

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Baptistcare Gracewood |
| Commission ID: | 7166 |
| Address: | 20 Roebuck Drive, SALTER POINT, Western Australia, 6152 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 17 December 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT Service: 4694 Baptistcare Gracewood |

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 Gracewood (**the service**) has been prepared by J Wilson, 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 staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 10 December 2024 and 12 December 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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 | **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.

**Standard 2, Requirement (3)(a)**

* Ensure assessment and planning includes the consideration of risks, particularly in relation to behaviour support, including the use of behaviour charting and assessments to ensure the implementation of tailored behaviour support strategies are used in the care of consumers with changed behaviours.

**Standard 3, Requirement (3)(b)**

* Ensure staff have the relevant information, training and support to manage the high impact and high prevalence risks associated with the care of consumers, including in relation to behaviour support.

# Standard 1

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

Consumers confirmed staff are respectful, friendly and value their identity and culture with services provided in line with cultural preferences and needs. Consumers indicated assessment processes include sharing their experiences of care and services, and felt staff understand their needs and preferences. Consumers described how they are provided opportunities to exercise choice and independence and are supported to maintain relationships of choice. Consumers confirmed they are supported to take risks to enable them to live the best life they can with risks discussed and feel they have the information they need. Consumers were satisfied staff consistently respect their privacy and confidentiality in how they communicate and interact with them.

Staff were knowledgeable about each consumer’s preferences and culture and demonstrated a comprehensive understanding of the consumers they care for, showcasing their awareness of each individual’s identity and diverse backgrounds. Staff confirmed the importance of personalising care to ensure that consumers feel comfortable and culturally safe. Staff described how each consumer is supported to make informed choices about their care and services, including supporting them to take risks. Staff described the different ways information is provided to consumers, in line with their communication needs and preferences and demonstrated the practical ways they respect consumer’s privacy.

Management confirmed they maintain risk discussion records which are reviewed as per the care planning process and can include external specialists and health practitioners where indicated. Management confirmed considerations and strategies are discussed with the consumer prior to either trialling or implementing a perceived risk-taking activity.

Care documentation includes recording the consumers’ identity and culture which is used to inform the delivery of personalised care that respects individual values and beliefs. Consumer documentation includes next-of-kin information with conferences offered to consumers to discuss services being delivered and make decisions about future care. Care documentation included honouring choices forms when activities involve risk.

Consumers are provided an admission pack and the Charter of Aged Care Rights to inform consumers about their rights, including their right to have their dignity maintained, be treated with respect. Additionally, consumers are provided information on how the organisation supports the identity, culture and diversity of consumers when delivering care and services. Policies and procedures are in place to ensure consumer independence is maximised and they are supported to take risk in their daily lives if they wish to do so. The electronic care documentation system is accessible by relevant staff and username and password protected.

Based on the assessment team’s report, I find all Requirements in Standard 1 Consumer dignity and choice compliant, therefore the Standard is compliant.

# Standard 2

|  |  |
| --- | --- |
| 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. | Not 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

This Standard is non-compliant as one of the assessed requirements is non-compliant.

**Requirement (3)(a)**

The assessment team recommended Requirement 2(3)(a) not met as they were not satisfied behaviour assessments and support plans contained comprehensive strategies to inform effective behaviour support and minimise the use of restrictive practices. The assessment team’s report included the following evidence relevant to my finding:

* The behaviour support plan (BSP) for 3 named consumers did not provide sufficient guidance to staff to support the consumers changed behaviours or minimise the use of chemical restraint.
* Strategies included in the BSP’s were generic and did not provide sufficient guidance to staff in the implementation of strategies, particularly in relation to chemical restraint.
* Triggers identified by representatives and staff were not documented in the consumer’s BSP.
* Individualised strategies described by representatives and staff as effective in supporting the consumer’s changed behaviours were not documented in BSPs.
* Two additional consumer’s being administered psychotropic medication regularly had not been identified as subject to chemical restraint, and therefore did not have authorisation forms completed.
* BSP’s did not include the medication as a restrictive practices, and associated interventions and strategies to support the consumer.
* Management acknowledged the feedback provided around BSPs not capturing targeted or individualised strategies particularly for consumers subject to restrictive practices including outlining chemically restraining medications and their management.

The provider did not agree with the assessment team’s recommendation and provided the following evidence relevant to my finding:

* Behaviour support plans and assessments for named consumers were provided.
* The provider indicated following the identification of effective behaviour support strategies the associated care plan and assessments had been updated.
* The provider confirmed the care plan for one named consumer did not capture the ongoing use of chemical restraint. The provider asserted a plan for continuous improvement was in place to address this prior to the site audit.
* The provider acknowledged for another named consumer, that the consumer was subject to chemical restraint on admission, and care documentation did not include interventions or strategies to support the consumer. The provider asserted a plan for continuous improvement was in place to address this prior to the site audit.
* The provider included a plan for continuous improvement as part of their response.

I acknowledge the provider’s response, however, I find the service did not consistently undertake assessments of risk, in particular behaviour support, to inform the delivery of safe and effective care. In coming to my finding, I have considered the information within the assessment team’s report, which demonstrates that for several consumers behaviour support plans did not include personalised strategies to guide staff in effectively supporting them. Additionally, staff and representative feedback showed effective personalised strategies used to support consumers were not documented in care documentation. While the provider acknowledges the gaps in care documentation, and they asserted a plan for continuous improvement was in place, I have not been provided evidence to support this. Additionally, I acknowledge the review of care documentation to include effective strategies by staff following the site audit, however, I have considered this information had not been captured in assessment processes previously to ensure staff were using consistent effective interventions to support consumers. I have also considered evidence within Standard 3, requirement 3(3)(b) in which the provider states they have reviewed and updated behaviour support plans for named consumers to include detailed information on strategies to be provided prior to chemical restraint.

Based on the reasons above, I find Requirement 2(3)(a) in Standard 2 Ongoing assessment and planning non-compliant.

In relation to **Requirements 2(3)(b), 2(3)(c), 2(3)(d)** and **2(3)(e)**, consumers confirmed they are actively involved in assessment and planning processes with regular updates on any changes to their health and care needs. Representatives confirmed discussions with staff and palliative care specialists in relation to end of life wishes and advance care planning. Consumers confirmed receiving care plans and mentioned they can request an additional copy if necessary. Representatives indicated they receive information about incidents and actively contribute to reviewing care and services.

Care documentation demonstrated assessment, and planning identifies and addresses consumers’ current needs, goals, and preferences and is completed in consultation, with end of life care and advance care directives recorded. Care documentation confirmed the involvement of both internal and external service providers in consumer care. Outcomes of assessment and planning are documented in a care plan which is offered to consumers and accessible to staff and other service providers through the electronic documentation system. Care documentation demonstrated consumers are reassessed and care plans are updated in response to changing circumstances including hospitalisations and following incidents.

Staff described discussing advance care planning on admission and at care plan reviews. Staff described discussing consumer’s needs, goals and preferences and described how these are incorporated into care delivery. Staff confirmed consulting consumers, their representatives if they wish, and other health care providers during assessment and planning processes. Allied health staff confirmed they are informed of consumers details through the electronic documentation system and receive handovers from staff and described using the electronic system to document directives, services provided and any necessary follow-up. Staff described their approach to reassessing consumers’ needs, goals and preferences, both during ongoing care reviews, in response to incidents.

Management described how the service engages several external services to run clinics within the service as required, such as hearing and vaccination clinics. Management described monitoring processes, such as progress note reviews, huddles, clinical meetings, resident of the day reviews, and documentation audits to identify and discuss any changes in the needs, goals and preferences of consumers and ensure timely reassessment.

The service has policies and procedures to guide and support staff in the care planning process, including documenting end of life wishes and advance care directives.

Based on the assessment team’s report, I find Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

|  |  |
| --- | --- |
| 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. | Not 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

This Standard is non-compliant as one of the assessed Requirements is non-compliant.

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

The assessment team recommended Requirement 3(3)(b) not met as they were not satisfied risks associated with the care of each consumer are effectively managed, specifically in relation to behaviour support and lack of specific strategies relating to chemical restraint. The assessment team’s report included the following evidence relevant to my finding:

* Three consumers were administered psychotropic medications, however care documentation showed interventions trialled were generic in nature and interventions were not reviewed for effectiveness.
* One consumer was administered as required psychotropic medications on three occasions for behaviour support, on one of these occasions generic strategies were trialled without success. The other 2 occasions, care documentation showed there were no alternative strategies trialled prior to the administration of psychotropic medication.
	+ - Staff described entering changed behaviours in the behaviour chart, however, there were no entries made on the date’s medication was administered.
		- Care staff described strategies they implement to support the consumer, including guiding them back to their room if wandering, and removing paper towels or tissues, however, neither of these strategies were documented in the BSP.
		- Clinical staff said they were not aware if the consumer is subject to chemical restraint.
* A second consumer was administered psychotropic medication twice, and both times care documentation showed only generic strategies were trialled and were ineffective in supporting the consumer.
	+ - Staff said when the consumer is assisted with toileting they scream and said they constantly want to go to the toilet. Staff indicated they support them by providing a hot drink but said this does not always work.
* Three staff members indicated they did not refer to behaviour support plans to effectively support consumers with changed behaviours.
* Clinical staff indicated they would trial generic strategies to support consumers with changed behaviours and then administer medications.
* Management confirmed specific non-pharmacological interventions should be documented prior to administration of a chemically restraining medication, then monitored and evaluated upon administration.
* Management acknowledged inconsistent and minimal behaviour charting following the administration of chemical restraint.

The provider acknowledges while care plans include behaviour support strategies and interventions, staff were not consistently documenting interventions provided in response to changed behaviours, nor were interventions reviewed for effectiveness in a timely manner. The provider included the following evidence relevant to my finding:

* The provider confirmed care plans and associated documentation had been reviewed and updated.
* For one named consumer, documentation showed the provider had updated the behaviour support plan to give clear instruction to staff on interventions to be trialled prior to the use of chemical restraint.
* The provider acknowledged behaviour charting was not being recorded appropriately and are working with management to increase oversight and education in behaviour charting.
* The provider included a plan for continuous improvement as part of their response.

I acknowledge the providers response; however, I find the service was not effectively managing risks to consumers care, particularly in relation to behaviour support. In coming to my finding, I considered the provider’s acknowledgement of the deficits identified and the implemented and proposed improvements within the response and the provided plan for continuous improvement. However, I consider the time required for the service to fully implement, embed and evaluate the improvements to ensure ongoing compliance and changes to staff practice.

Based on the reasoning above, I find Requirement 3(3)(b) in Standard 3 Personal care and clinical care non-compliant.

In relation to **Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f)** and **3(3)(g)**, consumers confirmed they receive individualised personal and clinical care which improves their health and wellbeing. Representative expressed appreciation of the care consumers receive at end of life and confirmed consumers were pain free and kept comfortable, with the family supported and informed of changes. Representatives expressed satisfaction with the ability of staff to recognise and respond appropriately to changes in the condition of consumers. Consumers felt staff know them well and are familiar with their needs and preferences and were satisfied with communication processes. Consumers felt staff were competent in identifying and managing infection related risks and indicated appropriate infection control processes, such as hand washing and wearing gloves were implemented.

Staff demonstrated how they provide safe and effective care and tailor care and services to meet the needs and preferences of consumers. Staff described their approach to maximising comfort and preserving dignity during end-of-life care, including collaborating with consumers, their families, medical professionals and palliative care specialists to ensure the delivery of high-quality end-of-life care. Staff described monitoring consumers at end of life for pain and distress and administering appropriate medication or interventions to provide comfort. Staff were knowledgeable on how to monitor and respond to consumers’ change in mental health, cognitive or physical condition in an effective and timely manner. Staff confirmed they are informed of changes to consumers’ conditions and needs through handover processes and care documentation. Staff described referral processes and how changes and recommendations are communicated to consumers, representatives and other staff. Staff demonstrated knowledge of infection control and antimicrobial stewardship principles.

Care documentation for consumers requiring specialised nursing care demonstrated care provided was in line with the directives by the medical officer. Care documentation demonstrated the needs, goals and preferences during end-of-life had been recognised and addressed to the satisfaction of consumer families. Care documentation showed deterioration was identified in a timely manner and appropriate action taken. Care documentation included entries from medical professionals, allied health and behaviour specialists are communicated within the organisation and with external providers. Care documentation showed referrals are undertaken in an appropriate and timely manner, with recommendations incorporated into care plans to inform the delivery of care and services. Care documentation showed pathology testing is undertaken prior to the prescribing of antimicrobials.

Consumers were well presented, wearing clean clothing with appropriate grooming. The service has palliative care trolleys that contain essential materials to deliver care to consumers at end of life, such as aromatherapy, tea and coffee, moisturiser, mouth swabs and eye care.

The service has policies and procedures to guide staff in best practice care that optimises consumers’ health and wellbeing, and include end of life care, and recognising and responding to deterioration. The service has an outbreak management plan which guides staff on movement restriction considerations during an outbreak, transferring consumers during an outbreak, and consumer choice relating to isolation.

Based on the assessment team’s report, I find Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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

Consumers confirmed they are supported to do the things they want to do and services and supports for daily living have improved their independence, health, well-being and quality of life. Consumers described how the services and supports they receive promote their spiritual, cultural, emotional and psychological well-being. Consumers felt connected and engaged in meaningful activities and confirmed they are supported to acknowledge and observe sacred, cultural and religious practices. Consumers confirmed they are supported to maintain social activities of interest and personal relationships within the service and in the wider community. Consumers felt the service has effective processes to communicate important information about their services and supports and staff know what they need. Consumers confirmed they are satisfied with the services and supports delivered by those they have been referred to. Consumers provided positive feedback about the meals, choices and alternatives provided. Consumers were satisfied the equipment provided is suitable, clean and well maintained.

Care documentation includes strategies and interventions for staff delivering care to optimise consumers’ well-being and independence. Care documentation demonstrated the service delivers services and supports in line with the consumer’s emotional, spiritual and psychological needs, goals and preferences. Service records demonstrate consumers are encouraged and supported to participate in activities and do things of interest to them. Care documentation, including care plans and progress notes, reflected changes, reviews and alerts to staff where appropriate. Care documentation confirms the service undertakes timely and appropriate referrals to other individuals, organisations or providers to meet the services and support needs of consumers.

Allied health professionals described their involvement in assessment and delivery of services and supports based on the consumer’s strengths and areas of need and goals and agreed care. Staff described incorporating individual life experiences and honouring diverse cultural, ethnic, religious, and spiritual backgrounds to ensure services and supports delivered are relevant and meaningful. Staff described ways information is communicated throughout the service, including through handover meetings and care documentation. Staff were familiar with referral processes and which other organisations or individuals are involved in the provision of services and supports. Staff were familiar with consumers requiring specific dietary needs or food preferences and described being flexible with menu choices to meet the needs and preferences of consumers. Management and staff described how consumers are assessed by allied health to ensure equipment provided for services and supports are appropriate and suitable for use.

The lifestyle program is personalised to address the diverse needs and preferences of consumers and encompasses a wide range of activities, with a specific lifestyle program delivered to consumers residing in the secure unit. Allied health professionals and a chaplain visit the service, and they receive referrals electronically and verbally from staff and management. Consumer meeting minutes, daily menu choice forms and meal surveys demonstrated regular consultation with consumers regarding meal services occurs.

Based on the assessment team’s report, I find all Requirements in standard 4 Services and supports for daily living compliant, therefore the Standard is compliant.

# Standard 5

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

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in May 2024 as the service environment was found to be unsafe, not cleaned or well-maintained. The assessment team’s report included actions undertaken to rectify the non-compliance, including but not limited to replacement of all carpets throughout the service, repairs and painting of walls in communal areas, and the review of the planned maintenance program and cleaning schedule.

At the site audit undertaken in November 2024, the assessment team recommended this requirement met as the service environment was clean, well maintained, safe, comfortable and promotes the free movement of consumers throughout the service. Consumers confirmed the service environment is clean, well maintained and comfortable, and risks to consumers are unobtrusively managed with security measures in place consistent with the consumers’ assessed needs. Staff were familiar with recognising and responding to safety incidents, hazards and emergencies and confirmed undergoing training specific to the service.

Maintenance staff described maintenance schedules and confirmed the engagement of external contractors where required, including in the maintenance of fire safety systems and equipment testing. Cleaning staff described cleaning schedules and the ad-hoc cleaning undertaken in response to consumer needs.

Service documentation showed maintenance, cleaning programs, reporting, feedback mechanisms and environmental audits are used to make sure the environment is safe, clean and comfortable. The service environment promotes the free movement of consumers and was clean and well maintained.

Based on the assessment team’s report, I find Requirement (3)(b) in standard 5 Organisations service environment compliant.

In relation to Requirements (3)(a) and (3)(c), the service consists of multiple wings over 2 levels and offers private single rooms with ensuites. Consumer rooms were personalised and reflected the consumer, with communal areas available for use. Furniture and furnishings were clean and well maintained.

Consumers confirmed the service environment is easy to navigate, with comfortable spaces to interact with others, for quiet reflection and for religious or cultural practices. Consumers indicated the design of furniture and fittings helps them to be independent and adds to the comfort of the service environment.

Staff described the features of the service environment designed to support consumers, including those with a cognitive impairment. Cleaning staff described processes to ensure furniture, flooring and fittings are cleaned regularly and confirmed the ongoing sanitising of touch points during their allocated work. Staff were familiar with reporting faults with equipment and any hazards within the service environment. Maintenance staff confirmed preventative and reactive maintenance programs are in place, which ensures the service provides safe, clean and well-maintained furniture, fittings and equipment.

Based on the assessment team’s report, I find Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment compliant.

# Standard 6

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

Consumers confirmed they are encouraged and supported to provide feedback, complaints and suggestions to management and were familiar with external agencies and advocacy services available if they need additional support. Consumers felt management responds appropriately to feedback and complaints, and a transparent approach is used when things go wrong. Consumers described improvements made to the quality of care and services in response to feedback and complaints.

Staff were familiar with processes to capture feedback and complaints and described how they support consumers who wish to provide feedback or make a complaint. Staff and management were familiar with the electronic system to record complaints and could describe supporting consumers to access advocacy services if needed. Staff described how they respond to complaints and are encouraged by management to seek feedback and apologise to consumers when things go wrong. Management described how they encourage and support consumers to provide feedback, with multiple channels available and they also described the process of responding to feedback and complaints.

The service has policies and procedures in place to guide and support staff in complaints handling and supporting consumers to provide feedback and make complaints. An admission pack on entry includes information on consumer rights and encourages them to provide feedback via various feedback mechanisms. A welcome brochure references the provision of feedback and complaints and provides the various ways consumers and representatives can do this. Information and contact details regarding external supports is displayed around the service, including for advocacy and language services.

Service documentation demonstrated open disclosure is used as part of the complaint management process, and complaints and feedback are documented and promptly resolved. Feedback, complaints and suggestions are captured and recorded on the service’s complaints register and then recorded on the continuous improvement plan. Complaints and feedback trends are discussed at various staff and management meetings and reported to the board.

Based on the assessment team’s report, I find all Requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is compliant.

# Standard 7

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

Consumers expressed satisfaction with the number of, and support provided by staff and confirmed staff have enough time to provide quality care and services. Consumers described staff as kind, caring, respectful and responsive to their needs. Consumers felt the workforce is competent and skilled and that staff know what they are doing. Consumers have confidence in the ability of the workforce to deliver their care and services and confirmed they are regularly encouraged to provide feedback on staff performance.

Staff confirmed they have sufficient time to deliver safe and quality care and services. Staff were familiar with the individual circumstances of consumers and described how services are adjusted accordingly. Staff felt supported by management and described receiving guidance to ensure they have the knowledge to deliver safe and effective care and services. Staff described undertaking both online and face-to-face training in areas relevant to their role, including the Quality Standards, dignity and personalised care, infection control, culturally inclusive care, abuse, and serious incidents. Staff confirmed undertaking induction and orientation processes on commencement of their employment, which included training and support from their ‘buddy’. Staff confirmed they participate in performance reviews with management where they discuss their strengths, any areas for improvement, and how management can support them.

Management described processes to ensure there are enough staff to deliver care and services including considering the number, demographic and acuity of consumers, incident data, and feedback and complaints. Documentation showed, and management described, how the service ensures staff employed meet their organisational values and expectations. Management described selection and onboarding processes, induction and ongoing mandatory staff training, with regular communication to provide information and support. Management monitors staff performance through consumer and peer feedback, providing staff guidance where appropriate.

The organisation has a code of conduct which includes the values expected and the standard of care required to be provided by staff. All staff received training in respectful behaviour and the code of conduct and staff competency is monitored through various methods, including monitoring staff qualifications, observations of performance and through feedback.

Staff files demonstrated induction sign offs, position descriptions, and screening checks are in place and staff have the appropriate qualifications relevant to their roles. Service documentation showed staff appraisals had taken place within the past 6 months. The service has policies and procedures in place to guide staff to deliver best practice in care and services.

Based on the assessment team’s report, I find all Requirements in Standard 7 Human resources compliant, therefore the Standard is compliant.

# Standard 8

|  |  |
| --- | --- |
| 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**

Consumers described the service as well run and confirmed they regularly engage with the service including through feedback processes, attending meetings, and through conversations with members of the consumer advisory body. The consumer advisory body works closely with management to review policies, test new furniture, discuss upcoming renovations and suggest new programs and activities. Management and staff described how consumers are supported to engage in the development, feedback, and evaluation of their care and services and the feedback register includes service improvements following feedback from consumers.

The board consists of 10 members including representatives from various committees which discuss a range of matters including, but not limited to, human resources, finance, audit and risk, clinical indicators, and organisational governance. The governing body is supported through various sub-committees, accountabilities, delegations and reporting mechanisms to ensure it is aware of, and accountable for the delivery of care and services.

The organisation has established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Policies and procedures were available online for ease of reference, with staff confirming they have access to relevant and appropriate information to undertake their roles. Feedback and complaints are collated, reported to various organisational meetings, with improvement actions recorded on the service’s plan for continuous improvement. Recruitment and staffing is discussed at various management meetings, with the assignment of clear responsibilities and accountabilities. The organisation has systems and processes to ensure staff have valid police clearances and qualifications and are kept informed of changes in legislation through subscriptions and relevant webinars.

An effective risk management framework with policies and procedures to support the organisation’s management of risk and guide staff in identifying and responding to abuse and neglect of consumers, incidents, SIRS and clinical risks is in place. High impact and high prevalence risks are monitored through a high risk register, and discussed at organisational meetings, and reported to the board. Staff confirmed they have received training in abuse, neglect and serious incident reporting, and feel supported in reporting if they needed to. The service records, analyses and investigates consumer incidents which are discussed at organisational level meetings. The organisation has processes to assess and consult with consumers regarding their dignity of risk upon admission and as part of care plan reviews, and staff described how they support consumers to undertake risks.

A clinical governance framework is in place and includes policies, procedures and training in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated understanding of antimicrobial stewardship and meeting minutes showed this Is discussed and reported on at care and clinical governance committee meetings. A restrictive practice policy and procedure is in place to guide staff in the use of restrictive practices, and open disclosure. Complaints documentation demonstrated the appropriate use of open disclosure principles. While deficiencies were identified in Standard 2 and Standard 3 regarding the use of chemical restraint and behaviour support, the organisation demonstrated systems and processes to deprescribe and monitor psychotropic use, including through reporting to the board.

While I find Requirement (3)(e) compliant, I encourage the provider to review and strengthen the governance systems in relation to the administration of psychotropic medications and behaviour support plans to ensure restrictive practices are used in line with legislative requirements.

Based on the assessment team’s report, I find all Requirements in Standard 8 Organisational governance compliant, therefore the Standard is compliant.

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)