Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Burswood Care Sunshine Park |
| Service address: | 10 Brady Road LESMURDIE WA 6076 |
| Commission ID: | 7198 |
| Approved provider: | Burswood Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 18 August 2023 |

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

**This performance report**

This performance report for Burswood Care Sunshine Park (**the service**) has been prepared by J. Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the site audit conducted from 20 June 2023 to 22 June 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Approved Provider’s response to the site audit report, received on 28 July 2023.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all six of the six specific requirements in the Standard.

Consumers and representatives indicated consumers felt accepted and were treated with dignity and respect, with their identity and culture valued. Management and staff described how they treated consumers with dignity and respect and described the service’s policy in providing person-centred care.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural backgrounds and described how their cultural needs influenced the delivery of care and services. The Assessment Team noted there were resources available to support consumers’ cultural and spiritual needs and staff knew consumers’ emotional, spiritual, and cultural needs and preferences.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Management and staff provided examples of how they assisted consumers to make choices to meet their needs and preferences.

Care planning documentation demonstrated risks were identified through risk assessments and staff took appropriate measures to ensure consumers were provided with information to make informed decisions regarding their care and services they received. Staff were aware of the risks taken by consumers and described the risk mitigation strategies in place.

Consumers and representatives indicated they received information that was current, accurate and timely, and communicated in a way that was clear, easy to understand and enabled them to exercise choice. The Assessment Team observed menus and monthly activities calendars displayed around the service and copies of the monthly activities calendar in consumers’ rooms. Representatives confirmed they were offered a copy of consumer care plans and were aware they could request consumer documents anytime they wished.

Consumers and representatives outlined their privacy was always respected, and doors were closed when received care or discussing consumer care. Staff confirmed consumers’ personal information was kept confidential and stored in the service’s password-protected electronic records management system.

# Standard 2

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all five of the five specific requirements in the Standard.

*Requirement 2(3)(a):*

The Assessment Team recommended Requirement 2(3)(a) as Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 2(3)(a), as detailed below.

The Assessment Team considered the service did not consider risks to consumers’ health and wellbeing during the assessment and planning process.

While all consumers had care plans in place, out of 11 care plans examined during the site audit, only 6 contained risk care plans and none of those risk care plans identified or documented individual risks to the consumers. The remaining 5 care plans did not contain Risk Care Plans.

In its response, the Approved Provider provided copies of past and current risk assessments for each consumer named in the site audit report. The risk assessments contained steps to be taken to minimise risks to consumers concerning issues such as falls risks, skin tears, pressure injuries, diabetes and other issues.

The risk assessments may not have been included with consumers’ care plans; however, the service clearly carried out risk assessments and these were considered by staff when providing care to consumers. Furthermore, consumers and representatives provided evidence that staff discussed risks with them in the context of assessing care needs and planning and providing care.

Therefore, based on the evidence before me, I find the service considered risks to consumers’ health and wellbeing during the assessment and planning process and the service is Compliant with Requirement 2(3)(a).

*The other Requirements:*

The service is Compliant with all other Requirements in Standard 2.

Consumers and representatives were satisfied with the service’s management of identified risks, and indicated they were involved in the assessment and planning process. Staff demonstrated sound knowledge of the care planning systems, procedures, and processes, including those to ensure care needs were reviewed regularly.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Management and staff described how they held end of life and advance care planning conversations with consumers during the admission process, at case conferences and as consumers’ needs changed.

Consumers and representatives considered they were partners in the assessment, planning and review process of their care and services. Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals and other providers of care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff outlined the processes for documenting and communicating assessment outcomes.

The service demonstrated care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff provided an overview of the care plan review process and described how care plans were reviewed regularly or when consumers’ circumstances changed, or incidents occurred.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all seven of the seven specific requirements in the Standard.

*Requirement 3(3)(a):*

The Assessment Team recommended Requirement 3(3)(a) as Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 3(3)(a), as detailed below.

Although consumers said they were happy at the service and staff were attentive to their needs, the Assessment Team considered the service was unable to demonstrate consumers received safe and effective personal care and clinical care which was best practice and tailored to their needs. The Assessment Team observed consumers and found documentation which reflected a high prevalence of pressure injuries and wounds, as well as personal care needs not being met.

The site audit report noted:

* Some consumers had dignity of risk forms for “refusal of care relating to aids for daily living” and the report noted care planning documentation for one consumer surveyed did not address the consumer’s refusal of care or give strategies on how to address the issue.
* The service reported 12 new wounds for April 2023 and 11 new wounds for May 2023, with 7 chronic wounds in April 2023 and 4 in May 2023. The site audit report noted management were unable to provide an explanation as to why consumers had not been referred to wound care specialists; however, care plans for consumers contained strategies for consumers assessed as high risk for pressure injuries.
* Wound charting did not note the size of wounds, did not include a tape measure in photos and photos were not taken from the same angle and distance each time. The service’s wound care policy specified charting and photographs were to commence when wounds were identified but did not stipulate measurements were required.

In its response, the Approved Provider advised:

* The service had policies and procedures in place which required a wound specialist be engaged when it was clinically indicated a wound needed reviewing and the consumer or representative has provided consent. The response included copies of referrals to wound specialists for two consumers.
* Registered nursing staff received education on skin care & pressure injuries and the response included evidence of training. The response noted additional education will be provided in correct wound care management and correct documentation, with a planned completion date of August 2023.
* A handover report will be generated from the service’s electronic care management system to ensure congruent and correct clinical care is communicated to all relevant staff.

The primary concern noted in the site audit report related to pressure injuries or skin tears, and whether these were properly dealt with, including record-keeping and referrals to specialists.

The Approved Provider’s response showed that, despite concerns in the site audit report, the service had a comprehensive wound classification and care policy and procedural guide and had referred consumers to wound specialists. Further, staff had received education on skin care and pressure injury care and the service undertook to provide further training to staff in wound care management and documenting wound care.

I note that, concerning the consumer whose care planning documentation did not address the consumer’s refusal of care or give strategies on how to address the issue, both the consumer and the consumer’s representative provided very positive feedback concerning the care provided by the service, with no concerns about care and the only issue being the temperature in the bathroom.

Therefore, based on the evidence before me, I find consumers received safe and effective personal care and clinical care which was best practice and tailored to their needs, and the service is Compliant with Requirement 3(3)(a).

*Requirement 3(3)(b):*

The Assessment Team recommended Requirement 3(3)(b) as Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 3(3)(b), as detailed below.

The site audit report noted that, even though consumers and representatives were happy with the care provided by the service, the service was not able to demonstrate that high-impact or high-prevalence risks for each consumer, particularly weight loss and skin integrity, were being effectively managed.

The site audit report noted:

* The service recorded 6 consumers in April 2023 and 4 consumers in May 2023 with unexplained weight loss. The site audit report noted the checklist for Unexplained Weight Loss was not adhered to and there did not appear to be any checklists completed in consumer files for selected consumers.
* The Unexplained Weight Loss checklist required staff to update a mini nutritional assessment, update Braden scale assessment, update skin integrity, complete oral and dental assessment, complete a risk assessment and pain chart, refer to medical officer and refer to dietician via a helpline. These actions were not identified in selected consumers who had experienced weight loss. Fluid and food charting was inconsistent with checklist requirements. Supplements were commenced only if ordered by the medical officer. The checklist or policy seen by the Assessment Team did not note a timeframe for expected completion following weight loss.

In its response, the Approved Provider advised:

* The Approved Provider engaged a dietitian in February 2023, who undertakes a monthly review of consumers’ weights to identify weight loss and advise on appropriate strategies for positive resident outcomes.

Of three specific consumers discussed in this Requirement, one was palliating and the consumer’s GP had stated they did not need to be weighed as a consequence.

Another consumer had a mini nutritional assessment at the beginning of June 2023, as per the service’s checklist. The assessment noted the consumer was at risk of malnutrition; however, the Approved Provider’s response did not show any evidence of action taken as a consequence of the finding in the mini nutritional assessment. One month later, at the beginning of July 2023, after the site audit, the dietitian prepared a report for the consumer and recommended additional fibre and nutritional supplements be added to the consumer’s meals, to assist with energy and protein intake and to maintain muscle mass.

The third consumer and their representative had a meeting with the service’s Clinical Nurse Manager in late April 2023, which included discussion about weight loss, diet and food options. The meeting notes show that the consumer and representative refused a referral to a dietitian, were aware of other food options, but advised they were happy with the consumer’s current diet. The Clinical Nurse Manager acknowledged and respected the consumer’s and representative’s preferences. In early July 2023, following the site audit, the dietitian prepared a report for the consumer and recommended additional fibre and nutritional supplements be added to the consumer’s meals.

It appears the service could have taken more action to assist the second consumer, following the mini nutritional assessment in June 2023. However, on the balance of evidence, I consider the service is effectively managing high-impact and high-prevalence risks for consumers such as weight loss and skin integrity.

In reaching this conclusion, I considered the material about skin integrity and wound care referred to in my consideration of Requirement 3(3)(a), the fact the service engaged a dietitian in February 2023 who has regular consultations with consumers, and the evidence about the third consumer, who was offered a consultation with the dietitian and offered different food choices but declined.

As a consequence, I decided the service is Compliant with Requirement 3(3)(b).

*Requirement 3(3)(e):*

The Assessment Team recommended Requirement 3(3)(e) as Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 3(3)(e), as detailed below.

The site audit report noted the service used an electronic care management system to document all care provided to consumers in progress notes, charts, forms and care plans and that staff referred to records in the system when providing care, as well as receiving verbal updates during clinical handover sessions and meetings. However, the site audit report noted that, for some consumers, care plan and progress note documentation did not always accurately reflect consumers’ needs.

The site audit report noted:

* The service utilised a handover sheet that was maintained by clinical staff in relation to consumer condition, alerts, daily and weekly tasks required by staff. However, the handover sheet did not document daily and weekly requirements of some consumers such as wound care dressings. Care plan documentation also failed to document risks associated with consumer care, such as risks of pressure injuries or risk of weight loss. Care plans did not document wound care or diabetes care for 3 non-insulin dependent diabetic consumers.
* Care plan documentation observed by the Assessment Team for one consumer showed no reference to the consumer’s diabetes or instructions on how to care for the consumer in relation to their diabetes.
* Care plan documentation for another consumer did not reflect their care needs regarding stoma care and that the consumer suffered skin deterioration around the stoma site. The consumer advised the Assessment Team that staff attend to all her stoma care.

In its response, the Approved Provider advised:

* Clinical tasks which required completion daily or at certain intervals, such as every two days or every week, are created as set tasks to be completed in the service’s electronic care management system. The system then alerts staff to the required tasks that need to be completed. As a result, there is no need to document such tasks in handover sheets.
* Copies of care assessments for consumers mentioned in the site audit report showed the care assessments considered risks and issues such as pressure injuries, weight loss and management of type 2 diabetes.
* A care assessment for the consumer with a soma and ileostomy, created in April 2023, noted the consumer required daily stoma care, with daily recording of the condition which included surrounding area and colour, with a weekly photo of the stoma area for reference.

The Approved Provider’s response also included an overall service risk assessment for pressure injury prevention and management, dated 15 February 2023 with a review on 15 March 2023, which considered the emerging risk of pressure injuries at the service and set out a risk control strategy.

Having considered all the available evidence in the site audit report and the Approved Provider’s response, I find consumers’ condition, needs and preferences were documented and communicated within the organisation, and with others where responsibility for care is shared.

As a consequence, I decided the service is Compliant with Requirement 3(3)(e).

*The other Requirements:*

Consumers and representatives were confident that when they required end-of-life care, the service would support them to be as free as possible from pain and to have those important to them, with them. The service had policies, procedures, and clinical protocols which guided staff in the management of palliative care and end-of-life care.

Care planning documentation showed that deterioration or changes in consumers’ health were recognised and responded to in a timely manner. Consumers and representatives indicated staff were responsive to their needs, and representatives confirmed they were kept well informed of changes to the consumer’s health needs.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports, such as a physiotherapist, dietitian, speech pathologist, geriatrician, palliative care specialists, podiatrist, dentists, and Dementia Support Australia (DSA) services. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff demonstrated an understanding of how they minimised the spread of infection and the use of antibiotics to ensure they were used appropriately.

# Standard 4

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all seven of the seven specific requirements in the Standard.

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. The Assessment Team observed consumers involved in a range of activities within the service, including bus trips, bingo, happy hour, reminiscing sessions and general social gatherings.

Consumers and representatives indicated consumers felt supported to social, emotional, and religious connections which were of importance to them. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Staff provided examples of how consumers were supported to maintain relationships with individuals that were of importance to them. Care planning documentation identified information regarding the consumer’s preferred activities of interest and relationships of importance.

Consumers felt information regarding their condition was effectively communicated, and staff understood their care needs. The Assessment Team reviewed care planning documentation which identified information regarding consumers’ conditions, needs and preferences.

Management and staff described how the service worked in conjunction with external individuals and organisations. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation identified consumer dietary requirements, preferences, and allergies, and was available to the hospitality staff. Consumers provided feedback on the menu and were able to request variations in line with their tastes and preferences.

Maintenance staff provided documented evidence of equipment service reports to demonstrate how consumer equipment was audited and maintained by the service. The Assessment Team observed equipment was safe, suitable, clean and well maintained.

# Standard 5

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all three of the three specific requirements in the Standard.

Consumers and representatives advised the service environment was open and welcoming, and they felt at home within the service. The Assessment Team observed the rooms of consumers were decorated with consumers’ personal furnishings and memorabilia.

Consumers and representatives advised the service environment was safe, clean, and well maintained and allowed consumers to move freely, both indoors and outdoors. The service contained shared areas for social interaction, including garden areas and courtyards, and had dedicated areas for religious and cultural practices.

Consumers and representatives advised the service attended to maintenance issues in a timely manner. The Assessment Team observed furniture, fittings and equipment were safe, clean, well-maintained and suitable for the needs of consumers and representatives. Staff described the process for reporting of maintenance issues and said they were attended to in a timely manner. Maintenance staff described and demonstrated how maintenance was scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all four of the four specific requirements in the Standard.

Consumers and representatives confirmed they felt comfortable to provide feedback and raise complaints with management and staff. Management explained how they incorporated the open disclosure process and discussed feedback and complaints during staff and management meetings.

Consumers and representatives described the various ways they provided feedback and complaints, both internally and externally. The Assessment Team observed information regarding advocacy and language services displayed throughout the service, and information about complaints, feedback and supports was provided to consumers upon admission. Consumers and representatives advised they knew how to make a complaint or provide feedback and felt comfortable doing so.

Consumers and representatives indicated the service took appropriate and timely action in response to complaints and staff understood and utilised an open disclosure process in dealing with complaints. Feedback and complaints were received from a variety of sources and recorded in the service’s electronic complaints management system. Management described the complaints process, which included acknowledging the complaint, apologising to the complainant and working together with staff and the complainant to resolve the complaint in a timely manner.

The Assessment Team sighted continuous improvement actions that were linked to feedback and complaints and included details such as the actions taken, whether the issue is ongoing or resolved and how the feedback is used to improve care and services. Consumers and representatives confirmed the service used feedback and complaints to improve care and services.

# Standard 7

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all five of the five specific requirements in the Standard.

Consumers and representatives confirmed the service currently had sufficient staff to meet their care needs, staff responded when needed, and call was never rushed. Staff confirmed there were enough staff to provide appropriate care to each consumer.

Consumers and representatives expressed workforce interactions were kind, caring and respectful of each consumer’s identity, culture and diversity. Staff described how they respectfully engaged with consumers and understood their preferences and preferred names.

Management advised each role had set qualifications, knowledge, and experience they required for each staff position, and they provided ongoing support to ensure each staff member continued to develop their knowledge and skills for their respective roles. Staff described how management supported them with informal and formal coaching, and ongoing training to ensure they had the experience and skills to perform their duties.

Consumers confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. The Assessment Team sighted comprehensive staff training records, both following commencement at the service and on an ongoing basis.

Management described the performance appraisal process which occurred on an annual basis on the anniversary of the staff members’ engagement. The service had policies and procedures which guided management on assessing and monitoring staff performance.

# Standard 8

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

Findings

The Quality Standard is assessed as Compliant, as the service was Compliant with all five of the five specific requirements in the Standard.

*Requirement 8(3)(d):*

The Assessment Team recommended Requirement 8(3)(d) as Not Met. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 8(3)(d), as detailed below.

The site audit report noted the service had a risk management framework; however, the report considered the service was not able to demonstrate that the framework is followed by its staff.

The site audit report noted:

* Risks were not identified in consumer care plans.
* The risk assessment documents reviewed by the Assessment Team contained minimal information. The service had a high incidence of skin deterioration as evidenced by pressure injuries and wounds.
* Staff identified individual risks to consumers, such as pressure care requirements; however, documentation reviewed did not support identification of these risks, nor appropriate action by the service.

In its response, the Approved Provider advised:

* Risks with wound management were identified by the service and a corrective action plan was in place prior to the site audit (with a copy included with the Approved Provider’s response).
* Senior nursing staff attended a wound management master class.
* The service has an organisational risk register in place, with risk control strategies for pressure injuries (with a copy included with the Approved Provider’s response).
* In February 2023, the service contracted a dietitian who reviews weights across the consumer cohort to identify weight loss and ensures appropriate strategies are in place.

As noted in the consideration of Requirement 3(3)(e), the Approved Provider’s response included an overall service risk assessment for pressure injury prevention and management, which was dated 15 February 2023 with a review on 15 March 2023. The assessment considered the emerging risk of pressure injuries at the service and set out a risk control strategy with actions for pressure injury prevention and management.

Having considered all the available evidence in the site audit report and the Approved Provider’s response I find the service, with the assistance of the wider organisation, had effective risk management systems and practices in place, which included the management of high impact or high prevalence risks associated with the care of consumers.

As a consequence, I decided the service is Compliant with Requirement 8(3)(d).

*The other Requirements:*

Consumers and representatives felt the service was well run and they were regularly consulted about their care and services. Management outlined the methods utilised to gather input from consumers and representatives, including regular consumer forum meetings and consumer surveys, and discussed how feedback was used to guide and improve the service’s operations.

The service demonstrated it took accountability for the services provided and promoted a safe culture of quality and inclusivity through monitoring systems such as various committees and stakeholder meetings. Consumers and representatives felt safe, included and engaged within the service, and they were provided with access to quality care and services.

The service had effective organisation wide governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The Board was heavily involved in the administration of the service and satisfied itself through systems and processes to ensure quality care was provided in line with the requirements of the Quality Standards.

The Board had oversight of the organisation’s risk management framework as well as policies and procedures associated with the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed their compliance with the annual mandatory training with included modules for antimicrobial stewardship, infection control, minimising the use of restraint and open disclosure.

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