Performance

Report

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| Name: | BaptistCare Warena Centre |
| Commission ID: | 0253 |
| Address: | 15 Bangaroo Street, BANGOR, New South Wales, 2234 |
| Activity type: | Site Audit |
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| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 269 BaptistCare Warena Centre |

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 Warena Centre (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 8 February 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and/or representatives stated they are treated with dignity and respect and that their identity, culture, and diversity is respected and valued. Staff were observed to be treating consumers with dignity and in a respectful manner understanding the consumers’ individual choices and preferences. Staff were aware of consumers’ identities and explained how they would tailor their care to best suit each consumer. They explained how information regarding consumer identity and cultural needs is documented in care plan documentation and were aware of consumer preferences and things that are important to them. Care planning documentation reflected what is important to consumers to maintain their identity.

The service demonstrated the care and services is culturally safe through the recognition of each consumer’s cultural identity, spirituality and relationship status through assessments and care planning. Consumers and/or representatives confirmed the service recognises and respects their cultural background. Consumers and/or representatives described how staff value their spirituality and relationship status and how it influences the delivery of their care and services. Staff showed an understanding of the consumers’ identity, background, and individual values.

Consumers and/or representatives stated consumers are supported to make choices regarding their care, the way services are delivered, whom they want involved in their care, and maintain relationships of choice. Staff were able to provide examples of how consumers are supported to make choices about their care and services, and how staff assist them in achieving their outcomes. Care planning documentation details consumers’ choices and reflects changes in consumers’ needs and preferences for the delivery of their care and services as well as who is important to them.

The service demonstrated how consumers are supported to exercise choice and independence, including taking risks that enable them to live the life they choose. Consumers and/or representatives expressed happiness with how the service supports them in making decisions that involve taking risks. Consumers and/or representatives stated the workforce is aware of and understands what matters to consumers and their preferences. Staff were able to describe risks taken by consumers and what they do to minimise these risks as much as possible. Care planning documentation addressed the identification and management of risks resulting from individual choices.

Management could explain how they follow processes to ensure consumers are encouraged to take risks. The Assessment Team sighted risk assessments for consumers who choose to engage in activities that involved risk. The risk assessments included information about the risks identified, record of consumer and/or representatives’ discussion of risk and strategies in place for staff to support consumers. Management reported all dignity of risk assessments are completed with the relevant parties such as a medical officer, allied health professionals, representatives, and management.

Consumers and/or representatives stated they receive timely updates regarding changes or if an incident occurs and this was reflected in care documentation. Consumers and/or representatives described how they are kept informed on all matters relating to the service, including outbreaks.

Consumers and/or representatives confirmed they are encouraged to attend monthly meetings where they can receive information and have input into their care needs and preferences. Staff were able to describe how they communicate changes to the consumers through monthly newsletters, and meetings. The Assessment Team observed information provided to consumers and/or representatives was available in a clear and easy to understand format and in large font to assist consumers. The service displayed a variety of posters and pamphlets providing information about activities, how to make complaints, advocacy, and interpreter services.

Consumers and/or representatives described how their privacy is respected at all times and doors are closed when receiving care. Staff were able to describe ways in which consumer privacy is respected and explained how consumer information is kept confidential. Staff described keeping computers locked and using passwords to access consumers’ personal information. Other paper-based information about consumers is kept locked in the nurses’ stations or in offices. The Assessment Team observed staff knocking on doors prior to entering and closing doors when providing personal care assistance to consumers to maintain their privacy. The service has a privacy policy to guide staff practice.

# Standard 2

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

Findings

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

Consumers and/or representatives provided positive feedback and confirmed they participated in developing their care plans, resulting in the delivery of care that is specifically tailored to their needs, preferences, and goals with risks considered. The service's assessment and planning processes prioritise safety and effectiveness, considering potential risks to consumers. Care planning documentation evidenced a range of assessments being completed on entry, and on an ongoing basis, which includes considerations of risks identified through validated risk assessment tools and interventions.

Registered nurses were able to describe these processes and how they mitigate risks to ensure the delivery of high-quality care and services. Risk assessments are conducted initially and reviewed as needed, with risk management being an integral part of ongoing care planning. The management team demonstrated they have a wide range of clinical policies and procedures available on their intranet to guide staff in completing necessary assessments and documentation. The Assessment Team reviewed the clinical policies and procedures.

Consumers and/or representatives stated during the assessment and care planning process, the service has a collaborative approach to engage with them on their current needs, preferences, and goals, including end-of-life care. Staff and management demonstrated an understanding of consumers’ individual needs and preferences and could describe how they approach end-of-life care and advance care planning conversations with consumers during the admission process, at case conferences and as consumer needs change. Management stated the service maintains robust policies and procedures to guide staff in assessment and planning to ensure consumers individual needs, goals and preferences are met.

Management confirmed the service has a pastoral care worker and connections to other religious and cultural support services to ensure the needs and wishes of all consumers are met during end-of-life care.

The service was able to demonstrate they partner with consumers and others involved in the planning and assessment of their care. Consumers and/or representatives confirmed they felt like partners in the planning of their care and services, and stated they were involved in the initial assessment and ongoing care plan review processes, which included the medical officer and other health professionals as required.

Staff were able to explain the processes for referral to allied health professionals. Management advised the service partners with organisations that provide onsite after-hours medical services and in-reach support services. Consumers' care planning documentation clearly reflected the involvement of consumers, representatives and others in the assessment and care planning process. This included the medical officer, physiotherapist, dietitian, speech pathologist, podiatrist, and other specialists. Care plans also indicated who the consumer had nominated to be involved in the care planning and evaluation process, including for advance care.

Consumers and/or representatives confirmed they can easily access consumers’ care plans, are verbally informed when a change is made and described they felt staff engaged with them as a partner in the care plan process. Management and staff stated all care plans are accessible through the electronic care management system and staff were observed checking these throughout the Site Audit. Management has established a comprehensive set of policies and procedures that guide staff in communicating assessment and care planning outcomes effectively. The Assessment Team conducted a review of consumers’ care plans, showing documentation of outcomes, updates, and communication details with consumers and/or representatives, ensuring a comprehensive approach to care delivery.

Consumers and/or representatives advised they were involved in the regular review of care and service plans with staff, the medical officer, and allied health professionals. Consumers confirmed if changes or incidents occurred, then further discussions are conducted, and any needs are addressed in a timely manner. Staff and management stated care plans are reviewed six monthly or when health or care needs change and described how incidents such as falls, wounds, or infections would generate a reassessment or review of consumers’ needs.

The service holds twelve monthly care conferences with consumers and/or representatives and as required. Management advised care plan reviews are planned through a yearly schedule, reviews are tracked, and progress is monitored to ensure schedule adherence. Care planning documentation evidenced regular reviews, when circumstances change, or when incidents occur in line with the service’s care plan review policy. Progress notes and care plans indicated regular updates occur with consumers and/or representatives when changes or incidents occurred.

Management confirmed the service holds weekly clinical meetings to discuss individual consumer’s needs with the clinical care manager, registered nurses, and care staff. Changes in consumers’ needs are communicated during this meeting, in addition to communication in between meetings, prompting care and services being reviewed for effectiveness.

# Standard 3

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

Findings

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

The service demonstrated safe, effective, and tailored care to support consumer health and well-being. Consumers and/or representatives stated consumers receive personal and clinical care that meets their needs and optimises their health. Staff demonstrated knowledge about individual consumer needs, preferences, and care requirements, which they deliver in accordance with consumer care plans.

Management supports staff by providing information and advice, even outside of regular hours. Clinical documentation reflects individualised and safe care which meets consumer specific needs and preferences. The Assessment Team observed staff interactions with consumers and confirmed personal and clinical care is being delivered in accordance with care plans. The service has policies, procedures, and tools in place to guide staff practice and to support the delivery of care provided.

Consumers and/or representatives stated skin care, pain management, and wound care they received were aligned with their specific needs. Staff members reported they keep a close eye on any changes in a consumer's skin, such as redness, skin tears, and bruises, and promptly notify the registered nurse if any such changes are detected. Clinical staff reported they use validated assessment tools to assess consumers skin and will encourage care staff to utilise additional skin integrity strategies such as moisturising, repositioning, and wound care for consumers with wounds. Care documentation reviewed by the Assessment Team was found to be up to date, reflecting a comprehensive skin and pain assessment, along with a personalised care plan and strategies to guide staff practice.

All consumers with restrictive practices had restrictive practice consent forms in place, signed by each consumer’s representative and medical officer. The restrictive practices consent forms detail alternatives to restrictive practices used, as well as risks associated with the use of each restrictive practice. Consumer files had evidence of behaviour support plans in place, detailing non-pharmacological strategies to manage ongoing behavioural needs, triggers for behaviours, and behaviour specialists’ input where required. Registered nurses were able to describe how restrictive practices are monitored, and management confirmed ongoing initiatives to further reduce the use of restrictive practices. Staff described how non-pharmacological interventions are implemented as first line interventions, with restrictive practices used as a last resort.

The service effectively manages high-impact or high-prevalence risks associated with each consumer's care needs, including falls, psychotropic medications, and specialised care needs. They identify risks and implement suitable mitigation strategies through regular clinical data monitoring, trending, and consistent assessment as was observed in care documentation.

Registered nurses can describe risks and their management, and the service enables consultation of risks through case conferencing and monthly clinical reviews. Management described policies and procedures are in place to inform staff of the management of risks such as deteriorating resident, diabetic management, catheter management, wound management, and falls prevention and management. Consumers and/or representatives stated they felt high impact and high prevalence risks are effectively managed by the service.

Consumers and/or representatives confirmed consumers’ needs, goals, and preferences, including their end-of-life wishes, have been discussed with them. Staff confirmed their understanding of consumers’ goals, needs and preferences, including end-of-life care interventions. Care planning documents demonstrated consumers and/or representatives are involved in decision making processes and supported by external palliative care services to ensure needs, goals and preferences are captured.

Staff and management described the care delivery changes for consumers nearing end-of-life and practical ways in which consumer comfort is maximised and dignity preserved through regular repositioning, pain management, oral care, emotional and spiritual support. The service has policies and procedures in place in relation to palliative care and end-of-life care, to guide staff practice.

The service demonstrated effective management of consumer deterioration, including recognising, and responding to deterioration in a timely manner through processes including handover, progress notes, care reviews, incident reports, clinical charting, and feedback from consumers and/or representatives. Consumers and/or representatives stated the service recognises and responds to changes in condition in a suitable and timely manner. Staff confirmed they are guided by policies and procedures that support them to recognise and respond to deterioration or changes in a consumer’s condition. Care planning documentation reflected the identification of and response to deterioration or changes in condition.

The service ensures that information about the consumer's condition, needs, and preferences is recorded and shared within the organisation and with others who share in the responsibility. Consumers and/or representatives were content with how changes in the care and services of the consumers were communicated through various means such as verbal handover processes, progress notes, meetings, accessing care plans, or email notifications.

Upon reviewing the care plan documentation, it was observed staff notify consumers’ medical office and representatives of any changes in the consumer's condition, clinical incidents, or medication changes. Staff acknowledged they receive up-to-date information about consumers during handover, verbal updates from registered nurses, and progress notes. The Assessment Team sighted handover notes which demonstrated how information about consumers is conveyed between shifts.

Management described the different avenues how the service communicates information to consumers and/or representatives and staff. Processes for communication include annual and as needed case conferences, regular high risk case management meetings where consumers and/or representatives are involved, as well as through handovers, weekly clinical huddles, as well as use of electronic case management system dashboards and alerts.

The service demonstrated they have a referral process in place to ensure timely and appropriate referrals are sent to individuals, other organisations, and providers of health care services to guide best practice. Management confirmed the service has referral processes in place, which include speech pathologists, podiatrists, optometrists, dentists, and behaviour management specialists such as Dementia Support Australia. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Management stated they have contracted physiotherapists at the service every day. Care planning documentation confirmed the input of others and referrals where needed, including input from services such as allied health professionals. The Assessment Team sighted policies and processes for making referrals and obtaining consent.

Consumers and/or representatives confirmed staff take necessary precautions to prevent and control infections and described how the service effectively managed different infectious outbreaks as well as individual consumer infections. Staff demonstrated a clear understanding of the precautions required to prevent and control infections and were aware of the steps they could take to reduce the need for antibiotics. Staff confirmed they had undergone specific training and had the necessary competencies related to infection prevention and control, which included hand hygiene and the use of personal protective equipment.

The service has appointed two infection prevention and control leads, who have completed the required training. Management stated the service maintains an infection surveillance form, which includes details of antibiotic usage in the service's incident management system and is reviewed monthly as part of the service's clinical indicator governance program. The Assessment Team verified the policies and procedures relating to infection prevention control, including antimicrobial stewardship and outbreak management. The service also demonstrated they have adequate supplies of person protective equipment.

# Standard 4

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

Findings

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

Consumers and/or representatives stated they were satisfied with the services and supports for daily living and confirmed the service ensures it meets their needs, goals, and preferences. Staff were able to demonstrate an understanding of what is important to consumers and what they like to do. Care planning documentation reflected what is important to consumers and what they like doing which included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

The lifestyle coordinator listed several techniques used to ensure the activities schedule are tailored to consumer interests and preferences and designed to suit consumers of different levels of cognitive abilities. The lifestyle coordinator stated they gather information from consumers and/or representatives upon admission and on an ongoing basis as consumer needs, conditions and preferences change over time. The lifestyle coordinator said they also obtain feedback from consumers and/or representatives during the consumer meetings. The Assessment Team observed group activities and individual activities taking place during the Site Audit. The activities were suitable for consumers with different levels of cognitive abilities and all consumers were observed actively participating in the various lifestyle activities during the Site Audit.

Consumers and/or representatives described consumers receive the emotional, spiritual and psychological support they need to promote and maintain their mental wellbeing. Consumers who prefer to remain in their rooms, for example, have one-to-one visits from staff. Management and staff discussed the programs available at the service to support consumers with their emotional and spiritual wellbeing. Care planning documentation contained information about their emotional, spiritual, or psychological well-being and how staff are to support them. The Assessment Team observed staff sitting and talking with consumers in a meaningful manner.

Consumers and/or representatives described how consumers are supported to participate in activities of interest to them within the service community, with the assistance of staff, family and friends where required. Consumers and/or representatives explained they have social and personal relationships and do things of interest to them such as painting, bingo and puzzles. Lifestyle staff stated they support consumers to stay connected with family and friends by phone and electronic messaging. Care planning documentation includes information about how consumers participate in the community, do things of interest to them, and how they stay connected with their family and friends.

Consumers and/or representatives could describe how changes in their needs, preferences and conditions are communicated within the service and with others where responsibility is shared. Care staff said that the handover process keeps them informed about any updates to consumer care and services. Lifestyle staff stated they are kept informed by care and nursing staff where consumer needs and preferences change, or where specific consumers had made requests. Care planning documentation includes comprehensive information to support the delivery of effective and safe care. The Assessment Team observed staff sharing information relating to consumer needs and preferences at handover and in communication books.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumers and/or representatives reported if the service was unable to provide the support they required, they are confident the service would refer them to an appropriate provider. Lifestyle staff said the service engaged external services to provide specific activities consumers wished to participate in, which were of interest to them. Care documentation evidenced the service collaborates with external providers to support the diverse needs of consumers.

Consumers and/or representatives stated consumers were satisfied with the meals. Consumers stated the meals are varied and they are of suitable quantity, quality and served at an adequate temperature. Consumers and/or representatives stated they are offered two choices for the main meal, which they choose at the time of serving. Sandwiches, salads, and fruits are available at any time for consumers. Staff were knowledgeable about consumers’ preferences for meals and beverages which were reflected in their care plans. The Assessment Team observed lunch services during the Site Audit and noted staff were kind and helpful to consumers.

Consumers and/or representatives stated equipment provided is safe, suitable, clean, and well-maintained. Staff stated equipment is regularly maintained and cleaned and described the processes for identifying equipment that required maintenance. Maintenance and cleaning staff explained how they work together to ensure equipment is maintained and cleaned according to the internal protocols.

The Assessment Team observed a variety of equipment that supports consumers to engage in activities of daily living and lifestyle activities in a safe manner. Care equipment was observed to be suitable, clean, and well-maintained. Equipment such as walking aids and wheelchairs were clean and well-maintained. The Assessment Team observed the service has a detailed preventative maintenance program in place. Equipment maintenance logs and associated documentation were sighted by the Assessment Team and demonstrated schedules and reactive maintenance issues were attended to in a timely manner and records were up to date.

# Standard 5

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

Findings

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

Consumers and/or representatives stated the service environment is open and welcoming and advised they feel at home at the service. Consumer rooms were observed to be personalised with photos and personal belongings. The service was observed to be quiet, easy to navigate, and maintained at a comfortable temperature with no malodours. Staff described how consumers could move independently throughout the service. Consumers were observed moving freely between their rooms, the lounge and dining areas for meals, activities and accessing courtyards and balcony areas.

Consumers and/or representatives provided positive feedback and said they are happy with the cleanliness and maintenance of the service, and they have free access both in and outside the service. Cleaning staff stated they have a schedule that is followed, and the maintenance officer provided the preventative and corrective maintenance schedules and explained how external contractors were managed and the process for arranging repairs to the building or equipment.

The Assessment Team observed the service is clean and tidy, walkways were clear and free of obstructions. The Assessment Team observed effective day to day infection control practices, staff were observed to be practicing good hand hygiene. Management advised consumers residing in the memory support unit were subject to environmental restraint as the whole unit was secure with a keypad coded entry and exit. Consumers were observed to be moving freely around the service.

Consumers advised they feel the furniture, fittings and equipment are safe, clean, well-maintained, and suitable for them, with disinfectant wipes available where equipment is shared. Staff stated there is enough equipment for all consumers in the service and said the equipment used for moving and handling consumers is safe and cleaned by them after every use. The service has a schedule for preventative maintenance, which identified when all items are to be inspected, and there is a process for logging requirements for corrective maintenance which all staff have access to and the maintenance team will aim to complete on the day it is identified. Consumers and/or representatives were observed to be using furniture that is safe, well maintained, and comfortable. The maintenance officer was able to describe how they maintain the furniture, fittings, and equipment.

# Standard 6

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

Findings

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

Consumers and/or representatives stated the service encourages them to provide feedback and complaints. The service demonstrated a culture of encouraging and supporting feedback and complaints, involving consumers and/or representatives, staff, and others. Staff described the ways they support consumers to provide feedback or make complaints.

Management explained the various methods for consumers and/or representatives to provide feedback and make complaints, including feedback forms, speaking directly with the staff and management teams, or raising issues at meetings. The Assessment Team reviewed the compliments and complaints register from 2023 and 2024, which demonstrated complaints and feedback registered with actions and evaluations implemented in a timely manner, also the plan for continuous improvement demonstrated actions following feedback.

The Assessment Team sighted the mandatory training records provided on open disclosure and managing complaints. Posters and leaflets were displayed for the Commission, Older Persons Advocacy Network, the Charter of Aged Care Rights and suggestion boxes in each house with feedback forms available. The Assessment Team reviewed policies and procedures for complaints and feedback.

Consumers and/or representatives demonstrated awareness of numerous ways to raise a complaint, such as reaching out to the Commission, contacting family members, or seeking help from advocacy services. The staff demonstrated their proficiency in the internal and external feedback and complaints methods and described how they support consumers who need help in filing a complaint.

Management discussed the interpreter and advocacy services available to the consumers. Staff and management described how they would access interpreting and advocacy services if required, how they would assist a consumer with these services, and explained some consumers have cue cards and information displayed in their rooms in their preferred language. The Assessment Team observed leaflets displayed in other languages, plus leaflets and brochures for interpreting services, advocacy services, and Seniors Rights Service displayed within the service, including contact information for these services.

Consumers and/or representatives praised the staff and management for their effective and timely response in addressing complaints and incidents and confirmed they receive an apology from both staff and management for any complaints. Staff stated in case of a complaint, they escalate the matter to the registered nurse or management, who then takes appropriate action. Staff confirmed they have received training on handling complaints and are aware of open disclosure procedures. Management explained their process for responding to complaints, which aligns with the procedural documentation. The Assessment Team reviewed the complaints and feedback register and found that complaints had been followed up in a timely manner with evidence of open disclosure.

Consumers and/or representatives expressed their confidence in the service's ability to use feedback and complaints to make improvements, they also shared their personal experiences of being involved in finding solutions to issues raised. Staff explained how feedback and complaints are incorporated to enhance the quality of care and services provided. Management provided a detailed explanation of the feedback and complaints process, and how it is utilised to make improvements to the care and services provided. The Assessment Team evidenced the complaints register, consumer meeting minutes and the monthly quality monitoring tool which trends complaints data and the plan for continuous improvement and confirmed feedback and complaints are reviewed to make improvements. The service has policies, procedures and processes related to feedback and complaints to guide staff.

# Standard 7

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

Findings

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

Consumers and/or representatives confirmed there were enough staff within the service, and they have access to the support they require. Consumers and/or representatives stated they received the care and support they need from staff in a timely manner and care provided was not rushed. The service was able to demonstrate workforce staffing levels and skill mix enabled the service to meet the needs of the consumers. Management was able to describe how they ensure there is enough staff to provide safe and quality care by having a master roster which is designated per the classification of a staff member and is designed to cover the care needs of consumers. Staff confirmed there are no staffing shortages, and where shifts are vacant these are filled by other methods. The service uses an electronic roster system which calculates care minutes, enabling management to work with the roster clerk to determine the number of care staff and registered nursed required which considers the layout of the service and the level of care the consumers require.

Consumer and/or representative feedback was positive in relation to the considerate and respectful treatment they receive from staff, acknowledging the service's emphasis on recognizing and honouring everyone's identity, cultural background, and diversity. Feedback records held many compliments pertaining to care, staff, and the whole service approach. This commitment to respectful care was further substantiated through care documentation, where the recording and accommodation of consumers' cultural and religious preferences were evident.

Staff members were observed using consumers’ preferred names and treating consumers kindly. Staff demonstrated an understanding of consumers' needs and preferences, with the observed interactions characterised by attentiveness and respect. Management demonstrated where they have linked consumers with similar cultural needs together and stated this allows consumers to converse in their own language, this was confirmed by consumer care plan documentation. The Assessment Team sighted policies, procedures, Aged Care Code of Conduct and training modules for assessment and care planning, dignity and respect, diversity, and inclusion to guide staff in supporting consumers’ identity, culture, and diversity.

Consumers and/or representatives reported that staff members are skilled, knowledgeable, and capable of providing the required care and support. The service displayed a competent workforce, with all departments having qualified staff members who possess the necessary knowledge to perform their duties effectively. Management ensures all staff members meet the minimum qualifications required for their roles, have professional registrations, and have current police checks.

Additionally, staff members requiring visas have the appropriate current visas and those with visas due to expire are notified by the service to renew before expiry date, management confirmed no staff are allowed on site if their visa has expired and the staff electronic system prevents them from logging in. Staff members reported receiving robust support from management and the onsite education team, particularly in completing orientation training and buddy shifts plus whilst being upskilled.

The Assessment Team sighted the onboarding orientation schedule and presentations for new staff, which included, but were not limited to infection control, feedback management, aged care code of conduct, restrictive practice management, open disclosure, respecting privacy, dignity and diversity, fire training and manual handling.

Consumers and/or representatives could not identify any additional training that staff needed and confirmed staff have the appropriate skills and knowledge to deliver safe and quality care and services. Staff stated they receive ongoing training, with mandatory training throughout employment and are monitored to ensure core competencies have been achieved. The service has a systematic approach to recruiting, training, and supporting its staff, ensuring they provide safe and high-quality care and services, and it provides opportunities for growth and development. Staff demonstrated the required skills and knowledge with no gaps in their training. Management's commitment to staff development is highlighted through initiatives such as toolbox talks and an online training portal. The service's comprehensive training regimen fosters a culture of continuous improvement and professional growth among its staff.

The service has regular assessments, monitoring, and reviews to manage the performance of their workforce. Consumers and/or representatives reported they feel encouraged to provide feedback on staff performance.

Management conducts periodic performance feedback during probation and at the end of probation and annually thereafter. Management also provided examples of completed reviews and detailed their methods of continuous evaluation, including team meetings, feedback processes, and consumer feedback.

Management stated they would be implementing new processes for staff appraisals to ensure staff completed their appraisals and were signed at the end of the meeting which would avoid staff delays in returning the agreed appraisal forms. The service conducts an annual staff appraisal cycle and provides feedback to staff immediately after any incidents, observations, complaints, or compliments. Policies that guide performance development and performance processes are in place within the service.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Consumers and/or representatives felt they are involved in the development and delivery of their care and services through comprehensive care planning and case conference meetings, day-to-day feedback, surveys, and consumer meetings held at the service. The service provides opportunities for input from consumers and/or representatives, initially during the pre-admission process and ongoing through regular reviews. Consumers and/or representatives reported they see change due to their feedback. Current and accurate information is provided to consumers through emails, newsletters, and meetings to inform them of all events and activities occurring within the service. Management and staff explained how they support and encourage consumers and/or representatives to provide feedback.

Consumers and/or representatives felt the service was well managed. The organisation and service are focused on ensuring services are well-managed and they provide an inclusive service. Input from staff is valued, and various channels are provided for staff to contribute their ideas and feedback, including staff meetings, surveys, and direct access to managers, fostering a sense of approachability and accessibility with the management team.

The service has a well-defined governance structure, which includes a governing body that promotes a culture of safe, inclusive, and quality care and services. The governing body is actively involved in the delivery of services and regularly discusses clinical indicators, quality initiatives, and incidents during relevant meetings. Managers directly feed information to the organisational management team, ensuring the executive team is aware of the performance of all aspects of each service. Senior management conducts internal audits, and the results of these audits are discussed with both the service and organisational clinical governance subcommittees. This process ensures the Board is consistently informed about the performance of all services and maintains strong oversight of the organisation.

The Board is composed of representatives with diverse backgrounds in commerce, and clinical practice. The organisation conducts an annual review of its strategic plan, which guides its vision and goals. The Board is supported by service level and organisational committees, following standardized meeting structures with readily accessible minutes and terms of reference. The governing body demonstrates a commitment to quality care and is evident in strategic planning, which prioritizes key performance indicators across management, culture, and governance. The organisation demonstrates a proactive approach to gathering feedback and reinforcing cultural values. Accountability is paramount, with the governing body overseeing policy implementation, conducting evaluations, and ensuring corrective actions to maintain excellence in care and services.

A review of the Board meeting minutes by the Assessment Team evidenced the analysis of monthly audits and clinical indicators completed by the service is reported to the Board and benchmarked across all services in the organisation, to identify and address broader trends.

The organisation has an established robust governance framework that not only encompasses key operational matters but also actively involves senior management, the Board, and staff at all levels. This inclusive approach ensures that the organisation retains a strong focus to delivering high-quality care, adhering to regulations, whilst continually enhancing its services. The commitment to transparency, accountability, and engagement is evident through the organisation's governance practices, contributing to the delivery of care in alignment with Quality Standards.

The service has robust information management systems, such as designated positions accountable for updating policies, forms and procedures, and other internal resources for the service. The service utilises a clinical audit system, an electronic medication management system, and an effective electronic case management system with individual user logins for staff to access, this system also has access limitations pertaining to staff grade and access.

Management described and demonstrated to the Assessment Team effective systems for continuous improvement, feedback processes, incident management, human resource management, rostering, documentation, training, and induction. The service-wide communication system is well-established, and electronic information is secured with password protection.

Management outlined the development of the annual budget for the service. The budget is drafted by the organisational finance team in consultation with management, and takes into consideration legislative changes, such as the care minutes, performance indicators, human resources, and any planned capital expenditure, this is then Board approved.

Management demonstrated a workforce strategy which includes a recruitment strategy that includes working in partnership with the university and training providers, retention strategies, and supporting staff to obtain higher qualifications. Management stated they have a robust employee rewards and recognition program along with an employee assistance program.

The organisation’s quality team monitors legislative changes, which are then integrated into policies. These updated policies are cascaded down to the staff through training, staff meetings, memos, and emails, ensuring everyone is well-informed and compliant. All policy changes undergo approval and sign-off by the Board, ensuring a compliance framework. A recent legislative change the service has been addressing has been the Voluntary Assisted Dying programme which has been introduced. The Assessment Team reviewed policies and procedures relating to open disclosure, restrictive practice, Serious Incident Response Scheme, feedback and complaints management, culture and diversity inclusion, and clinical governance. All documents reviewed reflected the relevant legislative requirements and included the date reviewed.

Feedback, complaints, and suggestions raised by consumers and/or representatives and staff are documented in the online feedback register which feeds into the service’s Plan for Continuous Improvement. Staff and management confirmed feedback and complaints are used to improve the quality of care and services with appropriate actions taken in response to the complaint and an open disclosure process applied.

Consumers and/or representatives described how they are supported to live their best lives. Staff could describe how they use policies, procedures, and practices to minimise consumer risks, including infection prevention and control, restrictive practices, and reporting of incidents. Management provided the risk management and clinical governance frameworks with related policies, procedures, and the incident and Serious Incident Response Scheme register. Senior management stated they have monthly meetings and weekly catchups with managers from the service and risks are monitored and discussed with the Board. The Assessment Team noted incident reporting is recorded in an incident management system on the electronic case management system.

The service identifies, assesses, and manages high impact and high prevalent risks by providing up-to-date best practice policies, guidelines, and decision-making tools to guide the management of these risks. Staff and management were able to demonstrate how they identify, assess, and manage high impact and high prevalence risks for the safety and well-being of each consumer. Management compiles a monthly clinical report with details of reportable incidents, skin integrity, falls, infections, restrictive practices, and unplanned weight loss. This data is discussed at the monthly quality meetings and additional support provided if required.

Staff and management demonstrated a shared understanding of what constitutes elder abuse and neglect. Staff described their reporting responsibilities when there is or if they suspect there to be an instance of abuse and neglect and its inclusion within the Serious Incident Response Scheme. The Assessment Team reviewed the Serious Incident Response Scheme register which showed timely reporting of incidents, investigations and individualised actions taken for consumers to reduce recurrence of incidents. Additionally, the Assessment Team reviewed the mandatory training modules and confirmed that abuse, neglect, and Serious Incident Response Scheme forms are part of the mandatory annual training for each staff at the service and this is underpinned with additional toolbox talk training.

The service demonstrated a clinical governance framework which combines diverse professionals and resources to deliver best practices in clinical care. The Clinical Governance Committee meets and provides oversight, and guidance and is accountable for anti-microbial stewardship, minimising the use of restraint and open disclosure, in line with legislative and policy requirements. Registered nurses stated they are supported by the service and trained in the systems supporting clinical governance. Management outlined how clinical care practice is governed by policies pertaining to anti-microbial stewardship, restrictive practice, and open disclosure supported by specific training for staff to deliver services in line with policy, these were sighted by the Assessment Team, evidenced in training records, and training data.

The framework places a strong emphasis on consumer-centric care, where the preferences and needs of the consumers are at the forefront. It involves actively engaging consumers and/or representatives in decision-making processes and tailoring care plans to individual preferences. The framework is an integrated component of corporate governance at the organisation. The Board is responsible for clinical quality and safety in the service. The Board ensures the implementation of robust clinical governance arrangements, empowering the workforce and practitioners to deliver safe, quality care. Monitoring and evaluating clinical care performance data is a priority, and the Board delegates responsibility to the senior executive and relevant committees for the implementation, monitoring, and evaluation of clinical governance arrangements to ensure the provision of safe and quality care.

Management described monitoring, monthly reporting, and meetings to maintain oversight and benchmark antibiotic usage. The service has designated infection prevention controllers and anti-microbial stewardship monitoring to ensure procedures are followed, with results discussed in clinical meetings. Anti-microbial stewardship is governed by a policy, and audits are conducted monthly to review pharmacy records and check antibiotic usage. The service also uses a guideline for out of hours medical officer service and has clear infection pathways which guide staff practices.

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)