and inform management of any trends or risks. Consumers are supported to the live the best life they can and maintain their independence. The service has policies, process, and systems, supported by training, to guide staff in managing risk; the service’s risk management framework.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The clinical governance framework provides guidance on governance structure, roles and responsibilities, including the Board, committee meeting guidelines, financial requirements, risk management and consumer engagement.

Based on the evidence documented above, I find the provider, in relation to the service, Compliant with all Requirements in this Standard.

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