Performance

Report

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| Name of service: | Belmore Place Care Community |
| Service address: | 35 Yerrick Road LAKEMBA NSW 2195 |
| Commission ID: | 2323 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 2 March 2023 |

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

**This performance report**

This performance report for Belmore Place Care Community (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others,
* the provider’s response to the assessment team’s report received 31 January 2023,
* information received from consumers and representatives

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 2(3)(b) - Review/revise relevant behaviour support plans to ensure details relating to triggers/contributing factors to changed behaviours include effective strategies which are person-centred and individualised to guide staff in care provision.
* Requirement 3(3)(a) - Implement and maintain processes to assess, determine and document when a treatment or intervention constitutes a restrictive practice. Review and revise understanding of chemical restraint to ensure practices and interventions align with the Quality of Care Principles 2014 definition and requirements for the use of a restrictive practice.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 1(3)(a)

Interviewed consumers and representatives consider consumers are treated with respect and dignity. Representatives gave examples of improvement in consumer emotional and physical engagement including increased independence. Staff demonstrate knowledge of consumers’ cultural needs/preferences, with several languages spoken by staff which support consumers’ cultural and linguistically diverse backgrounds. Documentation details information relating to individual consumer needs/preferences to inform care and services delivery.

Requirement 1(3)(b)

Consumers and representatives consider staff provide culturally safe care and services. Consumers were referred to by their preferred names and care documentation captures relevant cultural details including diet and spiritual needs/preferences. Staff demonstrate awareness of consumer’s cultural backgrounds and knowledge of systems, processes and policy guidance documentation. Staff were observed delivering culturally appropriate and person-centred care/services and noted education received.

Requirement 1(3)(c)

Interviewed consumers and representative’s express satisfaction of support consumers receive to exercise choice/maintain independence and assistance received to maintain relationships of importance. Staff demonstrate awareness of supporting consumer choice and independence detailing how this is considered in delivery of care and services. Advocacy services, including Public Guardian are engaged to support consumers where required.

Requirement 1(3)(d)

Consumers and representatives consider consumers are supported in taking risks to live their best life. Staff demonstrate how support is provided and gave examples of consumers who choose to undertake risk activities, and strategies to minimise negative outcomes. These include documented risk assessments and mitigation strategies. Documentation detail guidance policy/procedural processes and support provided for meal and beverage choices, self-administration of medication and mobility preferences.

Requirement 1(3)(e)

Interviewed consumers and representatives consider they receive current, accurate, and easy to understand information in a timely manner. Staff gave examples of supporting consumers to exercise choice in care/service delivery which was observed throughout the visit. Documentation including information packs, newsletters, menus, lifestyle schedules and consumer meeting minutes demonstrate accommodation of consumer choice.

Requirement 1(3)(f)

Consumers and representatives consider staff respect consumers privacy. The assessment team observed staff consistently providing care and services demonstrating respect and protecting privacy, including obtaining permission when undertaking personal care. Electronic systems require password protection, and most were observed to be protected in this manner. Staff gave examples of orientation and mandatory training provided relating to privacy and confidentiality, including principles of person-centred care.

# 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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is non-compliant as 1 of 5 requirements has been assessed as non-compliant.

Requirement 2(3)(b)

The service has policy directives and tools to guide staff in relation to assessment requirements. While the assessment team noted advance care directives and documented end of life wishes for sampled consumers, they bought forward evidence assessment and planning processes did not consistently identify needs, goals and preferences noting gaps in some assessment and planning documentation to inform delivery of safe/effective care and services. For two consumers, details of strategies to support unmet needs resulting in agitative and/or disruptive behaviours are generic and do not include individualised non pharmalogical alternative strategies to trial prior to administration of psychotropic medications. In addition, they bought forward information contained within consumer’s Behaviour Support Plans (BSP’s) did not provide staff with appropriate details in relation to medication administration. For a consumer noted at high risk of pressure injury, reassessment did not occur post identification of a pressure injury to guide staff relating to care requirements nor alert staff to the risk. And for another, leisure and lifestyle needs/goals and preferences were not documented to guide care.

In their response the approved provider contend appropriate risk rating for skin integrity was in place as changes to risk ratings subsequently occur post identification of wound. They advise for a consumer who recently entered the service, whilst lifestyle documentation had not been completed (citing delays in meeting with family members due to Covid-19 restrictions) they evidenced contact with their nominated representative, consumer’s wishes recorded in alternative areas, staff demonstrate knowledge of consumer’s preferences/needs and receipt of positive consumer and representative feedback. Regarding lack of documentation for two consumer’s BSP’s they contend information relating to medication administration is not required to be detailed within BSP’s and evidenced alternative documentation contained details relating to medication administration. I accept the approved provider’s view which is substantiated by evidence provided.

However, I am persuaded by evidence bought forward by the assessment team and supported in documentation submitted by the approved provider which demonstrates most information in BSP’s for two consumers is generic and does not demonstrate ongoing comprehensive person-centred/ individualised strategies. Records detail a description of behaviours however do not outline strategies utilised and/or effectiveness to guide staff in future care provision [refer to requirement 3(3)(a)]. For these reasons I find requirement 2(3)(b) is non-compliant as the service does not demonstrate assessment and planning consistently identifies/addresses consumers’ current needs, goals and preferences.

I find the remaining requirements are compliant.

Requirement 2(3)(a)

The service demonstrates an effective system of assessment/care planning completion for most consumers includes consideration of risks to consumer’s health and well-being. Admission checklists provide guidance to clinical staff on assessments and prioritisation. Via documentation review the assessment team noted reassessments occurs for consumers experiencing falls risks, skin integrity issues and pain assessments completed for consumers requiring medication management. Policy directives guide staff and tools are available in relation to risk assessment requirements. Dignity of risk assessments were noted for consumers with swallowing risks and repositioning charts completed for consumers requiring ongoing pressure area care. Most sampled consumers’ documentation include information about risks to consumer health and well-being to inform safe and effective care and services, examples include upon admission to the service, and for complex care needs. Consumers express satisfaction needs are identified, and appropriate care provided.

Requirement 2(3)(c)

Interviewed consumers and representative’s express satisfaction discussions about consumers care and services regularly occur to inform assessment and planning. Policy directives guide staff and tools available in relation to risk assessment requirements. Care documentation include evidence of partnership with other care providers/organisations for example, dietician, occupational therapist, wound specialist and palliative care services. Clinical managers and staff describe assessment and planning which occur during admission processes and ongoing case conferences which engage consumers and representatives.

Requirement 2(3)(d)

Most consumers and representatives consider they are involved and receive information regarding outcomes of assessment and planning, plus acknowledge receipt of documentation. Policy directives guide staff and tools available in relation to risk assessment requirements. Interviewed staff demonstrate awareness of consumer needs, goals and preferences such as mobility and dietary needs via summary care plans and electronic care planning system. Management personnel and clinical staff describe systems and processes to support communication of assessment outcomes and care plan availability to consumers and others involved in care delivery.

Requirement 2(3)(e)

The service demonstrates an effective system of regular care and services review, with regular scheduling of review when circumstances change and/or incidents impact consumer needs. Policy directives guide staff and tools are available in relation to risk assessment requirements. Evidence of post-fall review were noted for two consumers, including observations/recording of vital signs, increased visual observations by staff, medication review and preventative strategies such as falls prevention exercise programs.

# Standard 3

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

Findings

This Quality Standard is non-compliant as 1 of 7 requirements have been assessed as non-compliant.

Requirement 3(3)(a)

Most interviewed consumers and representative’s express satisfaction with care and services provision. However, via documentation review, the assessment team bought forward evidence of deficiencies relating to non-identification of a pressure injury/wound for one consumer, the delay resulting in significant tissue loss and identification not occurring until the wound was at a progressed stage. For two consumers requiring a behavioural support plan (BSP) to guide care delivery, evidence of utilising individual strategies was not demonstrated, nor consideration of non-pharmacological or meaningful interventions in supporting their unmet behavioural needs prior to administration of medications.

In their response, the approved provider submitted documentation relating to one consumer’s wound care. While I acknowledge the subject matter’s opinion that the absence of a pressure relieving mattress did not contribute to the development of the wound (nor would improve wound healing), plus visual evidence supporting the wound has healed; my concern relates to a lack of effective monitoring processes enabling considerable deterioration of the wound prior to staff identification. The extent of wound deterioration is corroborated by visual evidence supplied within the approved provider’s response.

In relation to two consumer’s behavioural needs and BSP documentation, the approved provider contends administered medications do not constitute restrictive practices as medications are prescribed as treatment of a diagnosed illness (not as chemical restraint). However, evidence bought forward by the assessment team and supported in documentation submitted by the approved provider, indicates the service does not meet all responsibilities and requirements in relation to behaviour support plans in accordance with the Quality of Care Principles 2014 (the Principles) for the use of a restrictive practices. Documentation does not demonstrate the service consistently assess, recognise and document medications used as chemical restraint. While it is acknowledged psychotropic medications have been prescribed for a diagnosed illness, documentation supplied by the approved provider’s notes the reason for administration of antipsychotic medication is to manage a behaviour such as agitation (indicating medication is used as chemical restraint). For these reasons I find requirement 3(3)(a) is non-compliant as the service does not demonstrate each consumer gets safe and effective personal/clinical care that is best practice, tailored to their needs and optimises health and well-being.

I find the remaining requirements are compliant.

Requirement 3(3)(b)

Consumers and representatives consider consumers feel safe and are satisfied incidents are appropriately managed. Interviewed staff describe high impact/high prevalence risks including unplanned weight loss, falls management and complex health needs such as catheter/stoma care and diabetes management. Staff demonstrate knowledge of monitoring and management processes. Via documentation review the assessment team noted staff report consumer incidents, investigation and strategy development occurs to prevent recurrence.

Requirement 3(3)(c)

Interviewed consumers and representatives noted discussions occur relating to advance care needs/end of life wishes; and express confidence staff are aware and respect consumers’ needs. Staff describe comfort and dignity maximisation during end of life care through provision of oral care, repositioning, pain medication, aromatherapy and other individualised wishes. Via documentation review the assessment team noted consumer needs, goals and preferences are recognised and appropriately addressed during end of life, with comfort measure (such as pain relief) maximised and consumer’s dignity maintained.

Requirement 3(3)(d)

Consumers and representative’s express satisfaction with care provision when consumers’ needs change and/or their condition deteriorates. Interviewed staff demonstrate knowledge of processes to ensure changes are reported to clinical staff. Clinical staff reassess consumers when changes occur such as neurovascular observations, head to toe assessments, delirium screening and/or medical officer review/hospital transfer when required. Via documentation review the assessment team noted care documentation contain demonstration of timely identification and response to changes in mobility, plus engagement of medical officer/allied health professionals for review and management.

Requirement 3(3)(e)

Interviewed consumers and representatives consider they are informed of consumer changes, and in receipt of a documented care plan. They express satisfaction staff are aware of individual care needs. Interviewed staff demonstrate knowledge of processes to obtain consumer information through daily handover discussion, meetings and electronic summary care plans. Via documentation review the assessment team noted care plans and handover reports include shared information about consumer mobility needs, dietary preferences and recommendations from others involved in care and service provision.

Requirement 3(3)(f)

Consumers and representative’s express satisfaction consumers have access to relevant health professionals, such as allied health, medical officers, local hospital/emergency services and specialist services when required. Interviewed staff describe regular referrals to psycho-geriatricians, physiotherapists, dieticians, speech pathologists, Dementia Support Australia and other community services; consistent with care documentation reviewed by the assessment team. Staff detail processes to ensure required referrals occur via notation in the electronic care management system and diary management by clinical staff.

Requirement 3(3)(g)

Interviewed consumers and representatives noted satisfaction with infection control practices and confidence in management and staff ability to manage infection related risks. Interviewed staff demonstrate understanding of infection control protocols, hand hygiene, personal protective equipment and monitoring consumers for signs of infection. Appropriate use of personal protection equipment was observed and documentation detail staff training relating to infection control/prevention.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 4(3)(a)

Interviewed consumers and representatives consider consumers receive effective services and supports for daily living and gave examples of how this occurs. Documentation details consumer participation in activities of choice, including individual support for those consumers who prefer not to engage in group settings. Staff describe processes to meet consumer needs/goals and preferences; consistent with observations by the assessment team and guidance documentation. Staff (including external providers) were observed engaging and assisting consumers with activities.

Requirement 4(3)(b)

Consumers and representative’s express satisfaction consumers are provided with support to participate in activities that promote a sense of achievement and emotional/psychological well-being. Staff demonstrate knowledge of individualised care needs to support consumers’ emotional and spiritual well-being. Staff interactions were observed to be supportive and demonstrate knowledge of individual cultural, emotional, spiritual and psychological needs. Documentation guides staff in the provision of individual requirements.

Requirement 4(3)(c)

Consumers and representatives consider consumers receive support to participate in community activities, do things of interest and be involved in relationships of choice. Consumers were observed attending multiple organised activities and engaging/socialising with other consumers and staff. Staff detail several activities provided including group settings and/or on an individual basis. Documentation details comprehensive leisure and lifestyle choices for each consumer; a group activities schedule and staff handover/communication processes guide staff awareness of planned activities and consumers wishes.

Requirement 4(3)(d)

Consumers and representative’s express satisfaction information is communicated within the service, and external care providers, including external support workers who support several consumers in attending activities of choice. Staff handover documentation/discussions ensure accessibility to accurate consumer information to support their needs being met. The service has appropriate information systems including policies/procedures to guide staff.

Requirement 4(3)(e)

Consumers and representatives consider appropriate referrals to individuals and other care providers occurs when required. Staff demonstrate knowledge of referrals to Dementia Services Australia, Emotional Wellbeing for Older Persons programs and allied health professionals including physiotherapists. Directives and strategies are documented, and a monitoring process ensures staff adherence. Policies/procedures guide organisational expectations and support transfer of information between external providers/allied health services and service staff.

Requirement 4(3)(f)

Interviewed consumers and representative’s express satisfaction meals are varied and of appropriate quality and quantity. Observations noted consumers dining together and/or with their families/representatives. Senior staff demonstrate processes to ensure consideration and inclusion of consumer feedback in meal servery and choice. Meal planning processes consider dietary needs/preferences including vegetarian and cultural options, with several snacks consistently available.

Requirement 4(3)(g)

Consumers and representatives consider appropriate availability of safe, suitable, clean and well-maintained equipment. Staff demonstrate knowledge of hazard identification processes and equipment repair and maintenance system. It is expected an electronic preventative and reactive maintenance system to be implemented during 2023. Staff were observed to be competently using equipment, which was generally clean and fit for purpose.

# 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

This Quality Standard compliant as 3 of 3 requirements have been assessed as compliant.

Requirement 5(3)(a)

Via observation, the assessment team bought forward evidence sharing of bedrooms compromises consumers ability for independence; most shared rooms do not have access to seating and/or and limited space diminishes extent for personal belongings and furniture. They observed private spaces for consultations and/or family visits are limited resulting in conversations between consumers/family and medical/allied health professionals in shared rooms can be overheard by others. Shared bathrooms/toilets impact consumer independence and contribute to compromised dignity as consumers were observed accessing shared toilets wearing limited clothing and in view of others.

They observed the reception area and walkways between building communities to be congestion. The living environment for consumers experiencing cognitive impairment lack furniture fit for purpose and does not optimise consumer independence/function. Sensory items to assist consumers living with cognitive impairment were not evident; limited indoor walking spaces exist and/or are congested with unused furniture stored in these areas. Outdoor garden areas in the environment designed for consumers with cognitive impairment were observed to contain several safety hazards restricting access to the outdoor area.

In their response the approved provider contends the unfamiliarity of the assessment team contributed to consumer’s perturbed behaviours and congestion within some areas. They cite monitoring processes to garner consumer feedback result in satisfaction with the living environment; plus, self-monitoring of living areas to identify contributing factors to incidents and/or behaviours of concern do not identify aspects bought forward by the assessment team. They noted awaiting delivery of ordered dining room furniture, approval of redesign layout of lounge/dining areas in the secure environment, demonstrated return of seating to reception area and noted seating in consumer’s rooms.

I am persuaded by positive feedback received from consumers and representatives, plus a lack of negative feedback relating to the living environment and/or consumers feedback re lack of privacy to be compelling. I acknowledge the approve provider’s self-monitoring processes resulting in identification/authorisation of capital works, resource and equipment purchases to enhance the environment. For these reasons I find requirement 5(3)(a) is compliant.

Requirement 5(3)(b)

Interviewed consumers and representatives consider the service environment to be clean/maintained. Management and maintenance staff demonstrate preventative and responsive maintenance occurs; however, the service did not demonstrate consumers are enabled to freely move throughout the service and have access to external areas. The assessment team observed shared areas between living environments presented safety risks as consumers were observed to demonstrate frustration/irritation in inability to access destinations. Consumers with keycode access were observed to be confronted by consumers exhibiting aggressive verbal and physical behaviours trying to gain egress from the secure environment. Within the dementia-specific living area it was observed consumers cannot consistently freely move throughout these areas nor access outdoor areas without staff assistance of a coded keypad.

In their response the approved provider contends recent management of Covid-19 related outbreak processes resulted in temporary locking of doors which prevented access to the garden area; this was rectified during the visit. They noted upgrading walkway/garden areas in the provision of suitable garden areas and evidenced authorisation of further building repair, and resource/equipment purchasing orders.

I am persuaded by positive feedback received from consumers and representatives, plus a lack of negative feedback relating to the living environment and/or lack of consumer privacy to be compelling. I acknowledge the approved provider’s self-monitoring processes resulting in identification/authorisation of capital works, resource and equipment purchases to enhance the environment. For these reasons I find requirement 5(3)(b) is compliant.

Requirement 5(3)(c)

Interviewed consumers and representatives consider furniture, fittings and equipment to be safe, suitable, clean and well-maintained; specifically, furniture and fittings within single rooms. The assessment team observed some consumers engaged in interactions in the main dining room and lounge room fitted with adequate tables and suitable seating. Interviewed staff describe processes for hazard identification and reporting of furniture/equipment requiring repair and maintenance. Documentation review demonstrate requested maintenance occurs within required timeframes, and consumer equipment monitored/reviewed in accordance with preventative maintenance scheduled timeframes. Management personnel noted electric preventative and reactive maintenance reporting/recording processes are expected during 2023.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 6(3)(a)

Interviewed consumers and representatives consider they are encouraged and supported to provide feedback/make complaints and expressed feeling safe in raising matters with staff and/or management team members. Management personnel and staff describe several methods consumers are encouraged to provide feedback/make complaints including direct consumer engagement, regular meeting forums/surveys and online options. The assessment team observed notices, brochures and forms displayed throughout the service. Management and senior personnel actively engage with consumers to provide a regular supportive opportunity to seek feedback.

Requirement 6(3)(b)

Consumers and representatives demonstrate knowledge of advocacy groups, language services and other methods of raising/resolving feedback/complaints. Management personnel explained family members and electronic devices utilised to assist with translation support, as is translation/interpreting services when required. Brochures/notices detailing advocacy services and external complaints mechanisms are on display (including in a variety of languages). Documentation is provided to consumers/representatives detailing advocacy and translation services and all avenues relating to feedback/complaints.

Requirement 6(3)(c)

Consumers and representative’s express satisfaction with management team’s responsiveness to matters raised. Clinical staff communicate with nominated representatives when incidents occur and practice principles of open disclosure; citing an example of a consumer experiencing an unwitnessed fall. Management personnel monitor the system to ensure appropriate outcomes and documentation detail resolution of complaints noting examples of positive outcome/consumer satisfaction. Staff receive education and training relating to management of complaints including principles of open disclosure.

Requirement 6(3)(d)

Interviewed consumers and representatives consider feedback and complaints processes result in opportunities which are utilised to improve quality care and services. Examples include provision of lifestyle support items and changes to laundry processes. Management personnel demonstrate incorporating feedback/complaints into continuous improvement processes and documenting these to enable monitoring through to closure.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 7(3)(a)

Sampled consumers and representatives consider enough suitably skilled staff to meet consumer needs. Management team monitor consumer care needs to determine number and skill mix of staff to deliver care and plan staffing numbers according to consumers changing needs/preferences. There are replacement processes for planned and unplanned leave using casual/permanent staff working additional hours and/or agency staff as required. Monitoring processes ensure staff respond to consumers request for assistance in a timely manner.

Requirement 7(3)(b)

Consumers and representative’s express satisfaction staff are kind, caring and treat consumers with respect; as was observed by the assessment team. Interviewed staff spoke respectfully of consumers, demonstrate knowledge of their individual needs and consider they usually have enough time to complete requirements of their role. Management personnel clarified organisational values which promote kind/caring/respectful interactions relating to consumer’s identity, culture and diversity.

Requirement 7(3)(c)

Consumers and representative’s express satisfaction staff are trained and competent to deliver care and services. Staff describe responsibilities of their role and processes used to ensure they effectively perform roles requirements. Management team members describe staff position descriptions and recruitment processes to ensure staff selection is based on appropriate qualifications, knowledge and skills. Documentation details monitoring process to ensure currency of qualifications, registrations and staff competencies.

Requirement 7(3)(d)

Staff receive education and training in topics relating to the Quality Standards. Processes include completion of annual skill competencies and specific role related competencies such as medication management for delegated staff. Interviewed staff acknowledge access/support to participate in additional and external training opportunities and express satisfaction they have resources/equipment to deliver care appropriate to consumers’ needs.

Requirement 7(3)(e)

Management personnel demonstrate the formal staff performance review process and regular monitoring/review of staff performance. Consumer and staff feedback, incident investigations, review of clinical data, staff meetings and observations by senior staff contribute to this process. Documentation demonstrate completion of performance appraisals for most staff, and a planned process for those not yet completed.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 8(3)(a)

Interviewed consumers and representatives consider the service to be well run and are comfortable communicating comments/suggestions and complaints. Representatives express satisfaction they are informed of consumer and service changes via regular documented updates. Management personnel demonstrate various methods they encourage consumer engagement and support participation in development, delivery and evaluation of care and services. These include regular meeting forums, feedback/complaints and survey processes, ‘voice of consumer’ program and focus groups. The ‘voice of consumer’ program is supported by a new position of Customer Insight Manager and analyst who provide feedback/reports to the Executive team and Board. Positive consumer outcomes were demonstrated as a result of these mechanisms.

Requirement 8(3)(b)

Management personnel detail how the governing body promotes a culture of safe, inclusive quality care and services. They demonstrate the board’s commitment and accountability through reporting structures such as key performance indicators, clinical data, feedback/complaints, incident management, high impact/prevalence risks, continuous improvement and quality indicators. Board initiatives include a falls prevention program focusing on actions to support nutrition, exercise and mobility; new head of dementia position and dementia consultant implementing changes to reduce noise in the living environment, plus a revised antimicrobial stewardship strategy.

Requirement 8(3)(c)

Effective organisation wide governance systems relate to information systems, financial governance and regulatory compliance. Monitor of feedback/complaints lead to continuous improvement activities. Continuous improvement systems identified improvement opportunities such as introducing additional auditing/survey activities. Workforce governance is managed via ongoing review of consumer needs, clinical data analysis and feedback received from consumers and staff.

Requirement 8(3)(d)

Interviewed staff acknowledge receipt of incident management training and describe response actions; incidents are recorded and responsive actions when required. Management personal detailed risks such as falls, managing unmet behaviours and unplanned weight loss; and demonstrated multidisciplinary approach taken for identification and management of clinical risks. Documentation details all reportable incidents under the Serious Incident Response Scheme (SIRS) reported within legislative timeframes.

Requirement 8(3)(e)

The service demonstrates an effective clinical governance framework with clinical oversight by the clinical governance committee and director of clinical services. A national infection control manager works with local champions to monitor infections. Antimicrobial stewardship is discussed at medication advisory committee meetings and staff receive training and demonstrate knowledge in minimising antibiotic usage. Organisational monitoring processes guide restrictive practice use (refer to requirement 3(3)(a) re deficits in chemical restraint at the service level. The service demonstrates principles of open disclosure when things go wrong; incidents are communicated to representatives and additional staff training occurs where needed.

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)