Performance

Report

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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 The Gracewood Centre (**the service**) has been considered by Melissa Frost, 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; 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 22 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 1(3)(a) – the Approved Provider ensures all consumers are treated with dignity and respect, with their identity, culture and diversity valued.
* Requirement 1(3)(d) – the Approved Provider ensures risk assessments are completed where relevant and consumers’ risk mitigation strategies are applied when supporting consumers to take risks.
* Requirement 2(3)(e) - the Approved Provider ensures care and services are reviewed for effectiveness regularly, after incidents or when a consumer’s condition changes.
* Requirement 7(3)(a) - the Approved Provider ensures the workforce is suitably planned to enable the delivery and management of safe and quality care and services, including through deploying an adequate number of staffs to support consumers’ well-being and safety.
* Requirement 7(3)(b) – the Approved Provider ensures all workforce interactions are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Requirement 8(3)(c) - the Approved Provider improves their organisation wide governance systems to ensure effectiveness, specifically in relation to regulatory compliance and workforce governance.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Each consumer is supported to take risks to enable them to live the best life they can.

The Site Audit Report reflected most consumers stated they are treated with dignity and respect, and staff demonstrated understanding of consumers’ personal circumstances and life journeys. However, the Assessment Team observed some instances where consumers were not treated with dignity and respect, including staff mixing pureed meals into a single colour before serving to consumers, feeding a named consumer in rapid succession, and leaving consumers’ room doors open whilst assisting them for personal hygiene.

The Approved Provider responded on 22 June 2022 with some clarifying information and actions taken to address the deficits raised in the Site Audit Report.

Regarding mixing of pureed meals, the Approved Provider submitted evidence of some named consumers preferring their pureed meal to be mixed. Since no named consumers were identified in the Site Audit Report, I am unable to form a view and have not considered this evidence in determining non-compliance with this Requirement.

Regarding the named consumer fed in rapid succession, the Approved Provider said staff education will be prioritised to address the concern. This has been identified as a continuous improvement initiative, and local posters and an audit tool have been implemented to ensure consumers’ dignity is respected during mealtimes. I consider this example as demonstrating non-compliance with this Requirement, noting the further actions were commenced during or after the Site Audit.

Regarding leaving consumers’ room doors open whilst assisting them for personal hygiene, the Approved Provider stated staff have been reminded to close the door when attending to personal care for consumers. I consider this example as demonstrating non-compliance with this Requirement.

Regarding a named consumer whose call bell was activated, and the room door was open while the consumer was not dressed appropriately, the Approved Provider stated the consumer prefers to keep their door open at all times and the call bell report during the Site Audit had one response time that exceeded 10 minutes. While I accept the consumer’s preference, I consider staff did not attend to the consumer promptly to ensure their dignity was respected. I consider this example as demonstrating non-compliance with this Requirement.

The Approved Provider submitted evidence of consumer surveys dated prior to the Site Audit, and consumer and staff meeting minutes dated prior to and after the Site Audit reflecting positive consumer feedback, and staff education and reminders about treating consumers with dignity and respect.

While I acknowledge the Approved Provider’s response, I consider the observations identified in the Site Audit Report show impact to consumers. The actions described in the Approved Provider’s response require time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Therefore, I find requirement 1(3)(a) is non-compliant.

The Site Audit Report also brought forward examples of 3 named consumers who were observed or confirmed by staff to be smoking in non-smoking areas without staff supervision, which was not consistent with the service’s smoking policy, and consumers’ risk assessments or their risk mitigation strategies. A large amount of cigarette butts was observed with no fire safety equipment in an area that was not designated for smoking. One named consumer did not have a risk assessment completed for walking barefoot.

The Approved Provider responded on 22 June 2022 and did not refute the Site Audit Report’s findings. For 3 named consumers, the Approved Provider acknowledged the consumers should be smoking in designated smoking areas and have since updated the risk assessments for the named consumers. The Approved Provider has also added partial coverage to the smoking area to minimise weather effect. They have cleaned the identified cigarette butts in one area of the service and stated they will purchase additional fire safety equipment. A risk assessment has been completed for the named consumer who prefers to walk barefoot. All the identified deficits have been added to the service’s continuous improvement plan.

While I acknowledge the Approved Provider’s response, I consider the improvements described in their response will take time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate risk assessments were consistently completed where relevant, or consumers’ risk mitigation strategies were consistently applied when supporting consumers to take risks, which may result in harm to those consumers or others.

Therefore, I find requirement 1(3)(d) is non-compliant.

I am satisfied that the remaining 4 requirements of Quality Standard 1 are compliant.

Consumers said staff knew them and valued their culture and diversity. Staff described, and care planning documentation reflected consumers’ background, preferences, and their religious and cultural needs.

Consumers are supported to exercise choice and independence, including through maintaining relationships of their choice. Consumers said information provided to them is accurate, timely and supports them to make choices. Staff described how they support consumers to make choices, including through providing options or facilitating consumer meetings.

Consumers said staff maintain their privacy. Staff were observed knocking and seeking consent prior to entering consumers’ room. Consumers’ personal information was observed to be securely stored. However, some privacy breaches were observed by the Assessment Team as referenced above.

# Standard 2

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| 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Site Audit Report brought forward examples of several named consumers whose care and services were not reviewed when consumer’s circumstances changed, or incidents occurred.

The Approved Provider responded on 22 June 2022 and included clarifying information, clinical record extracts and actions taken to address the deficiencies raised in the Site Audit Report.

Regarding a named consumer who sustained 2 falls, the report identified the consumer was not reviewed by the physiotherapist and their care planning documentation was not updated following both falls. The Approved Provider stated the consumer was reviewed by the physiotherapist, however, the review was not documented at the time. The consumer’s care plan was not updated as there was no change to the consumer’s mobility status, which is consistent with the service’s policy. The Approved Provider has since developed a physiotherapist review sheet for accurate documentation and will create a falls email group to ensure falls are also reported via email for appropriate and timely action. I accept the Approved Provider’s response and do not consider this example as demonstrating non-compliance with this requirement, despite the deficit in the physiotherapist review not being documented.

Regarding a named consumer who sustained a head injury following a fall, the report identified the consumer did not have neurological observations completed consistently and their falls risk assessment or care plan was not updated after the fall. The Approved Provider acknowledged there were gaps in the frequency of neurological observations completion. The Approved Provider reminded all registered staff about the service’s falls management policy and is monitoring staff compliance. I consider this example demonstrates non-compliance with this requirement due to the deficits in conducting the relevant reviews.

Regarding 2 named consumers with wounds, the report identified the consumers had incomplete wound documentation and one named consumer did not have skin assessment or care plan completed after identification of their wound. The Approved Provider stated skin assessment for one named consumer was completed a month after the identification of their wound. The Approved Provider acknowledged the deficits in the completion of wound documentation, conducted staff education and added initiatives to the service’s continuous improvement plan. I consider this example demonstrates non-compliance with this requirement due to documentation deficits and assessment delays.

Regarding a documentation conflict for a named consumer’s pain medication, I am satisfied the service’s actions to address this after it was brought to their attention by the Assessment Team were appropriate, and it does not reflect a systemic issue.

I acknowledge the Approved Provider’s response and consider the improvements described in their response will take time to implement and demonstrate effectiveness. At the time of the Site Audit, the service did not consistently demonstrate care and services for consumers were reviewed for effectiveness when circumstances changed or when incidents occurred.

Therefore, I find requirement 2(3)(e) is non-compliant.

I am satisfied that the remaining 4 requirements of Quality Standard 2 are compliant.

Overall consumers and their representatives stated they are involved in assessment and care planning process. Care planning documents detail consumers’ current needs, goals and preferences, including for advance care and end of life care. They reflect individualised strategies to manage risks relevant to each consumer.

Staff described how assessment and planning informs the delivery of safe and effective care to consumers. Care documentation reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals.

While most consumers and representatives stated they had not been provided with a copy of the care plan, they confirmed being involved in the process of assessment and planning and that staff regularly communicate with them about any changes.

# Standard 3

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

## Findings

The Assessment Team recommended the following requirement as not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Site Audit Report reflected most consumers and representatives said consumers were receiving the personal and clinical care they need. Care delivery relating to skin integrity and pain management was overall safe and effective. However, the report brought forward deficits related to restrictive practice management at the service.

The Approved Provider responded on 22 June 2022 and included clarifying information and clinical record extracts.

Regarding a named consumer who was declining to wear their hearing aids, I accept this is consumer’s preference and have not considered this example in determining compliance with this requirement.

Regarding feedback from a named consumer’s representative around deficiencies in the delivery of personal care to the consumer, the Approved Provider submitted evidence of providing adequate personal care. I accept the Approved Provider’s response and consider this example supports compliance with this requirement.

Regarding feedback from a named consumer wanting more physiotherapy support, the Approved Provider organised a review for the consumer after the Site Audit. As it was not clear the consumer had raised the request with the service prior to the Site Audit, I have not considered this example in determining compliance with this requirement.

Regarding a named consumer who is subject to chemical restraint, there were deficits identified in administering as required psychotropic medication to the consumer and with instructions in their behaviour support plan. Since there was no adverse impact noted on the care of the named consumer, I do not consider this example as demonstrating non-compliance with this Requirement. However, as the service did not comply with the legislative requirements of a behaviour support plan, I have further considered this example under requirement 8(3)(c).

Regarding deficits identified in consent form completion for consumers subject to environmental restraint, I consider this area is better dealt with under requirement 8(3)(c).

Overall, I am satisfied that consumers receive tailored, safe and effective personal and clinical care.

Therefore, I find requirement 3(3)(a) is compliant.

Regarding the remaining requirements, care documentation showed high impact and high prevalence risks associated with the care of consumers were identified and interventions to minimise and manage these risks were documented. Staff described how they deliver care to manage risks, consistent with the documentation and policies.

Care documents show strategies to maximise consumers’ comfort are implemented for end of life care. Staff provided examples of how they alter care for consumers nearing end of life.

Care documentation showed that deterioration or change in consumer’s condition is identified and responded to in a timely manner, including through referrals to other professionals or hospital. The service has policies and procedures to guide staff to identify and respond to deterioration of a consumer.

Information relating to consumers’ condition, needs and preferences is reflected in care documentation, including care plans and progress notes, and is shared through handover meetings. Staff have access to relevant information and notify appropriate health professionals and representatives if there is a change in a consumer’s condition, an incident or a medication review.

Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations. Staff described how they minimise infection-related risks. The service has policies and procedures regarding infection prevention and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | 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. | 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 Assessment Team recommended the following requirement as not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Site Audit Report brought forward feedback from 3 named consumers and their representatives about lack of meaningful activities being offered to consumers residing in the memory support unit of the service. The Assessment Team observed minimal individualised activities for consumers who were confined to chairs or were in the memory support unit.

The Approved Provider responded on 22 June 2022 and did not agree with the Site Audit Report’s findings.

In their response, the Approved Provider submitted photos, an activity register and email records of 3 named consumers participating in various meaningful activities and celebrating special occasions at the service. Regarding the Assessment Team’s observations, the Approved Provider submitted evidence of variety of activities being held during the Site Audit for consumers who were confined to their chairs or were residing in the memory support unit. The service engages with consumers regularly and have lifestyle support throughout the week, including in the memory support unit.

Overall, I am satisfied with the Approved Provider’s response and consider consumers participate in meaningful activities and get safe and effective services and supports for daily living that meet their goals and optimises their quality of life.

Therefore, I find requirement 4(3)(a) is compliant.

Regarding the remaining requirements, staff described partnering with consumers or their representatives to determine consumers’ individual preferences, including leisure needs and religious beliefs. Consumers and their representatives considered consumers’ emotional and spiritual well-being is supported. Staff described how they identify changes in consumers’ mood and give emotional support, and the service facilitates religious and cultural activities.

Care planning documents contained information about consumers’ preferred spiritual, emotional and psychological supports. Staff described how they support consumers to maintain relationships and participate in the community. Consumers were observed spending time together and leisure staff were observed interacting respectfully with consumers.

Information about consumers’ needs and preferences is communicated effectively, and staff described how they are kept informed of consumers’ needs and preferences through handover meetings and review of care documentation.

Care plans show referrals are made to other services and organisations to support consumers to maintain their interests and enhance their well-being. The service engages other individuals and organisations to supplement the lifestyle program.

Most consumers expressed satisfaction with the quality and quantity of meals provided by the service. Care plans reflect consumers’ dietary needs and preferences. The kitchen environment was observed to be clean and tidy, with hygiene practices observed. Equipment was observed to be clean, suitable and stored appropriately.

# Standard 5

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| 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

Consumers said they feel at home and comfortable at the service. The service environment was observed to be welcoming, with adequate signage to support consumers to move freely. Consumers’ rooms are personalised with photographs, memorabilia and furnishings.

The service has communal areas, courtyards, library, café and massage rooms for consumers to socialise, engage or relax. Consumers were observed moving between different areas of the service, and indoor and outdoor areas of the service were easily accessible to consumers.

The environment was observed to be safe, clean and well-maintained. Consumers said they felt safe when staff provided care using equipment and staff said they have access to enough equipment. Cleaning staff described their cleaning regimes and schedules. Maintenance documentation evidenced timely, regular and as required maintenance occurs.

**Standard 6**

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| 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

Consumers and their representatives said they feel comfortable raising concerns about care and services. Staff described how consumers are encouraged and supported to make complaints and provide feedback, including through feedback forms, surveys and care planning review processes. Feedback forms and boxes are available throughout the service.

Consumers are made aware of advocates, language services and other methods of raising complaints through the consumer handbook, meetings and posters displayed at the service. Staff said they are able to utilise interpreting services or refer consumers to advocacy services when relevant.

Most consumers and representatives were satisfied with the service’s action taken in response to their complaints. Staff described an understanding of open disclosure process and how it is relevant when addressing complaints. While only written complaints were recorded in the feedback and complaints register, concerns raised through meetings were recorded in the continuous improvement plan of the service.

Complaints data is reviewed and reported as part of the service’s quality and monitoring system. Consumers gave examples of improvements made following feedback, including improvements related to the laundry processes.

**Standard 7**

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| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.
* Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The Site Audit Report brought forward feedback from several named consumers and their representatives who said staff are always rushing and consumers have to wait longer times for staff assistance. Staff interviewed said they were short-staffed, they felt rushed, could not monitor or assist consumers as required, attend to call bells in a timely manner or spend quality time with consumers. Call bell records showed over 20% of call bells exceeded the targeted response time of 6 minutes, including some response time exceeding 30 minutes.

The Approved Provider responded on 22 June 2022 and did not refute the Site Audit Report’s findings.

The Approved Provider stated they have added the deficits raised in the report to the service’s continuous improvement plan and aim to have 90% of call bells answered within 6 minutes by July 2022. Call bell data will be communicated to staff and tabled at meetings. The service is also in the process of recruiting more permanent staff for current vacancies.

I acknowledge the Approved Provider’s commitment to addressing deficiencies in relation to staffing. However, I consider the negative feedback from consumers and staff, when combined with the extended call bell delays on some occasions, is sufficient to support at the time of the Site Audit, the service did not consistently deploy the right number and mix of staff to deliver quality care and services to consumers.

Therefore, I find requirement 7(3)(a) is non-compliant.

Consumers and representatives interviewed during the Site Audit generally expressed that staff were kind, caring and gentle while providing care. However, the Assessment Team observed some instances of staff not acknowledging consumers’ needs, not assisting consumers with their meals in a timely manner, and not knowing consumers’ preferences.

The Approved Provider responded on 22 June 2022 and did not refute the Site Audit Report’s findings. The Approved Provider stated they have added the deficits raised in the report to the service’s continuous improvement plan, including actions to conduct staff education on privacy and dignity, organise regular check-ins with new staff, and implement folders with consumer assessments for staff to read and know consumer preferences.

I acknowledge the Approved Provider’s response; however, I have placed weight on the Assessment Team’s observations. At the time of the Site Audit, the Approved Provider could not consistently demonstrate that all staff interactions with consumers were kind, caring and respectful of each consumer’s identity and culture.

Therefore, I find requirement 7(3)(b) is non-compliant.

I am satisfied that the remaining 3 requirements of Quality Standard 7 are compliant.

Most consumers and their representatives stated staff are adequately trained and equipped to perform their roles. The service has recruitment processes in place and staff complete annual competencies relevant to their roles. Staff qualifications and performance expectations are reflected in their position descriptions and are monitored.

The service delivers formal and periodic training to support staff in delivering appropriate care. Staff have access to additional training programs to support their knowledge and skills. Most staff had completed their mandatory role-specific training at the time of the Site Audit. Staff performance is monitored through regular observations, feedback and annual performance reviews.**Standard 8**

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| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.

The Assessment Team recommended requirement (3)(e) was not met regarding ineffective clinical governance framework relating to restrictive practice management, however, I consider evidence brought forward under requirement (3)(e) is better dealt with under requirement (3)(c) relating to regulatory compliance. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response. I find the service non-compliant with requirement (3)(c).

The service has functional governance systems in place for information management, continuous improvement, financial governance and feedback and complaints.

The Site Audit Report brought forward an example of a named consumer who was subject to chemical restraint and was administered as required psychotropic medication without trialling any alternative strategies. During the Site Audit, management later confirmed alternative strategies were trialled, however, were not documented. The behaviour support plan for the consumer did not include information about circumstances under which chemical restraint can be administered and alternative strategies to use before administering chemical restraint. The Approved Provider stated the behaviour support plan included alternative strategies and following the Site Audit, they have added information about when to use chemical restraint for the consumer. At the time of the Site Audit, the behaviour support plans were not in line with the legislative requirements, and the service had not identified this through its own governance systems. I consider this example is reflective of non-compliance with this Requirement.

The Site Audit Report identified consumers residing in the memory support unit and subject to environmental restraint did not have an informed consent in place, as management said the use of restrictive practice was consented to as part of the entry documents. The Approved Provider stated there is a consent form in place and the service is in the process of completing all the consent forms by July 2022 as the process was delayed due to COVID outbreaks at the service. At the time of the Site Audit, the service did not comply with the restrictive practice legislative requirements of having an informed consent in place. I consider this example is reflective of non-compliance with this requirement.

In relation to workforce governance, the service did not demonstrate that its governance systems were effectively identifying deficiencies and the service failed to act to address those deficiencies before they were brought forward by the Assessment Team. This has been further in requirements 7(3)(a) and 7(3)(b) about reduced levels of staffing impacting on providing safe and effective care to consumers and workforce interactions with consumers being kind and caring. I consider this is reflective of non-compliance with this requirement.   
Some of the organisation’s governance systems were not operating effectively during the Site Audit to pre-emptively identify and address deficiencies, specifically in relation to regulatory compliance and workforce governance.

Therefore, I find requirement 8(3)(c) is non-compliant.

I am satisfied that the remaining 4 requirements of Quality Standard 8 are compliant.

Overall consumers and their representatives said they are involved in broader service improvements. The service engages consumers through resident committee meetings, verbal and written feedback, focus groups and surveys.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The governing body is updated about incidents, complaints, audit results and clinical indicators through regular meetings. The governing body has endorsed improvements to the service, such as the implementation of a new medication management system.

The service has documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting and managing incidents.

The organisation has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure.

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-2)