Performance

Report

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| Name: | Baptcare Wattle Grove Community |
| Commission ID: | 3557 |
| Address: | 51 Pinetree Crescent, LALOR, Victoria, 3075 |
| Activity type: | Site Audit |
| Activity date: | 14 November 2023 to 16 November 2023 |
| Performance report date: | 29 January 2024 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 19315 Baptcare Wattle Grove Community |

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 Wattle Grove Community (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 18 December 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) The service ensures care and services are reviewed regularly, when circumstances change, or incidents occur. The review should demonstrate evaluation of whether strategies are effective and used to consider development of new management plans if required.
* Requirement 3(3)(e) The service ensures communication processes effectively share information and inform staff of consumers’ conditions, needs, and preferences.
* Requirement 6(3)(c) The service ensures appropriate action is consistently taken in response to complaints and an open disclosure process is used when things go wrong. The provider ensures staff are trained in complaints handling and open disclosure.

# Standard 1

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

Findings

This Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect. Staff said they ensure consumers are treated like family, ensuring kindness and respect, as well as listening to consumers and respecting opinions. Care documentation included details about consumers’ identity, backgrounds, and cultural needs. Staff interactions with consumers were observed to be courteous and respectful.

Consumers and representatives said the service recognised and respected consumer’s backgrounds and provided care consistent with cultural traditions and preferences. Staff said they take time to learn about consumers, create activities for consumers with shared cultural needs, and try to learn key words to communicate with consumers from non-English speaking backgrounds. Care planning documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences, ensuring care and services are delivered to meet their needs. Policies and procedures informed staff practice.

Consumers said they are supported to choose and communicate who they wish to involve in their care and how they would like their care and services delivered. Staff explained how they supported consumers to make choices and maintain relationships, demonstrating awareness of people consumers chose to involve in their care. Care plans reflected consumer choices within needs and preferences.

Consumers explained how they were supported to take risks, identifying strategies in place to minimise harm. Staff demonstrated awareness of consumers who take risks, explaining processes to undertake risk assessments which were captured in care planning documentation. The service had a Supported decision-making dignity of risk policy highlighting the importance of supporting consumer decisions, including to take risks.

Consumers and representatives said they were well informed through the monthly newsletter, menu options, activity calendar, and consumer meetings. Staff explained how they communicated information to consumers in a way that enables choice, adapting communication style to meet consumer needs. Information on activities and meals was displayed in consumer rooms and communal areas.

Consumers and representatives confirmed consumer privacy was respected and information kept confidential. Staff were observed knocking on doors before entering consumers’ rooms and seeking consent prior to attending to consumers. Staff described measures to ensure information was kept confidential, including not sharing with visitors unless consent is provided.

# 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. | Not Compliant |

Findings

This Standard has been found Non-Compliant as one of the 5 Requirements have been assessed as Non-Compliant.

The Assessment Team recommended Requirements 2(3)(a) and 2(3)(e) Not Met

**Requirement 2(3)(a)**

The Assessment Team recommended this requirement Not Met in relation to assessment and planning processes not being used to develop strategies to manage consumer risks. Consumer and representative feedback included concerns that falls management strategies were not adequate, with consumers at risk being unable to alert staff to the need for help when fallen. Care planning documentation identified the need to ensure call bells were in reach but did not consider consumer mobility in reaching the call bell, especially following a fall, or alternate methods to alert staff of movement through use of sensors or increased monitoring. Furthermore, assessment and planning processes had not effectively identified consumers requiring assistance to open the secured entry door as being subject to environmental restraint, with some consumers expressing frustrating at needing to seek staff assistance. Management acknowledged impact for identified consumers in relation to both issues, explaining the review process to be undertaken.

The provider’s response neither accepts nor refutes the Assessment Team recommendation, however, outlines risk assessment and review processes relating to falls in line with policies and procedures. Oversight and analysis demonstrated a decrease in falls which the provider attributed to training and dedicated falls prevention strategy meetings, with meeting minutes also demonstrating development of an exercise group for consumers with assessed risks and consideration of private physiotherapy sessions. A continuous improvement activity has been raised to assess for consumers who would benefit from a pendant style call bell with evidence of purchase. Clarifying documentation has been provided for 2 named consumers, demonstrating assessment and planning processes outcomes and strategies.

The provider refutes findings relating to environmental restraint, as they do not consider the secured front door, accessed through use of a code, to restrict movement. Explanations have been provided for each of the named consumers regarding their ability to leave the service independently, including consideration of mobility and physical and cognitive capabilities. Improvement actions include issuing a fob card to 10 consumers assessed unable to use the displayed code independently and sending communication to representatives alerting them to the availability of requests for this option.

I acknowledge the provider’s response and activities undertaken. I have considered all evidence before me in coming to a finding of compliance. The Site Audit report does not reflect staff understanding of assessment and planning processes, nor test knowledge of available management strategies for the named consumers, however, states care planning documentation otherwise demonstrates consideration of needs, preferences, and risks to tailor care strategies which were known by staff. The provider’s response includes copies of assessments undertaken for the named consumers’ falls risks and functional ability, and demonstrated other strategies used to monitor safety such as sighting charts. Neither of the named consumers were identified at high risk of falls prior to the described incidents, nor had they experienced frequent falls, and one was on a restorative program. Evidence brought forward by the provider demonstrates awareness of risks of falls for other consumers and effective strategies and management programs. I find the provider’s evidence demonstrates understanding and use of assessment and planning processes to identify consumer risks and develop strategies informing care and services.

In relation to assessment and planning deficiencies resulting in failure to identify all consumers subject to environmental restraint, the provided evidence does not permit me to determine staff understanding of processes and knowledge of restrictive practices, and any deficiencies are contradicted within positive feedback in Standard 8 Requirement (3)(e). However, I am satisfied with the provider’s actions in relation to reviews and offering of alternate method of opening the door and encourage them to ensure assessment and planning processes are embedded to identify consumers with this requirement or may be subject to environmental restraint. I further accept the evidence of the displayed code by the secured door, available to consumers at the time of the Site Audit, reflects there was no intention to restrict free movement of consumers.

For the reasons outlined above, I find the service Compliant with Requirement 2(3)(a).

**Requirement 2(3)(e)**

The Assessment Team recommended Requirement 2(3)(e) Not Met in relation to deficiencies in evaluation and review of behaviour support plan strategies. Whilst staff were familiar with review processes, and care documentation demonstrated regular review and following incidents, the service did not demonstrate risk management strategies were always evaluated for effectiveness or the development of new strategies. Examples of deficiencies were brought forward for 2 named consumers in relation to falls, and a known behaviour of one consumer resulting in their increased pain, medical procedures, and distress.

The provider acknowledges the deficiencies brought forward in relation to ensuring behaviour support plans enable person centred behaviour management. Improvement actions include reviewing behaviour support plans for all consumers, supported by organisational management, and provision of staff training. A new model of care is being piloted within the organisation, based on the Montessori aged care approach, and this will be implemented. Actions have been taken to enhance strategies for the named consumers experiencing falls.

In coming to my decision, I have also considered evidence brought forward in Standard 3 Requirement (3)(b) relating to reported incidents involving consumers with changed behaviours of wandering. Management advised they were unaware of the incidents and impact, suggesting links to ineffective escalation and documentation including incident reporting. However, documentation for the named consumers included behaviour charting recording incidents, and staff could explain consumer behaviours and strategies. The service did not demonstrate incidents or increased frequency triggered review of effectiveness of the used strategies, or consideration of the need for development of new management approaches.

I acknowledge the provider’s response, and actions being undertaken. Whilst I recognise care and services were reviewed regularly and following incident, I find the service did not demonstrate these reviews demonstrated strategies were consistently evaluated for effectiveness and/or development of new management plans. Whilst I recognise improvement actions of the provider, the service will need time to demonstrate the effectiveness of these new processes.

For the reasons outlined above, I find the service non-compliant with Requirement 2(3)(e).

I am satisfied the remaining 3 Requirements are compliant.

Consumers and representatives said goals and preferences are discussed, including for end-of-life wishes, and staff demonstrate awareness of this within care delivery. Clinical staff explained processes in place to identify consumer needs, goals, and preferences, including for end-of-life, and these were captured in care planning documentation and reviewed when condition or needs change.

Clinical staff explained processes to consult with consumers and representatives during routine care planning and when changes occur. Consumers and representatives said they feel involved and can choose who else is involved in care provision, such as Allied health or other family members. Care planning documentation reflected consultation and input of consumers, representatives, and other health professionals.

Consumers and representatives said they are contacted during care evaluations to explain outcomes and any changes of care, with offer of care documentation. Care planning documentation recorded summary of communication with consumers and representatives following evaluation or change of care.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not 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 |

Finding

This Standard has been found Non-Compliant as one of the 7 Requirements has been assessed as Non-Compliant.

The Assessment Team recommended Requirements 3(3)(b) and 3(3)(e) Not Met.

**Requirement 3(3)(b)**

The Assessment Team recommended this Requirement Not Met, providing evidence of consumers with risk management strategies in place that were not being effectively applied in relation to swallowing difficulties and changed behaviours. Evidence included a consumer with swallowing difficulties being prescribed lozenges and consumer and representative feedback relating to incidents with 2 consumers with wandering behaviours. Evidence brought forward relating to falls management strategies and a consumer’s changed behaviours resulting in pain and distress have been linked to assessment and planning deficiencies in Standard 2 and considered within my decisions for Requirements 2(3)(a) and 2(3)(e).

The provider’s response neither accepts nor refutes the finding, however, includes improvement actions for named consumers and education for staff. The provider states consent from the representative was sought at time of prescribing of throat lozenges, and a subsequent Speech pathology assessment determined suitability for use, and training for staff on consistency of food, fluid, and medications. Care planning documentation was reviewed for consumers with changed behaviours, with strategies considered, sighting frequency increased or commenced, referrals made to appropriate providers, and staff education provided on use of the Stop and watch tool.

I acknowledge the provider’s response, and actions being undertaken. In relation to the consumer with the swallowing difficulty, the Assessment Team stated the medication had not been administered prior to consultation with the representative and was ceased when the representative raised concern. I consider actions to be appropriate and demonstrated consideration of known risks to consumer safety.

I do not find the evidence before me demonstrates a lack of understanding or application of developed risk management strategies or systemic failings. Staff were familiar with changed behaviours of consumers and management strategies within behaviour support plans, as well as other key risks and strategies for the consumer cohort. Risk management strategies had been applied, but had not been reviewed for effectiveness following incident, aligning with my findings within Standard 2 Requirement (3)(e).

Whilst the provider has identified areas for improvement in staff knowledge and monitoring processes, on balance, I find the service Compliant with Requirement 3(3)(b).

**Requirement 3(3)(e)**

The Assessment Team recommended this Requirement Not Met, providing evidence of deficiencies in staff knowledge of consumer needs. Consumers and representatives said not all staff were familiar with consumer care needs or preferences, bringing forward examples of impact on physical and emotional care. Staff said communication procedures were not always effective to ensure staff had adequate information to provide care, with care staff saying handover was not adequate and they did not have time to review documentation. Shift handovers were observed to focus on clinical care rather than personal care needs, and staff said not all staff receive a handover before commencing work, particularly if there has been replacement of unplanned leave. Evidence within Requirement 3(3)(b) included management stating they had not been adequately informed of incident or frequency of changed behaviours of named consumers.

The provider has acknowledged opportunities for improvement regarding communication and handover. Improvement activities were developed during the Site Audit, including reinstating a written personal care handover, and staff updated to ensure they attend verbal handover and receive a printed handover at the commencement of each shift.

I acknowledge the provider’s response, and actions being undertaken. Whilst I recognise the presence of some communication processes, I find information about the consumer’s condition, needs, and preferences were not effectively shared. Included actions addressed needs of care staff, but do not identify improvements for management to ensure sufficiency of oversight of incidents and changed conditions. Furthermore, the service will need time to demonstrate the effectiveness of these new processes.

For the reasons outlined above, I find the service non-compliant with Requirement 3(3)(e).

I am satisfied the remaining 5 Requirements are compliant.

Consumers and representatives were satisfied with provision of care, explaining how care was personalised to their needs and preferences. Management and staff demonstrated understanding of best practice principles in line with policies and procedures, explaining how these informed consumer care. Care planning documentation demonstrated monitoring and evaluation practices in relation to use of restrictive practices, medication administration, pain management, and wound care. Management demonstrated investigation and improvement actions in medication management following incident and complaint.

Staff explained processes used to support provision of end-of-life care, prioritising consumer comfort and pain management. Staff demonstrated awareness of available supports including palliative care specialists and religious officers. Representatives described palliative care processes as supportive, focusing on consumer comfort and respecting any wishes or directives.

Staff described how they recognise and respond to deterioration or change in consumer condition, detailing escalation pathways, assessments, using applicable management strategies within care plans, and informing Medical officers and representatives. Consumers and representatives expressed satisfaction with actions taken. Policies and procedures guided staff in recognition and response to consumer deterioration.

Consumers and representatives said consumer referrals to providers are suitable to their needs. Staff explained referral processes, including consideration for consumer choice and preference. Care planning documentation demonstrated referrals were appropriate to consumer needs, and outcomes reflected in care and services plans.

Staff, including the Infection prevention and control lead, explained use of measures to prevent infections and minimise use of antimicrobial medications. Care planning documentation demonstrated appropriate monitoring and management of infections and symptom management. Available guidance material included policies, procedures, and an outbreak management plan, with management also stating during outbreaks they reported to the Public health unit and followed directives.

# Standard 4

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

Findings

This Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they receive supports and services to meet needs, goals, and preferences. Staff explained how consumer needs and preferences were captured in assessment and planning processes and used to inform supports to optimise consumer independence and participation.

Consumers and representatives said the service supports consumers’ emotional, spiritual, and psychological needs. Staff provided examples of how this support is provided, such as through scheduling non-denominational spiritual services or providing one-to one interactions for consumers at risk of isolation. Pastoral care visits were coordinated for consumers unable to attend church services to provide support. Care planning documentation captured spiritual and emotional needs and personalised strategies.

Consumers said they felt supported to do things of interest and maintain relationships of importance. Staff explained how scheduled activities promoted social interaction, and connected consumers through the wider community, through activities such as the intergenerational program or connecting consumers with local community service groups. Care planning documentation captured consumer interest and how these were supported, and consumers were observed participating with visitors and in social activities.

Consumers said services and support staff, such as cleaners and lifestyle staff, were informed of their needs and preferences. Staff explained how they are updated with changes to consumer condition or needs, for example, kitchen staff were alerted to change of dietary needs in the electronic management system changes and a printed form provided by clinical staff. Emotional and social needs of consumers were observed to be communicated between care and lifestyle staff.

Staff described how they networked with available organisations to develop appropriate referral processes and pathways to meet consumer needs, such as volunteer organisations.

Consumers said they were happy with the choice, quantity, and temperature of provided meals. Kitchen staff explained the rotating seasonal menu was developed with Dietitian consultation and consumer feedback. Cultural dietary preferences are considered within available meal options, and additional snacks available between meals.

Staff said they have access to sufficient equipment for consumer care, and lifestyle staff said there is enough suitable equipment for lifestyle activities. Cleaning records and maintenance logs demonstrated monitoring processes to ensure equipment suitability, safety, and cleanliness. Consumers said personal and shared equipment is clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they felt at home within the service environment, using personal belongings for comfort and decoration. Corridors and common areas were spacious, well-organised, effectively lit and allowed consumers to spent time with visitors or other consumers.

Staff explained their responsibility to keep areas clean and tidy, and report hazards to ensure the service environment is well-maintained, comfortable, and enables consumer movement. Consumers and representatives reported being able to freely access courtyard and gardens, although one reported restrictions to free movement when exiting the service, as considered under Standard 8 Requirement (3)(c).

Consumers said the service environment is clean, with items in working order, and safe equipment for care. Staff explained processes to log maintenance requests, and preventative and reactive maintenance procedures to ensure fittings and equipment are safe and fit for use. Equipment, furniture, and fittings were observed to be clean, and maintenance checks up to date.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Standard is Non-Compliant as one of 4 Requirements has been assessed as Non-Compliant.

The Assessment Team recommended Requirement 6(3)(c) Not Met as the service could not demonstrate appropriate action was taken in response to complaints using an open disclosure process. Consumers and representatives reported dissatisfaction with the management of complaints and said they did not always receive an apology. Not all staff were aware of the term open disclosure, however, with prompting could outline required steps to take. Management was unaware of dissatisfaction with complaint outcomes, acknowledging the evaluation process is not satisfactory to ensure sufficiency, explaining they will undertake training with staff to ensure an open disclosure process is applied and includes an apology.

The provider’s response acknowledges the documented Open disclosure framework was not consistently being used, with improvement activities developed including, but not limited to, staff education on complaints management and open disclosure, actively seeking feedback from consumers and representatives, increasing frequency of consumer meetings, and improving management oversight. An alternate feedback pathway has also been created, allowing consumers and representatives to provide feedback directly to the organisational Quality team. A Customer experience audit will be undertaken to gain further feedback.

I acknowledge the provider’s response, and actions being undertaken. I find the service did not demonstrate it consistently took appropriate actions in response to complaints, including use of an open disclosure process, resulting in the reported dissatisfaction of consumers and/or representatives. Whilst I recognise improvement actions of the provider, the service will need time to demonstrate the effectiveness of these new processes.

For the reasons outlined above, I find the service non-compliant with Requirement 6(3)(c).

I am satisfied the remaining 3 Requirements are compliant.

Consumers and representatives said they are encouraged to give feedback or make a complaint and they feel comfortable doing so. Management and staff described methods in place to enable provision of feedback and complaints at the service, including escalating verbal comments to clinical staff or management. Feedback forms and suggestion boxes encouraging the submission of feedback were observed available across the service, and consumer meeting minutes demonstrated feedback was encouraged on all aspects of care and services.

Consumers and representatives reported being aware of advocacy services for support. Whilst management and staff were aware of available translation services, staff had difficulty identifying available advocacy services and how to connect consumers to them, although clinical staff said they could review policies for this information. The provider’s response includes improvement activities to address this, such as provision of staff education on advocacy services. Information about complaint services was outlined in the consumer handbook and displayed in multiple languages on posters, and an advocacy newsletter was available to consumers.

Consumers gave examples of improvements made in response to feedback. Management explained how feedback and complaints were reviewed to identify trends for improvement. The Continuous improvement plan captured feedback from consumer meetings, actions, and completion dates.

# 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. | 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

This Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives reported whilst staff appear busy, consumers get the care they need, and call bells were promptly answered. Management explained how rostering systems consider care needs of consumers and occupancy, and processes to cover unplanned leave are effective, with ongoing recruitment to reduce use of agency staff. Sampled rosters and allocation sheets demonstrated sufficiency of staff and ability to replace staff and consider skill mix when covering unplanned leave.

Consumers and representatives described staff interactions as kind, caring, and respectful. Management said recruitment processes, monitoring, and feedback are used to ensure consumers are respected and treated in a kind and caring manner, with investigation and appropriate human resources actions taken should issues arise. The Cultural awareness policy outlines responsibilities of staff and management in maintaining an environment that is inclusive and culturally safe.

Documentation and records demonstrated staff have appropriate qualifications, knowledge, and experience to meet expectations set out in position descriptions. The service monitored staff compliance with legislative requirements, such as police checks and vaccinations. Management advised recruitment screening, onboarding processes, and performance reviews evaluated staff competency and capability.

Consumers and representatives said staff were trained and equipped to do their jobs. Staff reported having access to sufficient training and support and received education on key areas to understand roles and responsibilities such as mandatory reporting, restrictive practices, and infection control. Management explained opportunities were available for staff to cross skill or develop and monitored compliance with mandatory training.

Staff said they had regular performance appraisals, allowing them opportunity to discuss development or further training, and are alerted when these are due. Management advised they monitored staff performance through surveys and feedback, as well as the formal performance appraisal process. Staff records demonstrated how assessment processes identified training needs. At the time of the Site Audit, the service was transitioning all records into an electronic system to provide better oversight.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(c) Not Met in relation to regulatory compliance, specifically around environmental restraint and feedback and complaints processes. In relation to restrictive practices, the Assessment Team were concerned that whilst the security code was displayed next to the front door, the service had not identified consumers unable to operate the keypad and exit independently resulting in unrecognised use of environmental restraint. Feedback and complaints were recorded within the electronic system reflecting resolution and use of open disclosure, however, most consumers and representatives felt adequate actions had not been taken and they had not received an apology in line with open disclosure processes (also considered in Standard 6 Requirement (3)(c)).

The provider refutes the findings in relation to restrictive practices, reflected also within their response to Standard 2 Requirement (3)(a). The code was displayed, consumers had free access within the service, and processes had been used to identify consumers subject to environmental restraint, such as those residing in the secured memory support unit or wearing wanderer’s bracelets. Further actions have been taken to evaluate access for all consumers, resulting in fob cards being provided or offered to consumers assessed as struggling with use of the keycode.

The provider has acknowledged deficiencies with use of open disclosure within their response to Standard 6 Requirement (3)(c), and the responsive actions have been outlined within my decision for this Requirement.

I acknowledge the provider’s response, and actions being undertaken. I have considered whether the evidence before me reflects non-compliance within my decision for Requirement 8(3)(c) and also 8(3)(e).

I do not consider the evidence reflective of deficiencies within the clinical governance framework and therefore find the service Compliant with 8(3)(c). The organisation has process to monitor for regulatory or legislative changes, which trigger review of relevant policies and procedures with communication and training. Policies reflected current legislation in relation to restrictive practices, including environmental restraint, the service had effectively identified a number of consumers impacted and met legislative requirements within assessment and authorisation processes. Processes were present to guide staff action in capturing, managing, and evaluating complaints, ensuring an open disclosure process was applied, and whilst highlighting opportunities for additional training, the failings reflected in my finding for Standard 6 Requirement (3)(c) are not arising from failings within the governance systems.

Whilst I consider the deficiencies relating to unrecognised use of restrictive practices and open disclosure better align with Requirement 8(3)(e), I do not find they represent failings of the clinical governance framework. Processes are in place to minimise use of restrictive practices, and staff demonstrated familiarity with different types of restraint and actions to demonstrate it is used as a last resort. The provider’s response shows further consideration was given to consumer needs to operate a keypad and independently exit the service, however, I do not consider the oversights to demonstrate a systemic failing. Whilst consumers and representatives reported dissatisfaction with complaint processes, and staff were not sufficiently familiar with the open disclosure process, the feedback and complaint process and documentation showed these were recorded and management had monitoring systems. Whilst I find potential for improvement in education and record keeping, I consider my finding of non-compliance in Standard 6(3)(c) and the provider’s actions sufficient.

Based on the evidence before me and the reasoning above, I am satisfied the service is Compliant with Requirements 8(3)(c) and 8(3)(e).

I am satisfied the remaining 3 Requirements are Compliant.

Consumers and representatives said they are engaged in the development, delivery, and evaluation of care and services through giving feedback. Management described engaging consumers within consumer meetings, feedback processes, and surveys. Documentation demonstrated consumer suggestions informed continuous improvement activities.

Management explained they meet weekly with the Operations manager, with review of indicators, compliance, and finance. Information is then escalated to the governing body, consisting of the Board and subcommittees. The Board informs changes through operational policies and procedures, and information is then communicated back to services via management. Meeting minutes demonstrated evaluation and discussion of clinical indicators, risk management, improvements, and other performance indicators to ensure the governing body monitors compliance with the Quality Standards.

Staff were aware of risk management practices, informed by the risk management framework which consisted of policies, procedures, training, reporting, and monitoring. Staff could explain their role and responsibility to recognise and report elder abuse and neglect. Policies and procedures supported identification and management of risk, incident reporting, and supporting consumers to live their best lives.

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)