Performance

Report

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| Name of service: | Booroongen Djugun Limited |
| Service address: | 337-351 River Street GREENHILL via KEMPSEY NSW 2440 |
| Commission ID: | 0457 |
| Approved provider: | Booroongen Djugun Limited |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 23 December 2022 |

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 Booroongen Djugun Limited (**the service**) has been prepared by T Solomon, 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 and others.
* the provider’s response to the assessment team’s report received 2 December 2022.

# Assessment summary

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

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

# Areas for improvement

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

Requirement 1(3)(c)

* Ensure consumers and/or representative are involved in the development of their care and service plans to ensure they are given the opportunity to communicate their wishes.
* Ensure consumer wishes and preferences are documented clearly in the consumer care and service plans.

Requirement 1(3)(d)

* Ensure comprehensive risk assessments are completed for high-risk activities consumers engage in to enable consumers to live their best life.

Requirement 2(3)(b)

* Ensure assessment and planning documentation effectively identify and address the consumer’s current needs, goals, and preferences.
* Ensure consumer care information is current and up to date.

Requirement 2(3)(c)

* Ensure consumers are partners in the assessment, evaluation and review of their care.

Requirement 2(3)(d)

* Ensure the outcomes of assessments are communicated to consumers and that their care and service plan is readily available.

Requirement 4(3)(d)

* Ensure effective processes are in place to facilitate efficient communication within the service in relation to consumers’ needs and preferences.
* Ensure lifestyle care plans contain detailed information about consumer and how to support them to engage in their activities of choice.

Requirement 5(3)(b)

* Ensure the service environment is safe, clean and well maintained, both indoors and outdoors.

Requirement 5(3)(c)

* Ensure furniture, fittings and equipment are safe, clean and well maintained.

Requirement 6(3)(c)

* Ensure appropriate action is taken in response to complaints and feedback.
* Ensure consumers are involved and updated with outcomes of complaints and feedback.

Requirement 6(3)(d)

* Ensure feedback is used to improve care and services.
* Ensure a comprehensive system for capturing detailed information in relation to complaints and feedback.

Requirement 7(3)(a)

* Ensure sufficient staffing levels to enable to delivery of safe and effective care and services.

Requirement 8(3)(c)

* Ensure effective organisation wide governance systems relating to information management, and feedback and complaints.
* Ensure comprehensive policies and procedures are in place to guide staff.
* Ensure policies and procedures are current and update to incorporate key changes.

Requirement 8(3)(d)

* Ensure effective management of high-impact or high prevalence risks for consumers through having effective risk management systems in place.

Requirement 8(3)(e)

* Ensure effective and detailed clinical governance framework is in place in relation to restraint, open disclosure, and antimicrobial stewardship.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Non-compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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 Quality Standard is assessed as Non-compliant as two of the six specific requirements have been assessed as Non-compliant.

Many consumers are able to exercise choice and independence at the service. However, some care and service plans do not demonstrate that consumers and/or representatives have been involved the development of their plans which has limited their ability to communicate their wishes or have their wishes followed.

The service could demonstrate that consumers are able to make decisions about when family, friends and others should be involved in their care and that consumers are generally supported to make connections with others and maintain relationships of choice.

Consumers are generally able to take risks to enable them to live the best life they can. However, the service was unable to demonstrate they undertake risk assessments for the activities consumers wish to undertake and does not implement measures to support consumers to safely take those risks.

Risk acknowledgement forms were sighted for many consumers which related to clinical risks, rather than activities the consumer wished to follow. The executive manager of residential care acknowledged that most of the risk acknowledgement forms did not relate to risks consumers wished to take and that staff did not appear to understand how they should be used.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including an plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; a review of care plans in collaboration with the consumer and/or representative to ensure they reflect consumer choice and preferences, a review of care plans to ensure they reflect risk management strategies, provide education to staff on how to support consumers participating in risk taking activities.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirements 1(3)(c), 1(3)(d), are non-compliant

I am satisfied the remaining four requirements of Standard 1 Consumer dignity and choice is compliant.

The service was established specifically to meet the needs and preferences of Aboriginal people. Indigenous culture is evident throughout the service. Overall consumers and representatives provided feedback that consumers are treated with dignity and respect and staff described ways they treat consumers with respect.

The Assessment Team observed that staff interactions with consumers were respectful and dignified. The service environment is respectful of Aboriginal and Torres Strait Islander culture with artwork throughout the service. Staff wear uniforms with Aboriginal art patterning and there is a covered fire pit area which many consumers enjoy spending time around.

The governing body, management and staff demonstrated a strong understanding of concepts of cultural safety and an intimate knowledge of the traumas and experiences of Aboriginal Australians generally, and for the individual consumers living at the service.

Consumers stated they had chosen to live at the service because of the understanding that the service has of their cultural needs. Multiple consumers described the service as being ‘home’ for them. The organisation hosts a meeting place for Aboriginal Elders on the grounds of the service. The Elders spend time at the service and consumers also attend the meetings of Elders. The chief executive officer explained how important it is for Elders to be a part of the daily lives of consumers.

The service uses a range of mechanisms to ensure consumers are provided with current, accurate and timely information to enable them to exercise choice. Some information is posted around the service for consumers to access, including information about complaint and advocacy mechanisms, COVID-19 and infection control, the menu and activity calendar. The service has a regular newsletter which provides information about what is happening around the service.

Consumers and/or representatives stated they generally know what is going on through verbal communication and many mentioned that the lifestyle officer does a daily round and will let them know what is happening in regard to lifestyle, meal options and anything out of the ordinary that might affect the consumer.

The service has processes which are followed by staff to ensure that consumers’ privacy is respected, and their personal information is kept confidential. No consumers and/or representatives raised any concerns about their personal privacy or the confidentiality of their personal information. Staff were observed to respect the privacy of consumers by closing doors when attending to consumers and knocking prior to entering consumer’s rooms.

Personal information was not observed in communal areas or in open nurses’ stations and staff closed computers screen which contained consumer information when they had completed accessing consumers files.

# Standard 2

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

Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The service was unable to demonstrate that assessment and planning documentation for consumers effectively identify and address their current needs, goals, or preferences. The Assessment Team noted outdated or conflicting care information documented for consumers, which meant staff were not always clear on how to address consumer’s care needs.

The service could not clearly demonstrate that consumers are involved in or are partners in their care plan review and evaluation. Clinical lead staff advised that review and evaluation of all consumers’ care plans in consultation with consumers and/or representatives is underway, however, this process has not yet been completed.

Most consumers and/or representatives could not recall being part of a formal care plan review or consultation in regard to their care assessment and planning. Care documents showed the involvement of other providers in care assessment and planning, including medical officers, podiatrists, ophthalmologist, dietitian, and speech pathologist.

The service was unable to demonstrate that the outcomes of assessment and planning are effectively communicated to the consumer and/or representative or that the care and services plan is readily available.

Consumers and/or representatives stated they had not been offered a copy of their care and services plan and did not know how or where to get a copy.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including an plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; a review of care plans in collaboration with the consumer and/or representative to ensure they reflect the consumer’s current needs, goals and preferences, a review of consumer advanced care directives to ensure they are clearly explained and understood by consumers, a review of the current assessment and planning practice, ensure consumers and/or representatives are aware they can obtain a copy of their care and service plan.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirements 2(3)(b), 2(3)(c), 2(3)(d), are non-compliant

I am satisfied the remaining two requirements of Standard 2 Ongoing assessment and planning with consumers is compliant.

Overall, the service was able to demonstrate that assessment and planning, including consideration of risks to consumers, informed the delivery of safe and effective care and services. The service was able to demonstrate effective management of high impact or high prevalence risks, such as risk of pressure injuries, diabetic management, mobility management and nutrition management.

The service demonstrated, when circumstances change or when incidents impact on a consumer’s needs that care and services are reviewed for effectiveness. A review of documentation evidenced examples of incidents where a review of care needs occurred post change of consumer status.

# 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service provides personal and clinical care which meets individual consumer needs and optimises their health and wellbeing, including in relation to pain management, skin integrity and chemical and mechanical restrictive practices.

Consumers and/or representatives were satisfied with their pain management interventions and the Assessment Team noted a variety of pain management interventions were in place. These included pain medication, heat therapy, massage therapy, splints, and diversions such as music therapy.

Skin integrity interventions implemented for consumers at the service include applying skin moisturising lotion, pressure area care, and continence management. Wound charts and documentation of care, and wound healing is recorded in the consumers wound care plan, this includes photographs of wound status and healing progress.

The service generally demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Care documentation demonstrates that high impact or high prevalence risks are identified, and interventions implemented to effectively manage the risks. Consumers and/or representatives generally reported satisfaction with the care provided to them.

Falls incidents are generally investigated to identify contributing factors and develop measures to prevent future incidents.

The service ensures the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised, and their dignity is preserved. Staff reported the service can seek advice and support from the local health service palliative care team or contact an Indigenous palliative care service if needed.

The service demonstrated consumers who experience a deterioration or change of condition have their needs recognised and responded to in a timely manner.

Care staff explained how they report concerns about consumers to nursing staff who will then follow up with the consumer. Clinical staff stated medical officers are easily contactable when there are changes in a consumer’s condition and the service transfers consumers to hospital for further care when required.

The service demonstrates that information about each consumer’s condition, needs and preferences is documentation and communicated effectively.

Care staff stated they attend clinical handover, which is where they find out about any changes or updates regarding the consumer’s condition and care requirements. Care staff also reported they would check in the care plan for information about consumer needs or ask the registered staff if they were not sure.

The service has appointed four clinical leads in last six months to lead in management and provision of consumer care. They are in process of reviewing all aspects of care provision, policy review, and overseeing clinical care provision to meet each consumer’s needs.

The service demonstrated connections with a range of other providers of care and services which generally meets the needs of consumers. The service has a significant number of National Disability Insurance Scheme participants and liaises closely with NDIS service providers when appropriate regarding behavioural supports and other clinical matters.

The Assessment Team noted referrals and review of consumers by dietitian, speech pathologist, podiatrist, medical specialists and specialist services and NDIS providers.

The service implements a range of actions and precautions to minimise infection related risks and prevent and respond to the spread of infection. Consumers provided positive feedback in relation to the service’s management of COVID-19.

Registered nursing staff demonstrated an understanding of antimicrobial stewardship and practices to promote appropriate antibiotic prescribing and usage.

The service has processes in place to screen staff and visitors entering the service including screening measures on entry to the service, hand hygiene and use of providing evidence of vaccination status, completing a rapid antigen wearing of personal protective equipment.

# 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. | Non-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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The service does not have effective processes in place to ensure that information about each consumer’s condition, needs and preferences in relation to daily living are communicated within the organisation. Care plans do not contain information about consumers’ cultural, spiritual, emotional and lifestyle goals, needs, preferences or how staff should provide support in relation to daily living.

During the Site Audit the main lifestyle officer was on leave and there were no other staff available who could provide details about how the service meets these needs. Consumer's files contained very little information to inform staff of consumer’s choice and preference. The information on consumers' profile page, including information about their likes/dislikes, daily routine, hobbies, and relatives/friends has not been completed for many consumers.

Leisure and lifestyle care plans mostly list a range of interests; however, there are no interventions documented to support consumers pursue their identified interests. The social, cultural, and spiritual sections were not completed for all consumers. There was no information in care plans about supports for consumers’ emotional or psychological well-being.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including an plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; review current leisure and lifestyle assessment forms, update current leisure and lifestyle form to better suit the needs of consumers, review communication process, review current documentation process to capture observations and interventions related to leisure and lifestyle activities.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 4(3)(d) is non-compliant

I am satisfied the remaining six requirements of Standard 4 Services and supports for daily living is compliant.

The service generally ensures that each consumer gets safe and effective services and supports for daily living. Most consumers and representatives provided positive feedback about their satisfaction with living at the service and said they felt at home in the service. This included their satisfaction about how they are treated by staff, the meals provided, the respect for their culture and the ability to live their life in a way that enables them to pursue their interests and optimise their quality of life.

Overall services and supports for daily living promote consumers’ emotional, spiritual, and psychological well-being. Consumers and/or representatives provided positive feedback about the support they receive from the service regarding their emotional, spiritual, and psychological well-being.

Consumers and/or representatives generally spoke positively of their ability to participate in their community both within and outside the service environment; the support they have regarding their social and personal relationships and to do things of interest to them.

The service hosts Elders of the community on site and they spend time with consumers and consumers participate in elder activities. The service works closely with the National Disability Insurance Scheme providers to enable eligible consumers to undertake engagements in the community and to support their social and personal relationships. The Assessment Team observed many consumers leaving the service on outings with either disability support staff or with family and friends.

The Assessment Team found the service undertakes timely and appropriate referrals to individuals, other organisations and providers of care and services. The Assessment Team observed referrals to Dementia Support Australia and various mental health services. Interviews demonstrate close liaison and communication occurs with the National Disability Insurance Scheme providers and referrals are being made as needed.

The service demonstrated that meals are varied and of suitable quality and quantity. There are a range of menu options available, and consumers and/or representatives were satisfied with the meals provided. The Assessment Team observed that meals generally looked appealing and there was very little plate wastage.

Consumers and/or representatives indicated that equipment to assist them with mobility and to maintain their independence is readily available and is well maintained. Staff also confirmed there is sufficient equipment available for them to assist consumers. The Assessment Team observed that some equipment for mobility was not clean, however this was considered in Standard 5, Requirement 3(c).

# Standard 5

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

Findings

The Quality Standard is assessed as Non-compliant as two of the three specific requirements have been assessed as Non-compliant.

The service environment did not present as safe, clean, and well maintained and demonstrated areas of unmitigated risks to consumer’s safety and ineffective cleaning. Movement for consumers are restricted and they are subjected to environmental restraint which has not been authorised appropriately for most consumers.

The Assessment Team observed various outdoor patios throughout the service had used cigarette butts, used plastics cups and built-up dirt and grime. An outdoor air-conditioning unit has built-up mould from a leak. The lower areas of various walls throughout the service were observed to have scuff markings and built-up dirt. The majority of tablecloths in the dining room are stained.

Overall, the furniture, fittings and equipment at the service did not present as safe, clean, and well maintained. The Assessment Team observed indoor and outdoor furniture, as well as mobility equipment to be visibly dirty.

Lifters, walkers, and blood pressure monitors were observed with fluid build-up, food stains and dust. Tables in the outdoor fire pit area are rusted and the paint is chipped which creates sharp edges that present a safety concern for consumers. Outdoor furniture had visible dirt, including bird faeces, stains, ingrained dirt, and cobwebs.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including an plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; a review of current agreement with the cleaning contractor with a view to increase cleaning hours and scope of cleaning requirements, identified areas have been target for additional cleaning, implement cleaning schedule to include outdoor areas and gazebos, decommission identified hazardous equipment, review of environmental restraint assessments and consent forms.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirements 5(3)(b), 5(3)(c), are non-compliant.

I am satisfied the remaining one requirement of Standard 5 Organisation’s service environment is compliant.

Overall, consumers and/or representatives stated they are happy with the service environment and feel a sense of belonging. Observations by the Assessment Team confirm the environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction, and function.

The Assessment Team found that the service environment demonstrates a welcoming appeal and atmosphere and is easy to navigate and understand. There are various outdoor areas and highlights for consumers and visitors to enjoy.

The service has various indoor and outdoor communal areas for social interaction and spaces for private and quiet reflection for independence. The service has navigational aids and dementia enabling design principles to support residents to navigate the environment such as individualised consumer doors, different coloured handrails, and clear signage to guide consumers and visitors.

The service is an Aboriginal specific service and has cultural art, a fire pit, sensory gardens, and a pond which all have cultural significance to support indigenous culture.

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant

The service was unable to demonstrate that appropriate actions and follow-up are taken in response to complaints and has limited information relating to complaint resolutions. Consumers and/or representatives state they have not seen improvements or received follow up as a result of their complaints and are not involved in finding solutions.

Feedback documentation reviewed does not include clear actions and resolutions taken in response to complaints, or follow-up with consumers and/or representatives in regard to their satisfaction with the outcome. The complaint register consists of a spreadsheet with information about the nature of complaints, resolutions and follow-up details are limited and, in many cases, actions, resolutions and follow-up information is not clear.

Five out of six staff interviewed were not aware of the open disclosure policy and processes; however, staff members were able to describe some aspects of the open disclosure process such as providing an apology, being honest and explaining what happened and actions to prevent future occurrences.

Overall, the service does not demonstrate that feedback and complaints are reviewed and used to inform continuous improvement. The executive manager residential care services stated complaints are assessed on a case-by-case basis to find solutions for individual complaints.

The management of complaint information does not identify systemic concerns, it does not identify or analyse trends due to the information found in the complaints register being unclear and not containing sufficient details to effectively analyse complaint trends.

Complaint data in the complaint register, complaint forms and the continuous improvement plan do not contain clear descriptions of the nature of complaints, the responses and actions taken to resolve complaints, and does not clearly record outcomes and follow-up actions.

The Assessment Team found there is no documented information about how complaints are investigated, or analysis is completed to understand if there are systemic issues and trends which affect consumers care and services and if a wider solution needs to be considered as part of the service’s continuous improvement.

Information from complaint data is not used to make improvements to safety and quality systems and there is no evidence that complaints are reviewed to make improvements about how complaints are managed.

Documentation shows most complaint data in the complaints register does not contain sufficient information and details to identify what the complaints are about and what resolutions and follow-up are made. The service does not demonstrate that consumers and staff are involved in providing and receiving feedback in relation to complaint resolutions and follow-up or in the review of complaints.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including an plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; provide education to staff on open disclosure, a review of the complaints management system, review of the open disclosure policy, update current complaints register to contain more detailed information.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirements 6(3)(c), 6(3)(d), are non-compliant

I am satisfied the remaining two requirements of Standard 6 Feedback and complaints is compliant.

The service was able to demonstrate consumers and/or representatives are encouraged and supported to provide feedback and complaints. Consumer and/or representatives stated they are aware of the process to provide their feedback and make complaints to the service and feel safe in making complaints.

Staff reported they encourage consumers to provide feedback and complaints and complete a complaint form with them or report concerns to a registered nurse who follows-up with the consumer. Staff stated they have received training and education in handling complaints and said they think consumers feel safe and comfortable in making complaints to staff and the management team.

The Assessment Team observed complaint brochures in the main reception area and a box to provide anonymous complaints and feedback.

The service provides written and verbal information to consumers and their representatives about how to access advocacy services such as the Older Persons Advocacy Network, Seniors Rights Services and the Aged Care Quality and Safety Commission.

Staff demonstrated they are aware of advocacy services and understand consumers’ needs and preferences relating to making complaints. The service has not had any instances of an advocacy service being used in the past year. The service has processes in place to identify and communicate with consumers with cognitive impairments such as using communication cards and body language.

# Standard 7

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

Findings

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

Overall, consumers and/or representatives, as well as staff members consistently stated the service has insufficient staffing levels to deliver safe and quality care and services. Consumers and/or representatives stated the service has insufficient staffing numbers which directly impacts on their quality of care and services.

Care staff stated many consumers have reported they feel ‘restless, agitated and frustrated’ because they need to wait long periods of time for staff to help them with their needs and requests.

Care staff reported they usually only have time to provide basic care and services such as showering, toileting and feeding, and do not have time to provide personal grooming such as shaving men or helping women with their hair and make-up.

The management team acknowledged the service has insufficient numbers of staff and has implemented various strategies to recruit additional staff members. The management team stated they have the budget to hire staff, however, they have been unable to recruit personnel to take up care staff and registered nursing roles because of limited qualified personnel within the community.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including a plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; recruitment drives targeting school-based students, employ human resources lead to focus on developing new roles to support current care staff, increase agency staff use to assist with rostering.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 7(3)(a) is non-compliant

I am satisfied the remaining four requirements of Standard 7 Human resources is compliant.

Most consumers and/or representatives stated that staff treat them with respect and are kind and caring. The Assessment Team observed staff interacting with consumers in a kind and caring way such as speaking to them in a friendly tone of voice, asking them about their preferences before providing them with support and demonstrating they understand consumer individual preferences.

Care plans demonstrated wording to be respectful. The management team uses internal and external audits and feedback from consumer and/or representatives collected during surveys, as well as resident meetings to identify, monitor and ensure staff interact with consumers in a kind, caring and respectful way.

The executive manager residential care services stated training is provided with examples of what it looks like to treat consumers with dignity and respect.

The service demonstrates staff are supported to gain and maintain competent skills and qualifications through training and education. Staff performance is monitored through consumer and/or representative feedback, internal and external quality audits, documented evidence of attending regular training and education, as well as testing of staff knowledge to ensure they are competent to support consumers.

Staff skills and competencies required are provided in role descriptions and qualifications, and certification are checked with regulatory bodies.

The service has policies and processes in place to recruit, train, equip and provide ongoing support for staff to deliver quality outcomes. Training documentation shows evidence of staff attending training and education conducted by the service.

Documentation reviewed shows staff training and education needs are identified by the service through regular performance reviews. Consumers and/or representatives stated they are confident most staff members know how to perform their roles.

The service performs regular assessments to monitor and review staff performance. Staff performance reviews include feedback from consumers, representatives, surveys, audits, and other staff members. Staff members confirmed they receive regular performance reviews and feedback and are able to provide their personal feedback to the management team.

New employees have their performance reviewed within the first six months of their employment. Documentation shows evidence of performance management for staff who have gaps identified in their performance and are provided with specific training, education, and evaluations with a view to improving their performance.

Performance reviews include a self-assessment completed by staff members and professional development is discussed with their direct report.

# Standard 8

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

Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The organisation demonstrated effective governance system are in place in relation to continuous improvement, financial governance, workforce governance and regulatory compliance. The organisation has not demonstrated effective systems in relation to information management and feedback and complaint processes.

In relation to information management the organisation has not ensured comprehensive policies and procedures are in place to guide staff and these policies and procedures have not been updated to incorporate key changes in relation to aged care.

The organisation has a set of generic aged care policies in place to guide the operations of the organisation. The policies provide a general intent of the organisation in relation to the care and services but do not demonstrate they have been personalised to the specific needs and context of the organisation.

The Assessment Team identified deficiencies in relation to falls management, risk management, clinical assessment, Serious Incident Response Scheme, high impact or high prevalent risks, antimicrobial stewardship, open disclosure, or restraint.

The Assessment Team discussed the identified deficiencies with policies and procedures with management, who confirmed that there are currently no policies and procedures in place. Management provided the Assessment Team a new set of policies that were recently purchased and stated the management team are currently reviewing those policies in preparation for implementation.

The organisation has not ensured that the clinical care and services documentation system introduced by the organisation in early 2022 is effective. Deficiencies were identified by the Assessment Team in relation to information regarding each consumers’ needs, goals, preferences, and interventions in relation to services and supports for daily living.

In relation to complaint and feedback management, the organisation has not ensured that there are systems to trend complaints, ensure complaints are effectively responded to or that these systems result in improvements in care and services. While the governing body receives limited information about complaints, it does not receive information trending complaints and feedback or and implications for improvements to care and services.

In relation to continuous improvement, the organisation has recognised the need to restructure the service in response to the changing needs of the organisation and succession planning. The chief executive officer said improvements are identified through feedback from consumers and others, monitoring systems such audits and information provided by management and staff.

The organisation does not have policies and procedures in place which incorporate current legislative requirements and are reflective of best practices in relation to effective risks management systems and practices. In addition, the service is not always following the legislative and best practice requirements in relation to effective risk management systems.

The organisation has a range of policies and procedures to guide clinical care. However, these are largely generic and not supported by detailed procedures. The organisation does not have policies and procedures in place in relation to antimicrobial stewardship, minimising the use of restraint or open disclosure. Issues were identified by the Assessment Team in relation to staff knowledge about open disclosure and minimising the use of restraint.

The Approved Provider responded to the Assessment Team Report and provided additional information and documentation, including a plan for continuous improvement that contained actions taken by the Approved Provider, including but not limited to; review current legislative requirements and ensure they are captured within organisational policies, review risk management policies, customise and complete updated policies and procedures.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirements 8(3)(c), 8(3)(d), 8(3)(e) are non-compliant

I am satisfied the remaining two requirements of Standard 8 Organisational governance are compliant.

The service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services. The service achieved this through various methods, including having representation of consumers on the Board of Directors, all new consumer representatives receive the same board training that new directors receive, the consumer representative liaises with consumers about all consumer related items through attending resident meetings.

Other avenues for consumer input are through the Aboriginal Elders. The Aboriginal Elders have input into the development, delivery and evaluation of care and service through their ongoing presence at the service and have input directly to the chief executive officer and members of the Board. The chairperson of the board also visits consumers and directly hears their concerns and feedback prior to each Board meeting.

Many consumers and/or representatives expressed satisfaction with the operation of the organisation and indicated they feel safe, that the service is their home, and that the recognition and understanding of their culture is a reason for this. The governing body receives comprehensive reports to ensure they are aware of issues in the service and communicates directly with consumers.

The governing body has been kept informed of major issues relating to the operation of the service and involved in developing solutions. This included in relation to ongoing difficulties with recruitment. The governing body has approved the use of agency staff and also discussed the issues arising from an increase in agency usage, highlighting the need to have oversight of agency staff to ensure suitably skilled staff are engaged.

The governing body has recognised the need for ongoing work to ensure the management structures are robust and able to meet the increasing complex needs of aged care services. The governing body approved the restructure of the service to increase the clinical and management oversight through the appointment of four clinical managers who all have responsibility for different aspects of the delivery of care and services.

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)