Performance

Report

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| Name: | Bolton Clarke Fernhill |
| Commission ID: | 5081 |
| Address: | 103 King Street, CABOOLTURE, Queensland, 4510 |
| Activity type: | Site Audit |
| Activity date: | 9 January 2024 to 12 January 2024 |
| Performance report date: | 14 February 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3438 Bolton Clarke Fernhill |

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 Bolton Clarke Fernhill (**the service**) has been prepared by K.Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers were treated with dignity and respect, and their identity, culture and diversity was valued by the service. Care and lifestyle staff demonstrated knowledge of consumers’ needs, preferences and cultural backgrounds. Information provided by care staff and management was consistent with information detailed in consumer care plans and risk assessment documents. The service had relevant policies and procedures in place to guide staff in treating consumers with dignity and respect, whilst valuing consumers culture and diversity including the Diversity Framework 2017-2025. This policy outlined the organisational strategy in meeting the needs and choices of consumers. Staff and management were observed to treat consumers with dignity and respect during the Site Audit.

The service was found to be non-compliant in Requirement 1(3)(a) at an Assessment contact 30 to 31 August 2023. Deficits related to an inconsistent application of treating consumers with dignity and respect had negatively affected consumer care and services.

Actions taken to address the non-compliance included the creation of a Care Champion role for each floor of the service. The Care Champion was responsible for overseeing all care that would otherwise go unnoticed by regular care staff. Feedback provided by a Care Champion included the role ensured all consumers’ dignity and respect needs were able to be achieved. Education sessions relating to dignity and respect and person centre care had been held since August 2023. The service implemented a plan for continuous improvement which detailed improvement actions to address the non-compliance, including the review of times for hygiene cares and the production of a shower list, and agenda items at registered staff meetings to include dignity, respect, and privacy.

Based on the actions listed above and the level of positive feedback from consumers relating to dignity and respect, it is my decision this Requirement is now Compliant.

Consumers and representatives confirmed staff recognised and respected consumers’ differing cultural identities and backgrounds. The care plans of consumers from culturally diverse backgrounds were tailored to meets their unique cultural needs and preferences. Staff confirmed they completed mandatory cultural awareness training, which identified consumers with unique cultural needs and explained how care for such consumers was delivered respectfully. Delivery of care at the service was consistent with consumers’ cultural needs and preferences. The service had policies, procedures and training modules in place to guide staff of how to deliver services with dignity and respect.

Consumers were supported to make independent choices of the way consumers’ care was delivered and who was involved in their care. Consumers felt encouraged to make connections with others at the service and maintain existing relationships with family and friends outside of the service. Staff were knowledgeable about consumers care related preferences and who the consumer wished to be involved in providing care. Care plans referenced consumers’ choices and how they wished for their care to be delivered.

Consumers and representatives confirmed the service supported consumers to take risks and exercise choice to live the best life they can. Staff were cognisant of the consumers who took risks, providing examples of how consumers were supported through risk management practices. Staff were supportive of consumers’ rights to make independent choices whilst informing them of risks. Care plans, dignity of risk forms and risk assessment documents identified and described relevant risks, allowing for consumers and representatives to make informed decisions and provide adequate consent when taking risks.

Consumers and representatives were satisfied that the service provided consumers with information in a timely, clear and easy to understand manner. Consumers and representatives were informed by verbal communication, face to face communication and written communication what was happening at the service or when changes to care and services occurred. Staff described various ways in which they communicated information with consumers to make information understandable and accessible for all consumers. This involved using differing techniques to interact with different consumers, such as communicating information to consumers with hearing loss or with cognitive impairment. Staff interacted with consumers daily, during which time they verbally informed consumers of the daily lifestyle activities and meal choices. It was observed information was available to consumers both in their room and in common areas.

Consumers confirmed their privacy was respected and their confidential information was well maintained. Electronic confidential consumer information was password protected and hardcopy confidential consumer information was stored inside nursing stations, which required staff passes to enter. Care documentation captured each consumer’s individualised privacy preferences. The service had current policies and procedures that acted as privacy and confidentiality practise guidelines.

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

# Standard 2

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

Findings

Consumers felt their care was well planned and they felt safe, and staff asked them about their medical history, pain, mobility, skin, diet, medication, allergies to plan their care. Care planning documentation demonstrated consumers were assessed on entry and on an ongoing basis using a suite of assessments using validated assessment tools for cognition, communication, skin, pain, mobility, nutrition, bowel, sleep, palliative assessments, and a falls risk assessment tool.

Care planning commences prior to the consumer’s entry to the service and uses the input of consumers, representatives, Aged Care Assessment Team assessments, hospital discharge letters, medical officers, specialists and allied health assessments. Policies, procedures and a 28 day entry checklist was used to guide staff to identify risks and plan care. Management met with consumers’ families prior to entry to identify clinical needs, dietary needs and preferences and prereview clinical form.

Management completed daily reviews of progress notes to identify any consumer needs or risks and a more thorough care planning documentation review was completed every six months. Management provided training on dementia to assist with staffs’ ability to assess and plan for consumers living with cognitive impairment.

Consumers and representatives confirmed the service collected information on consumers’ needs, goals and preferences including end of life wishes at the time of entry and on an ongoing basis. Management discussed consumers’ goals and care preferences, with the consumer and/or representatives and provided them with an advance health directive form to be completed prior to entry, when consumers’ health deteriorated and during yearly scheduled care conferences. The service used a substitute decision maker to assist in care planning including end of life care preferences for consumers without decision making capacity. Staff confirmed care planning was guided by a checklist, policies and procedures, and a palliative care pathway tool.

Consumers and representatives confirmed they were involved in consumers’ care planning and review and consumers had access to other providers of care if required. Care plans were formulated in consultation with consumers and their nominated representatives, allied health and medical officer. Consumers had access to specialist services such as palliative care services, dementia support services, and wound care specialist. Care documentation confirmed partnership and input into the assessment and planning process from the consumers and representatives, the medical officer, pharmacy, physiotherapist and dietitian. Care conferences with consumers and representatives were conducted to ensure consumers were receiving care in line with their preferences and needs and providers of other care and services were included, as necessary.

Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff and consumers were informed of the outcomes of assessment and planning. Representatives were involved in care planning as evidenced by progress notes and case conferences with outcomes of assessments being communicated to them. Management notified the consumers’ representatives and consumers’ medical officer of any change in condition such as skin tears, falls, pressure injuries or responsive behaviours resulting in an incident. Staff received relevant and current information about consumers via the service’s electronic care system and verbal and written handover processes.

Care and services were reviewed regularly, as needed or as consumers’ preferences changed. The service had a schedule for care plan reviews comprising immediately after completion of the entry assessment process and annually with a full suite of reassessments completed. Care plans were updated following changes in consumers’ needs and preferences, including after falls, skin integrity changes, deterioration, and incidents. Staff utilised policies and procedures which guided assessments of consumers. Care documentation confirmed staff completed post hospital discharge reviews to identify any changes in consumer condition and updated the care plans accordingly.

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

# Standard 3

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

Findings

The service was able to demonstrate each consumer received safe and effective personal care, clinical care, or both personal care and clinical care, which was best practice, tailored to their needs, and optimised their health and well-being. Consumer files contained evidence of contemporaneous management of consumer’s wounds, pressure injury prevention, pain, falls prevention management, post fall monitoring and reviews by a medical officer and physiotherapist, as well as management of consumer behaviours and restrictive practices, diabetes monitoring and weight loss management. For consumers who were subject to restrictive practices, authorisation was supported using behaviour support plans, behaviour charting, and a cognitive assessment. Pain assessments were completed for three days following the identification of a wound or following a fall. Consumers with chronic pain had a weekly pain assessment completed.

The service was found to be non-compliant in Requirement 3(3)(a) following an Assessment contact 30-31 August 2023. Deficits related to a lack of effective monitoring of consumers with pain, wounds, weight loss, diabetes, challenging behaviours, time sensitive medication, falls and restrictive practices.

Actions taken to address the non-compliance included education and training relating to documentation, weight loss, oxygen therapy care, falls management, pain assessments, pressure injury prevention, wound care, person centred care, nutrition and hydration, medication management, diabetes management, restrictive practices, dementia, and the Serious Incident Response Scheme. The service completed a review of all consumer care plans, including a comprehensive review of consumers who had been specifically identified in the previous Assessment Contact report. Consumers who were at risk of falls, pain, responsive behaviour, timely medication, and malnutrition were incorporated into a program that involved a care staff member to review each of these consumers hourly to ensure their risks were mitigated.

A Care Champion was rostered on for each wing in the service and their role was to hourly review each consumer in their wing to ensure those consumers who prefers to dine in their room had the correct meal, it was within reach and if they had any concerns. Care Champions were also to observe the falls prevention strategies were in place and check the call bell was in reach for consumers.

A monthly audit was completed to ensure all consents for restrictive practice had been obtained, and non-pharmacological strategies were trialled prior to administration of chemical restraint. Alerts were placed on each consumer’s care plan with risks including time sensitive medication and procedures like blood glucose levels checks, pain and high falls and pressure area risks, ensuring consumers who were immobile had items within reach including call bell. Pressure area and fall prevention strategies were also included in the alert.

Staff and management provided best practice care to consumers, following organisational policies and procedures, and seeking input from specialist care services and receiving education. Management described how they supported registered staff through overarching day to day clinical oversight.

Based on the actions listed above and the level of positive feedback from consumers relating to the provision of clinical and personal care, it is my decision this Requirement is now Compliant.

Consumers’ care planning documentation demonstrated the service managed consumers’ high impact or high prevalence risks by staff following policies and procedures and applying measures to make sure the risk is mitigated. High impact high prevalence risks were collated, data analysed and discussed with multidisciplinary staff and the organisation’s quality management team. Staff described consumers’ risks and the strategies in place to manage these. New consumers were discussed in management, nursing, and multidisciplinary team meetings to identify risks and plan care accordingly.

Management team meetings minutes confirmed clinical indicators, infection reports and incident forms were analysed and discussed monthly at monthly clinical meetings, fortnightly allied health meetings and other weekly management meetings. Clinical indicator data including falls was used to identify trends, inform and direct continuous improvement activities and staff training needs. Management reviewed care documentation to ensure it aligned with the service’s post fall management. The causative factors for falls were investigated including medication and behaviour management. Consumers were referred to a physiotherapist and their medical officer following a fall, pain assessments and a post fall pathway was followed.

Skin tears, infections and pressure injuries were reported and analysed monthly for trends. Wound specialists were referred to in relation to pressure injuries Stage II and above and if a wound deteriorated or was not showing signs of healing within four weeks. Consumers were observed with pressure relieving devices in place including boots, specialised mattresses wound healing supplements and the application of moisturiser. Consumers requiring oxygen therapy had care planning directives relating to the changing and cleaning of equipment. Diabetic consumers were supported by diabetic management plans, including medical officer directives and actions to be taken when blood glucose readings were outside set parameters. Staff were reminded of consumers requiring time sensitive medication through alerts generated by the service’s electronic management system. Consumers were weighed monthly and referred to the dietitian following any identified weight loss.

Staff provided care to enable comfort, ensure pain was monitored and relieved, symptoms were managed, and dignity preserved for end of life care. Staff identified deterioration in consumers and ensured end of life wishes were revisited via a care conference if needed. Consumers’ care planning documentation demonstrated end of life preferences, spiritual and cultural preferences and beliefs were captured. Consumers and family were supported by external palliative care services to ensure needs, goals and preferences were captured. Staff were guided by a palliative care policy and procedure. Training on palliative care was provided. Clinical meetings discussed advanced health directives and advance care planning.

Consumers and representatives confirmed the service responds quickly to changes in consumers’ wellbeing. Management identified changes in the consumer’s condition via staff referrals and staff meetings which enabled a prompt response. A Care Champion was dedicated to observing consumers at risk of harm such as falls, deterioration and responsive behaviour and reviewed these consumers each hour for their wellbeing and to identify any deterioration in a timely manner. Daily review of progress notes, scheduled reviews, incident reports, clinical charting and feedback about consumers’ conditions alerted management to any changes in a consumer’s condition and ensured there was a timely response. Care planning documentation demonstrated consumers were monitored for changes in condition. Staff were provided training in recognition and management of deterioration.

Consumers and representatives were confident the service collected the relevant information required to provide care in relation to consumers’ preferences and needs. Consumers’ care planning documentation demonstrated timely completion of charting for vital signs, mobility, fluid balance, bowel, and wound charts. This enabled timely and accurate information sharing with other staff, medical officers and consumers and representatives. Staff reported up to date information relating to consumers’ conditions, needs and preferences was in line with care planning documentation and shared on the electronic care system and during daily handover. Management and staff notified the consumer’s medical officer, other allied health professionals and representatives if they identified changes in a consumer’s condition, or a clinical incident occurred.

Consumers stated they were aware the service arranged timely and appropriate referrals to relevant health supports such as allied health professionals, dietitians or the consumers’ medical officer. Management and staff described referral avenues for individual consumers’ needs, which aligned with care documentation. Physiotherapy and occupational therapy services were referred to when a consumer’s mobility needs changed. Referrals were observed in care documentation and progress notes for optometry, dental, geriatrician, dementia support, specialists, and palliative care.

Consumers felt safe in relation to COVID-19 and were satisfied with the service’s infection control measures. Staff completed regular training on infection control practices and described how to minimise the transmission of infections. Documented policies, procedures and a pandemic plan supported the minimisation of infection related risks, including antimicrobial stewardship and standard and transmission-based precautions. All visitors were screened using a questionnaire when entering the service and staff self-monitored for any signs or symptoms of illness and undertake a rapid antigen test. Consumers were vaccinated as per their consent and records indicated 100% vaccination compliance by staff against influenza and COVID-19. The service utilises two care managers who completed a course on infection control and prevention training as the infection prevention and control leads. The service had organisational infection control and prevention specialists to aid, audit staff practices and provide education. There were three monthly medication advisory committee meetings with management, a medical officer and pharmacists, who discussed antimicrobial stewardship and monthly antibiotic reporting and analysis.

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

# Standard 4

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

Findings

Consumers were satisfied that services and supports for daily living met their needs, goals, and preferences. Consumers confirmed they received safe and effective services that maintained their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care plan documentation captured the consumer’s life story and identified consumers’ choices, lifestyle likes and dislikes, social affiliations, and spiritual and religious needs, and provided information about the supports consumers required to do the things they wanted to do. Lifestyle staff stated and documentation reflected, they captured the relevant information to develop the leisure and lifestyle care plan, which was reviewed and updated as required in consultation with the consumers and representatives. Consumers were observed to be engaged in various activities during the Site Audit.

Consumers confirmed there were services and supports for daily living available promoting their emotional and spiritual well-being. Staff described the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as spending one-on-one time with consumers who do not wish to participate in group activities. Consumer care plans had completed documentation to inform staff of each consumer’s needs, goals, and preferences. and care planning documentation outlined consumers’ emotional and spiritual needs with strategies in place to support and promote these needs. The activities calendar displayed one-on-one visits as required, and weekly church services.

Consumers were supported by the service to participate in their community within and outside the service environment as they chose. The service supported consumers in maintaining social and personal relationships and doing things of interest to them. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documentation identified activities of interest for the consumers and how they were supported to participate in these activities and in the wider community. The weekly activity program was displayed in all communal areas. Initial assessments and care plans reflected each consumer’s interests prior to entering the facility and how they could continue to participate in these interests whilst residing at the service.

Consumers and representatives felt information about consumers’ condition, needs, and preferences were effectively communicated, and staff understood consumers’ needs and preferences. The service utilises its electronic care system and a handover process between shifts to ensure consumer information was shared where care was provided. Allied health staff, visiting medical officers and other specialists were provided with access to the electronic system where information was recorded and shared. Entries from the broader treating healthcare team were evident in the system supporting effective sharing of information about the consumers condition and preferences. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care was shared.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers’ care and services plans demonstrated the organisation collaborated with other individuals, organisations, or providers to support the diverse needs of consumers. Staff described how the consumer was actively involved in referrals and how consent was obtained. The organisation had established links with individuals, organisations, or providers to ensure consumers had access to a range of services and supports. Consumers confirmed where the organisation had been unable to provide a suitable service or support, the organisation has referred them to appropriate individuals, organisations, or providers to meet their changing services and support needs. Consumers stated referrals happened promptly when their needs, goals, or preferences changed, and they were satisfied with the services and supports delivered by those they’ve been referred to.

Most consumers and representatives confirmed meals provided were of good quality, varied and there was plenty of food provided at mealtimes and in between meals. The consumer dining experience was calm, not rushed and consumers who needed assistance received appropriate assistance from carers in a dignified and timely manner. Staff were aware of consumers’ nutrition and hydration needs and preferences including meal size, dietary or cultural needs and any support required. Staff confirmed they could provide consumers with food at any time with food and drink available outside of standard mealtimes. Care planning documentation included dietary requirements and preferences reflected consumers’ likes and dislikes and recommendations made by the dietitian were included in kitchen documents. All dietary requirements and changes were communicated to the chef by registered staff.

Consumers felt safe when they were using equipment provided by the service, and they knew how to report any concerns. Consumers stated they were comfortable raising any concerns with staff and confirmed maintenance staff attended to issues quickly and efficiently. Where equipment was provided, it was safe, suitable, clean, and well maintained, and maintenance staff undertook ongoing monitoring of the equipment to ensure it was fit for purpose. Equipment to assist consumers with their independence and mobility, such as wheelchairs and walkers, were accessible, appeared to be safe and clean, well maintained and suitable to meet consumer needs. Staff confirmed they had sufficient supplies to provide suitable activities for the consumers and stated if a consumer would like to participate in a particular activity, they would purchase what was required for the activity, to ensure consumers’ needs were met.

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

# Standard 5

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

Findings

Consumers and representatives confirmed the service was welcoming and optimised their independence, interaction, and function. Consumers confirmed having the opportunity to furnish their room and surroundings with their personal items made the service feel like a home. Representatives said they felt welcomed when they visited consumers and could utilise common areas such as the outdoor areas to have lunch, coffee, or a chat with their loved ones. Staff respected the service was the consumers’ home and enjoyed assisting consumers in maintaining their surroundings. Consumers’ rooms were observed to be decorated with their personal possessions such as pictures, blankets, and crafts, and consumers were also observed utilising various areas within the service.

Consumers and representatives confirmed the service was clean, well maintained, and comfortable. Consumers were satisfied with how their personal rooms and common areas were cleaned and maintained. Consumers confirmed they could move freely in and outside of the service as they chose and could access both levels of the service by using the lifts. Staff explained the process for reporting maintenance issues. Consumers were satisfied with the laundry services and confirmed their clothing was laundered in a timely and consistent fashion. The service had contract cleaners with schedules outlining daily, weekly, monthly and annual cleaning requirements and the cleaning log was updated after each shift.

The service was found to be non-compliant in Requirement 5(3)(b) following an Assessment contact 30-31 August 2023. Deficits related to consumers who were unable to leave the service unsupervised had not been identified as being subject to environmental restrictive practices. Doors to access courtyards were not consistently unlocked to facilitate consumers moving freely between indoor and outdoor spaces.

Actions have been taken to address to previous deficits. Actions included an audit of all consumers who were unable to leave the service unsupervised. Education and training was provided to staff in relation to restrictive practices. Staff were notified via email and during meetings to ensure doors were unlocked to allow consumers to move freely between indoor and outdoor areas.

Consumers unable to leave the service safely, had documentation to support informed consent had been applied for the use of environmental restraint. Observations confirmed doors between indoor and outdoor areas were unlocked enabling consumers free access around the service.

Based on the information recorded above, it is my decision this Requirement is now compliant.

Consumers and representatives confirmed furniture, fittings, and equipment used was suitable, clean, well-maintained, and safe and maintenance requests were actioned promptly. Staff were knowledgeable of the maintenance request process, and confirmed equipment, such as hoists and lift machines, were cleaned between use. The service had both preventative and reactive maintenance processes in place. Furniture, fittings, and equipment were observed to be safe, clean, suitable for use by consumers and well-maintained.

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

# Standard 6

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

Findings

Consumers and representatives confirmed they felt safe and confident when providing feedback, either verbally or in writing. Staff members described how they encouraged consumers to provide feedback or make complaints and how they acted when they received complaints. The service implemented policies and processes to manage feedback and complaints, including how management responded to feedback and complaints. There were various methods for consumers and representatives to give feedback and make complaints, such as feedback forms, direct communication, emails, phone calls, and via a computer code. The service demonstrated consumers and other stakeholders had regular input into the internal feedback mechanisms.

Consumers and representatives confirmed they were aware of and had access to advocates, translator language services, and the service’s process for raising and resolving complaints. Staff and management described advocacy and language services for consumers to access, and this information was also incorporated in the consumer’s handbook. Flyers, posters and other printed information was observed that contained details for Aged Care Support and Advocacy Services and the Older Persons Advocacy Network to be distributed around the service.

Consumers and representatives confirmed management promptly addressed and resolved their concerns and provided an apology when a complaint was made, or an incident occurred. Staff described the process followed when receiving feedback or a complaint and confirmed all complaints were escalated to management for investigation and follow up. Management confirmed an open disclosure process was applied following an adverse event, as part of the service’s complaints management and resolution process. The service’s policies and procedures guided staff through the complaints management and open disclosure process.

Consumers and representatives expressed their confidence in the service's ability to use feedback and complaints to make improvements. They also shared their personal experiences of being involved in finding solutions to issues raised. Staff explained how feedback and complaints were incorporated to enhance the quality of care and services provided. Management provided a detailed explanation of the feedback and complaints process, and how it was utilised to make improvements to the care and services provided. The complaints and feedback register indicated a commitment to regularly evaluating the organisation's performance in managing complaints and gathering insights to identify potential areas for continuous improvement.

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

# Standard 7

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

Findings

The service demonstrated it had a planned workforce that ensured sufficient staffing for delivery of safe and quality care. Consumers confirmed they were attended to promptly. Staff members were willing to work extra hours to cover staff shortages. The service had casual staff and used part-time staff seeking extra shifts before using agency staff. Management ensured staff members were replaced during short-term leave and were currently recruiting more staff.

The service was found to be non-compliant in Requirement 7(3)(a) following an Assessment contact 30-31 August 2023. Deficits related to a lack of staff resulting in consumers not receiving care as per their preferences.

Actions have been taken to address the deficits in this Requirement, including a review of the master roster including incorporation consumer needs and acuity as part of workforce planning. Starting times to various shifts were changed and the service introduced staff to work across more than one area. A staff survey was undertaken to gain feedback and workforce concerns from staff. Suggestions were implemented and team building exercises improved staff culture. The roles of Care Champion were fully embedded which involved hourly observation of identified consumers. Additional care staff were employed, and the service continues to attempt to recruit staff. The service monitored incidents and feedback from staff and consumers to review the effectiveness of the roster.

Consumers who previously expressed their dissatisfaction with their preferences not being met due to staffing levels confirmed they were receiving care as per their preference. Staff confirmed there had been an improvement in the number of staff rostered and this was evidenced by the new staff commencing at the service.

Based on the information recorded above and the level of consumer and staff satisfaction with staffing levels, it is my decision this Requirement is now Compliant.

The workforce interacted with consumers in a kind and caring manner and staff were respectful of each consumer's identity, culture and diversity. Consumers confirmed staff treated them kindly and respectfully. Care documentation evidenced consumers’ cultural and religious preferences were recorded and accommodated. Staff members were observed using consumers’ preferred names and treating consumers kindly. Staff described consumers’ needs and preferences and were observed to be attentive and respectful in their interactions with the consumers. The service documentation, policies and procedures demonstrated a culture of kind and respectful care was promoted and monitored by the service.

Consumers and representatives reported that staff members were skilled, knowledgeable, and capable of providing the required care and support. The service had a competent workforce, with all departments having qualified staff members who possessed the necessary knowledge to perform their duties effectively. Management ensured all staff members met the minimum qualifications required for their roles, have professional registrations, and current police checks. Staff members requiring visas had the appropriate current visas. Staff confirmed they received adequate support from management to complete orientation training and supervised shifts, which made their transition into the service smoother.

The service had a thorough process for recruiting, training, equipping, and supporting staff to deliver safe, quality care and services. Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff members reported they received ongoing training, mandatory training at the start of employment and completed core competencies. Management undertook toolbox talks and had access to an online training portal which included non-mandatory training, as well as training that could be assigned to staff at any point, if a need was identified.

The service offered regular assessments, monitoring, and reviews to manage the performance of their workforce. Consumers reported they felt encouraged to provide feedback on staffs’ performance. Management conducted periodic performance reviews at three months and six months at the end of probation and annually thereafter. Management provided examples of completed reviews and detailed their methods of continuous evaluation, including team meetings, feedback processes, and consumer feedback. The service conducted an annual staff appraisal cycle and provided feedback to staff immediately after any incidents, observations, complaints, or compliments. Policies that guided performance development and performance processes were in place within the service.

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

# Standard 8

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

**Findings**

Consumers and representatives confirmed the service was well-managed and they were involved in the design and delivery of care and services. They confirmed their participation in various care meetings, food-focused group meetings, and surveys to provide their input. They also acknowledged the positive impact of their engagement as they saw things changing. Staff and management confirmed they encouraged and supported consumers and representatives to be involved in meetings and acted based on their input. Consumer meeting minutes, food focus meeting minutes, and the complaints register confirm that consumers were engaged and supported in the development, delivery, and evaluation of care and services. The service had an elected consumer representative meeting with two representatives from each floor.

Consumers confirmed they felt secure and comfortable with the services offered, and they were living in an inclusive environment that provided access to high-quality care and services. The governing body of the organisation promoted a culture of safety, inclusivity, and quality care, and also ensured that the services delivered were held accountable. The organisational structure provided support through designated quality teams that ensured the Board and senior managers were aware of and accountable for service delivery. Management and executive staff demonstrated engagement both with the Board and with front-line staff and consumers. The Board regularly monitored and reviewed data relating to consumer experience, clinical indicators, and benchmarks across all services within the organisation to identify and address wider trends. This data was provided to the governing committees and the Board.

The organisation established a governance framework that covered key areas of operation and actively involved senior management, the Board, and staff at all levels. This ensured the organisation maintained a focus on delivering high-quality care, complying with regulations, and continuously improving its services. The organisation's commitment to transparency, accountability, and engagement was evident through its governance practices, which contributed to providing care in accordance with Quality Standards. The senior management team monitored and reviewed routine reporting and analysis of data related to incident management, workforce requirements, and complaints. The Board was actively engaged in reviewing and satisfying itself that the systems and processes in place aligned with the Quality Standards.

Consumers and representatives confirmed they received regular emails, memorandums and newsletters with information pertaining to the service, especially during COVID-19 outbreaks. The service’s information system included an electronic care system including incident reporting. The service used an electronic medication management system. Management described and demonstrated effective systems for continuous improvement, incident management, human resource management, rostering, documentation, training, and induction. The service-wide communication system was well-established, and electronic information was secured with password protection.

Results from surveys, audits, incident reporting, data and trend analysis and feedback and complaints from consumers and representatives were captured in the Plan for continuous improvement when relevant. The service completed monthly internal audits to monitor and review performance against the Quality Standards.

Management outlined the development of the annual budget for the service. The budget was drafted by the organisational finance team with consultation with the Residential manager and executive management team, reviewing consumer numbers, care requirements, key performance indicators, human resources, and any planned capital expenditure.

Workforce governance included staff position descriptions, which included the assignment of clear responsibilities and accountabilities, a performance framework, and clinical governance guidance for staff.

Regulatory compliance was managed centrally by the organisation, and they received updates to legislation changes which were disseminated to the service. Changes or updates to policies and procedures at the service were communicated via staff meetings, emails, and newsletters. The service had numerous policies and procedures relating to open disclosure, cultural diversity, and clinical governance policy and quality care, which reflected the relevant legislative requirements.

Feedback, complaints, and suggestions raised by consumers and representatives and staff were documented in the feedback and complaints register which fed into the service’s Plan for continuous improvement. Staff and management confirmed feedback and complaints were used to improve the quality of care and services with appropriate actions taken in response to the complaint and an open disclosure process applied.

The service demonstrated effective risk management systems and practices were in place to identify and manage risks to the safety and wellbeing of consumers. Staff were aware of these policies, had undergone training regarding what it meant for them in a practical way and could demonstrate a sound understanding of these policies. Documents evidenced risk management was embedded throughout the operating system, including standing agenda items for both quality and operational meetings, policies and procedures, and learning and development. Management and registered staff had oversight of the data collected and used this to analyse and provide practical support to the service to address and mitigate risks. Management confirmed they analysed incidents and identified issues and trends, and these were reported to various committees with the final data going to the Board leading to improvements to care and services for consumers.

The management team prepared a monthly report on clinical indicators that included information on reportable incidents, skin integrity, falls, infections, restrictive practices, and unplanned weight loss. This report was discussed at monthly quality meetings, and additional support was provided if required.

Staff and management demonstrated a shared understanding of what constituted elder abuse and neglect and how it should be dealt with within the Serious incident response scheme. Staff were able to accurately describe their reporting responsibilities when they became aware of, or suspected, an instance of abuse and neglect. The organisation had a system in place for reporting, recording, and reviewing serious incidents, and maintained a separate serious incident register. The organisation reviewed all serious incidents and supported the service with investigations. Monthly audits of documentation ensured the organisation monitored the process and managed associated risks. The serious incident register demonstrated timely reporting of incidents, investigations, and individualised actions taken for consumers to reduce the recurrence of incidents.

The organisation demonstrated they were supporting consumers to live the best life they can, and completed risk assessments and authorisation forms for those who prefer care or services that were in contradiction to recommendations advised by health professionals. Management described the processes involved to support consumers to lead their lives as they wish, and staff demonstrated an understanding of the dignity of risk.

The service had comprehensive documentation guiding staff on the processes for managing incidents. The service used an online incident management system which all staff had access to and have been trained to use. Care staff were required to escalate incidents to registered staff or clinical manager who reported the incident. Incident data fed into the Plan for continuous improvement and discussions for further analysis to develop strategies to reduce the risk of further occurrences. Management reviewed incidents daily and discussed them with staff to ensure the safety and well-being of each consumer. Regular audits, reviews, and analysis of incident data at the service satisfied the organisation and the Board that the incident management system and processes were effective.

The clinical governance framework at the service was a multifaceted system that placed consumers at the centre of care, emphasised quality and safety, promoted clinical leadership, and maintained a strong focus on governance, accountability, and continuous improvement. It sought to ensure that consumers received the highest standard of care while upholding their rights and dignity. The organisation had policies, procedures and other tools supporting effective clinical governance in place to guide staff.

The governance framework promoted adherence to quality and safety standards, including infection control, medication management, and the prevention of elder abuse. The organisation had policies, procedures and other tools supporting effective clinical governance in place to guide staff. The framework established clear lines of governance and accountability within the organisation. This included the governing body's responsibility for overseeing the delivery of care and services, monitoring quality indicators, and ensuring compliance with regulations. The governing body had a subcommittee for clinical governance which was headed by a Board Member with clinical expertise. The Committee reviewed all clinical indicators including antimicrobial stewardship, restrictive practice and open disclosure.

Management outlined policies and procedures governing the use of restraint, the service had a procedure titled minimising a restrictive environment which aimed to ensure the use of any restraint is used only where clinically indicated, as a last resort, with consent and for the least time possible. Staff described each category of restraint and what was meant by minimising the use of restraint.

Staff described antimicrobial stewardship and what they needed to do or be aware of when providing care and services to consumers. Education, training, policies, and procedures were in place to promote antimicrobial stewardship and to reduce the transmission of infection along with the Infection prevention control leads to guide staff in the delivery of care to consumers.

The organisation had an open disclosure policy in place to guide staff and management. Senior management and management at the service described how open disclosure was provided and documented in response to complaints and feedback, and all incidents including serious incidents. Incident reports evidenced an apology being given to consumers and their representatives. Staff described open disclosure and when and how it should be implemented and associated escalation and reporting processes.

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

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