Performance

Report

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| Name of service: | Performance report date: |
| Blue Care Maleny Erowal Aged Care Facility | 4 October 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 Maleny Erowal Aged Care Facility (**the service**) has been considered by Melissa Frost delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 20 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(e) – the Approved Provider ensures care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the goals needs and preferences of the consumer.
* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal care and clinical care, that is best practice, tailored and optimises their health and well-being. This includes for management of skin integrity, pain, psychotropic medication and restrictive practices.
* Requirement 3(3)(d) – the Approved Provider ensures deterioration is recognised and responded to in a timely manner, including by referring to other services if relevant.
* Requirement 4(3)(f) – the Approved Provider ensures meals are varied and of suitable quality and quantity.
* Requirement 6(3)(d) – the Approved Provider ensures feedback and complaints are reviewed and used to improve the quality of care and services.
* Requirement 8(3)(c) – the Approved Provider ensures effective governance systems are in place, including for regulatory compliance, to pre-emptively identify deficits and implement corrective action.

# Standard 1

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

## Findings

The Assessment Team recommended the following requirement was not met:

* 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.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response of 20 September 2022 and find the service compliant for this requirement.

Most consumers and their representatives said consumers are supported to exercise choice and independence in the way care is delivered. However, the Site Audit report reflected mixed feedback from consumers regarding choices relating to the provision of hygiene care, meal options and allied health referrals.

One named consumer’s representative reported the consumer’s hygiene needs were not being met. The Approved Provider disagreed and said the consumer was provided with hygiene care consistent with their needs. The Site Audit Report reflected the consumer received hygiene care on some mornings prior to the Site Audit, though was not conclusive about whether the consumer was woken early to receive care. This has been further considered under Standard 7 requirement (3)(a) where I find the evidence more relevant.

The concerns regarding meal choices are considered under Quality Standard 4 requirement (3)(f) where I find the evidence more relevant.

The concerns regarding allied health referrals are considered under Quality Standard 3 requirement (3)(f) where I find the evidence more relevant.

Overall each consumer is supported to exercise choice and independence regarding decisions regarding their care. Therefore, I find requirement 1(3)(c) is compliant.

Regarding the remaining requirements, most consumers and their representatives said staff were kind, caring and treated consumers with dignity and respect and made them feel valued. Staff were familiar with consumers’ backgrounds. Staff were observed treating consumers in a dignified, respectful way, using their preferred name, and interacting in a kind, patient manner.

Care and service delivery was demonstrated to be culturally safe, with consumers supported to maintain their identity and do things that are meaningful to them. Staff described the cultural, religious, and personal preferences of consumers.

Consumers described how they are supported and encouraged to take risks to enable them to live the life they choose. Staff described how they identify, mitigate and minimise risk to support consumer choice. However, the Assessment Team did not observe current risk assessments for 3 consumers who are taking risks. This has been further considered under Standard 2 requirement (3)(e).

Most consumers and representatives sampled said that they are provided with information to assist them in making choices about their care and lifestyle, including daily activities. However, some consumers said they were not able to exercise choice in relation to allied health services and meal options. This has been further considered under Standard 3 requirement (3)(f) and Standard 4 requirement (3)(f) respectively. Menus, activity calendars, newsletters and notices were displayed.

Consumers confirmed their privacy and dignity was upheld. Staff were observed respecting consumers’ privacy. Overall confidential information was observed to be stored securely, however some nursing stations were not consistently secured. This was addressed with management during the Site Audit.

# Standard 2

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

## Findings

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

* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Assessment Team recommended the following requirements were not met:

* 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.
* 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.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the Approved Provider’s response of 20 September 2022. I have found the service compliant with requirements (3)(a) and (3)(c), and non-compliant with (3)(e).

* Regarding requirement 2(3)(a)

Overall consumers and their representatives were satisfied with initial assessment and planning processes. Care plans reflected assessments, including risk assessments, occurred. However, the Assessment Team brought forward deficits regarding regular updates to risk assessments, restrictive practices and behaviour management. I have considered this is more relevant at requirement 2(3)(e), and have found requirement 2(3)(a) is compliant.

* Regarding requirement 2(3)(c)

Consumers and their representatives gave negative feedback regarding access to medical officers, with confusion around the medical officers that visit the service and communication issues. The Assessment Team identified deficits regarding referral to other services and organisations. I consider this evidence is more relevantly considered in Quality Standard 3 requirement (3)(f).

A named consumer’s representative was not aware about the consumer being referred to another health professional and was unclear on the outcomes of care reviews and medical officer consultations. The Approved Provider said they contacted the representative to discuss after the Site Audit. I consider this is an isolated instance and insufficient to demonstrate non-compliance with this requirement.

Consumers and their representatives said in most instances they were involved in assessment and planning. There were ongoing partnerships between the service and other providers, as reflected in care planning documents.

Therefore, I find requirement 2(3)(c) is compliant.

* Regarding requirement 2(3)(e)

While the Assessment Team recommended this requirement was met, the Site Audit Report brought forward negative feedback regarding frequency of updates made to care plans, including scheduled 3 monthly reviews and reviews when circumstances changed or incidents occurred. Deficits were brought forward regarding documentation for consumers who choose to take risks. Lifestyle plans were also not up to date.

At the time of the Site Audit, management acknowledged the deficit in conducting regular reviews. They described strategies including increase in staff numbers and rostering additional time to complete the reviews. While I am satisfied the Approved Provider is taking suitable action to address the deficits, due to the volume of care plans requiring review, and potential impact to consumers identified, I consider this is reflective of non-compliance with this requirement.

Regarding consumers subject to restrictive practices, care plans reviewed showed deficits in documenting of alternative strategies, monitoring of effectiveness, reviews of the restrictive practices and consent. The Approved Provider said staff training occurs and procedures are in place, with further staff training being delivered to ensure relevant information is documented. Evidence of training dated prior to and following the Site Audit was provided.

Regarding a named consumer subject to restrictive practices and receiving psychotropic medication, the Assessment Team identified their behaviour support assessment was reviewed 8 months prior to the Site Audit and their safety assessment was completed more than 18 months prior. They considered there was deficits in the administration of medication without documenting alternatives in detail. The Approved Provider said the consumer’s assessments were current at the time of the Site Audit, their care plan was in the process of being reviewed and has since been updated. I accept the Approved Provider’s information, however consider overall this example is reflective of non-compliance with this requirement at the time of the Site Audit. I have considered this evidence further at requirement 3(3)(a) and requirement 8(3)(c).

Based on the evidence brought forward in the Site Audit Report, the service was unable to demonstrate care planning documents are reviewed regularly.

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

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

Consumers and representatives said generally the service was aware of consumers’ needs and preferences, and this is reflected in the care provided. Care planning was individualised pertaining to consumers’ needs and reflected their preferences in relation to day-to-day care, advance care and end of life planning.

Consumers and their representatives were engaged in communication regarding ongoing assessment and care planning. Care documentation reflected communication with consumers and their representatives. However, some consumers and their representatives said they were not involved in quarterly reviews and outcomes were not communicated. They had not received a copy of care plans however had not requested a copy.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Non-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

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

* 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.
* 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.

The Assessment Team recommended the following requirement was not met:

* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the Approved Provider’s response of 20 September 2022. I find the service is non-compliant with requirements 3(3)(a) and 3(3)(d) and compliant with 3(3)(f).

* Regarding requirement 3(3)(a)

The Assessment Team found consumers were not receiving tailored and effective personal and clinical care. Although preferences for hygiene care were recorded in care plans, charts suggested consumers did not receive hygiene care in line with their preferences. Care staff said they could not provide care at acceptable times due to the lack of staffing. I have considered the staff comments further in requirement 7(3)(a).

One named consumer did not have their intended pain relief for 3 days following the service not having a prescription. Pain charting did not commence. However, no evidence was brought forward that the consumer experienced pain during the period as a result, and an alternative was recommended. The Approved Provider did not give further evidence. I have not considered this example in determining non-compliance with this requirement as it is unclear if there was a consumer impact.

Progress notes did not demonstrate consistent use of non-pharmacological strategies prior to administering psychotropic medication. Staff told the Assessment Team they were unable to use alternative behaviour strategies as they did not have the time. An example of a named consumer was brought forward, and their representative reported they were unaware of what medications were currently being administered. The Approved Provider sent the psychotropic medication register which indicated psychotropic medications were given for some time prior to the Site Audit. They gave process documents regarding the monitoring of restrictive practice, however, I was not provided with evidence to show the consumer or their substitute decision-maker had given informed consent regarding the medication. I have placed weight on the evidence from progress notes, including lack of use or documenting of alternative strategies. I consider this example supports the service was non-compliant with the requirement at the time of the Site Audit.

The Assessment Team identified deficits regarding skin integrity care. Multiple wounds for one named consumer had not been consistently measured or monitored, nor incident forms completed. Wound charting was not consistently completed to ensure monitoring of the size and deterioration. The named consumer experienced pain predominately at dressing changes, reported by their representative. The named consumer was not referred to a wound specialist despite having several non-healing wounds. The Approved Provider stated the consumer had changed to receiving end of life care and described regular reviews that occurred by medical and nursing staff. They provided training records regarding skin integrity care dated prior to and following the Site Audit. While I accept the Approved Provider’s information, I have placed weight on the documentation reviewed that contained deficits and was not aligned with the service’s process, and the consumer’s reports of pain. I consider this example supports non-compliance with this requirement.

At the time of the Site Audit the Approved Provider was not demonstrating all consumers were receiving best practice, tailored and optimal care, including for hygiene, skin integrity, pain management and behaviour management.

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

* Regarding requirement 3(3)(d)

The service had documented resources for identifying and responding to deterioration, and most consumers and their representatives were satisfied with staff action. However, the Assessment Team bought forward deficits regarding a referral for the named consumer referenced at requirement 3(3)(a) who had multiple non-healing wounds. During the Site Audit management said a wound specialist referral should have taken place. The Approved Provider responded stating the consumer was regularly reviewed prior to commencing end of life care. As the wounds were ongoing and showed no signs of healing, I consider the service did not demonstrate they responded to deterioration in a timely manner. I consider this example reflects non-compliance with this requirement.

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

* Regarding 3(3)(f)

Staff described referral options to a range of services and providers. However, some consumers gave negative feedback regarding ceasing allied health services and referrals to other providers.

One named consumer said their allied health services ceased without consultation. The Approved Provider stated the changes were made by agreement with the consumer, and provided supporting documents. They stated care planning documents confirm the consumer has not had impact as a result. I accept the Approved Provider’s information and do not consider this example supports non-compliance with this requirement.

One named consumer was not referred to a wound care specialist despite having several non-healing wounds. I have considered this further in requirement 3(3)(a) and 3(3)(d), and do not consider this same evidence should be relied upon to determine non-compliance with this requirement.

A named consumer’s condition changed and there was a delay in referring to an allied health provider. The Approved Provider said this delay was due to the consumer receiving palliative care, that action was being taken in line with medical officer guidance, and further action has occurred after the Site Audit. I accept the Approved Provider’s information and do not consider this example reflects non-compliance.

Regarding negative feedback about visiting health professionals, the Approved Provider said regular and as required visits occur from medical officers and other providers, based on consumers’ needs. They stated a change occurred regarding visiting medical officers, though consumers have choice in which medical officers and providers they use, and gave evidence showing information is communicated.

One named consumer said they ran out of necessary medication. The Approved Provider said they contacted pharmacy and medical officer services to support maintenance of medication supplies, and consumers are supported to choose their service providers.

Though I acknowledge the impact to consumers, I consider the Approved Provider has taken suitable action within their control regarding these circumstances and do not consider they are reflective of non-compliance with this requirement.

Overall the service demonstrated timely referrals occur to other services and providers.

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

I am satisfied the remaining 4 requirements of Quality Standard 3 are compliant.

Consumers and their representatives said they were satisfied that consumers’ high impact or high prevalence risks are effectively managed by the service. Staff described how they manage risks such as weight loss, and had received training in medication management. Care documentation showed evidence of management of falls.

Representative feedback and care planning documents reflected consumers receiving end of life care have their comfort maximised and their preferences recognised.

Most consumers and their representatives considered consumer information was being well documented and shared between staff and other services. Staff handover and handover reports were observed and reflected suitable communication of information.

Staff demonstrated knowledge and understanding of antimicrobial stewardship and infection control practices, however some staff were not up to date with training and the service lacked an infection prevention and control lead. Management had plans in place while recruiting, and no negative impact was brought forward.

# Standard 4

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

## Findings

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

* Where meals are provided, they are varied and of suitable quality and quantity.

Consumers and their representatives provided primarily negative feedback in relation to the meals provided by the service. This related to lack of choice, meal quality, portion size or consumers not receiving meals in line with dietary requirements. No examples were brought forward of significant consequences, such as weight loss.

Although the service has a 4-week rotational menu, only one option was available per meal. Though food focus meetings and other feedback mechanisms were occurring, consumers remained dissatisfied. Though consumers’ care documents contained dietary requirements and preferences, some were observed to be out of date. At the time of the Site Audit management acknowledged the feedback and described planned improvements, such as adding choices.

The Approved Provider said consumers are provided with choices (such as salad or sandwiches as an alternative) and described improvements including a new chef and hospitality team leader, adding menu options, using alternative suppliers and continuing feedback mechanisms. They provided a sample menu showing additional choices.

One named consumer reported their preferred beverage ceased at mealtimes without consultation, they did not like the taste and texture of the food, they said there is limited range of fresh fruit and vegetables and one choice of hot meal. The Approved Provider addressed the feedback following the Site Audit and ensured fruit is supplied daily, increased the vegetable options and the consumer’s eating and drinking assessment was updated. They said the consumer’s preferred beverage has returned. While the Approved Provider has made suitable improvements, as they were not effective at the time of the Site Audit I consider this example supports non-compliance.

A further named consumer reported they were unhappy with the texture of the food and it was inedible. They confirmed there was one hot meal option. They reported they attended food focus groups however things did not get actioned. The Approved Provider said the consumer’s preferences were reviewed prior to the Site Audit, and further follow up has occurred to address the consumer’s feedback.

While I am satisfied the service was making improvements, the volume of negative comments reported in the Site Audit Report evidences the service had not sufficiently identified and addressed the consumers’ concerns prior to the Site Audit. I have placed weight on the amount of negative feedback and the comments from consumers that they had raised the concerns prior to the Site Audit. I consider the changes being implemented will take time to demonstrate effectiveness.

At the time of the Site Audit, the service did not demonstrate meals were varied and of suitable quality.

Therefore, I find requirement 4(3)(f) is non-compliant.

I am satisfied the remaining 6 requirements of Quality Standard 4 are compliant.

Consumers said the service supports their interests, enables them to maintain independence and live their best lives. Staff knew consumers’ interests and preferences, as reflected in assessments and care documentation.

Consumers confirmed they felt supported with their emotional, spiritual and psychological well-being needs, including through the service’s chaplain. Staff provided examples of supporting consumers for their emotional and psychological well-being. Overall care plans contained relevant individual strategies.

Consumers and their representatives said consumers are supported to participate in activities within the service and the outside community. Staff demonstrated a wide variety of activities available to consumers and gave examples of services and support being adapted to consumer needs when their situation changes. The monthly lifestyle schedule detailed activities for consumers on site and within the community. Care planning documentation identified people important to individual consumers and staff were familiar with consumers’ relationships.

Consumers stated they received care and services from external service providers on a regular basis and were confident providers had the information they needed to deliver suitable care.

Most consumers and representatives stated that they have access to and are supported by external providers. Care planning documents reflected the involvement of relevant providers, and staff were familiar.

Equipment provided was observed to be comfortable, clean and well maintained, with any unsuitable equipment removed. Consumers were satisfied with the equipment provided. Staff said they felt competent in using equipment, and followed cleaning and maintenance procedures.

# Standard 5

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

## Findings

Consumers and their representatives said they found the service welcoming and easy to navigate, consumers felt at home and were able to personalise their rooms. The environment was observed to be welcoming and has wide hallways, signage, handrails and design features to support consumers to be independent and belong.

Consumers and their representatives said the service is kept clean, is well maintained, and they can move freely both indoors and outdoors. All areas of the service were observed to be clean, safe, well maintained, at a comfortable temperature, well ventilated and had natural lighting. Access to suitably clean and maintained outdoor areas was available. Cleaning and maintenance staff follow processes to ensure suitable cleaning and maintenance occur.

Equipment, furniture and fittings throughout the service were observed to be clean, safe, well maintained and suitable for consumers. Preventative and reactive maintenance occurs, and records reflected maintenance was managed in a timely manner.

**Standard 6**

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

## Findings

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

* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team considered the service did not demonstrate complaints are reviewed and used to inform improvements in the quality of care and services. The service’s continuous improvement plan did not contain improvements regarding meals, despite this being a trend.

Three named consumers reported they raised concerns at consumer meetings regarding meals, however issues discussed had not been resolved and have been ongoing. The Approved Provider said staff attended the meetings, staff contacted the consumers following the Site Audit and their concerns were addressed. The Approved Provider said complaints regarding meals were recorded, consolidated and reported to the Board as part of the service’s processes. While I accept some action was underway prior to the Site Audit to address consumers’ concerns, I have placed weight on consumers’ feedback, noting they did not consider their feedback was being implemented.

One named consumer representative expressed concerns regarding the consumer’s care and said no one had followed up. The Approved Provider met with the representative after the Site Audit and addressed the issues.

Though the service had feedback monitoring processes in place, it did not ensure information regarding how feedback was being applied to improve care and services was communicated to consumers and their representatives.

Therefore, I find requirement 6(3)(d) is non-compliant.

I am satisfied the remaining 3 requirements of Quality Standard 6 are compliant.

Most consumers and their representatives said they felt supported by the service to provide feedback and make complaints. Feedback forms with collection boxes were observed, and surveys and consumer meetings occur. Staff described how they supported consumers and representatives to provide feedback and how they raise concerns with management.

Most consumers and representatives were aware of advocacy, language services and other methods for raising and resolving complaints. Notice boards display posters for external complaint and advocacy services, and information is provided in the consumer handbook. Staff were aware of language services, though no consumers required them.

Consumers and their representatives said when feedback is provided the service responds appropriately and in a timely manner, and when things go wrong the service apologises and acts quickly to resolve issues. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the service’s policy.

**Standard 7**

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

## Findings

The Assessment Team recommended the following requirements were not met:

* 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.
* The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the Approved Provider’s response of 20 September 2022 and find the service is compliant for these requirements.

* Regarding 7(3)(a)

Most consumers and their representatives said they were happy with their care and services, however some raised concerns about delivery of personal care. Some staff reported shortages, which they said impacted personal care delivery timing and documenting of information or trialling of alternative strategies for consumers requiring behaviour support. The Approved Provider had identified staffing concerns and taken steps prior to the Site Audit to manage staffing levels. The Assessment Team acknowledged due to the timing the Approved Provider’s actions could not be effectively analysed during the Site Audit.

Although the Assessment Team brought forward evidence regarding consumer care deficits, and reports from staff about the reasoning, I am not satisfied sufficient evidence was presented to support a systemic staff rostering deficit occurred or that the deficits are primarily attributable to rostering, as the evidence lacked detail and was not corroborated by consumer, representative or care planning evidence presented. No substantial consumer impact or risk was brought forward.

The Approved Provider’s response described how rostering is managed to support suitable deployment of staff to meet consumers’ needs. I am satisfied the Approved Provider proactively identified issues and took steps to address them, and note this will take time to demonstrate effectiveness.

Overall the service demonstrated its workforce is planned to enable the delivery and management of safe and quality care and services.

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

* Regarding 7(3)(c)

The Assessment Team considered deficits existed in the service’s processes for determining staff competency and the level of staff knowledge and experience. During the Site Audit, management described actions taken to address unsuitable performance and deliver training to staff to support development of competency.

I acknowledge the service proactively took action regarding unsuitable performance and put steps in place to build staff competency. No examples were brought forward by the Assessment Team that evidenced deficits, or that evidenced significant risk to consumers.

I accept the Approved Provider’s response that there are suitable systems and processes in place to ensure staff have necessary qualifications, knowledge and competency.

Therefore, I find requirement 7(3)(c) is compliant.

* Regarding 7(3)(d)

The Assessment Team brought forward examples of consumers and their representatives considering staff required more training around medication administration and respiratory conditions. Care staff reported they would like more training around dementia management. Some staff were not up to date with food handling, incident reporting and infection control training. One police check was out of date.

The Approved Provider acknowledged there are gaps in mandatory training completion, however this is being addressed as a priority and the underlying principles are monitored by management to ensure compliance.

Regarding the named consumer and representative feedback, the Approved Provider described how the medication administration and respiratory conditions are managed. No consumer impact was brought forward, and the Approved Provider said they engaged with the consumers and representatives to address the feedback (including prior to the Site Audit). Overall I do not consider the Site Audit Report brought forward sufficient evidence to demonstrate non-compliance in relation to these issues.

The staff member with the expired police check was no longer employed at the service and did not work during the expired period. I consider this is not reflective of non-compliance.

I am satisfied that the service had processes in place to support and train staff in delivering safe and quality care, and the service was taking appropriate action to address deficits in training completion while minimising potential negative impacts.

Therefore, I find requirement 7(3)(d) is compliant.

Regarding the remaining requirements, consumers and their representatives confirmed staff were kind, gentle and caring. Staff were observed engaging with consumers and families in a respectful and personable manner, and knew consumers’ preferences and needs.

A performance review system is in place for assessing and monitoring the workforce. Staff described being observed, completing competency assessments and completing training. Mentoring and education was observed during the Site Audit.

**Standard 8**

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

## Findings

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

* Effective organisational wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

The Assessment Team recommended the following requirement was not met:

* Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response of 20 September 2022. I find the service is compliant with requirements (3)(a) and (3)(e) and non-compliant with requirement 3(3)(c).

* Regarding requirement 8(3)(c)

The Site Audit report bought forward deficiencies in the governance system relating to regulatory compliance. While the Assessment Team considered further governance deficits occurred regarding workforce management and feedback and complaints, I do not consider these were sufficiently supported to contribute to non-compliance for this requirement.

The Site Audit report identified a deficit regarding psychotropic medications (likely being used as chemical restrictive practice) for a named consumer, as outlined at requirement 3(3)(a). Progress notes indicated non-pharmacological interventions were not always documented prior to the administration of the medication, and staff said this was the case, saying they did not have time. The Aged Care Act 1997 and the Quality of Care Principles 2014 require documenting of alternatives to restrictive practices that have been considered and used, and why they have not been successful. Since the service did not document alternative strategies on several occasions for one named consumer, I consider this demonstrates non-compliance with this requirement.

The Assessment Team also identified consent and behaviour support plans were overdue when considered against the service’s policy. The Approved Provider gave records evidencing review had occurred, though a number of the reviews were dated following the Site Audit.

The service did not demonstrate all governance systems were effective, namely in relation to regulatory compliance. Therefore, I find requirement 8(3) (c) is non-compliant.

* Regarding 8(3)(a)

Some consumers identified the organisation is well run and they can partner in improving the delivery of care and services provided. However, the Site Audit report reflected mixed feedback from consumers and their representatives on a number of items.

I have considered the meal concerns further in requirement 6(3)(d), access to medical officers in requirement 3(3)(f) and care planning in requirement 2(3)(e). Where evidence was addressed at another requirement, I do not consider sufficient impact was identified to also reflect non-compliance with this requirement. The Approved Provider addressed feedback of named consumers and representatives in their response.

Some negative feedback was brought forward regarding communication about staffing. The Approved Provider said recruitment information is shared regularly, including at consumer meetings, and some staffing information was not revealed due to confidentiality. I accept the Approved Provider’s explanation.

Despite deficits identified in the service’s application of feedback for continuous improvement, I am satisfied examples were brought forward to evidence consumers are engaged in the development, delivery and evaluation of care and services.

Therefore, I find requirement 8(3)(a) is compliant.

* Regarding 8(3)(e)

The Assessment Team considered deficits in this requirement regarding management of restrictive practices and criminal history checks. These concerns have been addressed at requirement 8(3)(c) and 7(3)(c) respectively, and I do not consider they are relevant to the service’s clinical governance framework as suitable policies and procedures were in place.

One named consumer’s representative reported they were not aware medication prescribed had been classified as chemical restraint, however the Site Audit report did not provide any further information. The Approved Provider said a restraint authorisation form was signed by the substitute decision maker on entry to the service. I do not consider this example is reflective of non-compliance.

Regarding feedback about involvement in reviews, I consider the non-compliance of requirement 2(3)(e) addresses this feedback.

Overall the service demonstrated a clinical governance framework was in place and staff demonstrated their understanding of the policies and procedures.

Therefore, I find requirement 8(3)(e) is compliant.

I am satisfied the remaining 2 requirements of Quality Standard 8 are compliant.

The governing body has a range of reporting mechanisms to ensure oversight and accountability, in addition to direct engagement with consumers onsite. A range of strategies and initiatives were described to support how the governing body promotes a culture of safe, inclusive and quality care and services.

Most consumers and their representatives said consumers are supported to live the best life they can. Staff described how they use the service’s policies, procedures and practices to minimise risk to consumers and follow reporting requirements for incidents.

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)