

**Performance Report**

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| Name: | Bundaleer Gardens Hostel |
| Commission ID: | 0434 |
| Address: | 142a Cameron Street, WAUCHOPE, New South Wales, 2446 |
| Activity type: | Review Audit |
| Activity date: | 20 November 2024 to 26 November 2024 |
| Performance report date: | 21 January 2025 |
| Service included in this assessment: | Provider: 9208 Apollo Care Operations Pty Ltd  Service: 450 Bundaleer Gardens Hostel |

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 Bundaleer Gardens Hostel (**the service**) has been prepared by K Peddie, 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 Review 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 23 December 2024
* the following information given to the Commission, or to the Assessment Team for the Review Audit of the service: complaint regarding lack of appropriate personal and clinical care
* other information and intelligence held by the Commission in relation to the service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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.

* The service is required to ensure effective processes are established to ensure consumers are treated with dignity and respect.
* The service is required to establish processes to ensure assessment and planning includes consideration of risks to consumers’ health and well-being and informs delivery of safe and effective care and services.
* The service is required to ensure assessment and planning identifies and addresses consumers’ current needs, goals, and preferences including advance care planning.
* The service is required to ensure personal and clinical care is best practice, is tailored to consumers’ needs and optimises consumers’ health and well-being, including in relation to the management of restrictive practices, changed behaviours, wound care and personal hygiene.
* For the areas identified above, the service is to establish self-monitoring mechanisms to ensure compliance with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Not Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers, or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

Findings

Having considered the Review Audit report for the Review Audit conducted 20 November 2024 to 26 November 2024 and the approved provider’s response, I have assessed this Quality Standard as not compliant as I am satisfied Requirement 1(3)(a) is not compliant based on the following analysis:

Requirement 1(3)(a)

The Review Audit report brought forward deficiencies in staff practices that compromised consumers’ dignity; this had not been identified by the service. For example:

* Urinary drainage bags were not managed discreetly in a way that promoted consumers’ dignity and were visible to other consumers and visitors. Urinary drainage bags for three consumers had been placed in a bucket/basin under the consumer’s bed. Staff reported they do this because the urinary drainage bags leak. In response to feedback from the Assessment Team about impact on consumers’ dignity, management organised for consumers to have urine bag stands provided.
* One consumer was observed laying on their bed, uncovered and wearing nothing but a continence aid; their door was open, and they were visible to others passing the room including staff. However, strategies to promote the consumer’s dignity were not implemented.
* Two consumers were observed, one at mid-morning and one at mid- afternoon, to have soiled clothing, dried food on their faces, their hair was not brushed, and their eyes were crusted. One of the consumer’s representatives said when they had visited the consumer recently, they had found their hair was unkempt and this had upset the consumer.
* One consumer being administered an injection in an open nurses’ station.
* Information about consumers’ mobility was displayed on consumers’ doors and was visible to others.
* Care related documentation was not consistently respectful and, in some instances, wound care photographs were taken that did not promote consumers’ dignity.

The approved provider’s response states that observations made by the Assessment Team were the result of consumers’ choices in relation to their care and service delivery and were influenced in some instances by consumer behaviour. It advised that actions have been taken to address deficiencies brought forward in the Review Audit report including:

* Consumers have been engaged in discussions about care and service delivery and where appropriate, care plans have been updated.
* Registered nurses have been advised of organisational expectations in relation to administration of injections and relevant policies were reviewed and reinforced.
* Management have communicated with staff about organisational expectations in relation to care and service delivery and maintaining consumers’ dignity.
* Information about consumer’s mobility has been removed from consumers’ doors and is available electronically.
* The wound care policy has been revised to provide guidelines for wound photography and consumers’ dignity; this has been communicated to clinical staff.
* The response included clarifying information about terminology used to describe specific behaviour demonstrated by a consumer; I accept that the language used was consistent with medical terminology.

I acknowledge most consumers and representatives felt the service valued consumers’ identity, culture and diversity and accept that action has been taken to address some deficiencies brought forward in the Review Audit report. I note the response does not provide evidence of actions taken other than care related documentation for two consumers. The approved provider asserts that based on the actions taken, that the service now complies with this requirement. While I acknowledge some action has been taken, I remain concerned the service’s self-monitoring systems did not identify deficiencies detailed in the Review Audit report, nor ensure consumers’ dignity and respect is maintained while accommodating their choices. For the reasons detailed, I am satisfied consumers’ dignity was compromised by poor staff practices. I find Requirement 1(3)(a) is not compliant.

Requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f)

Consumers and representatives felt staff delivering care and services to consumers understood their needs and preferences and made consumers feel safe. Staff said they take time to get to know consumers and were familiar with consumers’ individual needs and preferences. Staff provided information about care and service delivery that was aligned with the consumers’ cultural needs.

Consumers and representatives described how consumers were supported to exercise choice and independence and maintain relationships that were important to them. Consumers said staff generally respected their choices and provided examples of the day-to-day choices they made. The Assessment Team observed staff engaging with consumers and seeking their preferences in relation to the services they received.

Staff understood the importance of supporting consumers to live their best life. There were processes to support consumers who chose to take risks including the completion of risk assessments and the identification of risk mitigation strategies. Consumers who chose to participate in activities that involved risk confirmed staff had explained the associated risks to them; for these consumers, care planning documentation included a dignity of risk form.

Consumers expressed satisfaction with the information they received and said it supported them to make informed choices, was provided in a way that was easy to understand, and that they were encouraged to ask questions. Staff described the various mechanisms for communicating information to consumers and described how they ensured information was accessible and clear. Consumers’ meeting minutes contained information that was relevant to the consumers and were available to consumers. Noticeboards throughout the service included the activity schedule and details of planned events, and the menu was displayed in all dining areas and included photographs of the meals to be served.

Management said the service’s policies and procedures included the collection, use, storage and sharing of confidential information. Staff were familiar with consumers’ preferences relating to privacy. Consumers and representatives were confident the service protected the confidentiality of consumers’ personal information said staff consistently respected consumers’ privacy when delivering care and described how staff closed doors and blinds when attending to consumers. The Assessment Team observed staff discussing consumers’ information discreetly in a private area, locking computer screens when not in use and knocking on doors and seeking consent to enter a room. While instances of poor staff practice that had the potential to impact consumer privacy were identified, this was considered under Requirement 1(3)(a).

For the reasons detailed, I am satisfied that Requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) 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. | Not 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. | Not Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. | Compliant |

Findings

Having considered the Review Audit report for the Review Audit conducted 20 November 2024 to 26 November 2024 and the approved provider’s response, I have assessed this Quality Standard as not compliant as I am satisfied Requirements 2(3)(a) and 2(3)(b) are not compliant based on the following analysis:

Requirement 2(3)(a)

The Review Audit report brought forward information demonstrating assessment and planning processes failed to consistently consider risks to consumers’ health and well-being. For example:

* For two consumers with complex changed behaviours, assessment and care planning failed to identify factors that may contribute to or cause the behaviours to occur, and did not include tailored strategies to minimise behaviours which had the potential to negatively impact consumers’ quality of life. For one consumer, a referral to a psychogeriatrician had not been initiated to explore strategies to support health and well-being.
* For a third consumer who had a history of a fall from bed, risks associated with the incident had not been fully explored and addressed in assessment and care planning.

Following feedback from the assessment team, management advised education relating to behaviour support planning had previously been identified as a concern and in response to this, education from a dementia advisory service had been planned for key staff on 26 November 2024. Additionally, one consumer’s medical officer was contacted to secure a referral to a psychogeriatrician and for the consumer who had fallen from their bed, a re-assessment was to be completed by an allied health professional.

In its’ response, the approved provider accepts deficits in care plans, noting the root cause to be incomplete assessments in the electronic care management system that was recently implemented. The approved provider resolved to review all consumers’ care plans to ensure completion of assessments and states an audit process has been established to occur at the completion of the care plan review process. Supporting documentation submitted as an element of the response was limited to care planning documentation for two consumers and did not evidence other actions reported as being completed.

I acknowledge that overall, consumers and representatives said consumers receive care and services they require, and the approved provider states it has responded to evidence in the Review Audit report. However, I remain of the view that assessment planning processes have not supported delivery of safe and effective care. I find Requirement 2(3)(a) is not compliant.

Requirement 2(3)(b)

The Review Audit report brought forward information that demonstrated assessment and planning identified consumers’ needs and preferences, including end of life planning. However, assessment and planning failed to identify consumers’ individual goals. For example:

* Care planning documentation for consumers with needs including changed behaviours and/or skin care included clinically based and generic goals and did not reflect the consumers’ personal goals in relation to care and in some instances consumers’ goals had not been identified.

Management and staff had not identified this deficit advising it may be attributed to the service’s electronic care management system. They advised consumers’ goals would be reviewed and individualised in consultation with consumers.

In its’ response, the approved provider accepts deficits in care plans, noting the root cause to be incomplete assessments in the recently implemented electronic care management system. It resolved to review each consumer’s care plan to ensure completion of all assessments and implement self-monitoring processes to ensure auditing of care plans at the completion of review processes. While I acknowledge that consumers’ needs and preferences, including in relation to advance care planning have been identified, and the approved provider states responsive actions have commenced, I am of the view that identification of consumers’ goals has not consistently occurred as an element of care planning. I find Requirement 2(3)(b) is not compliant.

Requirements 2(3)(c), 2(3)(d) and 2(3)(e)

The service overall, demonstrated consumer and representative partnership and inclusion of other health professionals in assessment and care planning. Annual and as needed case conferences occurred with the consumer and where appropriate there was involvement of the representative. Additionally, there was regular registered staff contact to provide current information when changes occurred. Consumers and representatives were offered a copy of care plans post registered nurse review and most consumers and representatives expressed satisfaction with their involvement, however some consumers said they did not recall the process.

The service demonstrated outcomes of assessment and planning were communicated to consumers and representatives, with several noting provision of a care plan following review. Consumers and representatives considered the service generally maintained appropriate communication, particularly relating to changes in care and medication and said staff explained and clarified clinical matters. Clinical staff demonstrated knowledge of processes regarding contacting representatives.

Overall, care planning documents evidenced review on a regular basis and when circumstances changed. Management and clinical staff described review processes and consumers and representatives considered clinical staff regularly discussed changes in consumers’ care to ensure needs and preferences were current.

For the reasons detailed, I am satisfied that Requirements 2(3)(c), 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. | Not 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

Having considered the Review Audit report for the Review Audit conducted 20 November 2024 to 26 November 2024 and the approved provider’s response, I have assessed this Quality Standard as not compliant as I am satisfied Requirement 3(3)(a) is not compliant based on the following analysis:

Requirement 3(3)(a)

The Review Audit report brought forward information that the service did not have effective systems and processes to manage personal and clinical care including in relation to restrictive practice, changed behaviours, wound care and hygiene delivery. For example:

Restrictive practices and management of changed behaviours:

* Care planning documentation including behaviour support plans did not consistently include information to guide staff when providing care.
* Staff did not demonstrate a shared understanding of strategies to support consumers’ changed behaviours.
* Staff did not demonstrate a shared understanding of the relevant legislative responsibilities associated with the use of restrictive practices including environmental restraint and the use of hormones for behaviour management. For example, management advised they had not considered whether the service’s main entry/exit, which is locked after hours, would constitute environmental restraint for some consumers.
* Staff did not consistently identify and document behavioural incidents and this has the potential to impact the reliability of information that informs care planning and behavioural management.
* The service has provided staff education relating to delirium, dementia, depression, challenging behaviours and escalation processes; however, attendance was not mandatory.

Management stated during the Review Audit that they would review the consumers’ ability to exit the service freely.

Care delivery:

* Some consumers were observed to have crusted eyes, food on their clothing and food on their faces; one consumer had blood under their nails and required nail care.
* One consumer who was observed mid-afternoon on Day 3 of the Review Audit to have soiled clothing, crusted eyes and food on their face, the consumer said staff had told them that they did not have time to complete their shower on that day.
* For a number of consumers, the provision of hygiene care, for example the frequency of showering, was not documented as being aligned with the consumers’ preferences. Two consumers provided negative feedback about the provision of their personal hygiene; management confirmed there were inconsistencies in documentation associated with consumers’ preferences relating to hygiene care.
* One consumer reported pain associated with their wound care however this had not been identified by staff. Additionally, risks associated with the consumer’s preferences in relation to wound care had not been discussed with the consumer. In response, management advised during the Review Audit that they had spoken with the consumer and explained the risks associated with the consumer’s wound care and that analgesia was now being provided prior to the wound being dressed.
* Staff advised that they are not always able to provide care in line with consumer preferences and said that this can be related to staff availability. They provided an example of how they will substitute a shower with ‘a wash’ for one consumer if staff are not available.

In its’ response, the approved provider accepts deficits in care plans, noting the root cause to be incomplete assessments in the electronic care management system that was recently implemented. It resolved to review each consumer’s care plan to ensure completion of all assessments and implement self-monitoring processes to ensure auditing of care plans at the completion of review processes.

While I acknowledge the planned responsive action, I am concerned the service did not identify deficits in the delivery of personal and clinical care and that this has resulted in negative outcomes for consumers. Additionally, the approved provider’s response is silent as to how deficits associated with restrictive practices, behaviour management, wound care and personal hygiene, more broadly, will be addressed. For the reasons detailed I am satisfied that personal and clinical care is not consistently tailored to consumers’ needs and optimises their health and well-being. I find Requirement 3(3)(a) is not compliant.

Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

The service has processes to manage high impact and prevalence risks associated with consumer care. The residential service manager and care manager have oversight/management of risks, and advised falls, skin integrity and weight loss were identified as current risks. The service used clinical indicator data to assist in identification of risks. Management and registered nursing staff described risks for specific consumers and documents demonstrated overall effective management, including interventions to support consumers experiencing frequent falls. Recording and monitoring processes existed regarding unplanned weight loss and referrals to allied health occurred to support management. Medical officer involvement occurred in relation to management of skin integrity. Care documentation for a consumer experiencing weight loss and a body rash demonstrated receipt of fortified foods, medical officer involvement and referral to a specialist.

For consumers identified as experiencing frequent falls, documented strategies provided guidance to staff; there was evidence of the involvement of a physiotherapist to support minimisation of falls and improve consumers’ strength and mobility. Incident documents following a consumer’s fall demonstrated medical officer notification, completion of falls risk assessment and documented strategies to guide care delivery.Staff advised knowledge of required strategies and positive feedback was received from the consumer relating to care.

Processes existed to ensure consumers’ end of life preferences were identified and documented in care plans after case conference discussions and details of substitute decision-maker were documented. Consultation occurred with consumers and representatives when a referral to palliative care support was required and when a consumer commenced on a palliative pathway or was approaching end of life. Care planning documentation demonstrated completion of a palliative assessment, referral to the medical officer and palliative care team and involvement of the authorised decision maker prior to commencement of active palliative care. Documents demonstrated administration of medication to manage agitation and pain, and delivery of care to ensure comfort and dignity was maintained. Representatives provided positive feedback relating to care provided to consumers.

The service identified and responded to a deterioration or change in a consumer’s condition, function or health and this occurred in a timely manner. Registered nurses liaised with senior clinical staff and the medical officer when a consumer’s care deteriorated and ensured consultation with consumers and their representatives. Care planning documentation evidenced the involvement of registered staff, the medical officer and allied health professionals following a change in the consumer’s condition, where appropriate transfer to hospital had occurred.

Overall, the service ensured communication of consumers’ condition, needs and preferences occurred via the electronic care management system, verbal and written handover processes, email communications, and referral processes. Consumers and representatives expressed satisfaction with communication processes.

Care planning documentation evidenced referrals to other services such as allied health professionals and specialists including speech pathologist, dietician, wound specialists, geriatrician, and dementia advisory services. Specialist and allied health professional directives were documented in consumers’ care planning documentation. Consumers and representatives gave positive feedback regarding referral and other health professional involvement with feedback received from one representative advising of an improved consumer outcome.

The service had an outbreak management plan to guide preparedness and responses to an outbreak. Registered staff demonstrated an understanding of antimicrobial stewardship, standard precautions, and principles for outbreak management. An infection prevention control lead existed for the service and when they were not available an organisational support was accessible. A surveillance system recorded infections, and staff completed an incident/infection report as required. A vaccination program existed for consumers who had consented, antiviral medications were available, and the service continued with vaccination clinics as needed. Most staff were observed practicing appropriate hand hygiene and wearing personal protective equipment when required while attending consumer care. The service had experienced multiple cases of consumer rashes. Medical officer and Public Health Unit involvement has occurred, and pathology testing has been completed. Infection rates were discussed at meeting forums and administration of antibiotics occurred when needed.

Deficits in relation to the delivery of personal and clinical care that have been referred to more broadly within Standard 3 have been given weight under requirements 2(3)(a), 2(3)(b) and 3(3)(a) which have been found not compliant.

For the reasons detailed I am satisfied Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) 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

Consumers and representatives were satisfied with services and supports provided to consumers and felt consumers’ independence and quality of life was optimised. They said consumers received support from staff to do the things of interest to them and had access to equipment that promoted independence. Consumers provided examples of being assisted to organise transport to appointments, engage in hobbies and interests, and to undertake daily living activities.

Consumers and representatives were satisfied with the caring and supportive approach adopted by staff including pastoral care staff. Staff referred consumers to the care manager or pastoral care staff if they identified concerns relating to consumers’ psychological or emotional well-being. Consumers provided examples of how the service supported them when they were upset and worried; this included referral to a psychology service, the involvement of volunteers, religious and spiritual practices such as Bible study and engaging with hobbies.

Lifestyle staff described how consumers contributed to activity planning through the consumer meetings, via surveys and feedback forms, and through one-to-one conversations. Consumers were engaged in a variety of activities both within and outside the service including church services, gardening, bowling, board games, choir, and outings with family. They said they were supported to stay connected with people who were important to them and that staff made visitors feel welcome.

Care documentation provided information to support effective and safe care and service delivery. Staff said information about the consumers’ needs and preferences, including dietary information, was communicated through various processes including staff handover, care plans, progress notes and one-to-one discussions. Staff generally demonstrated an understanding of consumers’ needs and preferences.

The service had established processes for making referrals and supporting consumers to access other providers of care and services. Lifestyle staff provided examples of how consumers had been referred to services when a need was identified and consumers expressed satisfaction with this process.

Food was prepared on site and the service maintained a seasonal menu which was developed with input from consumers and reviewed by a dietitian. While the service mostly demonstrated meals were varied and of suitable quality and quantity, some consumers provided mixed feedback and raised concerns about the temperature of the food, and type of food provided. Several consumers reported they had made complaints about food and while some consumers were satisfied with improvements made, others remained dissatisfied. The approved provider’s response includes advice actions had been taken to address consumer and representative feedback. While I am satisfied meals are of suitable quality, quantity and variety, this information has been considered further under Standard 6.

Consumers, management, and staff were satisfied that equipment used to support consumers’ lifestyle was safe, suitable, and clean. Staff felt they had the equipment they needed to support consumers and when maintenance issues emerged, these were referred to maintenance staff. The Assessment Team observed equipment that related to services and supports for daily living noting it to be clean, well-maintained, and suitable for consumers’ use.

For the reasons detailed, I am satisfied consumers receive services and supports for daily living that improve their well-being and quality of life. I find Standard 4 is compliant.

# Standard 5

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

Findings

Consumers and representatives expressed satisfaction with the service environment and were observed navigating the service and utilising communal areas where they interacted with other consumers.

Consumers said they felt safe at the service and that it was clean and well-maintained. Designated staff attend the internal and external cleaning of the service environment, and the service had recently completed deep cleans of different areas within the service. Consumers’ rooms were cleaned Monday to Friday and if additional cleaning of consumers’ bathrooms was required on weekends this was to be attended by care staff. Care staff provided feedback that they did not always have time to attend to cleaning and one consumer said their bathroom required increased cleaning but was not routinely cleaned on weekends. This information was raised with management who said that cleaning hours would be reviewed.

The Review Audit report included information that signage in some areas could be improved, that an internal staircase may pose a safety risk to consumers, that trip hazards were observed in an outdoor area and that there was limited storage for equipment. Maintenance staff reviewed internal signage during the Review Audit, management committed to reviewing the safety of the internal staircase and maintenance staff removed trip hazards and advised that equipment storage solutions were in progress as the service had previously identified this issue and was seeking methods of addressing this. Additionally, consumers did not raise concerns regarding the living environment or equipment storage, and it was identified that there had been no falls related to the internal stairs.

The service’s main door was open Monday to Friday during business hours, on weekends and after hours the door was locked. While there was a keypad and code (in small print) situated near the door the service had not completed assessments to determine if consumers were able to read the code and use the keypad in order to exit the building. This information has been considered and given weight under Requirement (3)(3)(a).

The service had processes to replace furniture, and this was planned to commence in one area of the service in December 2024. There were maintenance schedules for maintaining fittings and equipment to ensure its ongoing safety. Cleaning staff had schedules for the steam cleaning of furniture and the cleaning of consumers’ rooms. Maintenance staff were available at the service and there was documented evidence reactive and preventative maintenance was being attended. Consumers provided feedback that they felt equipment was suitable to their needs.

For the reasons detailed, I am satisfied consumers feel safe and comfortable in the service environment. While some deficits were identified during the Review Audit, these were addressed promptly, there was no negative impact to consumers identified and consumers and representatives generally reported satisfaction with the environment. I find Standard 5 is compliant.

# Standard 6

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

Findings

Having considered the Review Audit report for the Review Audit conducted 20 November 2024 to 26 November 2024 and the approved provider’s response, I have assessed this Quality Standard as compliant as I am satisfied all requirements are compliant based on the following analysis:

Requirement 6(3)(c)

Consumers and representatives gave mixed feedback regarding action taken in response to their complaints, some expressing nothing changes in response to complaints.

Policies guided staff in relation to organisational expectations about complaints processes including the requirement to record complaints. While some complaints had been documented, feedback to the Assessment Team about previous complaints that had been made were not consistently recorded or reported to management. Three consumers/representatives expressed dissatisfaction regarding meal quality or preferences not being addressed in a timely or satisfactory manner. The chef advised discussions with consumers resulted in assurance of preferences being accommodated and management demonstrated updating of documents. One representative advised feedback is not consistently addressed in a timely manner requiring follow-up to achieve satisfaction however noted this had occurred. Another representative stated improvement in complaints responses citing a recent example of management addressing their concern, however advised lack of confidence that issues would be addressed without their input. One consumer advised quality of some meals to be poor voicing a lack of response to issues raised at meetings. Management and the chef advised regular communication occurred to ensure concerns were appropriately addressed. Via document review the Assessment Team observed recording of consumer concerns within multiple documents plus inconsistent recording that issues had been resolved. A process existed to communicate complaints and outcomes to the executive leadership team via the manager’s report.

The approved provider in its’ response cited management’s responsiveness to issues within the Review Audit report. In consideration of compliance, I am swayed by the responsive actions to issues raised within the Review Audit report. While accepting recording of complaints is optimal to enable analysis/trending of issues, evidence does not support lack of documenting all complaints has resulted in lack of appropriate action. I find Requirement 6(3)(c) is compliant.

Requirements 6(3)(a), 6(3)(b) and 6(3)(d)

Consumers and representatives said they are comfortable to raise concerns and provide feedback, noting that management was approachable and considered feedback. Staff demonstrated knowledge of feedback mechanisms, and documents evidenced this was actively encouraged. Information regarding complaints mechanisms was observed on display throughout the service. Staff advised consumers raised concerns which they communicated to registered nurses or provided in writing. Meeting documents demonstrated feedback was actively sought.

Most consumers advised receipt of advocacy service information which was observed to be displayed through the service and documents contained contact details. Information regarding the Commission and Older Persons’ Advocacy Network (OPAN) were on display. While the service did not have consumers requiring language services, staff demonstrated knowledge of how to obtain this if required. Staff gave mixed feedback regarding knowledge of advocacy services however demonstrated knowledge of how to refer consumers to the Commission. Management advised they have access to OPAN and translation services when a need is identified.

The service demonstrated feedback, and complaints were reviewed and used to improve the quality of consumer care and services. While a process existed to monitor complaints and feedback, not all feedback was recorded. Examples of responsiveness to consumer feedback included purchase of equipment to enable warming of crockery to assist in meal service and awaiting approval to requests for a shade sail. Five consumers who participated in the steering committee expressed satisfaction with the way feedback was used to improve consumer care.

For the reasons detailed, I am satisfied the service seeks feedback from consumers and representatives and uses this information to improve care and services. I find Standard 6 is compliant.

# Standard 7

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

Findings

A system was demonstrated to ensure a planned workforce to deliver and manage safe, quality care and services, considering staffing levels and skills mix. Documents demonstrated replacement and coverage for most unplanned leave. Most consumers and representatives considered consumer needs were met in a timely manner and their feedback included recently improved response times. Some however advised on occasion there was a lack of cleaning staff on weekend days; this was also noted by staff. Management advised they would complete a review of the cleaning roster. Management and registered nursing staff advised efforts to ensure consistency of care and responsiveness to consumer feedback. Most care staff raised staffing concerns impacted their ability to complete required tasks specially for consumers requiring hygiene assistance from more than one staff member; this information has been considered under Requirement 3(3)(a).

The workforce governance officer advised the service is not meeting care minutes for care staff, stating achievement of 94.9 per cent.

While some negative feedback regarding staffing exists, consumers could not detail care impact. On balance, in considering positive feedback from most consumers and representatives, plus demonstration of processes to ensure a planned workforce, I am of the view the service meets Requirement 7(3)(a).

Most consumers and representatives consider staff deliver appropriate care and are kind and caring and staff demonstrated knowledge of consumers’ needs and accommodating preferences. Examples included supportive, helpful staff including pastoral staff and management being responsive to feedback regarding staffing issues.

The service mostly demonstrated processes to ensure a competent workforce with qualifications to effectively perform their roles. Staff advised receipt of management support to access additional training when required. Consumers and most representatives felt staff had the knowledge and skills to effectively provide care and services in accordance with consumers’ needs and preferences. A system existed to ensure staff completion of competency assessments and position descriptions included responsibilities, knowledge, skills, and qualifications for each role, plus a monitoring process for professional registration.

Management personnel did not demonstrate an understanding of the need for assessment processes regarding aspects of environmental restraint and staff did not demonstrate a shared understanding of restrictive practices and best practice care relating to behaviour support plans; this information was given weight under Requirement 3(3)(a). In response to feedback from the Assessment Team, training occurred for registered nurses and team leaders regarding the use of specific medications and associated risks, plus planned staff training to enhance knowledge. Management demonstrated contact had been made with a dementia advisory service to complete additional training in relation to behaviour support planning following a previous Commission visit. While it is of concern the service did not self- identify this need, I accept responsive actioned occurred plus a commitment to ensure ongoing training to increase staff knowledge relating to unmet behaviours and restrictive practices. I am of the view the service meets Requirement 7(3)(c).

The service has processes for staff recruitment, training, and orientation, including completion of required education and training, and selected topics in response to consumer needs, clinical data, and legislative changes. A monitoring process is established in relation to completion of staff education.

Staff advised of attendance at orientation training programs, support provided by experienced staff, team leader and nurse educator, and the ability to request extra training or educational needs. Documents detail the availability of additional training relating to the Quality Standards however there was no requirement for staff attendance.

The service demonstrated systems and processes to monitor and review the workforce performance via meetings with new staff at regular intervals plus an annual review. A process was established to monitor completion of annual performance appraisals and information monitoring occurred via review of incidents, audits, and observation, plus a process for managing underperformance.

I am satisfied the workforce was sufficient and skilled to provide care and services. I find Standard 7 is compliant.

# Standard 8

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

**Findings**

Having considered the Review Audit report for the Review Audit conducted 20 November 2024 to 26 November 2024 and the approved provider’s response, I have assessed this Quality Standard as compliant as I am satisfied all requirements are compliant based on the following analysis:

Requirement 8(3)(c)

The Review Audit report brought forward information that the service did not demonstrate effective governance relating to information management and regulatory compliance. For example:

Information management:

The Review Audit report raised concerns relating to:

* the lack of clinical detail included in reports to the Board and other reporting requirements such as the quality indicator program.
* inaccurate complaints data, and
* deficits in assessment and care planning.

The approved provider in its’ response asserts that the organisation has effective information management systems and processes. The response included additional clarifying information as to why clinical detail was not included in some reports. Further, the response outlined the processes whereby the Residential Service Manager’s report and clinical indicators are reviewed monthly and discussed with the clinical governance team; with relevant information then reported to the Board. With respect to the documentation associated with consumer complaints, the response states that the service is improving these processes and asserts that overall, complaints are being acted upon and addressed; I accept this.

The service brought forward examples of the systems and processes to support information management and to ensure staff have access to the information they need to undertake their role and that consumers have information to support informed decision-making. Information under this and other requirements included meeting minutes from various committees at a local and executive level; feedback and complaints; incident data; workforce related documentation and care related documentation.

Consumers and representatives generally provided feedback that they have the information they require to make informed decisions including any changes that are to occur at the service. The service demonstrated and staff described multiple mechanisms for communicating with consumers in a manner that was accessible and easy to understand.

While deficiencies were found in relation to some aspects of assessment and care planning, this information has been given weight under Requirements 2(3)(a), 2(3)(b) and 3(3)(a). I note too that consumers and representatives generally reported satisfaction with care and services provided to consumers and felt that staff understood consumers’ needs and preferences.

I am satisfied that information management systems and processes are generally effective.

Regulatory compliance:

The Review Audit report brought forward concerns relating to staff’s inconsistent understanding of the legislative requirements relating to the use of a specific type of chemical restraint; the Review Audit report includes information that appropriate consent was not sought for the use of the medication.

The approved provider in its’ response asserts that the organisation has effective systems and processes relating to regulatory compliance and provides additional clarifying information. The response states the organisation has regulatory policies that are contemporaneous and map all significant regulatory compliance obligations. It states policies are implemented with training and that internal auditing processes monitor compliance with policy and associated regulatory compliance. Further, I note there is evidence in the Review Audit report more broadly that the service is generally meeting its regulatory requirements.

I have considered the deficits relating to the use of restrictive practice under Requirement 3(3)(a) and I am satisfied there are processes to support the organisation to meet relevant legislative and regulatory requirements.

With respect to feedback and complaints, workforce management, continuous improvement and financial governance, effective systems and processes supported the delivery of safe, quality care. For example, there were processes to ensure there were sufficiently skilled and qualified staff to deliver care and services; deficits in care minutes and strategies to manage this were discussed by the Board. There were systems and processes to monitor and improve care and service delivery and there was evidence the service was adequately resourced by the organisation.

For the reasons detailed, I am satisfied governance systems and processes are generally effective. I find Requirement 8(3)(c) is compliant.

Requirement 8(3)(e)

The Review Audit report states there is a clinical governance framework which includes antimicrobial stewardship, restrictive practices and open disclosure; and includes policies, procedures and a clinical governance committee. Staff understood their responsibilities in relation to antimicrobial stewardship and open disclosure however deficiencies were brought forward that included: inconsistent staff knowledge relating to chemical restraint and documentation associated with behaviour support planning; inaccuracies in the psychotropic register; insufficient clinical detail in reporting mechanisms; and failure of the organisation’s quality systems to identify the deficits. During the Review Audit, management advised a detailed action plan had been commenced to address the deficits brought forward by the Assessment Team.

The approved provider’s response provides additional clarifying information in relation to the deficits brought forward in the Review Audit report. It accepts there were deficits in relation to aspects of personal and clinical care and states these have been actioned including the completion of a comprehensive review of all consumers with behaviour support plans. The approved provider states behaviour support plans are now accurate, include triggers and strategies to support the consumer and evidence of one consumer’s behaviour support plan was included as an element of the response.

I note, the organisation’s quality schedule included audits and other monitoring processes relating to incident analysis, clinical indicators, restrictive practices, privacy, complaints and medication management including polypharmacy, antipsychotic medication, and psychotropic medication. The service’s management, senior clinical staff and registered nurses and the clinical governance team were engaged in this process.

I have considered the deficits brought forward here under Requirements 2(3)(a), 2(3)(b) and 3(3)(a) which are not compliant and note that the service is taking action to improve aspects of personal and clinical care. I am satisfied there is a clinical governance framework established.

Requirements 8(3)(a), 8(3)(b) and 8(3)(d)

Consumers and representatives provided feedback that they felt the service was well run. The organisation had policies that outlined how the Board engaged with and supported consumers’ involvement in the development, delivery and evaluation of care and services and examples of this were provided. Various mechanisms were used to engage consumers including feedback and complaints forms, surveys, incident reporting processes, care planning, and consumer meetings including the consumer steering committee. Meeting minutes demonstrated consumers were included in discussions about surveys, capital expenditure, star ratings, clinical indicators, staffing and various projects.

The organisation generally promoted a culture of safe, inclusive, quality care and services. Overall, consumers and representatives indicated they were satisfied with the care and services they received and felt safe with staff. The strategic plan prioritises consumers’ care and refers to the organisation’s commitment to diversity and inclusive care. Board members had experience in business, governance and clinical areas and the care governance framework included committees with responsibilities in relation to finance, audit and risk, care quality and care governance.

The organisation had risk management policies and a risk management system to identify, assess, respond and monitor risks including high-impact and high-prevalence risks and abuse and neglect of consumers at the service; a risk register was maintained. There was a process for ensuring risks were escalated to the clinical governance team and then to the Board, where a need was identified. Senior executive staff described the processes for rating risks and explained how critical risks were escalated. Incidents reported under the Serious Incident Response Scheme were reviewed by the clinical governance team. The risk management policies documented how the organisation supported consumers to live their best life and recognised the consumer’s right to take risks. The consumer advisory forums provided the Board with evidence that consumers were supported to live their best life.

1. The preparation of the performance report is in accordance with section 76A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)