Performance

Report

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| Name of service: | Blue Care Star of the Sea Elders Village |
| Service address: | 121 Waiben Esplanade THURSDAY ISLAND QLD 4875 |
| Commission ID: | 5372 |
| Approved provider: | The Uniting Church in Australia Property Trust (Q.) |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 8 April 2023 |

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

**This performance report**

This performance report for Blue Care Star of the Sea Elders Village (**the service**) has been prepared by Stewart Brumm, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 27 April 2023.

# Assessment summary

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

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

# Areas for improvement

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

* Ensure The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
  + Ensure processes to monitor compliance with mandatory training are effective.

# Standard 1

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

Findings

The Assessment Team provided information that the Approved Provider was able to demonstrate consumers’ identity and culture is valued and consumers are treated in a dignified and respectful manner. The Approved Provider was also able to demonstrate care and services are provided in a culturally sensitive way. Consumers/representatives advised consumers are treated with respect and dignity and their diversity and culture is valued within the service. Staff were observed using respectful language in verbal and written communication in relation to consumers and staff addressing consumers by their preferred names.

Consumers described who they nominate to be involved in their care decisions and different ways the service supports them to maintain personal relationships within and outside of the service. Care documentation demonstrated who and what is important to the consumer and the consumer’s choices were regularly reviewed and updated to reflect any changes.

Consumers/representatives expressed satisfaction with support provided by staff for consumers to take risks and live the best life they can. A review of consumers’ care planning documentation identified the risks consumers wish to take, assessments of those risks, how consumers/representatives are supported to make informed decisions about the risks, and the strategies to support them.

Consumers/representatives said information provided to them is timely, clearly communicated, and easy to understand enabling them to exercise informed choice. The Approved Provider was able to demonstrate information regarding care and services is provided to consumers/representatives in a timely manner and in a clear, easy to understand way.

I have considered the information provided by the Assessment Team and I am persuaded by the Approved Providers ability to demonstrate compliance and the consumer/representative positive feedback in determining my findings.

I find this Standard compliant as I find all Requirements are compliant.

# Standard 2

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

Findings

The Assessment Team provided information that consumers/representatives said, and care planning documentation demonstrates consumers’ current needs, goals and preferences, including advance care planning are identified on entry to the service and discussed as part of the review process or as required. Staff could describe what is important to the consumer in terms of how their care is delivered.

Consumers/representatives confirmed they are involved in the assessment, planning and review of consumers’ care and services. Care planning documents reflect the consumer and others are involved in assessment and planning, including the medical officer and allied health staff. Most consumers/representatives said staff have discussed the care needs and information in the consumer’s care plan with them. Staff advised they have access to care plans for consumers through the electronic care management system, paper-based records and handover notes.

In relation to Requirement 2(3)(a) the Assessment Team provided information that whilst consumer files demonstrated assessment and care planning processes are completed to identify the needs, goals and preferences of consumers, care goals were generic and the same for each consumer. Care documentation did not consistently include identified risks or changes to consumers care and service needs. Management stated the consumers’ progress notes and associated care documentation are not reviewed daily by the registered staff and/or management. Subsequently, consumers’ health-related issues or concerns are not consistently identified, documented or escalated.

The Approved Provider did not demonstrate care plans are reviewed to identify the use of restrictive practices or that risk assessments have been completed or informed consent is obtained and documented. For named consumers this related to obtaining consent for the use of restraint. The Approved Provider was unable to provide the Assessment Team with wound care plans and for the named consumer did not demonstrate regular review of wounds.

Management acknowledged they had previously identified information in care plans is generic and there are gaps in relevant information documented in care plans.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as authorisation and consent for restraint forms, clinical records extracts, and handover notes.

In regard to the named consumers and the obtaining of consent for the use of restraint, I am satisfied by the supplied documents that consent had been obtained and was documented and is having ongoing review for continued use.

In regard to another named consumer matters related to the use of chemical restraint and wound management. I note the use of the chemical restraint was authorised by the medical officer with the ongoing use reviewed by both the registered staff (last review 13 January 2023) and the medical officer, noting that the most recent medical officer review was on 24 March 2023. I note the medication has not been used since December 2022. On the issue of consent, I am unable to determine if consent was obtained, whilst it appears the consumers’ representative was informed of the use of the restraint, I was not supplied evidence the representative had consent to the use of the medication. The consumers’ representative did not recall specific discussions relating to the risks on medications but did recall discussing medication changes within the part 12 to 24 months. With regard to wound management, the Approved Provider indicated they did not consider a skin tear to be a wound, and supplied clinical records demonstrated that skin tears had been managed, were reviewed by the medical officer and had healed. No photographs or wound care plan were supplied in relation to the skin tears; however, I note the clinical records indicated a photograph was taken and the skin tears had healed.

In regard to the named consumer and wound management, I am satisfied the supplied clinical records extracts demonstrated that the wound was being managed. Whilst wound photographs have occurred, I note these are not consistently being recorded. However, there is evidence of ongoing oversight and management of the wound by the medical officer.

I have considered the information presented by both the Assessment Team and the Approved Provider, and I have taken regard to the clinical records and other documents supplied. With regard to the use of restrictive practice and obtaining consent the Approved Provider supplied evidence of discussion and consent for the use of restraint for one named consumer and for the other evidence the consumers representative had been supplied information on the use of restraint, and a restraint form to indicate consent had been obtained, noting that evidence of the obtained consent was not supplied.

With regard to wound management, I note that while wound photography appears to be inconsistent with the Approved Providers policy, photographs for use in wound reviews does occur, with additional clinical oversight by regular medical officer reviews. I also note whilst inconsistencies in wound documentation can pose a risk to consumers wound management, I note that wounds are attended to on a regular basis and wounds are either healed or improving.

On balance of the information available I find the Approved Provider and staff did demonstrate that 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. Consumers and/or representatives are generally provided information on the risks associated with care, clinical records extracts identified that ongoing risks are reviewed and there is ongoing clinical oversight by the medical officer.

I also note in relation to generic care directives on care plans, the Approved Provider is aware of the limitations of the existing system, and is undertaking a review to identify improvement opportunities, they also supplied handover sheets indicating additional consumer specific preferences are communicated to staff, I also note the staff interviewed demonstrated sound knowledge of individual consumers.

I find Requirement 2(3)(a) is compliant.

In relation to Requirement 2(3)(e) the Assessment Team provided information that the Approved Provider was unable to demonstrate restrictive practices, behaviour management, wounds and skin care are effectively documented or reviewed for effectiveness for the named consumers. A review of consumers’ electronic care plan and paper-based charts showed inconsistencies in information documented and information on paper-based charts was not transferred to the electronic care plan in line with the service’s processes to allow appropriate review of changes in consumers’ needs or circumstances.

The Approved Provider provided a response that included clarifying information to the Assessment Team report as well as authorisation and consent for restraint forms, and clinical records extracts.

In regard to the named consumer matters related to the use of chemical restraint and wound management. I note the use of the chemical restraint was authorised by the medical officer with the ongoing use reviewed by both the registered staff and the medical officer, noting that the most recent medical officer review for ongoing use was on 24 March 2023. I note the medication has not been used since December 2022. I note the psychotropic register was updated at the time of the audit to reflect the medication use as chemical restraint. With regard to wound management, the Approved Provider indicated they did not consider a skin tear to be a wound, and supplied clinical records demonstrated that skin tears had been managed, were reviewed by the medical officer, and had healed. No photographs or wound care plan were supplied in relation to the skin tears; however, I note the clinical records indicated a photograph was taken and the skin tears have healed.

In regard to the named consumer and wound management, I am satisfied the supplied clinical records extracts demonstrated that the wound was being managed. Whilst wound photographs have occurred, I note these are not consistently being recorded. However, there is evidence of ongoing review, oversight and management of the wound by the medical officer.

I have considered the information presented by both the Assessment Team and the Approved Provider, and I have taken regard to the clinical records and other documents supplied. With regard to the use of restrictive practice, I am satisfied there is an ongoing review process for the continued use of restraints.

With regard to wound management, I note that while wound photography appears to be inconsistent with the Approved Providers policy, photographs for use in wound reviews does occur, with additional clinical oversight by regular medical officer reviews. I also note whilst inconsistencies in wound documentation can pose a risk to consumers wound management, I note that wounds are attended to on a regular basis and wounds are either healed or improving.

On balance of the information available I find the Approved Provider and staff did demonstrate that care and services are reviewed regularly for effectiveness.

I find Requirement 2(3)(e) is compliant.

I find this Standard compliant as I find all Requirements are compliant.

# Standard 3

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

Findings

The Assessment Team Provided information that consumers’ care plans reflect their end of life needs and wishes. Advance health directives are documented in the electronic care management system. Staff demonstrated an understanding of processes to support the needs, goals, preferences including cultural needs of consumers nearing their end.

The Approved Provider has documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak.

The Approved Provider provided a response to the Assessment Team report that included clarifying information as well as restraint records, clinical records extracts, reports, referral information, training and information material and revised duties lists.

In relation to Requirement 3(3)(a) the Assessment Team provided information that consumers are not receiving effective care that is being tailored to their needs and is optimising their health and well-being, particularly in relation to the management of wounds, falls, restrictive practices behaviour management and skin care. These deficiencies are due to gaps in staff knowledge, inconsistent application, monitoring and review of care, and not in accordance with the organisation’s established clinical governance framework.

With regard to a named consumers use of physical restraint; I note that consent was obtained from the representative in January 2020 with registered nurse and medical officer review for continued use occurring annually. I also not the Approved Provider did not provide evidence on ongoing consultation for the ongoing use of the restraint by the representative post 2020.

With regard to a named consumers use of chemical restraint; I note that consent was obtained from the representative in June 2029 and reviewed in July 2020 with registered nurse and medical officer review for continued use occurring annually. I also not the Approved Provider did not provide evidence on ongoing consultation for the ongoing use of the restraint by the representative post 2020.

With regard to a named consumer and skin/wound care, I note the Approved Provider has identified that the consumer did not have a wound at the audit, and the wound dressing was being applied for protection only. The consumer did have a skin tear and clinical records supplied indicated that the skin tear was attended by registered staff and has healed.

With regards to a named consumer and wound care, I note that whilst a wound care plan was not supplied by the Approved Provider, the clinical records extracts provided indicated that the wound was being reviewed by the medical officer on a consistent, often weekly basis. Staff were attending to the wound treatments by applying the same wound regime that was previously used. Whilst I note that the consumer did not have directions documented for general skin care and application of emollient creams post shower, I have not had information provided to indicate there is a deficit in the general skin care of the consumer. I also note the consumer has been reviewed by a wound specialist post the site audit, and the wound specialist noted the wound was being managed appropriately.

With regard to staff knowledge of clinical care, the Approved Provider supplied examples of education material that is available to staff. I also note that consumers are satisfied with the skills and knowledge of staff.

With regard to call bells being observed out of reach of consumers, I note that the Approved Provider has updated staff duties lists to include monitoring of call bell location and educated staff to check the same.

I have considered the information provided by the Assessment Team and the Approved Provider, and I am persuaded by the clinical records extracts in my finding for this Requirement. Whilst I note that the Approved Provider has not demonstrated consistent ongoing consultation and consent for restraint from representatives is documented, I acknowledge that consent for restraint is obtained at commencement of the restraint and there is ongoing registered nurse and medical officer review to monitor consumer safety. I also note the deficits in wound care documentation and the absence of a comprehensive documented wound care plan, however I also note wounds are reported as healing, there is a process for registered staff follow and there is ongoing medical officer and recently wound specialist reviews.

On balance of the information presented I find this Requirement is compliant.

In relation to Requirement 3(3)(b) the Assessment Team provided information that the Approved Provider was unable to demonstrate it consistently and effectively manages the risks to consumers in relation to wounds care, falls, pain management and restrictive practice. Monitoring and clinical governance processes have not identified that staff are not following the organisation policy and procedures for the management of high impact or high prevalence risks.

With regard to the named consumer and falls management, I note the clinical records extracts provided demonstrate that the consumer was reviewed by a registered nurse post fall, with ongoing clinical observations recorded and progress notes indicate the consumer was monitored for pain.

With regard to a named consumer and wound care, I note the Approved Provider has identified that the consumer did not have a wound at the audit, and the wound dressing was being applied for protection only. The consumer did have a skin tear and clinical records supplied indicated that the skin tear was attended by registered staff and has healed.

With regards to a named consumer and wound care, I note that whilst a wound care plan was not supplied by the Approved Provider, the clinical records extracts provided indicated that the wound was being reviewed by the medical officer on a consistent, often weekly basis. Staff were attending to the wound treatments by applying the same wound regime that was previously used. I also note the consumer has been reviewed by a wound specialist post the site audit, and the wound specialist noted the wound was being managed appropriately.

I note that reporting records extracts supplied demonstrated that high impact and high prevalence risks are reported and reviewed monthly.

With regard to the consumer who self manages their medications, I note the medical officer has spoken with the consumer and the consumer has agreed to store their medications in a locked draw. I note the consumer advised they do not leave their room, as such they felt there was no risk of the medications being used by another consumer.

I have considered the information provided by the Assessment Team and the Approved Provider, and I am persuaded by the clinical records extracts in my finding for this Requirement. I note the deficits in wound care documentation and the absence of a comprehensive documented wound care plan; however I also note wounds are reported as healing, there is a process for registered staff follow and there is ongoing medical officer and recently wound specialist reviews. I am satisfied that there are post falls protocols that are being followed by staff. I am satisfied there is ongoing monitoring of risks to consumers.

On balance of the information presented I find this Requirement is compliant.

In relation to Requirement 3(3)(d) the Assessment Team provided information that the Approved Provider was unable to demonstrate effective monitoring or processes to identify when a consumer’s condition is changing or deteriorating. Staff advised consumers’ condition is not regularly monitored and consumer care documentation is not monitored for signs of change of consumer condition. Some consumers/representatives were not satisfied that staff were identifying consumer’s deterioration or responding in a timely manner. The Approved Provider was unable to demonstrate wounds, behaviours, falls or pain are being managed effectively or escalated to external specialists in a timely manner.

With regard to named consumers and management of pain. I note for one consumer that the consumers pain has been monitored and reviewed by the medical officer and I note changes to medications to manage pain occurred following a pharmacy review of medicines in use. For the second named consumer, I note the pain monitoring records supplied relate to pain monitoring that has occurred post the site audit, with other evidence of monitoring occurring in September 2022. I also note that clinical records extracts demonstrated pain was monitored post fall for one of the named consumers.

With regard to ongoing monitoring of consumers for changes in condition, I note the clinical records extracts and report extracts supplied by the Approved Provider that indicate that monitoring of consumers condition changes is occurring and referrals to the medical officer are occurring. The Approved Provider response indicated that the clinical leader (on leave at the time of the site audit) reviews the handover reports daily as an additional monitoring process.

I have considered the information provided by the Assessment Team and the Approved Provider, and I am persuaded by the clinical records extracts in my finding for this Requirement. I note that pain is monitored for consumers and there are processes to monitor consumers for changes in condition, and changes in condition are referred to the medical officer.

On balance of the information presented I find this Requirement is compliant.

In relation to Requirement 3(3)(e) the Assessment Team provided information that Approved Provider was not able to demonstrate effective processes are in place to ensure consumer’s information is documented, communicated accurately and is reflective of the consumer’s current care needs. Care documentation was recorded inconsistently or not updated therefore did not consistently provide current consumer care needs.

With regard to the named consumer and updating of the behaviour support plan, the Approved Provider identified that there was an uploading error with a document incorrectly tagged to the behaviour support plan.

With regard to the management of wound documentation and actioning medical officer updates received by email. The Approved Provider indicated all new registered staff are provided email access on commencement of employment and the clinical lead monitors emails for changes. Staff are updated on changes via the handover process. Documents supplied included an example of an email from a medical officer, however comprehensive wound care plans were not provided to demonstrate email changes are updated in consumers care routines. I also note that the staff at the service are not consistently following the organisation wound care processes, and whilst wound photographs are occurring, they are not recorded in line with organisation policy. However, I note that wounds are reviewed by the medical officer regularly, often on a weekly basis, and I note for the named consumer the wound is healing.

The Assessment team observed inconsistencies between information in the electronic care management system, and paper based records used to support the delivery of care and services. The Approved Provider has acknowledge there are delays in updating the electronic care management system, often due to technical issues related to the remoteness of the service. However, the Approved Provider contends that the hybrid system of electronic, paper records, whiteboards and verbal handover are providing staff with sufficient information to meet consumers needs. I also note consumers were satisfied with the skills and knowledge of the staff, and that staff demonstrated knowledge of individual consumers needs and preferences.

I have considered the information provided by the Assessment Team and the Approved Provider, and I am persuaded by the clinical records extracts, and clarifying information provided in my finding for this Requirement. Whilst I note there are deficits in the recording of information, such as in comprehensive wound care plans, on balance I find that the information about the consumer’s condition, needs and preferences is communicated to staff.

I find this Requirement is compliant.

In relation to Requirement 3(3)(f) the Assessment Team provided information that the Approved Provider did not demonstrate timely and appropriate referrals occur for consumers requiring care and services from other organisations and providers of care. Management reported due to the remote location of the service, they rely on local health services on the Island for support which at times results in delay of additional care and services. Management was unable to describe processes to follow up on referrals submitted to other organisations.

The Approved Provider clarified information in the Assessment team report, including which allied health professionals the consumers have access to. Consumers have access to dentist services, podiatry, dietetics, and speech pathology. The Approved Provider is in the process of contracting a physiotherapist. Additional referrals are made to the local health service and the Approved Provider is reliant on the Allied Health staff being available at the local health service. It is noted that the local health service has secured the services of a wound specialist since the site audit and consumers have since been reviewed by the wound specialist.

In regard to the named consumer referral to a geriatrician, I note that the consumer does not want to travel to cairns for any future appointments and a geriatrician is not available via the local health service. The Approved Provider indicated that tele-health processes are utilised to facilitate referrals, however it is unclear if this has been considered for the geriatrician. I note the consumer continues to have weekly medical officer reviews.

I have considered the information provided by the Assessment Team and the Approved Provider, and I am persuaded by the clinical records extracts, and clarifying information provided in my finding for this Requirement. I note the remote location of the service and the challenges this has caused the Approved Provider in the management of referrals. I am satisfied that there is a process for referrals, and the consumers are generally being referred to allied health staff and specialists.

I find this Requirement is compliant.

I find this Standard is compliant as I find all Requirements are compliant.

# Standard 4

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

Findings

The Assessment Team provided information that consumers said the service provides lifestyle activities that meet their needs and preferences.

The Approved Provider was able to demonstrate services provided promote consumers’ emotional and spiritual well-being. Consumers could describe how the service supports them in attending religious services within the chapel, the community or individual religious practice within their room. Lifestyle staff described the religious services held at the service, how consumers are supported to attend religious services in the community and demonstrated knowledge of the different faiths and beliefs of the consumer cohort.

Consumers are supported to participate in their community through visiting family, shopping, attending their local church and doing their own banking. Consumers also described how the service supports them to maintain relationships. Care documentation identified consumer’s individual interests and social and personal relationships of importance to them.

Consumers’ care documentation contained information about the consumer’s condition, needs, and preferences and where required, this information is made available to other organisations or individuals who share the responsibility for the consumer’s care.

Consumers stated the meals provided by the service were varied and of suitable quality and quantity. Hospitality staff were able to explain the process used to communicate the consumers’ needs and preferences to the kitchen. The chef described processes of designing and planning menus that met the preferences of the consumer cohort. Consumer’s care planning documentation included food preferences, needs and allergies and the kitchen has access to consumer dietary plan information.

Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

I have considered the information provided by the Assessment Team and I am persuaded by the Approved Providers ability to demonstrate compliance and the consumer/representative positive feedback in my determining my findings.

I find this Standard compliant as I find all Requirements are compliant.

# Standard 5

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

Findings

The Assessment Team provided information that the Approved Provider was able to demonstrate a welcoming environment. The environment of the service is open, well-lit, and spacious. The central ‘ocean view room’ has full glass/ window exposure to expansive ocean views and has ample, comfortable areas for dining, relaxing, socialising and activities. Consumers have personalised rooms decorated with furnishings and personal items which reflect their individual character and preferences.

Consumers/representatives reported furniture and equipment is suitable, clean, and well-maintained; and they feel safe when using equipment.

Consumers/representatives advised, and the Assessment Team observations confirmed, consumers are supported to leave the service at any time.

In relation to Requirement 5(3)(b) the Assessment team provided information that the Approved Provider was able to demonstrate the service is comfortable and consumers are able to move freely both indoors and outdoors. However, the Approved Provider was unable to demonstrate that the service environment is safe. One consumer was observed, and staff confirmed knowledge of the consumer smoking outside of the designated smoking area.

The named consumer was observed to be smoking on the on the veranda outside his room. And whilst the consumer is a resident of the co-located second service, the home is run as an integrated model and is a single building. As such the Assessment Team identified that the actions of this consumer pose a risk to all consumers.

The Approved Provider provided a response that included clarifying information and consumer smoking risk assessment. The Approved Provider contends that the consumer is of sound mind and able to make informed decisions about his smoking, including intermittent use of a smoking apron. The consumer is also provided a mobile pendant alarm to call for assistance. The consumer is aware of the need to smoke in the smoking area, however, was observed by the Assessment Team and confirmed by staff to also smoke outside their room on the veranda.

In determining my findings for Requirement 5(3)(b) I note that whilst the Approved Provider may not be complying with State based legislation around smoking at aged care facilities, I also note the management of risk to the consumer and other consumers residing at the home. I note the consumer is able to make informed decisions, has smoked for a long time without incident, the consumer was not seen smoking inside the building or their room, nor did staff report the consumer is smoking inside the building. The Assessment Team did not note any signs of increased risk such as burn marks on furniture or lit cigarette butts on the ground or near the building.

Based on the consumers capacity, the provision of a mobile alarm pendant to raise staff attention in an emergency and the absence of evidence of the consumer smoking inside their room or the building, I am satisfied that the Approved Provider is managing the risk to maintain a safe service environment.

I find this requirement is compliant.

I have considered the information provided by the Assessment Team and the Approved Provider and I am persuaded by the Approved Providers ability to demonstrate compliance and the consumer/representative positive feedback in my determining my findings.

I find this Standard compliant as I find all Requirements are compliant.

# Standard 6

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

Findings

The Assessment Team provided information that consumers/representatives said they feel encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so. These included speaking to management or staff directly, during consumer/representative and food focus meetings or through the use of feedback forms.

Consumers reported they have seen posters displayed with information on how to escalate complaints to external services such as the Aged Care Quality and Safety Commission and external advocacy services, including the Older Persons Advocacy Network.

Most consumers/representatives said they had not lodged any complaints; however, had confidence any complaints would be promptly addressed by management. Review of the compliments and complaints register identified complaints are recorded, investigated and addressed.

Consumers/representatives said they are able to provide feedback and make suggestions through multiple forums which are taken into consideration and actioned by management.

I have considered the information provided by the Assessment Team and I am persuaded by the Approved Providers ability to demonstrate compliance and the consumer/representative positive feedback in determining my findings.

I find this Standard compliant as I find all Requirements are compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-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 provided information that consumers/representatives interviewed provided positive feedback in relation to workforce interactions and confirmed staff are kind, caring and treat consumers well. The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner. Consumers/representatives sampled said staff have the knowledge and skills to provide safe and quality care and services that meets their needs and preferences.

Staff stated, and review of documentation confirmed, staff are involved in regular monitoring and review processes of each staff member’s performance.

The Approved Provider provided a response to the Assessment Team report that included clarifying information as well as clinical records extracts, training records, memorandum, training and information material, and email correspondence.

In relation to Requirement 7(3)(a) the Assessment Team provided information that the Approved Provider was unable to demonstrate the mix of staff enables the delivery of safe and quality care and services, noting adverse clinical outcomes for consumers and a failure to appropriately identify, risk assess, consult and monitor consumers subject to restrictive practices.

The Approved Provider clarified the staffing arrangements for the service. Local staff are supported by a newly implemented fly in fly out model for additional staff. Staff are contracted to a minimum 12-month contract for the fly in fly out contracts. The Approved Provider acknowledged that some staff may not have been consistently following the organisations policies and processes, and refresher education has been arranged for staff. I note the compliance findings in relation to Standards two and three and that the Approved Provider has demonstrated compliance with these Standards. I acknowledge that in relation to restrictive practice, the clinical staff had not identified all consumers subject to chemical restraint, and I note that this was corrected when the Assessment Team provided clarification on what constitutes chemical restraint at the site audit. I note records were corrected at the time of the site audit and I note additional education is being provided to staff. I also note consumer satisfaction with skills and knowledge of staff and staff knowledge of consumers needs and preferences.

I have considered the information provided by the Assessment Team and the Approved Provider, and I am persuaded by the clarifying information in relation to the staffing model, as well as consumer satisfaction with staff and staff demonstrating knowledge of individual consumers needs and preferences. I also note the Approved Providers’ compliance with the clinical standards.

I find this Requirement is compliant.

In relation to Requirement 7(3)(d) the Assessment Team provided information that the Approved Provider was not able to demonstrate that the workforce is adequately trained to deliver safe and quality care and services. Staff reported they receive training pertaining to their roles, however despite an established mandatory training policy, review of records provided by the service demonstrated significant non-compliance. A training compliance report provided identified low compliance rates for a number of mandatory training modules and the Approved Provider was not able to demonstrate compliance rates for education provided to staff on restrictive practices.

The Approved Provider has reviewed the records provided to the Assessment Team during the site audit and has noted that the records were not current and contained several staff who had left employment. This resulted in revised data on compliance with mandatory training. I note that there remains a range of training that has not been completed, including staff yet to complete consumer protection (2 staff), First response evacuation (3 staff), general evacuation (9 staff to complete, with a current completion rate of 58%) and one staff member to complete infection control training. A memorandum has been sent to staff and staff are expected to complete outstanding training by 31 May 2023.

With regard to training provided on restrictive practice, I note there are 2 staff yet to complete this training. Following feedback provided by the Assessment Team during the site audit, additional modules on restrictive practice have been added to the training calendar, with additional toolbox training sessions on restrictive practice to be delivered to staff.

With regard to staff knowledge of the serious incident response scheme, due to staff during the site audit not demonstrating knowledge of what constitutes and incident to be reported, I note the Approved Provider has identified that language used by the Assessment Team may have confused some staff. The Approved Provider is however providing updated training to staff on the serious incident response scheme. I also note that the Assessment Team identified all required serious incident response scheme notifications had occurred as required.

I have considered the information provided by the Assessment Team and the Approved Provider and note that mechanisms to monitor staff attendance at mandatory training has not been effective in ensuring staff complete all required training. I also note the low compliance rate with general evacuation training as well as the noted non-compliance of a consumer with smoking arrangements, I consider it reasonable to expect staff to have completed this training as an additional measure to manage the risk of the consumers smoking habits.

On balance I find that the Approved Provider did not demonstrate at the time of the site audit that staff were completing mandatory training as scheduled. I note the additional training being arranged, however this has not been completed and the effectiveness of ongoing monitoring of compliance with training is yet to demonstrated as effective.

I find the Requirement is non-compliant.

I have considered the information provided by the Assessment Team and the Approved Provider and I am persuaded by the Approved Providers ability to demonstrate compliance and the consumer/representative positive feedback in determining my findings.

I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), and 7(3)(e) compliant. I find Requirement 7(3)(d) non-compliant.

The overall Standard rating is non complaint as one of the Requirements is non-compliant.

# Standard 8

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

Findings

The Assessment Team provided information that consumers said they have multiple opportunities to provide feedback on care and services and management demonstrated the multiple avenues for consumers to be involved in the evaluation of cares and services. Consumers said they considered the service is well run and they can provide feedback and suggestions to management through multiple forums available at the service and through other feedback mechanisms such as ‘room visits’ and feedback forms.

The Approved Provider was able to demonstrate how the organisation’s governing body promotes a culture of safe, inclusive and quality care. The monthly Operational and Quality committees report to the organisation’s Quality and Care Governance Committee which reports to the Board.

The Approved Provider provided a response to the Assessment Team report that included clarifying information as well as handover sheets, referral information, clinical monitoring examples, training records and materials, Memorandum, clinical records extracts and the psychotropic register.

In relation to Requirement 8(3)(c) the Assessment Team provide information that whilst the organisation has established governance systems, gaps in communication and recording of information have resulted in deficiencies in information management, continuous improvement, workforce governance and regulatory compliance. The Approved Provider was able to demonstrate effective governance systems for financial governance and feedback and complaints.

In relation to information management the Assessment Team provided information that a review of consumer care documentation demonstrated that information regarding consumers’ care needs and treatment provided are not consistently documented, preventing continuity of care and appropriate oversight, and monitoring of consumers’ conditions.

The Approved Provider acknowledge there has been a delay in uploading paper based documents to the electronic care management system, this is often due to technically difficulties related to the remote location of the service. I note the use of handover to provide both verbal and written updates on consumer care needs and conditions. The clinical lead reviews handover sheets daily for changes. In relation to potential deficits in information management identified by the Assessment Team, I note the rating of compliance for Standard 2 and Standard 3, with the Approved Provider demonstrating that consumer information is generally recorded, reviewed used to guide care.

In relation to continuous improvement the Assessment Team provided information that deficiencies in recording consumer care information and gaps in staff knowledge have resulted in the Approved Provider failing to identify opportunities for improvement related to deficiencies in the provision and monitoring of clinical care and management of risk, including recognising and responding to clinical deterioration.

I note for the Approved Provider response that the Approved Provider is undertaking a process of continuous improvement. Consumer care information is generally documented and available to staff, and changes in consumer condition of deterioration is recognised and responded to.

In relation to workforce governance the Assessment Team provided information that gaps in the continuity of staff, staff understanding of organisational policies and procedures and low training compliance rates have resulted in adverse outcomes in the clinical care and management of risk to consumers.

The Approved Provider has demonstrated that there are workforce governance processes established, and has recently introduced a new staffing model combining local staff with fly in fly out contracted staff to ensure continuity of staff. I also note the deficits in monitoring compliance with mandatory training.

In relation to regulatory compliance the Assessment Team provided information that a review of psychotropic register identified multiple consumers subject to chemical and mechanical restrictive practice without consent, assessment or appropriate monitoring and review.

The Approved Provider has demonstrated that there are processes to obtain the consent for the use of restraint, however I note there is inconsistent communication with representatives and consent recorded for the ongoing use of restraint. I note restraint is reviewed by registered staff and the medical officer. In relation to the identification of chemical restraint, I note the Approved Provider update records following discussions and clarification with the Assessment Team.

On balance following a review of the information presented by the Assessment Team, combined with compliance findings in this report and the Approved Providers response, I find that the Approved Provider does have organisational wide governance systems.

I find this Requirement is compliant.

In relation to Requirement 8(3)(d) the Assessment team provided information that gaps in staff knowledge and deficiencies in information management and clinical oversight have resulted in inconsistent care and monitoring of consumers subject to high impact and high prevalence risks, resulting in adverse outcomes. For named consumers this was in regard to the use of restraint and wound management.

I note the compliance findings for Standard 2 and Standard 3 and the absence of significant risk to consumers or any notable adverse outcomes. The Approved Provider has demonstrated that there are processes to obtain the consent for the use of restraint, however I note there is inconsistent communication with representatives and consent recorded for the ongoing use of restraint. I note restraint is reviewed by registered staff and the medical officer. In relation to the identification of chemical restraint, I note the Approved Provider update records following discussions and clarification with the Assessment Team. In relation to wound care, I note the absence of comprehensive wound care plans, however, note that there are communication processes to ensure wounds are managed, there is ongoing clinical oversight by medical officer and the wounds are healing.

I am satisfied that the Approved Providers has governance processes to manage high impact and high prevalence risks to consumers.

I find this Requirement compliant.

In relation to Requirement 8(3)(e) the Assessment team provided information that whilst implementation of clinical governance framework has occurred, monitoring of the framework has not identified deficits in the provision of clinical care, and deficits in the management of restrictive practice. For named consumers this was in regard to the use of restraint and wound management.

The Approved Provider has demonstrated that there are processes to obtain the consent for the use of restraint, however I note there is inconsistent communication with representatives and consent recorded for the ongoing use of restraint. I note restraint is reviewed by registered staff and the medical officer. In relation to the identification of chemical restraint, I note the Approved Provider update records following discussions and clarification with the Assessment Team. In relation to wound care, I note the absence of comprehensive wound care plans, however, note that there are communication processes to ensure wounds are managed, there is ongoing clinical oversight by medical officer and the wounds are healing.

I also note open disclosure is practiced as part of the complaints process and staff could describe ways they can minimise infection within the service and reduce the need for antibiotics such as through encouraging fluids for consumers, hand hygiene practises and using appropriate personal protective equipment.

I have considered the information presented by the Assessment Team and the Approved Provider and I note the compliance findings in relation to Standards 2 and Standard 3.

I find this Requirement is compliant.

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-1)