Performance

Report

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| Name of service: | Baptistcare Moonya |
| Service address: | 59 Ipsen Street MANJIMUP WA 6258 |
| Commission ID: | 7064 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 20 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 Moonya (**the service**) has been prepared by J Renna, 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, 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 on 27 March 2023; and
* the performance report dated 22 December 2022 in relation to an Assessment Contact undertaken on 8 November 2022 to 9 November 2022.

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 3 Requirement (3)(a)

* Ensure staff have the skills and knowledge to:
  + identify restraint and implement appropriate measures to ensure informed consent is obtained, it is used minimally and as a last resort, and it is monitored;
  + implement appropriate behaviour management strategies to minimise the impact of these behaviours on other consumers’ safety;
  + initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies relating to restraint and behaviour management; and
  + ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation best practice care are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care.

# 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

Consumers and representatives said consumers are treated with dignity and respect, and provided examples, such as engaging with them about their life experiences and showing respect when communicating with them. Staff spoke of consumers respectfully and were observed to respect consumers’ dignity and engage them in a friendly manner. Entry processes include discussions with each consumer about their identity, culture and diversity needs.

Consumers said staff make them feel safe and they are free to express their cultural identity. Staff were able to identify consumers with specific cultural preferences and described how they tailor care and services to support their needs. Care planning documentation included information to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers can make decisions about how and when they would like care provided, who is involved in decision making about their care and are supported to maintain relationships of choice. Care planning documentation included consumer choice and preferences.

The service supports consumer choice which includes the consideration of risk so each consumer is able to live the best life they can. For sampled consumers who choose to undertake a risky activity, risk assessments were undertaken, the associated risk was explained to the consumer and/or representative, mitigation strategies were implemented, informed consent was obtained and regular review was undertaken.

Consumers and representatives said consumers are provided information via various mechanisms, such as meetings, emails and phone, which enables them to exercise choice. Consumers are provided access to an activity planner, daily menu options and monthly newsletters, which includes information relating to events, new consumers, birthdays, celebrations and any changes to the service environment.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback, by educating staff on the importance of privacy and confidentiality on engagement. Staff were observed maintaining consumers’ privacy by knocking on their door before entering the room. Access to consumer’s personal information is protected including staff access the electronic care record system via password protected logins.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Requirement (3)(a)

This Requirement was found non-compliant following an Assessment Contact undertaken from 8 November 2022 to 9 November 2022, as the service was unable to demonstrate assessment and planning considered risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.

The Assessment Team’s report for the Site Audit undertaken from 28 February 2023 to 2 March 2023 described actions taken to address the previous non-compliance, including, but not limited to, staff education and training and implementation of Resident of the day processes. The Assessment Team found these actions were effective and recommended Requirement (3)(a) met.

The Assessment Team’s report includes evidence demonstrating the service has processes to follow when risk is identified, including discussion with the consumer and implementation of risk mitigation strategies. Clinical assessment is undertaken by clinical staff who follow organisational guidelines of assessment, including monthly Resident of the day and six-monthly care plan review processes. Documentation for sampled consumers showed risk assessments were undertaken in response to incidents.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

Requirements (3)(b), (3)(c), (3)(d) and (3)(e)

The service has assessment and planning processes to identify and address consumers’ current needs, goals and preferences, including advance care planning and end of life wishes. While consumers and representatives are asked about consumers’ end of life preferences when nearing end of life, they can record these wishes at any time prior should they choose. Sampled care plans included consumers’ needs, goals and preferences. The service maintains a list of consumers who have completed an advance care directive, which is accessible to all staff.

Care plans and documentation showed consumers, representatives and other providers of care are involved in the delivery of care for consumers, including Medical officers, Allied health professionals and specialist clinics. Staff were knowledgeable of referral processes.

Representatives said they have opportunities to discuss consumers’ care and services after development. Review of care plans showed consumers and/or representatives were involved in the process. Care plans were accessible on the electronic clinical management system and a summary placed in the consumer’s room. Staff said they have access to assessment and planning documentation to inform care delivery.

All sampled care plans have been reviewed and updated in accordance with the service’s resident of the day and six-monthly care plan review process. Staff were able to describe how they reassess a consumer’s needs, goals and preferences following incidents.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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. | Non-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

Requirement (3)(b)

This Requirement was found non-compliant following an Assessment Contact undertaken on 8 November 2022 to 9 November 2022, high impact or high prevalence risks associated with the care of each consumer is effectively managed, specifically in relation to wounds and pain.

The Assessment Team’s report for the Site Audit undertaken from 28 February 2023 to 2 March 2023 described actions taken to address the previous non-compliance, including, but not limited to, conducted a review of all wounds, staff education and training, and appointed a staff member responsible for overseeing wound care. The Assessment Team found these actions were effective, however, they recommended Requirement (3)(b) not met, as they were not satisfied risks associated with the use of chemical restraint were effectively managed for two consumers. The Assessment Team provided the following evidence relevant to my finding:

* The service failed to identify two consumers were subject to chemical restraint.
* Informed consent had not been obtained for the use of chemical restraint for both consumers.
* The service has not identified non-pharmacological ways to manage the consumers’ behaviours, resulting in chemical restraint not being used minimally or as a last resort.

The Assessment Team’s report includes evidence under Requirement (3)(a) in Personal care and clinical care, which is relevant to this Requirement. This evidence is as follows:

* Two consumers’ wounds were treated in accordance with their care plans. The wounds had been photographed, measured and were observed to be healing. Staff said they have received training in relation to wound care, which has improved provision of care.
* One consumer said their pain is well-managed and regular pain checks are undertaken.

In coming to my finding, I have considered the Assessment Team’s findings and information in the Assessment Team’s report, and have come to a different view to the Assessment Team. I find the core deficits relate to the delivery of best practice and tailored care, rather than ineffective management of high impact or high prevalence risks.

The Assessment Team asserted the core deficits relate to Requirement (3)(b), as the service failed to effectively manage risks associated with the use of chemical restraint. I find the core deficits are better aligned to Requirement (3)(a), as they relate to the provision of best practice and tailored care, rather than management of risk. The two sampled consumers were prescribed chemical restraint; however, processes were not initiated to understand the consumers’ behavioural triggers and trial non-pharmacological interventions to ensure tailored care was provided to optimise their health and well-being. Chemical restraint was used as the initial measure to manage behaviours, which is not in line with best practice or regulatory requirements. Furthermore, informed consent had not been obtained for the use of restraint, as required under the *Quality of Care Principles 2014*. As a result, I have considered this evidence under Requirement (3)(a) in this Standard.

Evidence in the Assessment Team’s report under Requirement (3)(a) in this Standard demonstrates effective management of high impact or high prevalence risks associated with wounds and pain.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

Requirement (3)(a)

The Assessment Team recommended Requirement (3)(a) met, as they were satisfied the service demonstrated each consumer gets safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. However, the Assessment Team’s report includes evidence under Requirement (3)(b) in Standard 3 Personal care and clinical care, which is relevant to this Requirement. This evidence is as follows:

* Consumer A
  + There is no evidence demonstrating non-pharmacological strategies were trialled or evaluated for effectiveness, prior to prescribing chemical restraint.
  + Behaviour charts and/or the service’s Altering resident behaviour and decision-making form do not consistently demonstrate that non-pharmacological interventions, as documented in the consumer’s care plan, are used prior to administering chemical restraint. Where they were trialled, there is no evidence indicating whether they were evaluated for effectiveness. On one occasion, chemical restraint was administered when non-pharmacological interventions were not effective, however, it was not administered at the lowest dose.
  + The consumer was administered chemical restraint prior to obtaining informed consent from the representative.
  + The consumer’s care plan does not record they are prescribed chemical restraint.
* Consumer B
  + Consumer B has had multiple behavioural incidents recorded over a two month period, leading to prescribing psychotropic medication.
  + Behaviour charts describe the consumer’s behaviour with correlating action of staff providing redirection or reassurance, however, there is no evidence the non-pharmacological strategies used were evaluated for effectiveness.
  + The psychotropic medication had been administered on one occasion, however, there was no documentation of incident or behaviours prior to the administration.
  + The consumer’s behaviour management plan does not identify whether the psychotropic medication is to be used as chemical restraint in response to behaviours, and the care plan does not record the consumer is prescribed chemical restraint.

It is unclear whether the provider accepts or refutes the Assessment Team’s findings, however, the provider maintains that no care has been compromised and consumer safety has not been placed at risk, with use of chemical restraint consistent with best practice. The provider’s response includes the following information and/or evidence in relation to deficits identified by the Assessment Team:

* Consumer A:
  + Psychotropic prescription rationale form completed by the Medical officer demonstrating consent had been obtained for the use of restraint prior to it being prescribed.
  + Record of meeting with the representative dated 13 February 2023 demonstrating discussions regarding the use of chemical restraint and obtaining informed consent.
  + Extract from the consumer’s care plan showing that on 13 February 2023, it was updated to reflect the inclusion of chemical restraint.
  + Progress note extracts from 16 January 2023 to 14 March 2023 demonstrating interventions were used prior to administration of chemical restraint. Interventions noted were redirection, offering cup of tea/coffee, and taking them for a walk or cigarette.
* Consumer B:
  + The provider has acknowledged Consumer B was administered medication that was not documented as chemical restraint at the time of the Site Audit.
  + Record of meeting with the representative on 20 February 2023 demonstrating discussions regarding the use of chemical restraint and obtaining informed consent. The date on this document is 22 February 2023.
    - The consultation records do not include a discussion of disadvantages or risks associated with the use of chemical restraint. The provider has not supplied any documents demonstrating the representative was informed of these risks prior to the use of chemical restraint.
    - The provider states within their response the representative was contacted on 3 February 2023 and ‘informed of medication commenced for agitation’, however, did not provide evidence to demonstrate informed consent for use of chemical restraint was obtained at this time.
* A further consultation has been undertaken with the Medical officer and representative where it was agreed the behaviours had settled, and the psychotropic medication was subsequently deprescribed.

The provider’s response also includes the service’s Plan for continuous improvement, demonstrating actions taken and/or planned to address deficits in the Assessment Team’s report. These include, but are not limited to, review of chemical restraint authorisations and strategies trialled prior to use of chemical restraint, updating care plans, reviewing medications prescribed to consumers by the Medical officer and providing staff training. Of all actions documented in the Plan for continuous improvement, staff training is the only action demonstrated to be completed as at 27 March 2023.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Site Audit, each consumer did not receive safe and effective care that was best practice, tailored to their needs, and optimised their health and well-being.

In relation to Consumer A, the provider’s response includes evidence demonstrating consent for the use of chemical restraint was obtained by the Medical officer prior to its prescription, however, there was no evidence the consent was informed. The provider’s response includes evidence which supports the Assessment Team’s assertions that informed consent had been obtained after chemical restraint had already been administered, specifically notes relating to a conference held with the representative at least five days after chemical restraint was first administered.

Furthermore, I have placed weight on evidence in the provider’s response indicating non-pharmacological interventions were used prior to administering chemical restraint, however, the evidence does not demonstrate that all documented interventions were trialled or that they were personalised and tailored to the consumers’ needs.

I have also considered that on one occasion, Consumer A was not administered the lowest dose in the first instance.

When Consumer B demonstrated challenging behaviours, non-pharmacological strategies trialled were generic, and had not been evaluated for effectiveness. The service did not demonstrate informed consent was obtained prior to the use of chemical restraint. On the occasion chemical restraint was used, there was no documentation of the consumer’s behaviour prior to use, nor interventions trialled.

For both sampled consumers, I find the service failed to provide safe and effective care that optimises their health and well-being, as chemical restraint was not used minimally or as a last resort. Furthermore, I find best practice and tailored care was not provided, as informed consent had not been obtained prior to the use of chemical restraint and any non-pharmacological interventions used were generic and not tailored to their specific needs.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g)

Review of one consumer who recently passed away showed they were provided pain relief, nutritional supplements, pressure area care, and oral and eye hygiene. Family was able to stay with the consumer, in line with their wishes. End of life discussions are held when required.

The service has procedures to guide staff regarding clinical deterioration of a consumer’s mental health, cognitive or physical function. Referrals are made to Medical Officers and other health practitioners when a consumer's health is changing and deterioration in clinical status is identified. Staff were able to describe which consumers were being monitored for clinical deterioration.

Consumers’ condition, needs and preferences are documented in care plans and communicated within the organisation and externally where responsibility of care is shared. Care plans reviewed were noted to have sufficient information for when sharing of information is required.

Referrals are made in a timely manner to other organisations and providers of care. A review of consumer documentation noted referrals were being completed with evidence of Medical Officer and/or Allied Health engagement. Consumers’ clinical information is communicated to the hospital on transfer.

There are processes, policies and procedures in place to minimise infection related risks, and associated supports for the appropriate use of antibiotics through best practice related to antimicrobial stewardship. Incidents of infection, including urinary tract, skin, eye and ear infections, are documented and antibiotic use is monitored at regular clinical meetings. Management provided examples of how the use of antibiotics is minimised, including trialling alternate options first.

Based on the information summarised above, I find the service compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

# 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

Requirement (3)(c)

This Requirement was found non-compliant following an Assessment Contact undertaken from 8 November 2022 to 9 November 2022, as the service was unable to demonstrate each consumer received services and supports for daily living that assist each consumer to do things of interest to them.

The Assessment Team’s report for the Site Audit undertaken from 28 February 2023 to 2 March 2023 described actions taken to address the previous non-compliance, including, but not limited to, reviewing the Lifestyle coordinator functions and recruiting additional lifestyle staff, updating lifestyle assessments for consumers, staff education and training, implementing a daily activity review system, and developing a lifestyle checklist for new consumers. The Assessment Team found these actions were effective and recommended Requirement (3)(c) met.

The Assessment Team’s report includes evidence demonstrating consumers felt supported to participate in their community, both within and outside the service, and included examples of consumers who volunteer and play sports at a local club. One consumer provided examples of how they are supported to maintain a relationship with their family member. Care plans identified activities of interest and persons who are important to consumers.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g)

Consumers confirmed their needs, goals and preferences are considered, and the care and services they receive optimises their independence, health, well-being and quality of life. Staff described how they work with consumers and other service providers when further supports are required for consumers’ health and well-being.

Consumers said staff provide them with support when they are feeling low, they are able to attend church service and they can meet and connect with loved ones, which supports their emotional, spiritual and psychological well-being. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. These include handover and by accessing the electronic clinical management system. Consumers said staff knew them well, including their routines, what they enjoy doing and who is important to them.

Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed. Examples provided included Dementia Support Australia, hairdressers, pastoral care providers, community visitors and mental health professionals.

Most consumers interviewed gave positive feedback about the food and stated the food is of suitable quality and quantity. Menu selections rotate monthly, with a seasonal change each quarter to ensure variety is maintained. Each new menu is reviewed by a Dietitian prior to implementation. Staff were knowledgeable of consumers’ dietary requirements, including preferences and meal texture. A food service audit had been completed by the local authority during the previous month, which returned a satisfactory result.

Equipment used to support daily living was observed to be safe, suitable, clean and well maintained. Consumers said they feel safe when using the equipment, and staff were observed cleaning equipment after use.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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

Consumers were satisfied with the service environment and said it has a home like environment. Consumers’ rooms are personalised, creating a sense of belonging, and allowing consumers to maintain their independence. The service environment allows consumers and visitors to easily navigate all areas.

Consumers said the environment is safe, clean and well maintained, and they move comfortably throughout. Staff said they have sufficient time to complete the cleaning roster and staff were observed cleaning consumers’ rooms and communal areas. Staff described how they keep consumers safe by reporting maintenance issues.

Furniture, fittings and equipment appeared safe, clean and well maintained. Consumers said equipment is appropriate for their needs and maintenance issues are addressed quickly. The service environment and equipment are maintained through the use of a proactive maintenance register and a system is in place to monitor and react to unexpected issues.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers said they are supported to make complaints or raise suggestions, and feel comfortable to speak with staff. Staff described how they support consumers to raise concerns. Feedback and complaints are obtained through various mechanisms, including feedback forms, surveys, family conferences, and resident and relative meetings.

The service has information regarding advocacy, language and external complaints services that is easily accessible to consumers and representatives. Consumers were aware of these services; however, said they would try to resolve complaints with staff and management first. Staff were aware of their responsibilities if a consumer was to raise a concern and described how they would support them.

Most consumers and representatives said when they have raised concerns in the past, staff and management have responded appropriately and in a timely manner. Consumers and representatives said staff were apologetic if care and services had not been provided to an expected standard. Staff were knowledgeable of open disclosure principles and the organisation’s open disclosure policy. The service has an electronic system for logging and tracking complaints.

Complaints and suggestions are used to improve the quality of care and services. The service demonstrated how it reviews feedback and provided examples of how services were improved, primarily in relation to implementation of an admission checklist and establishment of a memorial garden to honour those who have passed and provide a place for reflection.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

# 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 service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. Consumers and representatives were satisfied with the number of staff and said consumers’ needs were met. Overall, staff said they usually have enough time to conduct their duties and there are enough staff rostered each day. Staff were observed providing care and services to consumers in a timely manner, including providing one-to-one support, lifestyle activities and clinical care.

Consumers and representatives said staff were kind, caring and respectful; comments included ‘staff are good here, I like them’ and ‘the staff are nice, I help them and they help me’. Staff were able to describe how they tailor the delivery of care for consumers to ensure kindness and respect is a part of their daily routine. This was confirmed by observations of staff interactions and the service’s Code of conduct, which staff must agree and adhere to.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, staff are required to complete a corporate orientation program that contains a number of mandatory training modules. Training is provided to staff continually throughout the year, covering topics such as pain identification and monitoring, incident reporting, wound care, infection prevention and control, dignity and respect, manual handling, and fire and emergency services. Staff felt they were provided with enough training to perform their role competently. The service identifies training needs through a variety of mechanisms such as feedback, audits, clinical indicators, incidents and observations of staff practice.

Staff are required to undertake performance appraisals at three months after commencement and annually thereafter. Performance management processes are in place when staff do not perform to the expected standard; those processes may be initiated by consumer feedback or incidents. Further support is provided to staff when there is a need for improvement.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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

Requirement (3)(e)

The Assessment Team found the organisation’s clinical governance framework was effective in relation to antimicrobial stewardship and open disclosure, however, they were not satisfied it was effective in relation to minimising the use of restraint. The Assessment Team provided the following evidence relevant to my finding:

* The service did not obtain informed consent prior to the use of chemical restraint for two consumers. Care files for the consumers did not demonstrate the medication was used as a last resort to manage behaviours of concern. Where non-pharmacological interventions had been trialled, the use had not always been documented, nor the effectiveness evaluated.
* For consumer B, documentation did not demonstrate the reason the medication was given on one occasion.
* The organisation has an open disclosure policy to guide staff practice and staff are trained in open disclosure principles. Management and representatives provided examples of occasions when open disclosure was used, including advising what occurred, actions taken in response and an apology in the event of a negative experience.
* Management generates reports on infections, which are reviewed and evaluated monthly. Management and staff were able to describe how they minimise the use of antibiotics, including increasing fluids, ensuring perineal personal hygiene is maintained, using antibiotics for the shortest duration and ensuring the correct antibiotic is prescribed.

It is unclear whether the provider accepts or refutes the Assessment Team’s findings. However, the provider’s response includes the following information and/or evidence in relation to deficits identified by the Assessment Team:

* Explanation that systems are in place to ensure care and service is delivered to each consumer in a safe and appropriate manner.
* Explanation that restraint authorisations have been completed, care plans have been reviewed and updated, medications have been reviewed and staff education has occurred.

The provider’s response also includes the service’s Plan for continuous improvement, demonstrating actions taken and/or planned to address deficits in the Assessment Team’s report. These include, but are not limited to, review of chemical restraint authorisations and strategies trialled prior to use of chemical restraint, updating care plans, reviewing medications prescribed to consumers by the Medical officer and providing staff training. Of all actions documented in the Plan for continuous improvement, staff training is the only action demonstrated to be completed as at 27 March 2023.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which does not demonstrate the organisation’s clinical governance framework is ineffective.

I have considered that evidence in the Assessment Team’s report does not demonstrate systemic failure, as it is not proportionate to find the organisation’s clinical governance framework to be overall ineffective based on a lack of best practice being applied to care of two consumers over four weeks. Whilst documentation did not always capture behaviours and unsuccessful interventions, evidence for Consumers A and B did not include evidence linking this to a failure in governance systems to minimise the use of restraint. I find the deficiencies relating to the consent and use of restrictive practice for the two consumers relate to the assessment, planning and delivery of care, rather than organisational governance.

Based on the information summarised above, I find the service compliant with Requirement (3)(e) in Standard 8 Organisational governance.

Requirements (3)(a), (3)(b), (3)(c) and (3)(d)

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through various feedback mechanisms such as the complaints and feedback process, consumer experience surveys and family conferences. The feedback obtained from consumers and representatives is used to drive continuous improvement.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for its delivery through having operational oversight of incidents, quality indicators and consumer experience. Policies and procedures, and feedback mechanisms are in place to support the governing body in this role.

The service has governance systems and processes, from the care and service level through to the governing body, for managing and governing the delivery of care and services relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has risk management systems and processes to identify and assess high impact or high prevalence risks to the health, safety and well-being of consumers. The incident management system identifies any trends or risks and is used to improve care and services. Consumers are supported by the service to the live the best life they can and maintain their independence by undertaking activities of risk. The service responds to allegations and incidents of abuse and neglect of consumers through an investigation process.

Based on the information summarised above, I find the service compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

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