Performance

Report

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| Name of service: | Performance report date: |
| Blue Care Labrador Aged Care Facility | 12 September 2022 |
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| Approved provider: | Activity date: |
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This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Blue Care Labrador Aged Care Facility (**the service**) has been prepared by Susan Turner delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 1 September 2022
* the following information received from the Secretary of the Department of Health (**the Secretary**):
  + Department’s Exceptional Circumstances determination to continue accreditation dated 1 November 2021 and 29 April 2022.

# Assessment summary

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

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

# Areas for improvement

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

* The organisation is required to ensure that consumers are supported to exercise choice and independence and are engaged in making decisions about their care and the way care and services are delivered.
* The organisation is required to ensure that assessment and care planning processes identify consumers’ current needs, goals and preferences.
* The organisation is required to ensure that assessment and care planning processes are based on ongoing partnership with the consumer and others that the consumer wishes to involve.
* The organisation is required to ensure that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and service plan that is readily available to the consumer.
* The organisation is required to ensure that consumers receive personal and clinical care that is safe and effective.
* The organisation is required to ensure that staff practices minimise infection related risks.
* The organisation is required to ensure that meals provided are varied and of suitable quantity and quality.
* The organisation is required to ensure the service is safe, clean, well maintained and comfortable and that consumers can move freely between indoor and outdoor areas.
* The organisation is required to ensure that furniture, fittings and equipment is safe, clean, well maintained and suitable for consumer use.
* The organisation is required to ensure that feedback and complaints are used to improve the quality of care and services.
* The organisation is required to ensure that the workforce is planned to deliver safe, quality care and services.
* The organisation is required to ensure staff are trained and equipped to deliver outcomes required by the standards.
* The organisation is required to ensure that effective organisation wide governance systems are in place including in relation to information management, continuous improvement and workforce governance.

# 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. | Non-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

I have found the service non-compliant in Standard 1, the non-compliance is in relation to requirement 1(3)(c) and is based on the summarised evidence below.

The service has not supported consumers to exercise choice and independence and communicate their decisions, including in relation to their care and the way their care and services are delivered.

Some consumers and representatives interviewed by the Assessment Team said they had not been involved in planning aspects of the consumer’s care and provided examples of consumers’ preferences that had not been identified and were not being met.

Two consumers and two representatives were dissatisfied with their level of engagement in making decisions about the consumer’s care. For example:

* One consumer advised the Assessment Team they had not been involved in planning their care. The Assessment Team reviewed the consumer’s care planning documentation and noted that it did not include evidence of engagement with the consumer or their representative. The consumer’s care plan did not reflect the consumer’s preferences with respect to care and services.
* A second consumer and their representative said they had not been engaged in planning the consumer’s care even though the consumer’s mobility needs had changed. Staff reported they had engaged the representative in discussions relating to care. However, the Assessment Team reviewed the consumer’s care plan and found it did not evidence engagement with the consumer or their representative and did not reflect the consumer’s current care needs.

The approved provider in its response to the site audit report acknowledges that improvements are required under requirement 1(3)(c) and has submitted a plan for continuous improvement. The approved provider has taken action to provide consumers with information, engage them in decisions about their care and services, and to support them to exercise choice and independence. Actions include:

* Increased monitoring through workplace observation to ensure consumers’ needs are being met. Outcomes are being reported through the organisational audit reporting system and where required, feedback is provided to staff.
* Staff education on topics including person-centred care, dignity of risk, and choice and decision making is occurring.
* Meeting agendas have been reviewed to include dignity of risk, and choice and decision making. This includes consumer meetings where information will be provided about collaboration in assessment and care planning processes.

For those consumers named in the site audit report, action has been taken to work in partnership with the consumer and those involved in their care to ensure the care plan reflects the consumer’s choices. Evidence of case conferences, engagement with health professionals and revised care plans was submitted as an element of the response.

Care staff were able to describe how they assist consumers to make connections with others and maintain relationships of choice. They said they provide privacy for consumers and their visitors; they provide comfortable seating and ensure that tea and coffee is available. Further, staff said they support consumers with the use of communication devices.

While staff were able to provide examples of how they support consumers to maintain relationships of choice, I am satisfied that the service did not consistently engage consumers or their representatives in decisions relating to care and services. The approved provider has accepted the Assessment Team’s findings and while actions are being taken to address the deficiencies under this requirement, I am of the view that it will take some time to ensure these processes are fully implemented.

The service did demonstrate compliance in requirements 1(3)(a), 1(3)(b), 1(3)(d), 1(3)(e) and 1(3)(f).

The site audit report includes information that consumers are:

* treated with dignity and respect, with their personal information kept confidential,
* provided culturally safe care and services,
* are supported to take risks to enable them to live the best life they can, and are
* generally provided accurate and timely information to support decision making in relation to menus, activities, and access to advocacy services and complaints information.

Consumers and representatives spoke highly of staff. They provided feedback that staff were ‘excellent’, ‘approachable’, ‘kind’ and know the consumer and what is important to them.

Consumers generally felt that the care and services provided to them were culturally safe and provided examples of how staff had celebrated significant events including the consumer’s birthday, and the Royal Queensland Show. They said they felt supported to live the best life they can.

The Assessment Team found that care planning documentation included evidence of risk assessments for those consumers who choose to take risks that include for example smoking tobacco and eating a regular diet rather than the prescribed diet.

Consumers provided examples of how they are provided with information to support their decision making with one consumer stating that staff will read them the weekly activity schedule due to their sensory impairment.

Staff could describe how they treat consumers with dignity and respect including seeking consent and providing the consumer with privacy when delivering care, ensuring preferences regarding staff gender are accommodated and knocking prior to entering a room.

Lifestyle staff said the service celebrates culturally significant days and events such as Christmas, Easter, National Aborigines and Islanders Day Observance Committee and Oktoberfest.

Access to electronic information, including the care management system was passcode protected and access to the nurse’s station was restricted.

The service’s clinical governance framework included policies and procedures relevant to this standard that addressed consumer privacy. Additionally, the Consumer Handbook included information about how the service collects, stores and uses consumers’ personal information.

The Assessment Team observed staff communicating with consumers in languages other than English and in accordance with the consumer’s preferences. Staff were observed knocking prior to entering a consumer’s room. Activity schedules, newsletters and menus were displayed within the service.

# 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. | Non-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. | Non-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

I have found the service non-compliant in Standard 2, the non-compliance is in relation to requirements 2(3)(b), 2(3)(c) and 2(3)(d) and is based on the summarised evidence below.

* Assessment and care planning did not consistently reflect consumers’ needs, goals and preferences.
* Consumers and representatives were not consistently involved in assessment and care planning.
* Outcomes of assessment and care planning were not consistently communicated to consumers and most consumers and representatives were not aware they could access a copy of the consumer’s care plan.

Preferences relating to end of life were included in care plans however assessment and care planning did not reflect consumers’ goals, needs and preferences. Thirteen of 14 consumers or their representatives said they had not been asked to be involved in the development of the consumer’s care and service plan. They said that while they were generally happy with the care provided, they had not been consulted about how they wanted the care and services delivered.

For example:

One consumer said they were not involved in care planning or in making decisions about the way their care and services were delivered. The consumer said they had not seen a copy of their care plan and did not know what it included. The Assessment Team reviewed the consumer’s care plan and noted that the consumer’s stated preferences relating to personal hygiene were not reflected, nor were strategies to address the consumer’s toileting needs, repositioning requirements and feelings of loneliness and isolation documented. The care plan did not include evidence of engagement with the consumer or the representative when planning the consumer’s care and services.

A second consumer and their representative said they had not participated in assessment and care planning even though the consumer’s mobility needs had changed. They said they had not been offered a copy of the care plan and were not sure if the care plan adequately addressed the consumer’s care needs. The consumer and the representative advised the Assessment Team they would like to see a copy of the consumer’s care plan and this was provided to them during the site audit. The Assessment Team reviewed the consumer’s care plan and noted it did not include evidence of engagement with the consumer or the representative when planning the consumer’s care and services.

A third consumer felt that the service didn’t understand their specific preferences in relation to care and said that they are attended to very early in the morning when their preference is to receive assistance at a later time. The consumer was not aware they could be involved in assessment and care planning and said that staff had not engaged them in this process. The consumer said they have never been provided with a copy of their care plan and that they did not know how to access this. During the site audit, the consumer requested a copy of the care plan and this was provided. The Assessment Team reviewed the consumer’s care plan and identified that it did not reflect the consumer’s preferences in relation to care and services and did not evidence consumer engagement in the assessment and care planning process.

One consumer’s representative said they were not aware they could be involved in assessment and care planning and in the development of the consumer’s care plan. They said they have not been involved in this process and have not been advised that they are able to access a copy of the care plan. The representative expressed dissatisfaction with care provided and said that on occasion the consumer’s need for seasonally appropriate clothing wasn’t accommodated and they had found the consumer shivering due to being cold. The Assessment Team reviewed the consumer’s care plan and identified that the consumer’s individualised preferences as described by the representative were not reflected in the care plan.

Some staff were not able to describe what was important to consumers in terms of how their care is delivered. Staff provided feedback that care planning documentation is not always tailored to the consumer’s care needs and that they rely on handover to guide them rather than referring to the care plan.

Registered staff generally said that they rely on information from enrolled nursing staff when considering the assessment and planning needs of consumers. They said they partner with other health care professionals including medical officers, specialists and allied health. While some registered staff said they include consumers and representatives in assessment and planning, others said that they did not consistently do this. Three registered staff said they do not involve consumers and representatives in the assessment and care planning process to support the identification of consumers’ needs goals and preferences. Registered staff said that they do not offer a copy of the care plan to consumers and representatives, nor do they advise them as to how to access a copy. Registered staff did say however, that should a copy be requested, this would be provided.

Management staff advised the Assessment Team that consumers and representatives would be involved in future three monthly reviews.

The approved provider in its response to the site audit report says that action has been taken to improve performance under requirements 2(3)(b), 2(3)(c) and 2(3)(d); a plan for continuous improvement and supporting documentation were submitted as an element of the response.

Actions include:

* Increased monitoring through workplace observation to ensure consumers’ needs are being met. Outcomes are being reported through the organisational audit reporting system and where required, feedback is provided to staff.
* Strategies to increase consumer participation and feedback include increasing the frequency of the Voice of the Consumer surveys from 24 August 2022. This will provide consumers and representatives an opportunity to provide feedback on assessment and care planning needs.
* The consumers’ newsletter has been revised to include a list of advocacy services that are available to consumers and representatives.
* Staff education is being conducted to reinforce accountabilities and organisational expectations including in relation to assessment and care planning, collaboration with consumers and representatives, and accessing care plans.
* Meeting agendas have been reviewed to include collaboration in assessment and care planning processes. Additionally, roles and responsibilities associated with assessment and care planning processes will be discussed at the September 2022 staff meetings.
* A planned review of the assessment and care planning process commenced September 2022.
* Care pathways were updated in August 2022 and are in place to guide assessment processes and address communication, collaboration, review processes and the requirement to offer the consumer a copy of the care plan. This information is reviewed on a monthly basis and when changes are communicated from the Care Governance and Quality Team. All clinical staff have been reminded of the need to refer to this.
* A monthly staff newsletter is planned to commence October 2022 to communicate information including:
  + Aged Care Quality Standards
  + Person-centred care
  + Care planning.

For those consumers named in the site audit report, the service has taken specific action including:

* Engaging with the consumer and/or their representative in assessment and care planning processes including undertaking a case conference. Apologies have been provided.
* Care plans and handover documents have been revised to reflect consumers’ current needs and preferences.
* Referrals have been made to allied health and medical officers where required.
* Consumers and their representatives have been provided with a copy of the consumer’s care plan.
* Review processes have been planned to discuss the effectiveness of interventions and actions implemented, and to identify any further suggestions.

The approved provider states that it has received positive feedback from consumers and representatives following the implementation of these changes.

One consumer and their representative (addressed above) raised concerns about the accuracy of the consumer’s care plan in relation to the consumer’s changed mobility needs. The approved provider has stated that the consumer was assessed by the physiotherapist and it was found that the care plan was consistent with the consumer’s assessed transfer and mobility needs. I accept this.

While the approved provider has taken comprehensive action to address the deficiencies identified under Standard 2, I am of the view that it will take some time for these actions to be fully implemented and evaluated for effectiveness.

The service did demonstrate compliance in requirements 2(3)(a) and 2(3)(e).

The service was able to demonstrate that in most instances, assessment and care planning included consideration of risks to the consumer’s health and well-being. Consumers’ care files identified key risks to consumers including falls, pressure injuries, weight loss, swallowing difficulties and responsive behaviours. Risks were assessed using validated assessment tools and strategies to minimise risk informed the delivery of care and services.

The service demonstrated that there are processes for regular review of care and services; this is scheduled to occur three monthly and following an incident or a change in the consumer’s condition. Consumers’ representatives confirmed they are contacted following an incident or change in the consumer’s care and service needs.

The organisation had policies and procedures relevant to this standard to guide staff practice that included an assessment and entry process.

# 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. | Non-compliant |

## Findings

I have found the service non-compliant in Standard 3, the non-compliance is in relation to requirements 3(3)(a) and 3(3)(g) and is based on the summarised evidence below.

* The service did not demonstrate that consumers receive safe and effective personal care and/or clinical care that is best practice, is tailored to their needs and optimises their health and well-being.
* The service did not have effective processes in place to minimise the risk of infection.

Consumers and representatives provided mixed feedback about personal and clinical care. While some consumers felt that they received the care they needed, the site audit report includes feedback from seven consumers and/or their representatives who were dissatisfied with aspects of the care provided, for example:

* One consumer said they are required to defaecate in their continence aid as staff are too busy to provide assistance. The Assessment Team reviewed the consumer’s care planning documentation and identified that it did not include information to guide staff in relation to the consumer’s toileting requirements.
* A second consumer said staff do not attend to their requests or provide assistance to go to the toilet; they said they experience episodes of incontinence as a result of this. The Assessment Team reviewed the consumer’s care planning documentation and identified that staff are to assist the consumer with toileting regularly throughout the day.
* A third consumer said they have been left sitting in soiled continence aids for extended periods of time. Their representative confirmed this and said the consumer had been left faecally soiled for extended periods, twice in the previous few weeks. The Assessment Team reviewed the consumer’s care planning documentation and identified that staff are to assist the consumer with toileting regularly throughout the day.
* One representative said that the consumer is often left in soiled continence aids for extended periods of time and has experienced multiple urinary tract infections. The representative raised concerns about the provision of oral care and said that staff don’t have time to brush the consumer’s teeth. Care staff confirmed that the representative assists the consumer with aspects of personal care such as brushing teeth. The Assessment Team reviewed the consumer’s care planning documentation and identified that staff are to assist the consumer with toileting regularly throughout the day.

The Assessment Team brought forward information that two consumers had experienced cumulative weight loss over the previous five months that had not been identified by the service. Following feedback from the Assessment Team, management advised that referrals had been made for both consumers to be reviewed by the dietitian.

The approved provider in its response to the site audit report says that action has been taken to improve performance under requirement 3(3)(a); a plan for continuous improvement and supporting documentation were submitted as an element of the response.

Actions include:

* Staff education is being delivered and includes:
  + restrictive practices,
  + serious incident response scheme, and
  + continence management.
* Increased clinical monitoring and workplace observations are occurring to ensure consumers are receiving care in accordance with their assessed needs. Daily clinical meetings are in place to discuss emerging clinical needs and associated workload.
* Weight management strategies have been reviewed and 100% of consumers have had their weight reviewed and where appropriate referrals have been made to the dietitian and speech pathologist. Some consumers have had changes made to their nutritional supplementation.
* Strategies to increase consumer participation and feedback include increasing the frequency of the Voice of the Consumer surveys from 24 August 2022.

For those consumers named in the site audit report, the service has taken specific action and has:

* engaged with consumers and representatives, reviewed assessments, revised care plans and updated handover sheets to reflect current care needs,
* scheduled the regular review of the consumers’ care needs to ensure the ongoing effectiveness of actions and interventions,
* revised continence aid prescriptions, completed toileting time trials and established toileting regimes for those consumers who had voiced concerns in relation to continence management,
* made referrals to allied health specialists, medical officers and other providers of health care services including Older Persons’ Mental Health, speech pathologist, physiotherapist, palliative care specialists.

For one consumer who was identified by the Assessment Team as experiencing cumulative weight loss over recent months, the approved provider submitted evidence that this may be related to oedema. However, a referral was made to the dietitian and additional strategies to support weight management have been included in the consumer’s care plan.

While I acknowledge the actions taken by the service to address deficiencies under requirement 3(3)(a), these actions will take some time to be fully implemented and evaluated for effectiveness. Additionally, the approved provider acknowledged in its response that the service was unable to demonstrate that consumers received safe and effective personal care and/or clinical care that is best practice, tailored to their needs and optimises their health and well-being.

The service has documented policies and procedures relating to infection control and an outbreak management plan. However, the Assessment Team observed staff and identified that they were not adhering to policies and procedures, and practices to minimise infection related risks were not consistently occurring. For example:

* Staff were observed attending to a consumer who was in isolation due to an infectious illness without wearing the required personal protective equipment.
* Staff practices did not consistently minimise the risk of infection and the Assessment Team observed that staff did not close the door when attending to a consumer with an infectious airborne illness.
* Practices relating to the bagging and removal of infectious waste were not in keeping with the organisation’s infection control policies. Infectious clinical waste was placed in an area of the service that was being accessed by the general public. Further, clinical and contaminated waste was observed by the Assessment Team, piled on the floor and not safely stored.
* Shared consumer equipment was unclean with the Assessment Team bringing forward information that mobile shower beds had mould and grime evident on the base under the mattress.

The approved provider in its response to the site audit report says that action has been taken to improve performance under requirement 3(3)(g); a plan for continuous improvement and supporting documentation were submitted as an element of the response.

Actions include:

* Staff education is being delivered and includes:
  + outbreak management, rapid antigen testing and use of personal protective equipment,
  + waste management,
  + donning and doffing practices, and
  + hand hygiene.
* The Infection Prevention and Control Lead has increased monitoring of staff practices.
* Signage has been developed to remind staff to close doors leading to rooms in isolation.
* The service continues to engage with the Gold Coast Public Health Unit to ensure information and procedures are current.
* A review of the service’s processes for storage of clinical waste was conducted and processes were amended to ensure that excess waste is secured safely outside the service. Increased monitoring of clinical waste management is occurring.
* The organisational procurement team have liaised with the external waste management contractors about delays in waste collection and the associated accumulation of waste.
* Memoranda in relation to waste management have been distributed to staff.
* A review of cleaning schedules has occurred and this has led to the inclusion of balconies and outdoor areas.
* Mobile shower beds have been cleaned and staff have been provided with information relating to the cleaning requirements associated with this equipment.
* The Infection Prevention and Control Lead and the Workplace Safety Coach are monitoring the cleanliness of equipment and the environment.

While the service has taken action to address deficiencies in requirement 3(3)(g), I am satisfied that the service was not minimising infection related risks and that the identified improvements will take some time to be fully implemented and evaluated for effectiveness.

The service did demonstrate compliance in requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e) and 3(3)(f).

Consumers and representatives were generally satisfied with communication processes and felt that staff communicated consumers’ care needs. They said that referrals to relevant health care professionals are timely and occur when needed.

The Assessment Team reviewed care planning documentation and found:

* The service demonstrated effective processes in relation to the management of high impact and high prevalence risks including falls, and risks associated with the care of consumers with specialised nursing care needs. For example:
  + Diabetes management was in line with medical directives.
  + Pain management and end of life care involved the consumer, representatives, medical officer, pain specialist services and where appropriate, palliative care services. Consumers’ pain was being monitored and reviewed.
* Consumers who were approaching end of life or who had experienced a deterioration or change in their mental or physical condition were recognised and responded to in a timely manner. Staff sought support from medical staff and representatives were notified.
* Staff contacted representatives following an incident, a change in medication, and on transfer to or return from hospital.
* Referrals are made where needed including to the dietitian, physiotherapist, speech pathologist, gerontologist and dementia specialist.

Staff said that there are various mechanisms for monitoring and communicating consumers’ health and wellbeing including through handover, progress notes, scheduled reviews, incident reports, clinical charting and feedback processes. While some staff reported that care plans did not contain accurate information to guide care delivery, they advised that they rely on handover for current information about consumers’ care needs and consumers generally felt that staff had an understanding of their requirements. Staff could describe how they support consumers nearing end of life and said they had resources available to optimise the consumer’s comfort.

The service has policies and procedures relevant to this standard to guide staff practice; these include falls management, pressure injuries, nutrition and hydration, diabetes management, enteral feeding and catheter care.

# Standard 4

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

## Findings

I have found the service non-compliant in Standard 4, the non-compliance is in relation to requirement 4(3)(f) and relates to the following:

* Consumers and representatives were dissatisfied with the meals provided to consumers stating the food was not of suitable quality, variety and quantity.

Most consumers and representatives interviewed by the Assessment Team expressed dissatisfaction with the meals consumers were provided. Feedback from consumers and representatives included:

* consumers receiving a texture modified diet when they preferred a regular diet,
* meals being tasteless, and
* one representative expressed dissatisfaction with the evening meals and stated that the consumer has received evening meals that included soup and mini spring rolls, and soup and party pies.

Catering staff, hospitality staff and management confirmed that most consumers and representatives have expressed dissatisfaction with the variety, quality and quantity of meals. They said that negative feedback about the taste of the food and variety has been received through consumer meetings.

Catering staff said that the organisation’s suppliers have a limited range of gluten free and lactose free products; and that they currently do not have any eggs. They said this has impacted the variety of meals available to consumers including for example, the availability of flavoured lactose free yoghurt.

In response to the Assessment Team’s feedback, management staff advised that the newly appointed Chef will attend food focus meetings to collaborate with consumers in the development of a new menu. Hospitality staff said they are negotiating with suppliers to ensure adequate supplies of speciality items including low sugar, gluten free and lactose free options are available. Management said that in addition to this they are purchasing stock from supermarkets when required.

The approved provider’s response to the site audit report states that the organisation is committed to providing meals and dining experiences for consumers that meet consumers’ nutritional needs and enrich their well-being. The approved provider has submitted a plan for continuous improvement and evidence of actions taken to improve the suitability and quality of meals. Actions include:

* The newly appointed Chef is focusing on improving the quality of food, menu options and the dining experience. Evidence of increased consumer satisfaction with meals was provided.
* Voice of Consumer Food surveys commenced 23 August 2022 and are being managed by the Hospitality Team Leader.
* Education for hospitality staff to ensure consumers are offered choice at meal times.
* Reintroduction of the food focus group where menus will be discussed and feedback and suggestions encouraged.
* New stocktake processes have been developed and Central Support is undertaking ongoing negotiations with suppliers about increasing the variety of specialised food items where possible.

For those consumers named in the site audit report, specific action has been taken to address their concerns that includes:

* case conferences with consumers and representatives,
* revised assessments and care plans, and
* review of hydration equipment.

The approved provider is taking action to address the concerns relating to food brought forward by the Assessment Team, and the approved provider’s response includes information that the named consumers are now satisfied with the actions taken to improve their enjoyment of the meals. However, I am of the view that the actions being taken will take some time to fully implement and evaluate for effectiveness and am satisfied that meals provided were not of suitable quantity, quality and variety.

The service did demonstrate compliance in requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(g).

The Assessment Team brought forward information in the site audit report demonstrating that:

* Consumers are supported to participate in their community, to do things of interest to them and to have personal and social relationships. Consumers are supported to maintain their sense of well-being and quality of life, and to be as independent as possible.
* Consumers’ emotional, spiritual and psychological needs are generally promoted.
* Information about the consumers’ needs and preferences in relation to this standard is communicated appropriately.
* Referrals to other organisations and providers of care and services are timely.
* Consumers had access to equipment and resources that supported their health and well-being and enabled them to do the things they want to do.

Most consumers and representatives were satisfied with the services and supports for daily living and felt that consumers’ needs, goals and preferences were met. However, the site audit report includes feedback from some named consumers (with sensory and/or mobility impairment), who were unable to attend activities independently, that they were not supported by staff to participate in activities and in some instances said they felt isolated.

Lifestyle staff advised the Assessment Team that there are many activities that are suitable for consumers with sensory impairment and one staff member said they are in the process of developing lists of consumers and the activities they are interested in, so that lifestyle staff can individually invite consumers to activities of interest.

The approved provider in its response provided evidence of case conferences with consumers and representatives, activity participation records, care plans and progress notes. For most consumers, case conferences demonstrated they were generally satisfied with their level of engagement in activities both inside and outside the service and care plans were adjusted following the case conference to reflect the consumer’s preferences. For one named consumer the service has significantly increased their opportunities for social engagement and participation in meaningful activities. The consumer has provided positive feedback about the actions taken by the service.

I note that the site audit report and the approved provider’s response include evidence that consumers are engaged in a variety of activities including happy hour, church services, walks, concerts, bingo, church services, outings into the community and visits to the coffee shop. There is evidence that social and personal relationships are supported. I am satisfied that the service is supporting consumers to engage in their community, to have relationships and to do things of interest to them.

While the Assessment Team identified deficiencies in relation to the safety and suitability of equipment under Standard 4, I have considered this information under Standard 5. I note that consumers reported having access to equipment and resources that supported their health and well-being and enabled them to do the things they want to do including games, spiritual items and mobility aids.

Hospitality staff stated they were developing cleaning schedules and checklists to ensure equipment is clean and management said additional cleaning staff are being recruited.

The approved provider’s response stated that duties lists and cleaning schedules have been revised and updated. Equipment audits are to be completed with ongoing equipment checks occurring as an element of the workplace observations. I am satisfied that equipment provided under this standard is suitable for consumers.

Consumers said that staff know what they are doing and that staff knew them and their needs and preferences. They said they are referred to other organisations and health care providers when needed. Consumers and staff provided examples of visiting podiatrists, optometrists, support organisations and organisations such as Hearing Australia.

Consumers generally said they felt engaged in meaningful activities that were satisfying to them and one consumer provided an example of how the Chaplain provides encouragement and visits for conversation. Consumers provided examples of participating in men’s groups, going to the coffee shop, playing indoor bowls and attending sing-a-longs.

Lifestyle staff were able to describe the things that individual consumers like to do and knew what was important to consumers. They said that lifestyle and well-being assessments are reviewed every three months to ensure currency and this was confirmed by the Assessment Team when reviewing care planning documentation.

Staff demonstrated an understanding of the individual consumer’s condition and their associated needs and preferences. They said any change in the consumer’s condition is discussed at handover and the care plan is updated. Staff could describe how they support consumers’ emotional and psychological well-being and advised that consumers can access psychology services if this is required.

The Chaplain said that church services are conducted weekly and that their role includes visiting consumers individually.

Lifestyle and well-being assessments are completed and care planning documentation reviewed by the Assessment Team generally included information about consumers’ backgrounds and the things they like to do such as meet with the Chaplain, attend church and participate in support groups for people with a vision impairment.

The Assessment Team observed a ‘spiritual corner’ where consumers can borrow Bibles and spiritual items such as crosses and bookmarks made by the local community.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

## Findings

I have found the service Non-compliant in Standard 5, the non-compliance is in relation to requirements 5(3)(b) and 5(3)(c) and relates to the following:

* consumers were dissatisfied with aspects of the service environment,
* cigarette smoking was not managed safely or in accordance with organisational policies,
* clinical waste was stored inappropriately,
* hazards were observed in the service environment and impacted consumers’ ability to move freely, and
* furnishings and equipment were not clean and well maintained.

Details of these deficiencies are summarised below.

Consumers and representatives were generally dissatisfied with aspects of the service environment and reported that the service environment was not clean, well maintained or comfortable. Consumers and representatives provided the following examples of inadequate cleaning, poor maintenance and safety concerns:

* Two representatives were dissatisfied with cleaning of outdoor furniture and balcony areas. One representative reported having to wipe down outdoor furniture prior to use; they also stated that they place towels over chairs in the communal areas before sitting down as on occasion they are soiled with urine. The second representative said they undertake the cleaning of the consumer’s room as they are not satisfied with the cleaning completed by the service.
* Two representatives said a blind in the lounge area has been broken for some months and one representative reported that due to glare on the television screen, consumers are not able to watch television in the afternoon.
* A third representative said their consumer’s bedroom floor was dirty and showed the Assessment Team evidence of this; they said that used tissues and gloves are left on the floor and that external gardens are untidy.
* One consumer with sensory impairment stated that there are uneven paths at the home and there is nowhere safe for them to walk.

The Assessment Team observed unclean furniture and equipment including:

* shower beds were found with mould and grime under the mattress and around the drainage areas,
* wheelchairs and special needs seating (not wiped down),
* outdoor tables had not been cleaned, and
* a cigarette butt was found on a balcony.

The Assessment Team observed external paths that were hazardous due to being uneven with tree roots lifting and cracking some paths. Some gardens were found by the Assessment Team to be overgrown and outdoor tables and chairs were not clean. Consumers were observed trying to access the external garden however the doors were locked preventing consumers from moving freely between indoor and outdoor areas. Management staff advised the doors were locked to prevent consumers from accessing areas where trip hazards were present.

The Assessment Team noted that some consumers were smoking cigarettes in the designated smoking area however there was an absence of fire fighting equipment such as a fire blanket in the area. One consumer was observed smoking in non-designated smoking areas; the consumer was not in direct sight of staff and was in areas where there was no ready access to firefighting equipment.

The Assessment Team observed staff smoking on site and within 5 metres of the entrance to the service; there were no receptacles available for the safe disposal of cigarette butts. While this was not in keeping with organisational policy, environmental audits conducted by the service had failed to identify staff smoking practices that breached policy.

The Assessment Team saw staff escorting visitors through an area of the service where a large amount of clinical waste was stored. Cleaning staff stated that the waste had been stored in the area since the last outbreak of COVID-19 which ended on 15 July 2022. Management advised the Assessment Team that the contractor did not have capacity to collect the waste due to high demand for their services in the area.

At the time of the site audit, management advised the Assessment Team that the following actions were initiated:

* The maintenance team were advised of the broken blind and have arranged for repairs to occur.
* A contractor will attend the service to steam clean all furniture in common areas.
* Cleaning staff cleaned balconies and wiped down external furniture.
* External paths are to be resurfaced during renovations scheduled to commence in September 2022; additionally, furniture in common areas is to be replaced.
* Firefighting equipment was installed in the designated smoking areas and this was confirmed by the Assessment Team to have been completed by day three of the site audit.
* Clinical waste was removed to a shipping container located on the property whilst awaiting collection and the service’s Infection Prevention and Control Lead organised to have the area where the clinical waste had been held, deep cleaned to ensure it was safe for staff and visitors. The Assessment Team confirmed that this was completed by day three of the site audit.

The approved provider, in its response to the site audit report stated that action is being taken to address the deficiencies identified by the Assessment Team. The response included a plan for continuous improvement and evidence of actions taken. Actions include:

* A refurbishment project has been approved to refresh the living environment and includes soft furnishings, drapes, painting, floor coverings, outdoor and indoor furniture, landscaping and resurfacing of paths.
* The situation regarding the footpaths in the memory support unit was escalated to the Facilities and Maintenance Service Manager for attention to ensure the area is safe for consumers.
* Staff have been advised of the requirement to keep doors in the memory support unit open during daylights hours to support consumers to mobilise freely and the doors are now on automatic settings.
* New staff smoking areas have been established.
* For those named consumers who smoke cigarettes, assessments (including risk assessments) have been completed and care plans have been updated.
* Increased monitoring of staff and consumer cigarette smoking is occurring.
* Fire blankets, aprons and smoking receptacles are placed in designated smoking areas.
* The cleaning schedule has been reviewed and includes designated smoking areas, outdoor cleaning and pressure cleaning of pathways and balconies.
* Weekly checks and monthly audits have been introduced to monitor equipment cleanliness.

While the service has taken action to address the deficiencies brought forward by the Assessment Team, I am satisfied that the service environment was not clean and well maintained, consumers could not move freely within and outside the service environment and furniture, fittings and equipment were not clean, safe and well-maintained.

The service did demonstrate compliance in requirement 5(3)(a). The Assessment Team observed the environment to be welcoming, easy to understand and to optimise the consumer’s sense of belonging.

Staff were observed to warmly welcome visitors to the service and provided them with directions as required. Consumers’ rooms were decorated with personal items. There were a number of common areas available for consumers to entertain guests and interact with other consumers. Consumers were observed sitting in various locations throughout the service watching television, playing board games, socialising in the coffee shop and spending time in outdoor areas.

**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. | Non-compliant |

## Findings

I have found the service non-compliant in Standard 6, the non-compliance is in relation to requirement 6(3)(d) as the service could not demonstrate that feedback and complaints are consistently recorded, reviewed and used to improve care and services. Details of these deficiencies are summarised below.

The Assessment Team brought forward examples of complaints raised by consumers in forums such as the consumers’ monthly meetings that had not been recorded appropriately in the complaints’ register or in the service’s plan for continuous improvement. Complaints raised included intrusive behaviours by some consumers and dissatisfaction with food quality; the service was unable to evidence that these concerns had been logged and actioned. In some instances, complaints that were logged in the service’s plan for continuous improvement had not been actioned. For example, the plan for continuous improvement included an action item arising from consumer feedback in May 2022 that staff education was to occur in relation to the effective management of sensory aids; at the time of the site audit this had not occurred.

The approved provider, in its response to the site audit report stated that it has taken action to address the deficiencies brought forward by the Assessment Team. Actions include:

* The Voice of the Consumer surveys have been expanded to ensure consumers are provided an opportunity to express their views about the service and to complement existing feedback mechanisms.
* The service’s feedback register has been updated to reflect consumer dissatisfaction that was brought forward in the site audit report. Meetings were scheduled with consumers and their nominated representatives, apologies were made and discussions were had about moving forward with an improvement focus.
* Staff education is being provided and includes open disclosure and responsibilities associated with consumer feedback.
* Management of hearing aids has been included in staff toolbox talks with relevant signage distributed to various areas within the service.
* Responsibilities associated with managing feedback and complaints is now a standing agenda item at staff meetings.

The service did demonstrate compliance in requirements 6(3)(a), 6(3)(b) and 6(3)(c). The Assessment Team found the service supports consumers to give feedback and make complaints.

Consumers and representatives were satisfied with complaints processes, including their ability to access external avenues such as the Aged Care Quality and Safety Commission and consistently described management staff as being approachable. Consumers and representatives who had raised a recent complaint said that management acknowledged the issue and involved them in the resolution process.

Staff were familiar with complaints processes and feedback mechanisms and were able to describe how the service promotes advocacy and language services through the monthly newsletter and through posters located within the service. Management provided an example of how a consumer with cognitive impairment had been supported by an advocacy service when a need was identified. Staff and management described the open disclosure policy and the process followed when a complaint is lodged.

**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. | Non-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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

I have found the service non-compliant in Standard 7, the non-compliance is in relation to requirements 7(3)(a) and 7(3)(d), and relates to the following:

* The service could not demonstrate that the workforce was planned to deliver safe, quality care and services and consumers and representatives were dissatisfied with staffing levels stating that they impacted care delivery.
* The workforce was not sufficiently trained to deliver quality care and services to consumers.

Details relating to these deficiencies are summarised below.

Consumers and representatives were dissatisfied with the availability of staff and said that consumers experienced lengthy wait times that impacted hygiene care and assistance with toileting. Consumers and representatives provided the Assessment Team with the following examples:

* One consumer reported that they had experienced occasional episodes of incontinence while waiting for staff to attend to them; they said that on occasion they had waited up to two hours for assistance.
* One consumer said they have been left in a soiled state for extended periods of time while waiting for staff to respond to their call for assistance.
* Two representatives raised concerns about hygiene care. One representative said their consumer had been left in a soiled state for an extended period of time on two occasions in recent weeks. Another representative said the consumer’s continence aids aren’t changed regularly and that staff don’t have time to attend to dental care; this representative also raised concerns that staff did not have the capacity to spend time talking with the consumer.

Some staff raised concerns about staffing levels. One care staff member said that staff do not have sufficient time to complete their workload and lifestyle staff said that when there is a shortage of care staff they are required to assist care staff and that this impacts their ability to deliver the lifestyle program.

Management staff stated call bell audits are completed weekly and brought forward evidence of an audit that was conducted in June 2022; the audit identified occasions where call bells were not cancelled for periods of up to 30 minutes.

Management staff said that some areas of the service have been identified as high acuity and that staffing levels have been adjusted accordingly. Strategies to ensure there are staff available on the floor to assist consumers and respond to call bells have been implemented and include staggered break times. Staff have been provided with education that includes consumer-focused care and responding to consumer’s requests for assistance in a timely manner.

The approved provider in its response to the site audit report acknowledged that improvement is required to ensure that there are sufficient staff to deliver safe quality care and services. Actions include:

* The organisation’s workforce strategy team have been engaged to support recruitment at the site.
* Monthly audits identifying consumer acuity are being conducted and as a result there has been an increase in care staff in some areas of the service.
* Call bell data is being used to inform workload planning.
* Reinstatement of regular staff meetings has occurred that provide opportunities for staff to discuss work related issues.
* The workforce is being supported by the family volunteer program whereby volunteers have been trained to assist consumers with meals, drinks and activities to support social well-being.
* Two personal care coaching roles were established in August 2022 to support, coach and mentor staff.
* Toolbox talks relating to call bell response times have been conducted.
* Review of casual staff is occurring six monthly and where appropriate, staff are being converted to permanent part-time and full-time positions.
* A review of staff break times has been conducted to ensure there are sufficient staff on the floor to assist with consumers and attend call bells.
* Resident satisfaction with staffing is being monitored through surveys, one on one discussions, case conferences, complaints and other feedback mechanisms.

The service is taking action to address the deficiencies brought forward by the Assessment Team in relation to staffing and the negative impact on consumers’ care and services. However, I am of the view that it will take some time to fully implement and evaluate the improvements outlined in the plan for continuous improvement and am satisfied that the workforce was not planned to deliver safe, quality care to consumers and that this has impacted consumers negatively.

The Assessment Team brought forward information in the site audit report demonstrating deficiencies in aspects of care and services for example continence management, weight management, infection control, clinical documentation and documentation associated with complaints. In addition to this the service had not complied with organisational policy relating to staff completion of mandatory training and a significant number of staff had failed to complete mandatory training in hand hygiene, infection control, manual handling and emergency responses.

The approved provider’s response includes a plan for continuous improvement and in some instances, evidence of education that has been provided. Actions include:

* Education is being provided including in relation to:
  + feedback and complaints mechanisms
  + open disclosure
  + infection control processes
  + person-centred care
  + continence management
  + assessment and care planning, and
  + weight management.
* Completion of mandatory training is being monitored with weekly organisational reporting occurring. Compliance rates have increased significantly since the site audit.

The service did demonstrate compliance in requirements 7(3)(b), 7(3)(c) and 7(3)(e).

Consumers spoke positively about the way staff interacted with them, saying they are kind, caring and respectful. The Assessment Team observed staff addressing consumers by name and being respectful in their interactions with them.

Position descriptions were in place for each role and these support the recruitment process. Staff competency is determined through skills assessments and monitored through feedback from consumers and representatives, performance assessments, audits and surveys and through review of care delivery and clinical records.

The organisation has systems and processes for undertaking probity checks including criminal records and professional registration. Those staff who fail to provide a criminal record check or renew their registration are stood down until this is provided.

The Assessment Team brought forward deficiencies in the site audit report relating to staff performance review processes. Some staff could not recall when their last performance review was completed and staff files generally demonstrated that performance reviews had not occurred since June 2021.

Management staff said that the service was moving to a new performance review process and this was confirmed by the approved provider in its response to the site audit report. The approved provider states that the performance review process changed in July 2022. Further to this, the approved provider submitted evidence of the processes in place to ensure an annual performance review occurs.

I note that the site audit report includes information that staff competence is monitored through various mechanisms including feedback from consumers and representatives, reviews of clinical care and clinical records and through audits and surveys. Further, the service has initiated increased monitoring of staff performance following the site audit. I am satisfied that there are processes in place to monitor and review staff performance.

**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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

I have found the service non-compliant in Standard 8, the non-compliance is in relation to requirement 8(3)(c), and relates to the following:

Information management processes were not consistently effective. For example:

* Care plans did not consistently reflect consumers’ current needs and preferences as described by the consumer and/or their representative.
* Consumers and their representatives were not aware they could access a copy of the consumers’ care plan.
* Processes to capture feedback and complaints were not consistently completed.

Continuous improvement processes failed to identify widespread non-compliance across all eight standards. Whilst monitoring mechanisms including audits were occurring they had not identified some of the deficiencies brought forward in the site audit report. The service’s plan for continuous improvement had not been maintained and actions were not being progressed in a timely manner.

The service was not able to demonstrate that processes were effective in ensuring there were sufficient skilled staff to meet consumers’ needs and preferences and this had resulted in negative outcomes for consumers. Processes to develop staff including mandatory training programs were not effectively managed.

With respect to feedback and complaints, financial governance and regulatory compliance, I am satisfied there are governance systems relating to these areas and that these are generally effective and I acknowledge the approved provider’s response has included evidence of actions taken in relation to these areas.

With respect to information systems, continuous improvement and workforce governance the approved provider has taken action that includes:

* undertaking case conferences and reviews of assessment and care planning to improve the accuracy of information,
* increased monitoring and auditing across aspects of care and service delivery including the environment, staff practices and care delivery,
* staff education across all standards including infection control, consumer focused care, assessment and care planning processes, clinical processes and complaints,
* monitoring of consumers’ needs, call bell response times and consumer feedback to inform workforce planning,
* increased staffing where appropriate to improve care and service delivery, and
* increased opportunities to support, mentor and guide staff with the appointment of two personal care coaching roles.

While the approved provider is taking action to address deficiencies under requirement 8(3)(c), I am satisfied that it will take some time to fully implement the improvements outlined in the plan for continuous improvement and to evaluate the effectiveness of those actions. I am satisfied that the service did not demonstrate effective governance systems particularly in relation to information management, continuous improvement and workforce governance.

The service did demonstrate compliance in requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e).

Management staff described the various ways that consumers are supported to engage in the development, delivery and evaluation of care and services including through monthly consumer meetings, varied feedback mechanisms and consumer surveys. Strategies to improve consumer engagement have been implemented following the site audit and this has included adjustments to the standing agendas at consumer meetings and staff education including in relation to consumer engagement in assessment and care planning processes.

There are processes to support the promotion of a safe and inclusive culture and consumers generally provided positive feedback about staff and how they are treated.

Risk management systems are in place and risks were generally identified, reported and escalated with review by management at both service and organisational levels. Staff were aware of their obligations and responsibilities in relation to incident management.

The organisation’s clinical governance framework includes policies and practices that address antimicrobial stewardship, minimisation of the use of restraint and open disclosure. Staff have received education in relation to these policies and were able to provide examples of how these are applied in a practical way to the work that they do.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)