Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Baptcare – Karana Community | 29 August 2022 |
| Commission ID: | Activity type: |
| 3624 | Site audit |
| Approved provider: | Activity date: |
| Baptcare Ltd. | 27 June 2022 to 29 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 Baptcare – Karana Community (**the service**) has been considered by James Howard, 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 conducted from 27 June 2022 to 29 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 Approved Provider’s response to the site audit report, received 29 July 2022.
* Information and other intelligence on the service held by the Commission.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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.

* **Standard 3** – Ensure the minimisation of infection-related risks through the proper implementation and use of transmission-based precautions, such as proper hand hygiene and the wearing of personal protective equipment (PPE).
* **Standard 7** – Ensure the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services and ensure the service undertakes regular assessment, monitoring, and review of the performance of each staff member.
* **Standard 8** - Ensure effective processes are in place to monitor and gather feedback on staff practices and on the effectiveness of staff rostering and planning; and ensure feedback is properly recorded and action taken and staff appraisals are conducted in a timely and effective manner.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

Consumers were treated with respect and dignity, were able to maintain their identity and staff respected their culture and diversity. However, two consumers expressed concerns to the Assessment Team that their preferences were not always met. The Assessment Team raised this issue with management and it was rectified during the site audit.

Staff showed awareness of consumers’ individual needs and preferences, referred to consumers by name and spoke respectfully about them. Staff displayed knowledge of consumers’ cultural diversity and what this meant as to how they delivered care and services. The service had policies and procedures regarding dignity and respect which guided staff, ensured consumers’ dignity was maintained and consumers felt respected and cared for. Staff interactions with consumers were respectful and kind.

Consumers advised they felt supported to exercise choice, maintain their independence, make connections, and maintain relationships. Consumers and representatives engaged in planning and assessment of care and services. Staff provided examples of the support provided to consumers which enabled them to make informed choices about their care and services, including whom they wanted to be involved in the planning and assessment process.

The service had policies and procedures which guided and supported consumers' choices and relationships.

Care and services were culturally safe with consumers supported and encouraged to exercise choice and maintain independence. Care plans contained information about consumer backgrounds and detailed preferences in relation to care, including clear goals, preferences, and care needs. Consumers were provided with information and supported to make informed choices regarding their daily activities and to engage in risk-based activities.

Staff provided information to consumers in a timely and accurate way.

Each consumer's privacy, including their personal information and private space, was respected. Staff protected consumers' privacy by knocking before entering rooms, covering consumers while attending to consumers' hygiene needs and closing doors prior to assisting consumers. Privacy and confidentiality of consumer information was supported through policies and procedures which guided staff.

# Standard 2

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

Consumers felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives agreed the assessment and care planning processes met their needs and goals. Staff described the assessment and planning processes used and methods for obtaining information from consumers and their representatives. Staff used the Electronic Care Management System (ECMS) to record information, including handover details, and used the assessment and planning tools incorporated into the ECMS.

Staff described the assessment and care planning process and its ongoing partnerships with consumers/representatives and explained the service’s process, which included gathering information about consumers’ life histories, needs, goals and preferences. Consumers confirmed their end-of-life wishes were discussed with them if they wished, and their preferences were recorded.

Staff said the admission assessment and planning included the consumer’s advance care planning and end-of-life planning. Staff described consumers’ individual needs and care preferences, their backgrounds and the things of importance to them.

Consumers and representatives were provided with information about care and services and were given updates when circumstances changed. Staff regularly communicated between themselves and consumers and representatives. Examples included handover discussions, face-to-face communication, case conferences, and progress notes in consumers’ files. Care and services planning documentation, staff handover sheets and care planning system alerts reflected assessment and planning outcomes for each consumer and were readily available to consumers and representatives.

Consumers care plans were reviewed on a regular basis and when circumstances changed as a result of incidents or changes in health. Care and services were regularly reviewed for effectiveness, when circumstances changed or when incidents impacted the needs, goals, and preferences of consumers. Assessment and care planning policies and procedures set out the review, reassessment, and monitoring processes.

Consumers’ care planning documentation reflected the involvement of others in assessment and planning. Examples included consumers’ representatives, physiotherapist, dietitian, medical officers, speech pathologists, Dementia Support Australia, and lifestyle staff.

# Standard 3

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

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 3(3)(g).

*Requirement 3(3)(g):*

The service has documented policies and procedures which supported the minimisation of infection related risks through the implementation of infection control and prevention principles and the promotion of anti-microbial stewardship. However, the Assessment Team observed staff were inconsistent with performing hand hygiene between attending to consumers and were inconsistent with wearing personal protective equipment (PPE), which enhanced the risk of potential infections.

The Assessment Team advised management it observed kitchen staff and care staff were not performing hand hygiene prior to and after delivering meals and drinks and were not always wearing masks. In response, management advised all staff were trained in infection control and stated it will monitor staff and take action if staff do not adhere to infection control policies.

In its response of 29 July 2022, the Approved Provider submitted details of remedial actions being taken and advised they would be completed between 12 and 26 August 2022.

Actions included:

* Infection control training for all staff.
* Practical mandatory training to be held for all staff, with sessions on handwashing and sanitiser use and on PPE and mask wearing.
* An infection control audit to be completed following the training sessions, which will include observations of hand washing and PPE and mask wearing.
* The infection prevention and control (IPC) Lead will maintain ongoing monitoring and spot audits of infection control practices throughout the service.

While I acknowledge the Approved Provided is now taking steps to remedy the deficiencies, at the time of the Site Audit, management at the service was unaware of staff lapses in following proper hygiene and PPE practices until it was notified by the Assessment Team. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 3(3)(g) at the time of the site audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 3.

Consumers’ care and services were delivered in a safe and right way for them.

Management and staff ensured consumers care planning guided their provision of care and services. Staff were aware of risks within the service and appropriately managed these risks on a daily basis. Consumer’s care plans identified their needs, goals, and preferences.

Consumers had access to medical and other health professionals as needed.

Staff described the policy for making referrals to health professionals outside the service and how other organisations or providers of care were involved in the delivery of care and services to consumers.

Consumers and representatives acknowledged staff were aware of, and effectively managed, high-impact and high-prevalence risk. Staff showed awareness of high-impact and high-prevalence risks for consumers at the service and explained how these risks were managed.

Staff had relevant skills, were trained in infection control and ensured antibiotics were only used as a necessity. The service had policies and procedures related to infection prevention and control and antimicrobial stewardship.

Information sharing practices were used effectively within the service, which included ensuring all relevant staff were aware of changes to consumers’ care plans and care needs, including end-of-life considerations.

Consumers and representatives felt information management practices were excellent and all relevant staff were properly informed of changes in their condition or needs. The service had a series of policies and procedures which guided staff to achieve positive outcomes in the provision of care and services.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumers were happy with the activities available at the service and described the activities as enjoyable and supporting their health and wellbeing. Consumers received services and supports which promoted their emotional, spiritual, and psychological wellbeing and staff respected their choices of engagement in activities.

Different activities were available, both within and outside the service, and staff matched these to suit individual consumers. Consumers were assisted to stay connected with people important to them through various means, both at the service and within the community. Staff used technology to help consumers maintain contact with family members during periods of COVID restrictions.

Consumers felt staff knew their backgrounds and were respectful towards them. Staff knew about and understood consumers’ backgrounds and used this knowledge to support consumers in their needs and goals. Staff understood and identified changes in consumers’ moods and had effective responses when this occurred.

Staff communicated changes to consumers’ care and condition through verbal and written handover processes, as well regular, three-monthly updates to care plans.

Staff had access to a range of service providers and established relationships which ensured consumers’ needs were met. The service shared information appropriately regarding consumers’ care needs, as well as any changes in their conditions and made timely and appropriate referrals to other health professionals as needed.

Consumers enjoyed the meals provided, as they were of excellent quality and met their dietary needs. Hospitality staff ensured meals were delivered to a high standard and sought feedback from consumers to ensure they enjoyed meals and met their dietary requirements.

Consumers had access to equipment as needed, which was properly maintained and clean for use. Staff advised they could access equipment they needed, when they needed it and it was always in good order.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers felt comfortable in the service, as the environment was welcoming and safe. Consumers could move about freely within the service, with different communal areas available. Staff described features of the service environment designed to encourage and support consumers’ independence and be welcoming to visitors. Consumers personalised their rooms through displays of photographs, decorations, and other personal items. Consumers found the service easy to navigate, uncluttered and clean, with good signage in place.

The service’s environment promoted independence, as well as a feeling of safety and belonging for consumers. The service had clear signage, handrails, and other features which ensured consumers’ safety and easy navigation. Consumers said the furniture and fittings were in good order and were effectively maintained.

The service’s equipment met the needs of consumers and was always kept in suitable condition. Staff used the internal electronic system to raise requests for maintenance. Maintenance staff used processes and procedures, including scheduled maintenance and repairs, to ensure equipment was maintained and kept in good condition. Maintenance records were not always adequately updated; however, the environment was observed to be clean, and there were no outstanding maintenance items.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives were encouraged and supported by staff to provide feedback and lodge complaints. Consumers and representative had access to various mechanisms to provide feedback and lodge complaints, such as feedback forms, consumer meetings and speaking directly with staff and management.

Consumers and representatives were aware of the channels available to them for feedback and complaints. Staff supported consumers and representatives to provide feedback, which included providing additional assistance to those from diverse backgrounds. Language and advocacy services were available to consumers and representatives as needed. The service assisted consumers to lodge complaints, regardless of cultural background or other diversity.

The service’s policies and procedures for complaints and feedback showed a commitment by the service to encourage and support consumers to provide feedback and to seek opportunities for improvement. Consumers and representatives felt comfortable in providing feedback and advised they had not experienced any negative consequences as a result.

The resident’s handbook, provided to consumers and representatives upon admission, set out the various channels for providing feedback and lodging complaints.

Consumers and representatives said improvements had been made following their feedback. Staff described how feedback and complaints were used to inform continuous improvement across the service. The service maintained an electronic register to record feedback and complaints and respond in a timely and appropriate manner. Information extracted from the system was used to inform continuous improvement within the service.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| 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. | Non-Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Non-Compliant |

## Findings

I have assessed this Requirement as non-compliant as I am satisfied the service is non-compliant with Requirements 7(3)(a) and 7(3)(e).

*Requirement 7(3)(a):*

Observations by the Assessment Team and feedback received from consumers and staff indicated staff shortages affected the care and services delivered to consumers.

Examples included:

* Staff confirmed the service did not have enough care staff, stated they were short-staffed some days and worked double-shifts at times to cover unplanned leave.
* Consumers requiring assistance with toileting routines have been left on the toilet whilst care staff attended to other consumers.
* Most consumers choose to be showered in the morning before breakfast and unplanned leave for morning care shifts impacted consumers’ preferred hygiene timeframes.
* In some instances where care staff were unavailable, consumers could only have a sponge bath instead of their preferred shower.
* Consumer call bells are not always attended to in a timely manner.
* Some consumer interactions are rushed, and staff do not always have the time to engage in conversation with consumers.
* Some consumers and representatives advised consumers’ rooms required additional cleaning.

In discussions with the Assessment Team during the site audit, management acknowledged issues with staffing numbers. Management stated it was aware of concerns raised by staff regarding the staffing levels; however, it was difficult to fill the roster, particularly due to recent COVID-19 outbreaks at the service, furloughing of staff, and difficulty recruiting staff in the current market.

Management advised it was taking the following actions to address staffing shortages:

* Recruitment and advertising for new staff is underway and the service is currently interviewing and hiring new casual care and nursing staff to provide consistent care and services for consumers.
* Agency staff have been used for unplanned leave due to recent COVID-19 outbreaks.
* Management staff will work on the floor to provide care when unplanned leave causes staff shortages.
* The service uses an electronic rostering system to respond to and fill vacancies as and when they occur

In its response to the site audit report, the Approved Provider noted there is an industry-wide shortage of aged care staff and advised the Baptcare Board and Executive Leadership Team had adopted strategies to address the issue, which included an intensive recruitment drive for all levels of care staff. In the past 5 months, Baptcare Karana employed 10 new staff including various clinical and care staff.

The response also included copies of the master staffing roster and a spreadsheet showing shifts worked by staff. The Approved Provider considered the documents showed Baptcare Karana experienced minimal roster vacancies during the period covered by the documentation, with shifts filled by casual or permanent staff, agency staff and the use of flexible rostered hours.

Despite the material provided by the Approved Provider, I consider the material in the site audit report showed the service experienced staff shortages at the time of the site audit, that the situation was neither novel nor unusual and had existed for some time. Significantly, both staff and consumers provided evidence the service was short-staffed. Both groups indicated the shortage affected consumers in a number of ways, including waiting for assistance with various tasks such as toileting and showering, waiting for responses to call bells and staff not having time to properly interact with consumers.

I acknowledge the aged care industry is experiencing issues with staffing and the Approved Provided is taking steps to remedy the staffing issues. However, based on the available evidence I consider that, at the time of the Site Audit, the service could not demonstrate the delivery and management of safe and quality care and services to consumers. Therefore, I find the service was non-compliant with Requirement 7(3)(a) at the time of the site audit.

*Requirement 7(3)(e):*

The service had processes in place to assess, monitor and review the performance of staff working at the service; however, the Assessment Team reviewed the performance appraisal register and noted the majority of staff performance appraisals were outstanding, with only 8 performance appraisals completed in the period from January to June 2022 and no record of performance appraisals being completed for some staff over the entirety of 2021.

The Assessment Team discussed this issue with management. In response, management explained the service had two COVID-19 outbreaks this year, which affected staffing levels and the ability to proceed with completing performance appraisals. Management did not have an action plan in place to address how it would bring performance appraisals up to date and did not provide clarification of how many performance appraisals were still outstanding.

In its response, the Approved Provider provided a copy of a Plan for Continuous Improvement which included the following actions:

* Review the staff appraisal schedule and recommence appraisals after temporary pause related to workforce issues and outbreaks.
* Review the staff appraisal form to streamline and simplify the process.

While I acknowledge the Approved Provided is now acting to remedy the deficiencies, at the time of the site audit the evidence clearly showed the service was not undertaking regular assessment, monitoring, and review of the performance of each member of the workforce. Therefore, although the service has now recommenced staff appraisals and has streamlined the appraisal process, at the time of the site audit the service was non-compliant with Requirement 7(3)(e).

*The other Requirements:*

I am satisfied the remaining requirements of the standard are met.

Consumers and representatives said the workforce, including workforce interactions, were kind, caring, and respectful. Consumers said staff were capable and competent to perform their roles.

Staff interacted with consumers in a kind and caring manner, and were respectful of each consumer’s identity, culture, and diversity.

Staff had relevant qualifications and registration requirements for their respective roles. Staff completed annual mandatory training and competency assessments, including medication competencies, manual handling, fire and evacuation training, occupational violence, and infection control practices.

The service had policies and procedures which guided staff to provide care and services in a person-centred way. Consumers and representatives said the workforce was adequately recruited, trained, equipped, and supported to deliver care and services.

Staff were recruited, trained, and monitored according to organisational guidelines requiring qualifications and competency-based education combined with staff supervision ensuring staff were equipped to perform their roles. The service’s training was provided, through online sessions and in-person training sessions, it was reflective of training needs identified through monitoring and performance development processes. Staff stated they were confident the training provided by the service ensured they had the knowledge to properly provide care and services to consumers.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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. | Non-Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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

I have assessed this Requirement as non-compliant as I am satisfied the service is non-compliant with Requirements 8(3)(b) and 8(3)(c).

*Requirement 8(3)(b):*

While the organisation had policies, systems and processes to promote and ensure the safe and quality delivery of care, the Assessment Team considered the service was not able to consistently demonstrate it always delivered safe and quality care and services to consumers. This was due to the Team’s findings in Requirements 3(3)(g) and 7(3)(a), concerning the failure by some staff to follow proper hygiene precautions and practices amongst staff and issues with short-staffing at the service which resulted in consumers waiting to receive care.

The Approved Provider did not directly address the Assessment Team’s recommendation of Not Met for this Requirement in its response. Instead, in its Plan for Continuous Improvement, under the heading for Requirement 8(3)(b), it directed readers back to its actions for Requirements 3(3)(g) and 7(3)(a).

As noted above in my consideration of both Requirements 3(3)(g) and 7(3)(a), while I acknowledge the Approved Provided is now acting to remedy the issues raised in those Requirements, at the time of the Site Audit, the service was unaware of staff lapses in following proper hygiene and personal protective equipment practices and was unable to demonstrate the delivery and management of safe and quality care and services to consumers.

Therefore, based on the above findings, at the time of the site audit I consider the service could not demonstrate it promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. Therefore, I find the service was non-compliant with Requirement 8(3)(b) at the time of the site audit.

*Requirement 8(3)(c):*

The Assessment Team noted the organisation had governance systems in place, including a Board elected to govern the service and to manage and oversee key systems at the service. However, for the following reasons, the Team considered the service did not demonstrate the governance systems were consistently effective, nor updated and implemented effectively when change occurred.

During the site audit, management provided the Assessment Team with a copy of the service’s Quality Plan report, which is designed to be updated when required to reflect opportunities for the service to improve and planned completion dates. The Assessment Team reviewed the Quality Plan and considered it reflected continuous improvement across the service; however, it needed updating to reflect improvement opportunities based on food focus meeting feedback and suggestions voiced by consumers and representatives.

Examples in the site audit report included:

* The service had not updated the Quality Plan to include information provided by the most recent consumer food focus meeting and the Quality Plan lacked planned actions to address consumer feedback.
* The Assessment Team discussed this with management, which acknowledged this was an oversight and the Quality Plan would be updated to reflect consumers’ feedback.
* The Quality Plan was not
* updated to reflect staff survey feedback from April 2022 regarding staffing shortages and feedback seeking improved skill sets for newly employed staff.

Furthermore, as discussed in Requirement 7(3)(e), the service was unable to demonstrate staff performance was regularly assessed, monitored, and reviewed on an annual basis in line with the service’s policy and procedures.

In its response to the site audit report, the Approved Provider advised it had a staff appraisal schedule in place, in accordance with its policy and procedures. However, it stated the staff appraisal schedule was affected by COVID-19 outbreaks and it temporarily paused staff appraisals to enable the service to prioritise resident care and services during this time. The Approved Provider advised it had reviewed and updated the staff appraisal schedule and recommenced appraisals.

As noted above in my consideration of Requirement 7(3)(e), while I acknowledge the Approved Provided is now acting to remedy the issues raised in that Requirement and has recommenced staff performance appraisals, at the time of the site audit the evidence clearly showed the service was not undertaking regular assessment, monitoring, and review of the performance of each member of the workforce.

Based on the above findings, at the time of the site audit I consider the service could not demonstrate it had effective, organisation-wide governance systems, specifically relating to continuous improvement and workforce governance.

Therefore, I find the service was non-compliant with Requirement 8(3)(c) at the time of the site audit.

*The other Requirements:*

I am satisfied the remaining requirements of the standard are met.

Consumers and representatives were involved in the development of care and service delivery within the service and felt the service was professionally managed.

Management described the governing body’s role and involvement in areas such as complaints, serious incidents, regulatory compliance, clinical governance and antimicrobial stewardship.

The service had a risk management framework, which included a risk register, which assisted in identifying and managing high-impact and high-prevalence risk within the service.

Staff showed they used and understood the service’s clinical governance framework, which included minimising the use of restrictive practices, promoting antimicrobial stewardship, and applying open disclosure.

The service had an electronic consumer care system and explained its use and accessibility within the service.

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-2)