Performance

Report

**1800 951 822**

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| Name of service: | Brian King Gardens |
| Service address: | 1a Hillard Drive CASTLE HILL NSW 2154 |
| Commission ID: | 0041 |
| Approved provider: | Anglican Community Services |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 21 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 Brian King Gardens (**the service**) has been prepared by Katrina Platt, 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 Assessment Contact - Site; the Assessment Contact - Site 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 on 6 December 2022
* the performance report dated 13 April 2022 following a Site Audit undertaken from 8 March 2022 to 11 March 2022.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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)(a) – the Approved Provider ensures consumers are treated with dignity and respect, with their identity, culture and diversity valued. This includes understanding the consumer’s life experience, backgrounds and preferences and utilising this information to inform the care and services provided to consumers.
* Requirement 2(3)(c) – the Approved Provider ensures consumers and consumer representatives feel partnered in care and are considered in the assessment and planning of care for all consumers. Other organisations are also to be considered and included in consumer assessment and planning.
* Requirement 3(3)(d) – the Approved Provider ensures deterioration or changes to consumer health conditions is recognised and responded to in a timely manner, for mental health, cognitive or physical function, capacity or condition. Deterioration or changes are well-documented in clinical care documentation and appropriate reviews occur including referrals for medical officer and specialist review when required.
* Requirement 3(3)(e) – the Approved Provider ensures information about the consumer’s condition, needs and preferences are documented and communicated both within the organisation and with others who share the responsibility of care for each consumer. Communication then informs the provision of care and services to consumers and positively impacts consumer care.
* Requirement 7(3)(a) – the Approved Provider ensures the workforce is planned to enable, and the number and mix of the members of the workforce deployed enables, the delivery and management of safe and quality care and services.

# 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. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 1(3)(a) is non-compliant.

Requirement 1(3)(a) was found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022.

The Assessment Team found most consumers and consumer representatives felt they were treated with dignity and respect, however none felt consumer identity, life experience and diversity were acknowledged by staff. Consumers described a lack of connection, said staff were sometimes uninterested in learning of their life histories and one consumer experienced an undignified incident in a communal area. Whilst care planning documentation included information about consumer backgrounds, culture and preferences, consumers and representatives interviewed expressed staff were not utilising this information for care and service provision and were usually too busy to learn about consumers.

In response to the findings in the assessment contact report dated 8 November 2022 to 10 November 2022, the Approved Provider discussed improvements being made to the workplace culture following recruitment of new staff and reduction in agency staff. All consumer profiles have been reviewed to ensure preferences, likes, dislikes, key relationships, daily routine and current and future wishes are captured and easily accessible to all staff. A revised handover document provides key information and consumer preferences including personal care needs, preferred language, sensory needs, dietary and complex care needs and is readily available to staff and shared between shifts. Induction programs and education and training for staff including consumer dignity, choice and preference and ‘know your resident’ has been completed and highlighted for ongoing implementation. An apology was provided to the consumer who experienced the undignified incident and an investigation was completed.

Whilst I acknowledge the continuous improvement actions implemented, I am not satisfied the evidence provided is sufficient to demonstrate those actions have taken effect and I have placed more weight on the feedback from consumers and consumer representatives provided at the recent assessment contact. I therefore find requirement 1(3)(a) is non-compliant.

Requirements 1(3)(b) and 1(3)(d) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and consumer representatives interviewed discussed the ways staff delivered care which made consumers feel safe, comfortable and inclusive of their cultural identity. For example, two consumers were supported to engage in religious services important to them and staff described provision of assistance with their dress preparation. The Assessment Team observed care planning documentation detailed consumer religious and spiritual beliefs and a commemorative ‘reflective’ table which encouraged life celebration.

The Assessment Team found risk assessments were completed for consumers, accompanied by discussions with consumers, staff and those involved in the consumers care. Assessments included consideration of risk mitigation factors and staff interviewed described consumers who took risks and how they were supported, for example, to undertake road trips outside the service. A risk consultation register is maintained which management described was utilised to manage and support consumers to take risks and to live the best life they can.

I therefore find requirements 1(3)(b) and 1(3)(d) are compliant.

# Standard 2

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 2(3)(c) in this Quality Standard is non-compliant.

Requirement 2(3)(c) was found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022.

The Assessment Team found most consumers and consumer representatives interviewed said they were not engaged as partners in the ongoing assessment and planning of care and services. Three consumer representatives felt there were no partnerships, with most care needs of their consumer managed at their own initiation. Other consumer representatives reported being updated only about medications, when consumers were ‘resident of the day’ and for minor issues. The Assessment team found limited evidence other organisations and providers of care and services were involved in consumer care assessment and planning.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted staff received education about care plan discussions and care plans have been re-offered to all consumers and consumer representatives. The ‘care planning and assessment focus group’ meeting conducted in June 2022 introduced ‘partners in care’ which was endorsed by consumer representatives. Care planning and assessments are discussed on a fortnightly basis with consumer representatives, which includes invitations for additional care conferences and discussion of referral processes to external services such as Dementia Australia.

Whilst I acknowledge the actions taken by the Approved Provider, the feedback received from consumers and consumer representatives during the assessment contact indicates those actions are yet to take full effect across the service. As such, I find requirement 2(3)(c) is non-compliant.

Requirement 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. Since that time the Approved Provider implemented actions to address the non-compliance.

Most consumers and consumer representatives interviewed said they were involved in consumer care on entry to the service. New admissions checklists were utilised to capture consumer needs and risks on entry and ongoing comprehensive assessment and planning was demonstrated. Personal health and safety risk assessments were conducted for consumers and included assessment of cognitive ability, medication and mechanical restraints. Staff described consumer risk activities and were familiar with the assessment and planning process which included review of care plans on change in consumer condition or every 3 months.

The Assessment Team found consumer care plans were not reflective of consumer needs, with gaps noted in documentation where consumer preferences were not identified or addressed for their current health conditions. For one consumer, their needs were not reassessed when changes to their health condition were identified. For another consumer, plans for rehabilitation and physiotherapy assessment were not discussed with the consumers representative to ensure assessment and planning were meeting the needs of the consumer.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted an updated care plan was being prepared during the change in condition for the consumer identified in the report. Supporting documentation was provided to confirm this consumer has undergone a General Practitioner review and a case conferences was conducted with the consumer representative to discuss care and services provision. For the other consumer noted in the report, evidence was provided of case conferences undertaken and physiotherapy notes showed completed reviews and provision of care and services. Staff training has been conducted for consumer deterioration recognition and management.

Whilst most consumers and consumer representatives interviewed said they were informed about changes in consumer condition or when incidents occur, they were not involved in care discussions and conferences and were not provided with a copy of care plans. On review of care and services records, the Assessment Team found assessment and planning outcomes were not communicated to consumers and consumer representatives.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted copies of consumer care plans were provided to all consumer representatives on 9 November 2022. Communication about the availability of care plans was posted on the service noticeboards. Reviews of care plans were completed for recent admissions as an action item under the plan for continuous improvement and care plan reviews provided to the assessment team were resubmitted for consideration. Care conferences for the majority of consumers have been completed and those remaining have been planned.

The Assessment Team found effective review following changes in consumer condition and well-being were not demonstrated. For one consumer who experienced an increase in falls, contributing factors were not investigated thoroughly and strategies implemented post-falls analysis were not reviewed for effectiveness. Similarly for pressure injury management, review and evaluations for effectiveness were not conducted. Review of wound charts found wound photography was evidenced, however wound measuring scales were not used and written information was illegible in some instances.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider discussed implementation of the new incident and feedback management system which captures effective root cause analysis of incidents that occur. The Approved Provider supplied the falls review report provided during the assessment contact. The Approved Provider reiterated sampled case reviews were provided to the assessment team and provided evidence of investigations conducted for a recent power outage. Care plans have been updated for one consumer with complex care needs mentioned in the assessment team report.

The Approved Provider supplied copies of the weekly clinical review, clinical risk committee, commissioner readiness reports and named consumer reports to support development of the clinical governance process and review of systems and process for falls management, use of psychotropic medications, restrictive practice, wounds and weight loss.

The Approved Provider confirmed a full review of all consumers with chronic wounds has been conducted. Pressure injury reports and minutes from pressure injury committee meetings supplied in the response showed evidence of regular reviews occurring. An audit of skin issues attended in May 2022 was repeated in November 2022. An alert system was developed to include consumers at high risk of developing pressures injuries, which is discussed at handover to ensure prompt repositioning for consumers at risk. Pressure relieving devices are audited by a physiotherapist on a fortnightly basis.

I therefore find requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e) are compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 3(3)(d) and 3(3)(e) are non-compliant.

Requirements 3(3)(d) and 3(3)(e) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022.

Most consumers and consumer representatives were dissatisfied with management of consumer clinical deterioration and said requests for medical officer review and identification of consumer deterioration occurred on their own initiation. For two consumers with deteriorating health, delays occurred in infection identification and referral for medical officer review. For another consumer, behavioural changes and vitals monitoring including fluid intake were not captured in clinical documentation and not escalated for medical officer review.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted their commitment to continuous improvement during the onboarding of new clinical staff. For one consumer named in the assessment team report, case conferences had occurred. The Approved Provider supplied evidence of organisational-wide education provided to staff on consumer clinical deterioration and delirium assessment, palliative care, wound management and behaviour management.

I acknowledge the commitment of the Approved Provider to improving the recognition and responsiveness to deterioration or changes in a consumer’s mental health, cognitive or physical function, capacity or condition. I acknowledge onboarding of new staff and education and training conducted also demonstrates that commitment and note these changes to personal and clinical care will take some time inform staff practices. I therefore find requirement 3(3)(d) is non-compliant.

Most consumers and consumer representatives interviewed said communication was generally inconsistent. One consumer representative discussed being uninformed about repeated pathology for their consumer and said staff were unaware of daily treatment required and noted in the consumer care plan. The Assessment Team found poor communication amongst staff about changes in consumer health and consumer appointments was demonstrated.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider discussed initiatives including review of the telephone system and use of phone pendants for staff and relay of information to consumers and consumer representatives during a town hall presentation on 20 October 2022. Management contact details are displayed throughout the service and there is improved monitoring and accountability of the clinical management team. Consumer focus groups will recommence in January 2023. The Approved Provider highlighted at least 4 instances of positive feedback had been received on the improvements in timely communication.

Whilst some improvements in communication systems has been demonstrated by the Approved Provider, there is insufficient evidence to show how this has informed improvements in communication about the condition, needs and preferences of consumers and impacts on personal and clinical care provision. The commitment of the Approved Provider to improvements is acknowledged. I find, however, requirement 3(3)(e) is non-compliant.

Requirement 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(f) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team found the service was unable to demonstrate effective personal care and clinical care which was best practice, tailored to consumer needs and optimised consumer health and well-being was provided to consumers. Whilst some consumers and consumer representatives provided positive feedback about care and service provision, concerns were expressed about personal hygiene care and management of psychotropic medications. Gaps were identified in wound management practices including wound review and wound documentation. Inconsistent provision of hygiene care and documentation of behavioural management was evidenced for one consumer.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted improvements made in clinical handover and personal and clinical care governance ensures review and analysis of clinical indicator data, trends identification and strategy implementation to improve care outcomes for consumers. Clinical review meetings conducted at least fortnightly ensure ongoing review of consumers with identified risks.

The Approved Provider disagreed with the concerns raised about psychotropic medications, noting the findings from the Assessment Team under requirement 3(3)(b) that psychotropic medications and behaviours were appropriately managed. For the psychotropic medication issue identified in the assessment team report, a case conference was conducted with the consumer representative, an apology offered and additional education provided to staff.

The Approved Provider discussed process improvements to ensure care needs are monitored daily and checklists developed to ensure daily feedback is provided. Oral hygiene training is provided to staff annually. In relation to wound care for the consumer named in the assessment team report, the Approved Provider noted a wound review occurred with the General Practitioner and clinical nurse consultant and recommended treatment options discussed with the consumer representative.

Consumers and consumer representatives said the service adequately manages risks to consumer health for falls, skin issues and behaviours. The Assessment Team found high-impact and high-prevalence risks were effectively recorded and managed for falls, skin integrity and pressure injuries and behaviour management and risk mitigation strategies were in place for individual consumers. Behaviour support plans reflected consumer backgrounds, current needs, behaviour needs and strategies for medication cessation where possible, with regular consultation with consumers and consumer representatives. Behaviours of concerns were reported to the medical officer for review and incidents were reported to the Serious Incident Response Scheme when required.

The Assessment Team found care and services records demonstrated the needs, goals and preferences of consumers were considered when nearing end of life. Consumer wishes and directives were documented for medical, spiritual and well-being needs including family involvement. Consumer representatives interviewed confirmed consultation about consumer end of life preferences and substitute decision-makers were documented when required. Staff described care provision for end of life which included use of medication for comfort measures and involvement of the geriatric outreach palliative care team.

Care planning documentation demonstrated timely and appropriate referrals to allied health professionals, medical specialists and others were made and considered the needs and preferences of consumers and consumer representatives. Referrals were demonstrated for dieticians, speech pathologists, dentists, physiotherapists, geriatricians, wound care specialists, palliative care specialists and Dementia Support Australia.

I therefore find requirements 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(f) are compliant.

# Standard 4

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

Findings

This Quality Standard was found compliant as 7 of the 7 requirements have been assessed as compliant.

Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(e), 4(3)(f) and 4(3)(g) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022 and I acknowledge there has been some actions undertaken by the Approved Provider since the site audit to address the non-compliance.

Consumers and consumer representatives interviewed said laundry services were not effective, with laundry incomplete and consumers not receiving their own laundry. Care staff interviewed described the coloured label system used to identify in-house and outsourced laundry. Management discussed laundry complaints were a current trend in the complaints register and a continuous improvement action would be implemented to address the laundry issues.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider acknowledged laundry had been a complaints trend and discussed improvements initiated including accountable laundry personnel and a new labelling process and equipment to ensure correct labelling. A project plan has been developed to review the laundry system, with the intention to establish an inhouse laundry.

Consumers interviewed said they were supported in their emotional, spiritual and psychological well-being needs. Church services were observed by the Assessment Team and internal networks were utilised for services during COVID-19 outbreaks. An emotional well-being for older persons support service was available to provide additional emotional support to consumers and additional pastoral carers provided one-on-one support when required.

Consumers interviewed discussed involvement in community activities and with organisations outside the service. Consumers described planning activities using the monthly calendar of events. Lifestyle staff were knowledgeable about consumer engagement in activities both inside and outside the service.

The Assessment Team found information about consumer conditions, needs and preferences was generally documented however staff were unable to demonstrate awareness of consumer needs and preferences and were not supporting consumers engage in their preferred activities. Care and services documentation reviewed by the Assessment Team found one consumer who enjoyed walking was not supported to complete this activity and for another consumer, strength and mobility exercises were not attended regularly in line with their care plan.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted admission information was captured for the consumer who enjoys walking, with some walks declined in the past few months and preference noted to reside in their room or community and options provided to participate in online connections. Support from the clinical advisor was discussed and evidence of a completed lifestyle care plan and lifestyle charting for leisure activities provided. For the consumer requiring strength and mobility exercises, the Approved Provider supplied the wellness program attendance record and physiotherapy records confirming regular consumer participation and recent update of their care and services plan.

The Assessment Team noted the service reviewed consumer’s key life stories and updated care plans to ensure current information was available to staff. The Assessment Team observed appropriate referrals were made for consumers to other providers including to Dementia Services Australia.

Consumers and consumer representatives interviewed mostly liked the food provided and the variety of meals. The Assessment Team noted consumer dietary needs and preferences were catered for.

The Assessment Team observed equipment was clean and well-maintained. Consumers interviewed described monthly cleaning of equipment and repairs made when equipment was broken. Replacement equipment was supplied when consumer equipment required repair. Care staff described cleaning routines for individual consumer slings and equipment after use.

I find requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) are compliant.

# Standard 5

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

Findings

This Quality Standard was found compliant as 3 of the 3 requirements have been assessed as compliant.

Requirements 5(3)(a), 5(3)(b) and 5(3)(c) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022 and I acknowledge there has been some actions undertaken by the Approved Provider since the site audit to address the non-compliance.

The Assessment Team noted consumer rooms were decorated with names and photographs for easy identification. An onsite chapel, café and courtyard were available for consumer and visitor use. The memory support unit has a separate dining, lounge and quiet rooms and consumer access to an outdoor garden area with raised garden beds. Improvements highlighted for the service included additional breakout and activities rooms for consumers and dedicated palliative care wings with larger rooms and a more comfortable environment. The Assessment Team observed furniture, fittings and equipment were clean and well-maintained in all areas of the service including within the memory support unit.

Consumers and consumer representatives interviewed expressed some concerns about cleaning services, for example for floor and window cleaning. One consumer representative discussed the lack of toilet paper and towels available for their consumer. An action on the plan for continuous improvement was identified for cleaning and meetings with cleaning contractors were occurring about monthly audit completion. The Assessment Team observed cobwebs on the outside of windows and window cleaners onsite undertaking cleaning. Recent consumer meeting minutes discussed removal of window cobwebs, reminders for consumers to use the ‘pink slip’ cleaning and maintenance system, additional toilet paper provision and completion of a service-wide deep clean.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted maintenance and cleaning risks had been addressed including a full deep clean of the service in September 2022, removal of outdoor cobwebs and scheduled and reactive maintenance including ceiling repairs. Review of cleaning schedules have been completed and the monthly cleaning audit has been modified to include consumer satisfaction and details of individual items actioned and completed, with supporting documentation provided.

I therefore find requirements 5(3)(a), 5(3)(b) and 5(3)(c) are compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(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

Requirements 6(3)(a), 6(3)(c) and 6(3)(d) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022 and I acknowledge there has been some actions undertaken by the Approved Provider since the site audit to address the non-compliance.

Consumers and consumer representatives interviewed were encouraged and supported to provide feedback and make complaints. Staff were knowledgeable about responding to and escalating issues raised and discussed examples of assistance provided to consumers to complete a feedback form. ‘Raise it’ feedback forms were readily available in all areas of the service, with consumer meetings held regularly as a forum for raising and discussing issues and concerns and actions taken by management.

Consumers and consumer representatives interviewed were satisfied with the responsiveness of management to issues they raised and discussed staff addressed their concerns. The Assessment Team noted appropriate action was taken in accordance with open disclosure and the feedback register showed feedback and complaints were managed in accordance with organisational policy.

Consumers and consumer representatives said management were responsive to their feedback and complains and were satisfied improvements were made. A review of consumer and consumer representative meetings minutes noted feedback and suggestions were a standing agenda item for discussion and the monthly consumer representative group meetings held with management provided additional opportunities for consumers to be actively involved in care and services innovation.

I therefore find requirements 6(3)(a), 6(3)(c) and 6(3)(d) are compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 7(3)(a) is non-compliant.

Requirement 7(3)(a) was found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022.

Consumers and consumer representatives said staff were caring and do their best to meet consumer needs, however staff were overworked and had insufficient time to effectively do their job. Three consumer representatives discussed how the personal care needs of their consumers were often not met, which was consistent with the feedback from 2 staff interviewed who described how the staff shortages impacted care provision for consumers. Call bell times reviewed by the Assessment Team showed no exceptional call bell response times over 10 minutes.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted recruitment of key management and suitably qualified care and clinical staff has occurred resulting in a significant reduction in agency staff hours from August 2022. Changes to staff rosters and shift times have been made to accommodate unexpected absences. Call bell times are reviewed daily and investigations occur when wait times exceed 10 minutes and are reviewed for adverse events and incidents and on receipt of feedback from consumers and staff.

Whilst I acknowledge the significant actions taken by the Approved Provider and commitment to achieving appropriate staffing levels, I find the feedback from consumers and consumer representatives indicates consumer care and services is still being impacted and as such find requirement 7(3)(a) is non-compliant.

Requirements 7(3)(d) and 7(3)(e) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact was conducted between 8 November 2022 to 10 November 2022 and I acknowledge there has been some actions undertaken by the Approved Provider since the site audit to address the non-compliance.

Consumers interviewed provided positive feedback about staff knowledge and skills and suggested staff required more time for familiarisation with their individual care and preference needs noted in care plans. Staff interviewed discussed access to training at the service which included quality standards, cultural awareness, restrictive practices and the Serious Incident Response Team. Training was provided through online modules, face to face training, toolbox talks and staff were able to access the workplace trainer when required.

The Assessment Team found staff performance reviews were not completed for staff in accordance with the scheduled mid-year and end of year performance review cycle provided in the organisational policy. Management discussed performance reviews for 9 staff had been completed and the remaining performance reviews were to be completed.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider discussed their commitment to establishing an effective performance and development program for staff and noted performance discussions had now occurred for the majority of staff, with reviews for remaining staff scheduled. I acknowledge the continuous improvement demonstrated by the Approved Provider and their commitment to the successful implementation of the performance review program.

I therefore find requirements 7(3)(d) and 7(3)(e) are compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Requirements 8(3)(c), 8(3)(d) and 8(3)(e) were found to be non-compliant at a site audit conducted from 8 March 2022 to 11 March 2022. An assessment contact occurred from 8 November 2022 to 10 November 2022 and I acknowledge there has been some actions undertaken by the Approved Provider since the site audit to address the non-compliance.

All five consumers and consumer representatives interviewed described information was not relayed to the appropriate people in a timely manner and information was not used to direct care and services. All five consumer and consumer representatives said management did not transfer important information to their staff or partners in care and provided examples of deficiencies in information management for personal care needs, laundry needs and changes to the memory support unit. Care staff interviewed said they access information when needed, through the electronic care management system, hard copy consumer files and policies and procedures through the organisations intranet system.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider discussed improvements in communication and provided supporting evidence including leadership meeting minutes and details of the consumer representatives townhall webinar which occurred on 20 October 2022. The Approved Provider noted improvements have been made to the availability of contact details for clinical staff to encourage consumers and consumer representatives to raise concerns. Examples of positive feedback from consumer representatives about changes in communication were provided.

The Approved Provider discussed correspondence sent to consumer representatives about the changes to the memory support unit and noted one-on-one conversations and tours of alternative rooms had already commenced. The Approved Provider noted any individual concerns communicated by consumer representatives had been addressed and reflected on improvements identified by the Assessment Team in Standard 6 Feedback and complaints.

The Assessment Team found inconsistencies in implementation of the risk management policy and procedure. The fall incident register indicated thorough investigations were not always completed to determine the nature of incidents and contributing factors. Whilst incidents were recorded, strategies to identify, monitor and evaluate risk were not undertaken to ensure risk mitigation and consumer safety. Staff training records confirmed training completion in abuse, unexplained absences, Serious Incident Response Scheme, risk management, incident management and high-impact or high-prevalence risk. Staff demonstrated an understanding of identification and responsiveness to abuse and neglect of consumers and incidents and described support provided to consumers to live the best life they can.

In response to the assessment team report dated 8 November 2022 to 10 November 2022, the Approved Provider noted areas of high risk including falls, medication, challenging behaviours, weight loss, pressure injuries and restrictive practices are supported by the risk management framework which guides staff practice and supports clinical outcomes for consumers. Falls and pressure injuries are managed in consultation with consumers and consumer representatives and risk mitigation strategies include weekly risk review meetings, named resident reports, commission readiness reports, skin committee meetings, falls monthly meetings and fall trending investigations conducted by the Quality Manager.

The Approved Provider referred to the assessment team findings under Standard 2 requirement 2(3)(e) and effectiveness of the review of systems and processes and continuous improvements in clinical care governance including wounds management reviews, pressure injury prevention and skin matrix audits. The new alert system for managing high-impact and high-prevalence risks was discussed.

The Assessment Team found regular clinical meetings, initial assessments, clinical indicators and an audit and risk committee to oversee clinical governance aligned with the clinical governance framework and a medical advisory committee. Staff interviewed demonstrated an understanding of reduction in antibiotic use and the application of antimicrobial stewardship principles. Staff confirmed provision of training in restrictive practices and could describe the different types of restrictive practices. Open disclosure training was completed for most staff.

I therefore find requirements 8(3)(c), 8(3)(d) and 8(3)(e) are compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)