Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| BaptistCare Kularoo Centre | 13 June 2022 |
| Commission ID: | Activity type: |
| 0255 | Site audit |
| Approved provider: | Activity date: |
| BaptistCare NSW & ACT | 26 April 2022 to 29 April 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for BaptistCare Kularoo Centre (**the service**) has been considered by Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the site audit, dated 26 April 2022 to 29 April 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 31 May 2022.
* the following information given to the Commission, or to the assessment team for the site audit of the service:
  + the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
  + the provider’s response to the Assessment Contact - Site report received 31 May 2022.
  + other relevant information held by the Commission including internal referrals received.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(e) –The approved provider ensures the 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.
* Requirement 3(3)(a) – The approved provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with complex or specialised care needs.
* Requirement 3(3)(b) – The approved provider ensures that effective processes to manage the high impact and high prevalence risk associated with the care of the consumers, particularly in relation to risks associated with specialised care needs, falls and infection.
* Requirement 4(3)(a) –The approved provider ensures that 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.
* Requirement 7(3)(a) –The approved provider ensures that its 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, particularly in relation to having a consistent staffing level and a stable management team at the service.
* Requirement 8(3)(d) –The approved provider ensures that the service has an effective organisation wide governance system relating to the management of high impact and high prevalence risk.

# Other relevant matters:

* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.

# Standard 1

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

## Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives generally spoke positively about staff and said they are treated with dignity and respect, their privacy is respected, they can make informed choices about care and services, and live the life they choose. They said they are encouraged to do things for themselves and staff know what is important to them. Consumers described how they are supported to take risks. However, consumers and their representatives consistently expressed there was a lack of staff.

Staff consistently spoke about consumers in a way that indicated respect and demonstrated an understanding of the consumers, their background and preferences and how this influenced the way they delivered care. Staff knew those people who are important to the consumers and could describe how they assist the consumer to maintain relationships with family, partners and significant others.

The site audit report provided information to demonstrate that assessment and care planning documentation generally reflected what is important to the consumer and provided information to guide staff in delivering care tailored to the consumer’s expressed preferences. Care related documentation evidenced involvement of consumers and representatives including through telephone calls and organised meetings. Where consumers had chosen to take risks, risk assessments had been completed and strategies for managing the risk were reflected in the documentation.

Policies and procedures relevant to this standard provide guidance to staff and include dignity, choice, privacy, diversity and dignity of risk.

Staff have been provided with education about the need to treat consumers with dignity and respect with their identity, culture and diversity valued.

Staff were observed interacting with consumers respectfully and with an understanding of each consumer’s preferred communication style.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Non-compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

## Findings

Overall consumers and representatives considered that they are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer’s wishes for care at end of life and how other providers of care are involved in the consumers’ care. Consumer and representatives are informed about the outcomes of assessment and care planning had access to the consumers care plan if they wished.

Staff demonstrated an understanding of the service’s assessment and care planning processes, and staff had received training relevant to their position. The organisation had policies, procedures and guidelines in regard to assessment and planning to guide staff practice, including a suite of evidence-based assessment tools.

The service has an electronic care management system. Review of consumers care planning documentation identified assessment and planning including the consideration of risk for named consumers indicates the consideration of risk related to a consumers’ behaviour is not consistently identified to inform safe delivery of care. However, this has been considered in the overall assessment of risk and safe and effective care and service under Requirements 3(3)(a) and 3(3)(b).

Information contained in the site audit report included deficits in relation to 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; related to requirement 2(3)(e)

The site audit report brought forward information that demonstrates care and services were not consistently reviewed following an incident or change in the consumer’s health and well-being.

The site audit report identifies that strategies to minimise behavioural incidents are not reviewed for effectiveness following incidents of consumer behaviours. The service was unable to demonstrate that a comprehensive investigation of incidents occurs, therefore strategies to minimise the risk of reoccurrence are not identified and actioned.

The Approved Provider’s response included a plan for continuous improvement, and planned actions including the provision of training regarding incident management for staff and a comprehensive review of one named consumer.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that care and services were regularly reviewed for effectiveness, including when circumstances change or when incidents impact on the needs or preferences of the consumer. Therefore, I find the service Non-compliant in this requirement.

# Standard 3

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

## Findings

The Quality Standard is assessed as non- compliant as two of the seven specific requirements have been assessed as non-compliant.

Consumers generally received personal care and clinical care which met their needs and preferences, was safe and optimised their ability to live the best life they can. Consumers were supported by the service in their clinical care needs, such as management of wounds and pain. Consumers and representatives considered the needs and preferences of consumers were effectively communicated between staff, and that timely referrals were made to other health professionals as required.

Staff demonstrated an understanding of their roles and responsibilities in recognising and responding to the needs of consumers nearing the end of their life. Staff described the ways they recognised and responded to a deterioration or change in the consumer’s condition and health status; including referring the consumer to other health care practitioners.

The service implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff received training in infection minimisation strategies including infection control and COVID-19. Practices demonstrated the service has planned and was prepared for a potential outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

Care planning documentation contains information about the condition, needs and preferences of the consumer and reflected the identification of and response to, consumer deterioration and input from Medical Officers and other health professionals was sought. Whilst care planning documentation generally provide adequate information about the consumer’s condition, needs and preferences within and between organisations responsible for the consumer’s care; these have not been effective for all named consumers.

Staff had access to evidence-based policies, procedures and guidelines to support the delivery of personal and clinical care including in relation to restrictive practices, pressure injury prevention, pain, and recognising and responding to consumer deterioration.

The site audit report contained information relating to documentation deficits identifying the service does not demonstrate there is consistent and accurate information for the clinical oversight of consumers prescribed or receiving psychotropic medication and chemical restraint. This has been considered in the overall assessment of Requirement 3(3)(a).

Information contained in the site audit report included deficits in relation to each consumer receiving 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; related to requirement 3(3)(a).

The site audit report brought forward information that demonstrates consumers are not receiving safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being.

The site audit report identified the service was not effectively managing all consumer behaviours of concern, communication of consumer behaviours is not effective, and that management of the behaviours is not consistently tailored to their needs; specifically, in relation to two named consumers.

One named consumer was identified as a consumer who regularly displays behaviours of concern impacting other consumers, including a second named consumer who reported being hit and distressed by this behaviour. The consumer is subject to a number of restrictive practices but still hits, slaps and shakes other consumers.

Each incident is reviewed individually without performing a comprehensive review and initiating effective interventions and behaviour management strategies. The Assessment Team further identified the first named consumer had been involved in nine instances of physical aggression with other consumers occurring since December 2021. Four of those instances were with a second named consumer.

In relation to chemical restraint, psychotropic medication and behaviour support plans the service was unable to demonstrate clinical oversight of consumers’ psychotropic medication and chemical restraint. The service provided the Assessment Team with chemical restraint information on the fourth day of the site audit reflecting 12 consumers on chemical restraint, however overall documentation reviewed by the Assessment Team, contained varying data about which consumers were prescribed medication that is considered chemical restraint; which consumers have had their psychotropic chemical restraint medication ceased; and which consumers were currently under chemical restrictive practise. Therefore, documentation does not support registered staff making clinical decisions or to manage a consumer’s behaviour and mitigate the need for administering as required psychotropic medication.

The approved provider in its response to the site audit report acknowledges the service, at the time of the site audit was reviewing, in consultation with a dementia consultant, the psychotropic medication and chemical restraint for consumers and the documented process of reflecting this information. The approved provider advises at the time of the site audit 12 consumers were receiving chemical restraint and that the service has conducted further review and now have 18 consumers with chemical restraint. The service has implemented an electronic management system to assist with psychotropic medication management and have recruited a clinical nurse educator.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that each consumer is receiving 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; therefore, it is my decision that requirement 3(3)(a) is non-compliant.

Information contained in the site audit report included deficits in relation to clinical oversight, specifically indicating gaps in the clinical oversight of a consumer’s pain following dental treatment. I have considered this information and the response of the Approved provider to the site audit report and while I acknowledge there was deficits in the management of pain and wound care following a tooth extraction, I am satisfied the service acted immediately once informed of the extraction and has implemented appropriate actions to mitigate further incidents of this nature.

Information contained in the site audit report included deficits in relation to effective management of high impact or high prevalence risks associated with the care of each consumer Requirement 3(3)(b).

The service was unable to demonstrate they identify and manage the high prevalence risks or high impact risks to consumers in relation to behavioural incidents, the times of incidents and impact on consumers. Interventions are not adequate to minimise risk to named consumers’ in relation to behaviour management.

The approved provider, in their response acknowledge areas for improvement in relation to the management of behavioural incidents, provided a plan of continuous improvement and noted ongoing improvements such as comprehensive review of one named consumer in consultation with an external dementia support service, increased education for staff, implementation of strategies for one named consumer with a planned review for analysis of effectiveness of implemented actions.

The approved provider advised of the passing of the second named consumer relevant to the management of high impact or high prevalence risks.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that effective management of high impact or high prevalence risks associated with the care of each consumer.

Therefore, I find the service Non-compliant in this requirement.

# Standard 4

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

## Findings

The Quality Standard is assessed as non- compliant as one of the seven specific requirements have been assessed as non-compliant.

The service has systems in place to assist consumers in meeting their needs and preferences and to assist and support consumers emotional, spiritual and psychological wellbeing. The service also provides support through a pastoral care program. Care planning documentation reviewed included information that identified consumers preferences about emotional, psychological and spiritual support.

Consumers and representatives described ways that staff at the service provided emotional, psychological and spiritual support to consumers. Consumers provided examples of how they were supported to have social and personal relationships and independently engaged in activities within the community that were of interest to them. Consumers were supported to attend church services, community activities and spend time with family and friends in the community.

The service demonstrated information about a consumers’ condition, needs and preferences is communicated within the organisation and with others where responsibility is shared with established processes in place to effectively manage this information.

Staff had access to the equipment they needed, and the equipment was maintained. Review of maintenance documentation identified scheduled preventative and reactive maintenance, which included equipment maintenance, had been completed.

Information contained in the site audit report included deficits in relation to each consumer receiving 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; related to requirement 4(3)(a).

The site audit report identified impacts on the provision of activities as lifestyle staff are required to undertake care roles when there are staff shortages at the service. In interviews, two lifestyle staff confirmed that they were undertaking a mix of activities and care roles. This impacts on the ability of the consumers to receive safe and effective services that support the consumer’s health, well-being and quality of life specifically for consumers residing in the memory support unit.

Staff, consumers and representatives reported an increase of behavioural incidents when staff levels are, and activities are reduced, therefore there is insufficient staff to engage and monitor consumers or to effective effectively tailor care or activities to meet named consumers behaviour management needs.

The approved provider in its response to the site audit report acknowledges staffing has been impacted at the service, citing COVID 19 factors and advised lifestyle staff are required to fill care shifts at the service when unable to fill the roster through other avenues.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate that 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.

Therefore, I find the service Non-compliant in requirement 4(3)(a).

Information contained in the site audit report included deficits in relation to Requirement 4(3)(f) I have considered this information and the response of the Approved provider to the site audit report and while I acknowledge there were opportunities for improvement in food service at the time of the site audit, I note the approved providers actions and commitment to improve foodservice in the areas identified in the assessment team report, specifically in relation to consumer feedback in regards to menu item naming, food temperature and individual named consumer preferences.

Therefore, it is my decision requirement 4(3)(f) is compliant.

# Standard 5

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

## Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The site audit report brought forward information that demonstrates consumers are comfortable within the service and expressed satisfaction that the service environment was clean and well maintained. Consumers are supported by the service to decorate their rooms in line with their own preference and directional signage within the service provides direction for consumers and visitors.

Through interviews and document and electronic reporting system review, the assessment team, identified the service has processes for planned and unplanned maintenance. Staff reported they have access to reporting maintenance issues, which are attended to promptly.

The service environment was observed to be generally clean and consumers rooms were observed to be decorated with personal items reflecting their individuality.

The assessment team identified some deficits in relation to maintenance which were raised with Management. The approved provider’s response demonstrated the implementation of actions to remedy these matters, such as improved lighting in common areas with new lighting installed.

**Standard 6**

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

## Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The site audit report brought forward information that demonstrates consumers and representatives considered that they are encouraged and supported to give feedback and make complaints. Most consumers and representatives reported satisfaction with response from Management in relation to feedback however some consumers and representatives advised they did not receive a response from Management to their feedback which has discouraged them from providing further feedback.

The assessment team identified the service has policies and processes for the management of feedback and complaints and open disclosure. Staff were familiar with the complaints processes and could describe how they support consumers to make a complaint.

Information about the complaints process, advocacy and language services is included in the consumer handbook and is displayed on noticeboards within the service. Feedback forms and boxes are situated within the service, consumer meetings are used as a forum for providing feedback and there is a mobile application that can be used by consumers and representatives to lodge a complaint.

The service maintains a complaints register and whilst the Assessment Team found that documentation relating to complaints was on occasion incomplete, this was communicated to the management team who identified strategies to improve their processes during the Site Audit. Interview with one named consumer identified these complaints had been closed to their satisfaction.

The service has a plan for continuous improvement which is informed by changes in legislation, audits, observations, consumer feedback, staff suggestions and quality indicators.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Non-compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Quality Standard is assessed as non- compliant as one of the five specific requirements have been assessed as non-compliant.

Overall consumers consider they received quality care and services when they need them from people who were knowledgeable, capable and caring. Consumers confirmed staff were kind, caring and respectful of their identity, culture and diversity.

Observations of staff interactions with consumers demonstrated staff were kind, caring and respectful and staff demonstrated knowledge and understanding of individual consumer needs and preferences.

Management advised the organisation had a suite of policies and procedures underpinning the recruitment and management of staff. Training and information were provided to enable staff to perform their roles. Whilst the service had planned rosters and staff allocation was based on consumer needs, vacant shifts were not always filled by the organisation’s staff or by temporary staff. The service had a mix of skilled staff including registered nursing staff and additional clinical support where required.

Whilst the service had processes for assessment, monitoring and regular review of performance of each member of the workforce, the site audit report and approved provider acknowledge not all staff had current appraisals however the service had identified this and was taking action to rectify this, and staff informed the assessment team they receive regular feedback on their work performance.

Consumers and representatives considered the service is not adequately staffed and raised concerns regarding responsiveness to consumers requests for assistance, as a result consumer not consistently receive timely or effective care and services. Staff said the service is often short staffed, and they feel rushed when delivering consumers care and services.

Information contained in the site audit report included deficits in relation to 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, requirement 7(3)(a).

Whilst most consumers interviewed identified insufficient staff numbers, with some consumers saying their care needs are being met; some named consumers provided details of recent impact on them due to inadequate staffing, such as one named consumer being incontinent and experiencing embarrassment, while waiting for assistance to go to the toilet, the staff are rushed, six consumers said they wait to long for assistance and one consumer said they have witnessed other consumers in distress due to the long wait times for staff.

Several rostered shifts have not been filled, and lifestyle staff advised they have been undertaking care roles rather than lifestyle activities.

Whilst staff say they can generally provide the personal and clinical care consumers need, some staff advised there have been delays in answering call bells and most staff reported they are unable to attend to other aspects of their role such as, monitoring and effectively supporting consumers with behaviours of concern, providing one on one support and conversation with consumers, trialling strategies for behaviour management, implementing strategies for promoting effective incident management or minimising restrictive practices; due to unfilled rostered shifts.

I acknowledge the site audit report brought forward information regarding the management of the service, specifically that the residential manager recently was reassigned to another service, and a long-term care team manager is acting residential manager for the previous two weeks with support from the regional manager onsite during a recruitment process.

The approved provider in its response to the site audit report acknowledges staffing has been impacted at the service, citing COVID 19 factors, locational recruitment issues and difficulty to access temporary staff to fill the roster. The response detailed the roster currently has 42 vacant shifts per fortnight in the memory support unit and 124 vacant shifts across the service for care shifts. The approved provider reported recruitment action and interviews are underway and other strategies to attract staff to fill the roster are being trailed including partnering with education providers.

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, I continue to hold concerns that at the time of the site audit, the service did not demonstrate that the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Therefore, I find the service non-compliant in this requirement.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

The Quality Standard is assessed as non- compliant as one of the five specific requirements have been assessed as non-compliant.

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Feedback was sought from consumers through participation in monthly consumer meetings, consumer focus committees and feedback forms.

Consumers said that management and staff are approachable and responsive to consumers concerns and feedback and is proactive in communicating with consumers and representatives.

The organisation’s quality governance framework established accountability for the delivery of safe and quality care and services from service management through to the Board including the escalation of incidents

The organisation had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Organisational policies and a documented risk management and governance framework provided staff with information pertaining to consumer safety, risk management, clinical safety and the escalation of critical incidents.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

Information contained in the site audit report included deficits in relation to effective risk management systems and practices, related to requirement 8(3)(d).

The site audit report discloses that the Assessment Team identified that the service is not effectively managing risks related to the care and services. The Assessment Team principally relied upon the evidence collected in relation to two named consumers in forming its view.

In respect of the first named consumer the Assessment Team observed a consumer who regularly acts out and hits other consumers. The consumer is subject to a number of restrictive practices but still hits, slaps and shakes other consumers.

Each incident of adverse interaction is reviewed in isolation from other incidents, that is, a systems approach was not observed. When the Assessment Team asked for collated date it was evident that 9 instances of physical aggression with other consumers occurred since December 2021. Four of those instances were with a second named consumer.

The second named consumer when interviewed claimed to be hit four times by the first named consumer. This caused distress to the consumer and to their family. The Assessment Team could not identify that the instances of aggression against the consumer were addressed other than being responded to on each occasion. When brought to management’s attention, management undertook to review the matter with a view to ensuring the safety of the second named consumer.

Consumer on consumer aggression represents high prevalence risk, abuse and detracts from consumers living the best life they can. In respect of the first named consumer (as instigator of aggression to a range of consumers) no systems approach was in place to recognise or manage the risks arising. In respect of the second named consumer (as a recipient of a series of aggressions) no systems identified o mitigated the behaviours they were exposed to. On its face this represents non-compliance with this requirement.

The service in its response to the site audit report referenced actions committed to under requirements 2(3)(a), 2(3)e and 3(3)(b).

I have considered information in the site audit report and the approved provider’s response. While I acknowledge the immediate and planned actions undertaken and committed to by the Approved Provider, at the time of the site audit, the service did not demonstrate effective risk management systems and practices including managing high impact or high prevalence risks associated with the care of consumers; and managing and preventing incidents. Therefore, I find the service Non-compliant in this requirement.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)