Performance

Report

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| Name of service: | BaptistCare Carey Gardens Centre |
| Service address: | 111 Carnegie Crescent RED HILL ACT 2603 |
| Commission ID: | 2910 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 17 April 2023 |

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 BaptistCare Carey Gardens Centre (**the service**) has been prepared by M Buhagiar, 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 conducted on 28 February to 2 March 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s Report received 24 March 2023
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional Circumstances determination dated 27 January 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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 has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team found that the service was able to demonstrate consumers are treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed considered staff are kind, caring, respectful and understand their needs. Care plans are personalised and contain consumers backgrounds and life stories, and some staff were able to describe consumers’ backgrounds and individual care needs.

One consumer said they are always treated well by staff and that they are wonderful. Two representatives said staff are friendly, always greet consumers by their preferred name and knock on their door before entering.

Lifestyle staff said they are cognisant of some consumers being from culturally and linguistically diverse backgrounds and they dedicate some activities that acknowledge and promote these backgrounds. Activity boxes were observed labelled with overseas countries such as Italy and Baltic countries where some consumers at the service originate from.

The Assessment Team found that consumers receive care and services that are culturally safe and said they are supported to maintain their identity and do things that are meaningful and important to them. Care and service needs are identified through undertaking assessments with consumers and representatives to tailor culturally safe care needs where identified. Management could describe various mechanisms and opportunities used to recognise cultural needs for individual consumers. Lifestyle staff said resident meetings have activities facilitated by the service as a standing agenda item, where they seek feedback on activities held previously and planned upcoming events and said this is done not only to ensure consumers are satisfied with activities provided but also to identify if there may be any unforeseen impacts on individuals' cultural sensitivities.

The Assessment Team identified that the service supports consumers to make decisions about their own care and how they have services delivered by the relevant sections of its workforce. Consumers have a say in their daily routine such as who provides their care, where to eat meals, who they socialise with, what activities they want to attend and if they want to. Care documentation included involvement of consumer representatives and communication of consumer choices provided to the service and representative. Consumers were observed enjoying friendships with each other and taking advantage of organised social events such as exercising, listening to music of their choice and craft making.

Consumers at the service are supported to take risks and the service has policies to guide and ensure staff are aware of the consumers right to take risks and support this to occur. Processes involve discussing potential hazards certain activities may present with consumers and plans are developed to mitigate identified risks. These documented risk assessments in consumers electronic profiles which can be accessed by staff for further reference. Staff are aware to report changes in consumer ability to undertake risks which could be a trigger for re-assessment of their support needs.

The Assessment Team identified that information provided to consumers at the service is communicated in a variety of ways that is clear and easily understood through a range of methods such as emails to consumer representatives, noticeboards, activities program schedules, resident meetings, newsletters and informal and formal discussions with staff and management. Consumer care plans indicate consumers are given opportunities to make personal choices. Consumers rooms were observed to contain activity programs in large fonts, for ease of understanding and staff were observed discussing daily menu choices with consumers.

The Assessment Team found that consumer privacy is respected with staff observed knocking on consumer doors prior to entry and provision of care was done behind closed doors. Some paper files are being utilised, which are kept in secure cupboards, however it was noted a workstation in the services ‘middle section’’ had unsecured consumer files on display. Management were advised of this and promptly secured the information and said they will speak with staff working in the area on this breach of protocol. Individual consumer information is stored electronically with staff allocated access on an as needed basis.

# 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. | Compliant |

Findings

The Quality Standard has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team identified that consumers are assessed on entry, at scheduled care plan reviews and when needs change to identify risks. Care plans identified risks to consumers’ mental and physical health and well-being, including falls, pain, skin integrity, nutrition and dietary needs, behaviours, restrictive practices and included personalised strategies to minimise risk of harm. Consumers and representatives confirmed staff are knowledgeable of consumers’ individual risks and expressed satisfaction with care and services received. Staff demonstrated familiarity with assessment processes and confirmed care plans contained sufficient information to inform care. Management advised monitoring processes such as daily progress note reviews and care plan reviews, ensure risks are captured.

The Assessment Team found that assessment and planning identifies and addresses consumers’ current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Sampled care files viewed identified consumers’ current needs, goals and preferences, including in relation to diet, mobility, toileting, behaviour, pain, falls, skin integrity and advance care planning and end-of-life wishes. Two consumers and one representative confirmed current needs, goals and preferences including end-of-life planning and wishes are identified and documented. Two care staff described comfort care for a consumer who was recently in palliative care and her condition has since improved.

Assessment and planning are based on ongoing partnership with the consumer and others the consumer wishes to involve and includes other organisations. Evidence sighted demonstrated consumers and/or representatives had been part of the assessment and care planning review processes on entry and at the 3-monthly reviews and had been informed of incidents/changes to the health status of consumers. One consumer and 2 representatives could describe their involvement in care plan discussions with other health professions involved. Staff were able to demonstrate how referrals are made and how others, for example, Dieticians, Physiotherapists, Wound Specialist, and Speech Pathologists are involved to provide care to consumers.

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. A care plan summary was informed from the detailed care assessments and strategies, and all representatives could describe their involvement in care plan discussions and by reviewing written care plans.

The Assessment Team identified that care and services are regularly reviewed for effectiveness, when circumstances change or when incidents impact on the consumer’s needs, goals and preferences. Three consumers and 2 representatives confirmed they are involved with care plan reviews, when there are changes made by the Medical Officer or Physiotherapist or when the consumer returns from hospital and changes are made to ensure appropriate care needs are provided.

# 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. | 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 has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team reviewed care files and interviewed consumers and representatives which confirmed the service has processes in place to ensure each consumer receives effective clinical care that is best practice, tailored to their needs and which optimises health and well-being. The service could demonstrate each consumer receives safe and effective clinical care, specifically in relation to pain, wounds, diabetes and specialised nursing needs. Staff were able to describe best practice guidance in relation to clinical care and how to access a range of policies and procedures to guide them. Documentation showed each consumer receives effective personal care, clinical care that is best practice, is tailored to their needs and optimises their health and well-being.

Consumers and representatives were satisfied with the care they receive. Documentation viewed demonstrated the service utilises and regularly reviews assessments, care plans and charting to identify, assess and monitor risk to consumers. The service provided evidence high impact and high prevalence risks were monitored and analysed, with trends used to inform and improve practice including falls, pain, diabetes, weight loss and behaviour management. Clinical and care staff were knowledgeable about sampled consumers’ high impact and high prevalence risks and could detail how they identify, assess and manage such risks. Three consumers and 2 representatives interviewed confirmed consumers receive the care they need and were satisfied with how the service was managing individual risks, such as falls, oxygen therapy, pain, diabetes, indwelling catheters and behaviours.

The Assessment Team found that assessments and care plans are conducted in collaboration with consumers and their representatives, including on entry, at care plan reviews and following changes to circumstances and ongoing discussions were evident in progress notes. All consumers and representatives interviewed considered the process to be based on partnerships and staff confirmed involvement of others, such as Allied health and the Canberra and Grace Hospital Palliative Care Team where appropriate. Consumer’s care plans viewed included advance care directives, where appropriate, and engagement of family to confirm wishes when consumers were entering end of life care. Advance care directives and wishes are reflected in consumers care plan. Two consumer said staff know what their wishes are when their time came and believe staff would honour their wishes to stay at the service and manage their pain.

The Assessment Team identified that deterioration or change of a consumer’s mental health, cognitive or physical function or condition capacity is recognised and responded to in a timely manner and captured in progress notes, and interim issues are included in a clinical care chart. Care and clinical staff could describe the escalation process in line with service policy. Progress notes and care planning included information from clinical and care staff as well as other health providers, including Medical Officer, Allied Health and external organisations, such as Older Person’s Mental Health Team, Physiotherapist, Dieticians and Speech Pathologist. Two representatives and 2 consumers confirmed the service had taken appropriate and prompt action to deterioration in health and recalled assessments, observations, medical reviews following falls, mobility, weight loss and escalation of behaviours. Two consumers said when they were unwell clinical staff contacted their Medical Officer and they were reviewed and treated promptly.

The Assessment Team reviewed care files which demonstrated entries from Medical Officers, Allied Health, and summaries of specialist reports were communicated effectively within the organisation and with external providers where appropriate. Staff described the range of methods used to receive updates including handovers. Consumers and representatives said staff were familiar with their preferences and needs, and representatives said they received updates following reviews, changes or incidents. For the 2 consumers sampled, care files provided in depth and individualised information relating to each consumer’s condition, needs and preferences, in addition to clinical and personal care management strategies with which to guide staff.

Care files showed staff had initiated timely and appropriate referrals to individuals and other organisations when needed. Consumers and representatives confirmed other organisations are involved in care and this occurs promptly including Physiotherapist, Dietitian, Speech Pathologist and Older Person’s Mental Health Team. Consumer, staff feedback and documentation demonstrated timely and appropriate referrals to providers and organisations. Staff described a range of organisations/providers and referral processes. Consumer, staff feedback and documentation demonstrated timely and appropriate referrals to providers and organisations and policies are in place to guide staff practices. Two consumers said when they are unwell clinical staff referred them to their Medical Officer and they are reviewed the following day. A Medical Officer was observed visiting consumers, accompanied by a Registered Nurse and progress notes demonstrated escalation of clinical changes or incidents in a timely manner.

The Assessment Team identified that the service practices antimicrobial stewardship and takes action to reduce the risk of infection related risks through the current work practices. Progress notes and staff feedback confirm pathology is collected prior to treating symptoms of infection, recording and reporting infections in the electronic care management system, and regular screening of consumers for symptoms of infection, particularly COVID-19.

Cleaning and hospitality staff advised they receive alerts of consumer infections through stickers on room doors and could describe use of personal protective equipment (PPE) and dedicated cleaning equipment when working in such rooms.

Staff advised they received training on donning and doffing of PPE and infection control. The service has 2 infection prevention and control (IPC) leads who monitor staff practices, provide training and monitor and ensure adequate PPE is available and ordered each month. Staff were aware of and had utilised guidelines and resources provided to manage COVID-19. Staff could describe and explain processes related to infection control staff were observed to be wearing masks correctly.

# 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 has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team found that each consumer gets safe and effective services and supports for daily living. The service demonstrated that the services and supports for daily living meet the consumer’s needs, goals and preferences and optimises their independence, health and well-being and quality of life. Consumers sampled provided feedback that indicated they were supported to be as independent as possible and said staff will discuss activities and meals with them daily while also having schedules for activities in their rooms. Systems and processes are in place to support and guide staff practices and posters were observed around the service informing staff to ensure English is spoken in the presence of consumers as well as directing staff to get to know the consumers they work with.

The Assessment Team observed large planter boxes outside a consumer’s room where the consumer has established a vegetable garden. A variety of productive tomato plants were observed being grown by the consumer who was evidently proud of this achievement.

Lifestyle staff said they are trialling a new checklist to keep track of consumers who will not or cannot participate in group activities and ensure they receive adequate one on one time with staff. The services lifestyle activities schedule is regularly reviewed and revised in line with consumers feedback from meetings, feedback forms or via direct verbal feedback. Consumer meeting minutes showed reflective discussions on past activities for what is referred to as ‘keep it, change it or chuck it’ from consumer feedback.

Observations in the services wellness centre showed a planned, dementia specific activity for consumers with reduced cognitive abilities engaged in crafting paper chains, with calming nature scenes and music being played on a large screen TV. The consumers appeared to enjoy the social interactions with staff and each other during this activity.

The Assessment Team interviewed consumers who confirmed the services and supports are adequate for daily living and promote each consumer’s emotional, spiritual, and psychological well-being. Documentation viewed showed consumers are engaging in the lifestyle program and there are activities available to meet their individual spiritual needs including the celebration of significant holidays and events and multi-denominational church services are held on-site. Staff were observed providing consumers with emotional support and were able to describe examples of how consumers who experience episodes of depression and low moods are supported.

The service has a dedicated chapel area for weekly church services which are open denomination, and a Catholic priest also visits to provide communion services. These services are advertised to consumers via the activity schedule.

A consumer meeting held in February 2023 showed 3 consumers have requested dedicated Anglican church services be made available. Management showed correspondence to their head office enquiring if an identified and available Anglican chaplain was current with their volunteer training.

The Physiotherapist said 7 consumers attend the Wellness program and 2 consumers attend the Integrated programme to enhance their mobility and balance. The Physiotherapist said they provide emotional and psychological to support consumers who attends the wellness program and one consumer said they enjoy the program as they get both emotional and physical benefits.

The Assessment Team found that consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them. Staff were able to identify activity preferences and how they support consumers to maintain social and personal relationship. Consumers interviewed confirmed they have and maintain social and personal relationships. Care plans reflect things that are interesting and meaningful for them.

Lifestyle staff described consumers who participate in activities in the community such as swimming at a community pool, participating in men’s shed groups and country women’s associations. These consumers independently attend these organisations with the service assisting them in preparation and readiness to attend.

The Assessment Team interviewed consumers who confirmed their condition, needs and preferences are known by the service and staff. This included dietary requirements, mobility aids, religious affiliations, care needs, and preferences such as activities they choose to participate in. Staff confirmed they have access to care plans, attend handover meetings and are informed of changing care needs for consumers.

Lifestyle staff said they are given shift handover records from clinical and care staff which enables them to identify consumers conditions that may impact on their ability to participate in activities or individuals that may require additional attention and support such as consumers experiencing depression and low moods.

Assessment and planning for consumer needs is undertaken and reviewed regularly. All consumers have care plans, and staff are informed of any changes to a consumer's health and care via handover meetings and access to plans, with any changes updated on consumer profiles. External providers of services are used where required and volunteers are used to assist in activities and other services. The service has recruited volunteers to the service, and they engage in various supports and services for consumers such as driving the organisations bus for outings, providing religious services and assisting in the lifestyle and activities program. There is a longstanding arrangement with the ACT Companion Dog club who visit the service monthly to provide a Dogs-as-Therapy program to enhance the lives of consumers.

Most consumers and representatives said meals served are varied and of suitable quality and quantity. There are mechanisms in place for consumers to provide feedback on meals and consumers are consulted prior to menu changes. Staff described how they meet individual dietary needs and preferences and how they are applied during meal services. Catering management could show food safety systems are in place and verification activities in support of the food safety program were found up to date although gaps were identified in hygiene checklists which management said was due to agency staff conducting checks on the days identified. The provider advised that following extensive consultation, BaptistCare has successfully engaged a new caterer who will commence on 16 May 2023.

Consumers and representatives sampled said consumers felt safe when using equipment and maintenance were responsive in managing repairs. Equipment used for activities of daily living were observed to be safe, clean and well maintained and staff confirmed they have access to enough equipment, and it is well maintained. Consumers confirmed that equipment such as their mobile walkers are maintained and repaired as required by maintenance and that they feel safe using this equipment. One consumer said they have been provided a specialised 4-wheel walker that assists them in accessing raised garden beds.

# 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 has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team observed the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Observations of the service environment shows consumers’ rooms often have highly personalised décor and memorabilia. Consumers sampled said they feel safe, the environment is easy to navigate is welcoming to them and offers areas for their friends, family and families and pets to interact. The entrance to the service environment appeared to be welcoming with staff present to greet visitors and assist with the sign-in and Covid-19 screening processes.

Extensive, open outdoor gardens and courtyards were well maintained and featured covered areas, fishponds, consumer-maintained gardens and walking paths. Most consumer rooms opened externally into outdoor areas as well as internally.

Internally, the service has good lighting, with wide and easily accessible corridors and communal areas that offer capacity to host large gatherings as well as smaller, comfortable spaces and kitchenettes. Separate areas of the service are well signed for ease of navigation and consumers have access to all areas within the service.

The Assessment Team observed the service environment is well maintained, has wide corridors and provides a positive and comfortable environment. Consumers were observed to move freely throughout the service. The environment was observed to be clean and cleaning staff were observed to be regularly cleaning. Flooring throughout the service is predominantly carpeted however stains were evident in many of these areas, but no offensive odours were detectable. Management said they were aware of this and plan to replace the flooring soon. Maintenance staff could describe their proactive maintenance schedule and how the electronic maintenance system notifies them for what is due and who is responsible e.g. internally managed or externally. The provider advised that spot cleaning was undertaken on the carpets at the time of the Site Audit and additional cleaning was undertaken on 14 March 2023.

Furniture, fittings, and equipment was observed to be safe, clean, well maintained and suitable for the consumer. The service demonstrated it had monitoring systems and processes in place for preventative and reactive maintenance work and staff confirmed such processes were effective.

# 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 has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team interviewed consumers and representatives who confirmed they are provided with information in relation to feedback and complaints processes, participate in surveys regularly and attend meetings where issues are discussed. Staff could describe how they support consumers and representatives to provide feedback and complaints management systems and processes are in place. All of the sampled consumers and representatives said they understood how to give feedback or make complaints, reporting they speak with staff directly, provide feedback via surveys and attend consumer meetings where issues are discussed.

One representative said ‘staff are very approachable; issues are dealt with straight away and they fully understand the complaints process’. Several consumers and representatives said they had provided feedback about the quality and variety of food and said they were aware management was actively looking to improve meal services.

Consumers and representatives were aware of external services for raising and resolving complaints and staff were aware of barriers to communication and could describe how these are overcome. Management described systems to support consumers to access advocacy and language services which was evidenced in documentation. All of the consumers and representatives sampled said they were aware of other means to raise issues outside of the service, however had not had to use them.

Staff described supporting consumers with hearing impairments to wear their aides for communication and said the consumer cohort from non-English speaking backgrounds could all speak English, however, were supported by bilingual staff and family to raise issues.

Overall, consumers and representatives said appropriate action is taken in response to complaints and they are notified of adverse events. Some consumers reported dissatisfaction with some aspects of meals provided, however actions taken to resolve complaints was documented. The organisation has a complaint handling process and open disclosure policy which consumers and representatives confirmed is practiced. Most of the consumers and representatives reported issues raised had been resolved to their satisfaction.

The Assessment Team found that the service could demonstrate systems and processes are in place to ensure feedback and complaints are reviewed and used to improve the quality of care and services. Overall, consumers and representatives confirmed action to improve care and services had been instigated. Staff and management could describe improvements and items on the complaints register are actioned and finalised and link to the plan for Continuous Improvement (CI) where trends are identified.

# 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

The Quality Standard has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team found that overall consumers and representatives were satisfied the number and type of staff rostered was sufficient to meet their needs. Staff said they had enough time to undertake tasks and processes are in place to adjust staffing levels to meet consumer needs. The organisation has workforce planning policies and procedures, feedback and clinical indicators are reviewed, and observations made to ensure staffing level and mix are sufficient.

The Assessment Team interviewed consumers and representatives who were mostly satisfied with the sufficiency and mix of the workforce; one representative said at times staff appear busy and one consumer said sometimes they get a wash rather than a shower but overall were satisfied with staffing levels.

The Assessment Team interviewed staff who said they have sufficient time to undertake tasks and reported processes are in place to back-fill vacancies. Management reported systems are in place to review consumer acuity, occupancy levels, feedback, complaints and observations to determine staffing sufficiency, and decisions to adjust rosters can be made by the facility manager on a needs basis. Management reported consumer care and preferences are identified as part of pre-admission processes and are used to develop rosters to meet consumers' needs and staff are rostered consistently across sections, so consumers have continuity of staff. Management reported call bell activations are reviewed monthly and a sample of extended response times are investigated. A casual pool of their own staff from across the region is used to back fill vacant shifts and is supplemented by occasional regular agency staff.

Staff did not appear rushed when supporting consumers with activities or assisting with meal service and call bells were observed to be attended promptly.

All consumers and representatives said staff are kind, caring and respectful and that they could not be happier with workforce interactions. Staff were knowledgeable about each consumer’s identity, diversity and preferences and were observed to be kind and thoughtful with consumers, respecting their privacy and dignity. Management reported processes are in place to obtain feedback from consumers, representatives and staff in relation to workforce interactions to ensure care and services delivered is in accordance with consumer’s identity, culture and diversity.

Staff described reviewing consumers’ care plans to understand consumers’ identity, culture and diversity and were knowledgeable about individual consumer’s preferences for male or female care staff.

Management reported some staff are bilingual and can support consumers from non-English speaking backgrounds and there are systems in place to inform staff of consumers’ history and background via care documentation, meetings and handover.

Staff were observed knocking on doors and seeking permission before entering, speaking slowly and clearly to consumers and interacting in a pleasant and kind manner.

The Assessment Team interviewed consumers and representatives who reported staff were competent and had skills necessary to perform their roles, care was delivered safely and effectively and other service were available when required. Pre-employment processes verify qualifications and systems are in place to monitor staff competencies. Staff reported they undertake mandatory training and additional training is provided if gaps are identified.

The Assessment Team found that the organisation has a workforce governance framework which includes recruitment processes to ensure staff are recruited, trained and equipped to deliver care and services in line with the standards. Policies and procedures support recruitment and training and staff confirmed completion of recruitment and induction processes. Management reported the service and organisation collaboratively manage recruitment and training. Consumers and representatives were satisfied staff had sufficient training to meet their needs. Records demonstrate over ninety-five percent of staff have completed mandatory training with overdue training related to those staff on leave and the organisation has policies and procedures which underpin recruitment.

The Assessment Team found that regular assessment, monitoring and review of the workforce is undertaken, and the organisation has policies and procedures in relation to performance appraisal, development and management. Overall, consumers reported they are satisfied with the care they receive, and staff are good at their jobs. Staff reported they undertake annual performance appraisals and receive ongoing training and assessment. Management undertakes performance appraisals with staff and can access centralised HR functions as required.

# 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 has been assessed as Compliant as all of the specific Requirements have been found to be Compliant.

The Assessment Team received feedback from consumers and representatives which described being involved in the development, delivery and evaluation of care and services. Systems are in place to capture consumer feedback and records demonstrates the organisation involves consumers in consultation processes to develop and evaluate care. Five consumers said they attend consumer meetings; they are regularly surveyed, have provided feedback in relation to the quality of meals and take part in care planning processes. Four representatives reported they are regularly consulted in relation to their consumers’ care and described how services meet their needs. Documentation indicates consumer and representative feedback is obtained via consumer experience surveys, consumer meetings, food focus groups and feedback forms which are linked to continuous improvement processes.

The organisation has systems and processes to collect and analyse clinical incidents, hazards and feedback from consumers and representatives. Board members have relevant experience and oversee committees including Residential Care and Clinical Governance, Audit and Risk, Governance Nomination, People and Culture and Property where key information is reported, and clinical care and practices are discussed. The organisation also has access to expertise from educators, allied health and contractors to inform development of safe care and services.

The Assessment Team interviewed management who reported that the Board has relevant skills and experience to discuss all aspects of Aged Care and the sub-Committees to the Board comprise members who have qualifications, skills and experience relevant to their role and they also receive training in relation to the Quality Standards.

Management reported governance structures include scheduled organisation wide Risk, Quality and Governance meetings where clinical indicator data, risks, audits and trends are discussed enabling risks to be identified at both an organisation and service level and a booklet ‘Staying on your feet’ was recently trialled in response to an increase in falls across the consumer cohort.

Management reported a Board Care and Clinical Meeting occurs quarterly and is held at a different service on a rotation basis to provide the Board with a tour of each home and to provide an opportunity for them to meet and discuss issues directly with consumers and representatives.

Management reported the organisation has several advisory groups to capture legislative changes and the Board receives a management report which provides a ‘deep dive’ into relevant issues and in December 2022 this related to the Code of Conduct.

The organisation has governance structures, policies and procedures. A quality assurance framework incorporates information being disseminated from and to the Board and processes and systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints are in place.

The organisation has subscription and alert services to identify legislative and regulatory changes. A policy and procedure framework incorporates a committee which meet monthly who are responsible for overseeing the policy review process which includes feedback from management, stakeholders and other staff in the business to look at best practice. A clinical alert process advises staff of policy and procedure change requiring action and general updates are included in a policy and procedure newsletter where changes made are described.

The Assessment Team identified that systems and practices in relation to managing high impact or high prevalence risks, responding to abuse and neglect, managing incidents and supporting consumers to live their best life were demonstrated. Information in relation to incidents, near misses, restrictive practices and clinical indicators are discussed by relevant sub-committees and reported to the Board.

High impact high prevalence risks are monitored and analysed, trends are reported and discussed at staff, clinical and governance meetings in relation to falls, pain, diabetes, weight loss and behaviour management. Staff were knowledgeable about individual consumer risks, could describe risk mitigation strategies and said they had completed training in relation to elder abuse, SIR’s and incident management processes.

The organisation has a clinical governance framework which encompasses systems and processes underpinned by policies and procedures. Clinical indicators are analysed and benchmarked and scheduled audits are used to assess performance and identify deficits which inform training. Systems are in place at local, regional and organisational levels to review data, performance and identify risk systematically.

The organisation has a Care and Clinical Governance framework encompassing leadership and culture, consumer partnerships, organisational systems, roles and responsibilities. The Clinical Governance Committee reviews clinical data including infection rates, antibiotic use and trends which are followed up with each service. An IPC is on site and a second staff is undertaking IPC training.

1. The preparation of the Performance Report is in accordance with section 40A – site audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)