Performance

Report

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| Name: | Blue Care Carbrook Wirunya Aged Care Facility |
| Commission ID: | 5273 |
| Address: | 559-581 Beenleigh Redland Bay Rd, CARBROOK, Queensland, 4130 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 1 August 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3630 Blue Care Carbrook Wirunya Aged Care Facility |

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 Blue Care Carbrook Wirunya Aged Care Facility (**the service**) has been prepared by Kimberley Reed, 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | 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

Consumers and representatives confirmed staff were kind, treated consumers with dignity and respect, and consumers felt valued. The service had systems and processes to support staff and ensured consumers were treated with dignity and respect. Staff were familiar with consumers’ backgrounds and cultures. Management and staff were observed treating consumers with dignity and respect, using their preferred names, and interacting in a kind, patient, and friendly manner. Care planning documentation was consistent with consumer and representative feedback and staff interviews and demonstrated the service recorded consumers’ religious, spiritual, and cultural needs and personal preferences. The service had appropriate policies to support dignity and respect, and annual mandatory training, including the Care Code of Conduct for Aged Care, was provided to staff.

Consumers and representatives felt consumers’ care and services were delivered according to their cultural needs and preferences. Consumers felt safe and respected at the service. Staff identified consumers with diverse cultural backgrounds and demonstrated their understanding of each consumer’s character, background, and values. The service had a multicultural consumer base. Care planning documentation for consumers reflected their stories, cultural, spiritual, and emotional needs, and preferences, which were regularly updated through the assessment and care planning process. The service had policies and procedures to support and guide staff in identifying consumers' cultural needs and providing culturally safe services. Staff confirmed, and documentation demonstrated that staff received training on culturally safe care.

Consumers and representatives confirmed consumers could choose how and when their care and support were provided. Consumers were supported in maintaining relationships with the people they chose and communicating their decisions. Staff provided examples of how consumers could make choices about their care and services and how staff assisted them in achieving these. Care planning documentation detailed consumers’ choices, and progress notes detailed when changes were requested or if a consumer changed their mind about their care. Policies supporting choice and independence, guiding and supporting staff in assisting consumers to exercise choice and independence, were in place at the service.

Consumers felt supported to take risks and live their best lives. Staff were aware consumers wanted to take risks and they supported an understanding of the benefits and possible harm of taking risks. Care planning documentation demonstrated the completion of dignity of risk assessments by physiotherapists, speech pathologists, and the medical officer where required, along with risk mitigation strategies. Consent forms were signed by consumers or representatives and others involved in the decision-making process. Staff confirmed consumers were involved in finding solutions to reduce risks where possible. The service had policies that guide staff to understand and support consumers’ decisions.

Consumers and representatives received up-to-date information about activities, meals, events, COVID-19 changes, and visitor access. The service had information boards, meeting minutes, activity calendars, newsletters, and daily menus posted in the dining areas for consumers to select. Various flyers demonstrating complaints information for internal and external mechanisms, seniors’ rights, Older Persons Advocacy Network and the Charter of Aged Care Rights were displayed throughout the service. Staff confirmed they informed and prompted consumers with what was happening on the day and if there were any changes to activities or meals.

Based on the information recorded above, it is my decision this Standard is Compliant.

# 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 service demonstrated assessments and planning and considered risks to each consumer’s health and well-being. Consumers confirmed they received the care and services they required; their risks were considered, and they were involved in and had a say in the care planning process. Staff described the care planning process in detail and how it informed the delivery of safe and effective care. A suite of assessment forms guided staff through the entry process, with risk screens and assessments built into the electronic care system. The service utilised assessment and care planning policies, aligned to best practice principles to guide staff with care delivery.

Consumers and representatives were consulted in relation to the needs, goals and preferences of consumers’ care, and staff spoke with them about advance care and end-of-life planning. Staff and management demonstrated an understanding of consumers’ individual needs and preferences. Staff and management initiated conversations about the statement of choice, end of life planning and advance care planning during entry processes, at case conferences, and as the consumers' needs change. The care planning documentation for consumers reflected their current needs, goals, preferences, and advanced care planning. Additionally, the service kept an electronic copy of the consumer's statement of choice and Advance Care Directive and end of life plans were accessible to all staff through the electronic care system.

Consumers and representatives felt involved and a partner in the assessment, planning, and scheduled review of consumers’ care and services, and the service included other organisations or providers as required. Registered nurses detailed processes involving other providers and how consumers and representatives were partnered in the assessment and planning process. Registered nurses engaged with consumers and representatives through initial and ongoing assessments and planning for consumers. Care documentation demonstrated other organisations and individuals were involved in consumer assessment and planning processes as required. The service had documented policies referring to the involvement of other providers to guide staff practice.

Consumers and representatives provided feedback the service regularly updated them via phone calls or in person in relation to the outcomes of assessment and planning and felt they were up to date with the health status of consumers. Registered staff detailed processes whereby they informed consumers and representatives of the assessment and planning processes and how they kept them up to date with the outcomes of these assessments. Care documentation reflected regular contact with consumers and representatives to update them on outcomes of assessment and planning and the offer of a care plan. The service had policies and procedures to guide staff practice in relation to assessment and planning, including communicating the outcomes of these assessments to consumers and representatives.

Consumers and representatives confirmed consumers’ care planning information was updated following changes to consumers’ health or in response to incidents. The service had processes in place for the regular review of care and services for effectiveness when circumstances changed or when incidents impacted the needs, goals, or preferences of the consumer. Registered staff detailed the processes in relation to how often the care plans for consumers were regularly reviewed and provided examples where the care plan had been reviewed following an incident or change in care needs. Care planning documentation showed care and services had been reviewed where conditions, needs, goals, and preferences had changed. The service had policies and procedures to guide staff practice in relation to the regular and as-required care and service review processes, when circumstances changed, or an incident impacted the needs and preferences of consumers.

Based on the information recorded above, it is my decision this Standard is Compliant.

# 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

Consumers received safe and effective personal and clinical care that was best practice, tailored to meet their individual needs and optimised their health and wellbeing. Representatives provided feedback that they were happy with the care and services provided to consumers. Registered staff and care staff understood the individualised personal and clinical needs of consumers. Care planning documentation for consumers reflected individualised care that was safe and tailored to their needs. The service had policies and procedures in place to support the delivery of care provided such as pain management, restrictive practices, and psychotropic medication management.

The service demonstrated risks for each consumer were effectively managed. Consumers and representatives confirmed high impact or high prevalence risks for consumers were effectively managed. Care planning documentation identified effective strategies to manage key risks were recorded in validated risk assessment tools such as pressure injury or specialised nursing. Care plans and progress notes for consumers identified risks and interventions relevant for each consumer. Registered staff detailed processes in relation to the identification of high impact or high prevalence risks associated with the care of each consumer through ongoing assessment and planning. The service had policies and procedures in relation to high impact or high prevalence risks to guide staff practice.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including end of life wishes, have been discussed with them. Staff and management described the way care delivery changed for consumers nearing end of life and practical ways in which consumers’ comfort was maximised and dignity preserved through regular repositioning, pain management, eye and mouth care, and emotional and spiritual support. Care planning documentation evidenced advance care planning and the needs, goals, and preferences of consumers for palliative care, including comfort care. The service had policies, procedures and end of life pathways and guidelines in place to inform staff practice in relation to palliative and end of life care.

Consumers and representatives confirmed the service recognised and responded to changes in consumers’ condition and communicated them in a timely manner. Management and registered staff explained how deterioration was discussed during handover and daily huddles with care staff, which triggered a nursing and medical officer review, hospital transfer if needed and a subsequent review of care planning documentation. Care documentation for consumers reflected any change in condition or deterioration was responded to in a timely manner including informing representatives, contacting the medical officer and referral to external providers. The service had policies, procedures and quick reference guides in place to guide staff in identifying and responding to the acute deterioration of consumers.

The service had systems and processes to ensure information about consumers’ care was documented and effectively communicated. Consumers and representatives confirmed staff were aware of specific consumer needs and preferences in relation to consumers’ care. Registered staff and care staff described how needs, preferences and changes in consumers’ care and services, were communicated through verbal and written handover, meetings and accessing care plans, to facilitate effective sharing of information of consumers’ needs and preferences. Documentation such as progress notes and care plans identified adequate and accurate information to support effective and safe sharing of consumer’s care. Information was specific to each consumer, such as fall risks, pain, weight loss, skin care and mobility changes.

Consumers and representatives confirmed referrals were timely, appropriate and occurred when required. Care planning documentation for consumers confirmed the input of others and referrals where needed, including input from services such as dietitians, physiotherapists, speech pathologists, podiatrists, medical officers and nursing and medical specialists. Management and registered staff highlighted the importance of involving external service providers and discussed the avenues available to seek their expertise and recommendations. The service had a network of approved individuals, organisations, and other providers of care they referred consumers to, such as allied health professionals, medical and nursing specialists. Policies and procedures were in place for referral processes and obtaining consent.

Consumers and representatives were confident with the procedures the service had in place for the minimisation of infection-related risks. Staff received training in infection minimisation strategies, including infection control and management of outbreaks. Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service had a consumer vaccination program, and records were maintained for influenza and COVID-19 vaccinations for consumers and staff. The service had appointed an infection prevention and control lead, who had responsibility for infection control practices at the service. Policies, procedures and an outbreak management plan was in place for all infectious diseases supporting the minimisation of infection related risks, including antimicrobial stewardship and standard and transmission-based precautions. Stocks of personal protective equipment were observed throughout the service for use with transmission-based infections.

Based on the information recorded above, it is my decision this Standard is Compliant.

# 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

Consumers and representatives confirmed consumers were supported in doing things of interest, participating in group activities provided by the lifestyle team, and spending time on independent activities of choice. Staff described how consumers’ needs, goals, and preferences were supported in delivering safe and effective services. Management and staff explained there was a detailed assessment process where the consumer’s history was captured during the entry process, reassessments were conducted regularly, and when consumer needs changed. Care planning documentation detailed individualised services and supports that aligned with consumers’ needs, goals, and preferences to aid in maintaining independence. Various group and independent activities were observed, and staff were guided by consumers' lifestyle care plans and various policies.

Consumers and representatives confirmed consumers received services and support for their emotional, spiritual, and psychological well-being. Staff described how they supported consumers when they felt low or wanted someone to talk to. The service had an in-house chaplain two days per week, and a nondenominational Communion was offered, Catholic Mass was offered weekly, and various other religious providers attended the service upon request. Mass and various religious denominations were live-streamed and available for all consumers to watch on the television in the common area. Care planning documentation identified consumers’ spiritual beliefs and guided staff on how to support individual consumers. Staff were observed supporting consumers by having one-to-one conversations, and brochures were observed detailing the Community Visitors Scheme throughout the service. The service had policies detailing and directing staff in capturing consumers' spiritual and psychological well-being.

Consumers and representatives confirmed consumers were assisted in participating in the service and community and doing things of interest to them, along with maintaining personal and social relationships. Care plans articulated consumers’ and activity preferences and people of importance to them. Lifestyle staff confirmed consumers were supported in having relationships and doing things of interest, and their privacy was respected. Documentation including care plans, minutes of various consumer meetings, and newsletters confirmed that consumers were supported as active participants within and outside the service community. Consumers were observed moving freely around the service, participating in various activities, resting in their rooms, sitting outside, and utilising various communal areas available.

Consumers and representatives felt information about consumers’ daily living choices and preferences was effectively communicated, and staff who provided daily support understood consumers’ needs and preferences. Care staff confirmed they could access daily updates on consumers’ care and services via the electronic care system, handover and by speaking to the registered staff. The lifestyle coordinator was kept informed by registered staff of any changes to consumer care needs, and they ensured other lifestyle staff were informed. Care planning documentation identified the consumers’ conditions, needs, preferences, and what had changed for the consumer.

The service demonstrated timely and appropriate consumer referrals to other organisations, individuals and providers of care and services. Consumer care planning documentation confirmed the service worked in partnership with external providers to support the diverse needs of consumers. The service had policies and procedures to support the consumer referral process to other health professionals, organisations, and volunteers. Lifestyle staff described how they referred and linked consumers to the community supporting their needs. The service had an extensive volunteer program with regular visiting volunteers and various religious volunteers. Information was observed on display in the service for other organisations and providers of care, such as the availability of physiotherapy, the National Disability Insurance Scheme, Dementia Services Australia and Change Futures Psychology.

Consumers and representatives stated consumers received food of good quality, quantity and variety. There was a seasonal menu on a four-week rotation. Consumers had input into the menu through consumer meetings, food focus meetings, feedback forms and directly through management and staff. Meals and drinks were served according to consumers' dietary needs and preferences, including texture-modified high-protein and high-energy meals and drinks. Kitchen staff were trained to ensure that consumers with food allergies or special requirements received the appropriate food and drink. Snacks, desserts, coffee, and tea were available to all consumers in the kitchenettes. Care staff confirmed they assisted consumers or provided snacks and made consumers a drink in the evening if needed. The kitchen was clean and well-maintained, documentation was up to date, and the current food safety audit certificate was sighted.

Consumers and representatives felt the equipment provided at the service was safe, clean, and suitable. They said they speak to staff if they had issues or concerns with their equipment. Equipment used to support consumers in daily living and lifestyle activities was observed to be safe, suitable, clean, and well-maintained. Equipment such as lifting aids, walking aids and wheelchairs were clean, well-maintained, and scheduled for cleaning and maintenance on the preventative maintenance schedule. Maintenance staff followed a cleaning schedule for deep equipment cleaning, which was included in the preventative maintenance schedule, and external contractors were also scheduled, if required. The bus used by the service for outings was maintained by maintenance staff and cleaned by the lifestyle staff after every use. Lifestyle staff were accountable for cleaning and maintaining all lifestyle equipment. The daily cleaning logs were current and up to date.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 5

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

Findings

Consumers and representatives confirmed the service was welcoming and easy to navigate. Representatives said staff members greet and interacted with them when they visited, and they felt welcome. Consumers felt they belonged and could maintain their independence and interact with others when they chose to. The service had single rooms with ensuites on one level, with the administration building as the main entry. All consumer rooms had access to an outdoor patio with surrounding gardens. Consumers could access communal outdoor areas through automated sliding doors. There were kitchenettes with dining areas in all lodges and one main dining area in the administration building. There were maintained garden beds, raised garden beds and several outdoor areas for consumers and their visitors to access. Consumers felt at home at the service, and some consumers personalised their rooms with furniture, photos, and reminders of their homes. Regular audits were undertaken by staff to ensure the service maintained a safe and comfortable environment. Consumers were observed using the various communal areas at different times of the day, watching television, listening to music, and participating in activities.

Consumers felt comfortable and safe within the service environment. Consumers confirmed the service was clean and well-maintained, and they could move freely and independently indoors and outdoors. Maintenance staff described the service's reactive and preventive maintenance schedules and the process for logging a maintenance request. Staff could process maintenance requests via the electronic care system. The service environment was observed as comfortable in temperature, safe, clean, and well-maintained. All doors except the designated memory support unit were unlocked, allowing consumers to move freely indoors and outdoors, with external courtyards for consumers to utilise.

Consumers confirmed the furniture, fittings and equipment were kept clean, safe, and well maintained. Consumers stated when they had a maintenance request, staff members promptly address it by logging a maintenance request or by raising it directly with the maintenance team. Staff confirmed the equipment required to provide consumer care was regularly checked on the preventative maintenance schedule. Management confirmed consumer equipment was assessed, sourced and obtained promptly when there was an identified need for a consumer. The maintenance team and an electronic platform system used for reactive maintenance where they received a request for all maintenance from staff and consumers. Maintenance was scheduled and conducted by maintenance staff for routine and preventative measures by internal and external contracting teams.

Based on the information recorded above, it is my decision this Standard is Compliant.

# Standard 6

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

Findings

Consumers and representatives felt supported to raise concerns, provide feedback, and make complaints. This could be done by raising issues in various meetings or speaking to staff or management directly and consumers and representatives felt comfortable doing this. A suggestion box with feedback forms was provided at reception and in each wing. Consumers were encouraged to provide feedback or complete feedback forms. Staff and management promoted and supported feedback and complaints aligning with consumer and representative feedback. The consumer handbook detailed the internal and external feedback, compliments, and complaints process; the service’s complaints policy guided this process.

Consumers and representatives understood the various ways to raise a complaint, such as contacting the Commission, contacting family members, or seeking help from advocacy services. Staff demonstrated their competence in the internal and external feedback and complaints methods and described how they supported consumers who needed help lodging a complaint. Interpreter and advocacy services were available to the consumers. Leaflets were displayed in different languages and brochures for translation and interpreting services, as well as Aged and Disability Advocates were displayed within the service, including contact information for these services. Consumer meeting minutes demonstrated feedback and advocacy were a regular agenda item.

Consumers and representatives confirmed that appropriate action was taken in response to their complaints. Consumers and representatives stated management and staff immediately acknowledged their concerns and kept them informed. Staff members confirmed they received open disclosure training as part of their annual mandatory training program. Complaints documentation demonstrated complaints were investigated, action was taken when a complaint was received, and an open disclosure process was implemented when things went wrong. The service had an open disclosure policy that supported and guided the process.

Consumers and representatives stated feedback and complaints were reviewed to improve the quality of care and services. Management reviewed feedback and complaints daily to ensure prompt responses and potential improvements to care and services were captured in the continuous improvement plan to inform consumer care. Management and staff stated how trending and analysing feedback and complaints have resulted in care and service improvements. The complaints register, consumer meeting minutes, and the continuous improvement plan, confirmed feedback and complaints were used to improve the quality of care and services delivered to consumers.

Based on the information recorded above, it is my decision this Standard is Compliant.

# 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

Consumers and representatives confirmed there was enough staff and were confident consumers received the care and support they needed promptly. Staff stated there was enough staff, and they felt well supported. Management stated shifts were backfilled if a vacant shift was due to planned and unplanned leave. This was completed by offering additional shifts to the part-time and casual pool of staff, and agency staff were used as a last resort. Management confirmed the number and mix of staff on the roster is working effectively; the rostering team allocated the shifts, and management checked the allocations according to the acuity of consumers. Rosters all shifts were permanently allocated on the master roster, and all vacant shifts on the live roster due to unexpected leave were allocated within the casual pool of staff. Registered nurses were onsite 24 hours per day, seven days per week.

Workforce interactions with consumers were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives confirmed staff were kind and respectful when providing care. Staff demonstrated their knowledge of consumers when providing support, such as likes, needs and preferences. The Code of Conduct for Aged Care was a mandatory requirement for all staff to complete. Staff were observed interacting with consumers in a kind, caring and personable manner. The staff respected consumers’ privacy by knocking on doors before entering consumer rooms and waiting to be invited in. Staff referred to consumers by their preferred names.

The service demonstrated that staff were competent and had the qualifications and clearances to perform successfully in their roles. Consumers and representatives stated staff were efficient, confident, and skilled to meet consumers’ needs. Staff were monitored to ensure they meet their individual role qualification and registration requirements. At the organisational level, current registration requirements, criminal history checks, and the Aged Care Banning Orders Register were monitored by human resource staff. This information was provided to management weekly or if changes occurred. The induction process and welcome packs included position descriptions and orientation modules introducing policies, procedures, and other resources and training. Orientation and supervision processes were also undertaken before agency staff commence their shifts. Staff confirmed that annual mandatory core competencies were completed to enable them to perform in their roles.

Staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. The service had mandatory units and competencies that must be completed before commencing an onboarding process and supervisory shifts, and clear and comprehensive logs of training provided to staff were maintained. Staff confirmed receiving orientation, ongoing training, mandatory training and completing core competencies.

The service undertook regular assessments, monitoring, and reviews to manage the performance of its workforce. Consumers were encouraged to provide feedback on staffs’ performance. Management conducted performance reviews at the six-month probation period and annually thereafter. Management provided examples of completed performance reviews and detailed their continuous evaluation methods, including staff meetings, feedback processes, consumer feedback and regular catchups with individual staff members. The service provided feedback to staff immediately after any incidents, observations, complaints, or compliments, and further training, such as toolbox talks, was undertaken. The service had policies that guide performance development and performance processes to support and guide staff within these processes.

Based on the information recorded above, it is my decision this Standard is Compliant.

# 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**

Consumers and representatives stated the service was well-run and confirmed they participated in the monthly consumer meetings, food focus committee, and activity meetings. Surveys and feedback forms were completed to enable the capture of their feedback. Consumers confirmed they saw change due to their engagement and feedback. Staff and management stated consumers and representatives were encouraged and supported to be involved in consumer meetings, and changes were actioned based on input from consumers and representatives. The meeting minutes and complaints register confirmed consumers were engaged and supported in developing, delivering, and evaluating care and services.

Consumers felt safe at the service with access to quality care and services and an inclusive environment. Policies and procedures underpinned and guided staff in providing care and services. The organisation’s governing body promoted robust consumer and staff safety protocols, promoting diversity and inclusivity, and ensuring quality assurance measures. The governing body monitored and evaluated the organisation's performance against quality standards through various weekly and monthly reports, and incidents were discussed and assessed at clinical and organisational clinical governance meetings. This information was provided to the Board, which included clinical, financial, law, information technology, business, backgrounds, and a Reverend and relevant organisational committees sourced from each service. Through this process, the Board was constantly aware of the performance aspects of the service.

The organisation demonstrated how organisational-wide governance was applied and controlled. The organisation had a governance framework for continuous improvement, information management, financial and workforce governance, regulatory compliance, feedback, and complaints, including policies and procedures to guide staff practices. Senior management monitored and reviewed routine reporting and analysis of data related to incident management, workforce requirements, and complaints. The Board then satisfies that systems and processes were in place to ensure proper care was provided as per the Quality Standards.

The organisation had risk management systems in place to monitor and assess high-impact or high-prevalence risks associated with the care of consumers whilst supporting consumers to live the best life possible. Risks were identified, reported, escalated, and reviewed by the management at the service level and then at the organisational level by subcommittees and the Board. The service completed incident reports through the electronic incident reporting system. Management confirmed they analysed incidents and identified issues or trends. These were reported to various committees, with final data going to the Board, leading to improved consumer care and services.

The service had a clinical governance framework involving professionals and resources to ensure best practices in delivering clinical care to its consumers. The service had a clinical governance committee who were the key to providing oversight and guidance. The committee was accountable for various aspects of clinical care, including antimicrobial stewardship, minimising the use of restraint, and implementing an open disclosure process in line with legislative and policy requirements. Management and staff described how they were supported by necessary training supporting clinical governance to ensure their knowledge and skills in upholding best practices in clinical care delivery.

Based on the information recorded above, it is my decision this Standard is Compliant.

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)