Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Calvary Cessnock Retirement Community |
| Service address: | 19 Wine Country Drive CESSNOCK NSW 2325 |
| Commission ID: | 1474 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Site Audit |
| Activity date: | 6 March 2023 to 10 March 2023 |
| Performance report date: | 13 April 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 Calvary Cessnock Retirement Community (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others
* the provider’s response to the assessment team’s report received 6 April 2023

# 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 | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 5(3)(c) – implement an effective monitoring/responsive system to ensure furniture, fittings and equipment are safe, clean, and well-maintained
* Requirement 7(3)(a) – implement an effective system to ensure appropriate workforce numbers enable delivery of safe/quality care and services to meet consumer’s needs
* Requirement 7(3)(b) – provide education to staff and implement effective methods of monitoring and identifying workforce interactions with consumer are kind, caring and respectful
* Requirement 8(3)(d) – provide staff education and implement an effective system to monitor, identify and respond to all incidents including those requiring reporting as per legislative requirements.

# Standard 1

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 1(3)(a)

Effective methods demonstrate consumers’ identity, culture and diversity are valued. Documentation includes personalised details to inform staff of consumer’s life story, cultural and spiritual needs and the assessment team observed services offered/supported by staff align with consumer’s identified needs and preferences.

However, the assessment team observed processes to ensure each consumer is consistently treated with dignity and respect was not evident for three sampled consumers. Two consumers express dissatisfaction in the manner in which staff communicate, plus delays in staff responding to requests for assistance. The assessment team observed one consumer’s wound dressing being changed in a communal area (without staff obtaining consent to do so); one consumer’s undergarments exposed when sitting in a communal area, plus consumer’s clothing to contain food/fluid residue.

In their response, the approved provider refute consent was not obtained prior to wound dressing, however, undertook training with staff involved. Management responded by immediate contact with nominated consumers to ascertain details of dissatisfaction, conducted regular follow-up discussions to ensure satisfactory outcomes, conducted counselling sessions with staff involved, processed relevant incident as per legislative requirements, referred one consumer to geriatrician for medication review and demonstrated educative and monitoring processes in relation to maintaining consumer’s dignity.

In coming to a view on compliance, while acknowledging consumer feedback, I place weight on the volume of consumers/representatives interviewed. I am swayed by management’s immediate and comprehensive response in addressing issues bought forward and regular ongoing discussions with sampled consumers to ensure satisfactory outcomes. For these reasons I find requirement 1(3)(a) is compliant.

I find the remaining requirements are compliant.

Requirement 1(3)(b)

Consumer feedback includes staff awareness of their cultural needs and consider staff provide culturally safe care and services. Care documentation captures relevant cultural details, spiritual needs/preferences and staff demonstrate awareness of individual consumer’s background/spiritual needs/preferences and how consumer’s culture influences care and service delivery. Policy documentation guide staff on organisational expectations.

Requirement 1(3)(c)

Effective methods demonstrate consumers are supported to maintain personal relationships important to them. Interviewed consumers gave examples of support to maintain relationships, including during meal delivery, attending activities/spiritual services plus room choice. The assessment team observed staff supporting consumers.

Most interviewed consumers express satisfaction staff generally respect their choices relating to care/service delivery, however, one consumer noted choice relating to timing/regularity of hygiene care is impacted by inadequate staff numbers. Interviewed staff advise lack of staff numbers often result in alternative methods of hygiene care provision other than as per consumer choice.

In coming to a view on compliance, lack of support regarding hygiene care is considered in Standards 3 and 7. I place weight on the service demonstrating several methods to achieve some aspects of this requirement and am swayed by management’s immediate response in addressing issues. For these reasons I find requirement 1(3)(c) is compliant.

Requirement 1(3)(d)

Effective methods to support consumers in taking risks to live their best life is evident. The assessment team observed staff supporting consumers in risk taking activities and documentation demonstrate risk identification and minimisation strategies.

Requirement 1(3)(e)

Interviewed consumers consider they receive information in an understandable format and timely manner. A range of mechanisms ensure consumers are provided with current, accurate and timely information to enable them to exercise choice. Information such as meal choices, activity calendar, advocacy brochures, complaints and dementia support is displayed throughout the service. Staff gave examples of supporting consumers to exercise choice in care/service delivery which was observed by the assessment team.

Requirement 1(3)(f)

Consumers consider staff generally respect their privacy. The assessment team observed consumer documentation to be protected from public view. Staff gave examples of orientation and mandatory training provided relating to privacy and confidentiality, including principles of person-centred care.

# Standard 2

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 2(3)(a)

The service generally demonstrates assessment/care planning includes consideration of risks to consumer’s health and well-being. Most sampled consumer documentation include information about risks to health and well-being to inform safe and effective care and services. Documentation review note reassessments occurs for consumers experiencing falls, skin integrity, pressure injury/wound care with risk assessments completed. A suite of tools guide staff in relation initial and ongoing assessments based on consumer need. Clinical staff demonstrate knowledge of systems and organisational requirements. Consumers mostly express satisfaction.

Requirement 2(3)(b)

Documentation demonstrate assessment and planning reflective of consumers’ goals/preferences with regular review occurring. Advance care directives and/or end-of-life discussion outcomes guide care delivery. Clinical staff demonstrate knowledge of processes required, detailing end-of-life and advance care planning discussions occur during initial entry processes and ongoing as per consumer needs.

Requirement 2(3)(c)

Interviewed consumers/representative’s express satisfaction discussions about consumers care and services regularly occurs, and they are including in assessment and planning processes. Care documentation detail evidence of consumer/representative input and partnership with other care providers/organisations. Clinical staff demonstrate knowledge of processes required.

Requirement 2(3)(d)

Interviewed consumers/representatives’ express satisfaction of involvement and receipt of information regarding outcomes of assessment and planning. Management responded to support consumer/representative awareness they can discuss/request a copy of care plans, however some consider discussion/regular involvement negate this need. Representatives consider changes in consumer care is effectively communicated when required. Management described systems/processes to support communication of assessment outcomes and care plan availability to consumers and others involved in care delivery; plus, regular review/evaluation of effectiveness on a formal basis and/or when consumer needs change. Interviewed staff demonstrate knowledge of accessing documentation via electronic management system and verbal communication processes prior to shift commencement to obtain current information.

Requirement 2(3)(e)

The service generally demonstrates a system of regular and ad-hoc review when circumstances change and/or incidents impact consumer needs. Most sampled care planning documentation detail evidence of amendments/adjustments to guide care delivery after changes in consumers’ condition and/or preferences, however the assessment team note care plan documentation for 3 consumers not updated to reflect current care requirements. In their response, the approved provider supplied evidence of updating relevant documentation.

# Standard 3

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 3(3)(a)

Most interviewed consumers and representative’s express satisfaction with care/service provision. However, the assessment team note the service did not demonstrate sampled consumers consistently receive safe/effective personal/clinical care in line with best practice and/or tailored to individual needs. One consumer expressed dissatisfaction of ‘time sensitive’ medication not being provided as per expectations, resulting in anxiety. In their response the approved provider noted evidence of medical directives in relation to time sensitive medications and met with the nominated consumer/representative to ascertain understanding/satisfaction. In addition, Geriatrician referral occurred resulting in subsequent medication changes.

Via documentation review, the assessment team bought forward evidence of some deficiencies relating to restrictive practices, administration of psychotropic medication, behaviour management/support, wound care, pain management and personal care/hygiene. While policy documentation guides organisational expectations regarding regular review, this is not consistently occurring, and the service’s psychotropic self-assessment tool not effective in guiding staff to ensure currency of informed consent for 3 consumers. While behaviour support plans (BSP) are generally developed to guide care, the assessment team note deficiencies in 3 consumers BSP’s not consistently including relevant details. In their response the approved demonstrated evidence of individualised strategies/meaningful interventions noted in sampled consumers documentation, plus evidence of successful/positive consumer outcomes.

One BSP did not contain strategies recommended by an external behavioural support organisation to guide staff in care provision. The approved provider acknowledge the most recent directives not included in BSP documentation (now completed) however evidenced recent staff training specific to this consumer as a method to ensure staff awareness of needs. In their response, the approved provider acknowledges the psychotropic monitoring tool did not contain current details (noting timing of most recent changes), however advise update occurs monthly. They demonstrate relevant details/guidance of required care provision accessible via a range of alternate avenues and demonstrate documentation subsequently updated. In addition, they advise review of all required documentation and medication relating to restrictive practices.

The assessment team noted 2 consumers documentation did not contain reasons for administering ‘as required’ (PRN) medications and/or demonstrate evidence of non-pharmacological intervention prior to administration of psychotropic medication. Management acknowledge lack of details due to change in supplier and committed to rectifying this deficiency and provide clinical staff with education. In their response the approved provider demonstrated evidence informed consent had been obtained prior to PRN medications, albeit detailed in alternate documentation. While acknowledging not all medication charts indicate reasons for medication administration citing recent pharmacy changes; they demonstrate a comprehensive pharmacy audit resulted in documentation update to reflect required notations.

The service did not demonstrate wound management is consistently conducted as per best practice principles. Via review of five consumer’s wound care documentation the assessment team noted deficits in documenting pressure injury/wound care identification/staging and contributing factors to guide contemporaneous care delivery. In their response the approved provider acknowledge staff not consistently adhering to wound care as per organisational requirements, responding by providing staff education/training and implementing a process of regular wound review by senior clinicians/wound care consultant review for some consumers. Wound care documentation has been updated to reflect current needs.

Effective systems to consistently meet hygiene needs in a timely manner was not evident for 3 consumers. Via review the assessment team noted lack of detail to demonstrate consumer’s receive hygiene needs as per preferences. Interviewed staff note lack of appropriate equipment and lack of staff numbers result in not consistently meeting consumer choice (consideration in requirements 4(3)(a) and 7(3)(a)). In their response the approved supplied evidence of consultation with nominated consumers/representatives. While acknowledging some gaps in documentation, I am persuaded by evidence bought forward by the approved provider and for these reasons I find requirement 3(3)(a) is compliant.

I find the remaining requirements are compliant.

Requirement 3(3)(b)

Overall, the service demonstrate effective management of high impact/prevalence risks. Management and interviewed staff demonstrate knowledge of high impact/high prevalence risks and effective management via clinical governance systems/procedures which identify and manage risk. Management processes include updating care planning documents with interventions/strategies for risk minimisation and monitoring processes to ensure effectiveness. Management personnel monitor key clinical indicators related to incidents, unmet behavioural needs, falls, infections, medication management, pressure injuries/skin injuries. Discussions and analysis of data at clinical team meetings result in implementation of responsive actions to prevent reoccurrence. Impact on consumers relating to lack of timely wound identification/evaluation; management of unmet behavioural needs and administration of psychotropic medication/restrictive practice is considered in requirement 3(3)(a).

Requirement 3(3)(c)

Documentation review noted discussions occur with consumers/representatives relating to advance care needs/end of life wishes. Staff describe comfort and dignity maximisation during end-of-life care through provision of oral care, repositioning, pain medication, aromatherapy, and other individualised wishes. Via documentation review the assessment team noted consumer needs, goals, and wishes of sampled consumers are recognised and appropriately addressed during end of life. Details include substitute decision-maker and regular consultation, and communication occurs with consumers/representatives.

Requirement 3(3)(d)

The service demonstrate on most occasions consumers who experience deterioration or change in condition, function/mental health have their needs recognised/responded to in a timely manner. Interviewed staff demonstrate knowledge of processes to ensure changes are reported to clinical staff. Clinical staff reassess consumers when changes occur and involve medical officer, consumers, and representatives in strategies to address changes. Via documentation review the assessment team note care documentation mostly contain demonstration of timely identification/response to changes and involvement of others.

Requirement 3(3)(e)

An effective system relating to communicating consumer's condition, needs and preferences within the organisation and others with shared responsibility is evident. Processes include use of electronic care program, referral system, verbal, and written communication methods. The assessment team noted comprehensive care documentation for sampled consumers. Consumers’ needs/preferences are documented on admission and regularly reviewed.

Requirement 3(3)(f)

Documentation demonstrate regular referrals to multiple allied health professionals/specialists when required and input/directives transferred to care plans to guide care delivery. Staff detail processes to ensure required referrals occur via notation in the electronic care management system and diary management by clinical staff. Review of sampled consumer files demonstrate timely/appropriate referral with recommendations/directives implemented/reviewed for effectiveness and positive consumer feedback/outcomes achieved.

Requirement 3(3)(g)

Clinical care managers and staff demonstrate an understanding of antimicrobial stewardship, principles for outbreak management and standard precautions. Outbreak management plans/associated documents and an Infection Prevention Control lead guide staff in the event of an outbreak. Interviewed staff demonstrate knowledge of requesting/ordering pathology prior to antibiotic commencement and use of long-term antibiotics post medical officer directive. Staff demonstrate appropriate use of personal protective equipment and hand hygiene observed by the assessment team. A surveillance system is utilised to record/manage infections and sampled consumer documentation detail preventative measures to mitigate spread and/or infection reoccurrence.

# Standard 4

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 4(3)(a)

The assessment team received mixed feedback from interviewed consumers/representatives regarding overall satisfaction with services and supports for daily living. Whilst some consumers/representatives report satisfaction of consumers living experience including cultural, spiritual/emotional needs being met, support to maintain relationships and some meaningful activities, 4 consumers express dissatisfaction. Examples include missing clothing, boredom due to insufficient meaningful activities, meals/drinks served using paper tableware.

In their response the approved provider acknowledges consumer/representatives’ point of view and consulted with nominated consumers/representatives to understand issues and accomplish satisfaction/positive outcomes. Discussions resulted in implementation of agreed solutions and evidence of consumer/representative outcomes. The approved provider acknowledge utilising disposable paper plates for a limited time period while waiting for replacement of dishwashing equipment.

I am persuaded by the volume of satisfied feedback received by the assessment team and the service’s immediate responsive actions to ensure feedback received from 3 consumers/representatives is suitably addressed. I am swayed by evidence demonstrated by the approved provider, and I find requirement 4(3)(a) is compliant.

Requirement 4(3)(c)

Interviewed consumers residing in Nulkaba area of the service generally express satisfaction/enjoyment of group activities and the lifestyle program, plus consumers who independently pursue interests express satisfaction. While documentation did not consistently detail consumers involvement in lifestyle activities the assessment team observed staff interactions demonstrate sound knowledge of consumers needs and their engagement in activities of interest. Although the service demonstrate support for some consumers to participate in social and personal relationships with a program of activities which consumers are invited to attend; this was not consistent for all consumers. The assessment team note consumers living in Bimbadeen area have limited access to group programs. Plus, those consumers who are unable, or disinterested in attending group activities have limited support to stimulating/meaningful activities and/or engagement. Feedback from 4 consumers include lack of information relating to what activities are occurring, discontinuation of activities of interest due to lack of staff and self-entertaining. Via documentation review the assessment note limited detail of attendance records for 4 sampled consumers.

In their response the approved provider acknowledge consumer feedback however refute some evidence bought forward by the assessment team. They provide evidence demonstrating how consumers are notified of activities program, attendance records and while acknowledging lifestyle staff vacancy in Bimbadeen area cite limited impact as activities continue to be offered throughout the service.

I am persuaded by the volume of satisfied feedback received by the assessment team and the service’s immediate responsive actions to ensure feedback received from 4 consumers/representatives is suitably addressed. I am swayed by evidence demonstrated by the approved provider, and I find requirement 4(3)(c) is compliant.

Requirement 4(3)(g)

Overall interviewed consumers express satisfaction stating they feel safe when using the service’s equipment which is easily accessible and suitable for their needs. The assessment team observed equipment used for consumer lifestyle, laundry, and cleaning to be generally safe, suitable, and well-maintained however, noted one consumer not provided with suitable specialised equipment to enable showering and/or seating to enable exiting their bed. Via documentation review the assessment team note allied health directives for equipment were followed however no subsequent/alternative strategies implemented nor reassessment when purchased equipment was deemed unsuitable.

In their response the approved provider evidenced trialling of several pieces of specialised equipment, consumer consultation and referral to allied health professionals to assist in achieving consumer choice.

I am persuaded by volume of consumer satisfaction and evidence bought forward by the approved provider and I find requirement 4(3)(g) is compliant.

I find the remaining requirements are compliant.

Requirement 4(3)(b)

Consumers express satisfaction of being provided with support to participate in activities that promote emotional/spiritual/psychological well-being, providing examples of spiritual activities and support relating to grief and loss. Pastoral care services address consumer’s spiritual needs and the assessment team observed services and individual visitations by chaplains.

Requirement 4(3)(d)

Systems ensure information relating to consumers’ condition and preferences including spiritual, emotional, lifestyle and dietary needs is generally effectively communicated. Review of consumer documentation demonstrate generally effective systems and staff demonstrate familiarity of consumers’ needs/preferences in relation to services and supports for daily living. The assessment team observed staff assisting consumer’s as per specialist directives.

Requirement 4(3)(e)

Referrals and links with individuals and organisations/providers of other care and services to meet consumer’s needs is evident. Staff demonstrate knowledge of directives and volunteers assist in supplementing lifestyle activities.

Requirement 4(3)(f)

Consumers express mixed feedback relating to quantity and variety of food/meal service delivery. The service provides opportunities for consumer feedback which is utilised for meal adjustment. Most consumers express satisfaction, giving examples of outcomes in response to feedback. Most consumer documentation is consistent with individual preferences and dietary needs. However, 4 consumers express dissatisfaction with meal consistency, taste, and self-provision of food due to lack of variety provided. Senior catering staff demonstrate processes to engage consumers in meal selection resulting in menu changes and committed to further consumer meetings/forums to discuss additional changes as per consumer requests.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |

Findings

This Quality Standard non-compliant as 1 of 3 requirements has been assessed as non-compliant.

Requirement 5(3)(c)

The service did not demonstrate an effective monitoring/responsive system to ensure furniture, fittings and equipment are safe, clean, and well-maintained. Interviewed consumers express dissatisfaction regarding cleaning of equipment for example wheelchairs. The assessment team observed furniture and equipment to be unsafe, unclean, not well-maintained, nor suitable for consumer use. Multiple ripped/worn/dirty chairs containing rust were observed in use. Examples include multiple vinyl chairs containing ripped armrests, manual handling equipment/shower and wheelchairs with unclean footplates and outdoor furniture/tables containing residue. Interviewed staff note placement of sheeting over unclean chairs, some cleaning of equipment on an ad-hoc basis and ripped/rusted equipment not considered as unsuitable for use. Maintenance staff acknowledge no monitoring of chairs occurs on a regular basis.

Management responded by organising an audit of chairs/manual handling equipment and demonstrated recent trialling of equipment to replace chairs, however not yet identified a suitable replacement. They noted a current process of re-upholstering and committed to cleaning of chairs. In their response the approved provider acknowledge evidence bought forward by the assessment team. They advise an improvement plan underway, including update to include deficiencies noted by the assessment team. While implantation of responsive actions (included equipment purchases) is underway I find the service’s self-monitoring system ineffective in identifying issues bought forward by the assessment team.

I find requirement 5(3)(c) is non-compliant.

I find the remaining requirements are met.

Requirement 5(3)(a)

Most interviewed consumers/representatives consider the environment to be welcoming and comfortable. The assessment team observed two main living areas across a large geographical footprint consisting of a ‘town centre’ multipurpose area and café and wayfinding signs throughout the service. Consumers were observed independently moving throughout the environment using a range of mobility equipment including powered wheelchairs and assistive walkers.

Requirement 5(3)(b)

Interviewed consumers and representatives consider the service environment to be clean, safe, comfortable, and well-maintained. Processes exist to ensure a safe, maintained, and comfortable environment enabling consumers to freely move freely indoors and outdoors in general areas. Maintenance staff demonstrate processes for ongoing preventative and reactive maintenance, however via review of the electronic maintenance system the assessment team noted multiple outstanding items which were updated once identified. The assessment team observed several areas in need of repair, for example uneven paving, cavities in 2 walls, door frames/doors requiring repainting and unclean floor tiles. Management demonstrate evidence of bathroom refurbishment to commence in March 2023 and paving replacement during 2023. Maintenance staff committed to conducting cleaning of outside areas.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 6(3)(c)

Some sampled consumers express dissatisfaction with complaints management noting they feel complaints are not listened to. One representative said a complaint recently submitted had not been acknowledged and they have not received a response. A consumer expressed dissatisfaction with lack of response relating to complaints submitted regarding meals, one expressed dissatisfaction of non-responsive to feedback relating to staff sufficiency and lack of respect, one said management did not respond to complaints, 4 consumers and one representative expressed a lack of management response to feedback regarding staff rudeness and lack of respect.

While staff generally describe complaints processes not all were able to demonstrate their role in escalating complaints to management. Documentation review noted recording/actions for some complaints however not those mentioned to the assessment team. Management advised lack of awareness in relation to complaints bought forward by the assessment team and committed to responding to all. In their response the approved provider acknowledged lack of documenting recent feedback from one consumer, recorded same and contacted consumer/representative who subsequently advised satisfaction. They supplied evidence of responsive action/improvements resulting in positive consumer outcomes, including issues bought forward for sampled consumers. Additional actions include contacting advocacy services to attend future consumer/representative meetings and detailing complaints processes in future newsletters.

I am persuaded by evidence bought forward by the approved provider and their immediate response/consultation with consumers/representatives to attain satisfaction. For these reasons I find requirement 6(3)(c) is compliant.

Requirement 6(3)(d)

Some consumers/representatives acknowledge some improvements in response to feedback, however express some dissatisfaction outcomes have not been demonstrated relating to all comments and complaints. The assessment team note not all complaints are captured/recorded enabling review/response to improve quality care and services. Interviewed staff acknowledge they do not submit/communication all complaints to management.

Management advise complaints are discussed at clinical governance meetings, however documentation review by the assessment team noted minutes did not detail improvement outcomes. The service’s plan for continuous improvement (PCI) notes feedback relating to food dissatisfaction identified as a trend, however, does not include a corresponding improvement action/outcome. While management acknowledge receipt of consumer complaints relating to staffing levels this has not been including in the service’s PCI and/or improvement outcome demonstrated.

In their response the approved provider refutes feedback/complaints do not lead to improvement outcomes noting several documented feedback items related to suggestions for improvement as opposed to complaints. They provided evidence of processes utilised to gather suggestions/feedback/opportunities for improvement resulting in positive improvement examples.

I am persuaded by evidence bought forward by the approved provider. I find requirement 6(3)(d) is compliant.

I find the remaining requirements are compliant.

Requirement 6(3)(a)

Interviewed consumers and representatives’ express knowledge of feedback/complaint processes, including requesting staff assistance to complete documentation and gave examples of responsiveness to complaints. Interviewed staff describe ways of encouraging/supported consumers/representatives in provide feedback/make complaints. Information is available to consumers and representatives relating to processes and review of documentation demonstrate complaints are discussed at meeting forums. The assessment team observed areas to submit written complaints to be difficult to access; management committed to review placement. While consumer/representatives acknowledge complaints processes, not all express satisfaction in relation to responses received (considered in requirement 6(3)(c)).

Requirement 6(3)(b)

Some consumers demonstrate knowledge of external avenues for raising complaints noting representative assistance when required. The service provides information on external complaint organisations and advocacy information through the service handbook, noticeboards and displays throughout the environment. Management demonstrate examples of assisting consumer via interpreters and advocacy groups.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. | Non-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

This Quality Standard is non-compliant as 2 of 5 requirements has been assessed as non-compliant.

Requirement 7(3)(a)

The service did not demonstrate effective planning and deployment of the workforce to deliver safe management of consumer care and service, resulting in negative consumer impact. Nine consumers and 3 representatives’ express dissatisfaction relating to insufficient staff numbers impacting on consumer’s experience and care delivery. Examples include lack of timely response to requests for assistance impacting on consumer dignity, requiring staff assistance to return to bed resulting in distress and therefore choosing not to get out of bed and multiple examples of staff not responding in a timely and/or appropriate manner to requests for assistance.

Interviewed staff said not all shifts are filled and they frequently work overtime resulting in negative consumer impact relating to hygiene care. Via documentation review the assessment team noted 16 shifts not covered during a recent 10-day period and numerous requests for assistance not responding to in a timely manner.

While management acknowledge some difficulty and/or delay in replacing staff when unplanned leave occurs, they discussed processes to monitor/manage staff responsiveness to requests for assistance and believe staffing numbers meet consumer’s needs. They advise ongoing recruitment processes has resulted in recent appointment of additional staff.

In their response the approved provider acknowledge staff feedback/perception relating to non-replacement of staff, explaining discretion occasionally utilised and/or some delay in replacing unplanned leave. However, they assert sufficient allocation of staff to meet consumer’s needs and provided analysis of documentation detailing staff response times.

While I accept the approved provider utilises processes to monitor staff responsiveness, and evidence of recent employment of additional staff, I place weight on the volume of consumer/representative dissatisfaction in staff meeting needs in a timely manner and staff feedback in relation to capacity to meet consumer’s needs. I am swayed by the volume of feedback and evidence bought forward by the assessment team. I consider recent employment of additional staff, whilst a positive outcome, will take some time for the service to demonstrate sustainability in demonstrating workforce numbers enable delivery of safe/quality care and services to meet consumer’s needs.

I find requirement 7(3)(a) is non-compliant.

Requirement 7(3)(b)

The service did not demonstrate a consistently effective system to ensure workforce interactions with consumers are kind, caring and respectful of consumer’s identity, culture, and diversity. While some consumers express satisfaction of staff interactions, feedback from dissatisfied consumers and representatives include staff speaking and treating consumers in a disrespectful manner, impacting on consumers well-being and sense of safety. Some interviewed staff informed of observing staff treating consumers in a rude/disrespectful manner. When bought to the attention of management by the assessment team, management counselled staff involved and implemented remedial action.

In their response the approved provider acknowledged consumer/representative feedback regarding disrespectful attitudes expressed by some staff noting serious consideration and immediate responsiveness. They however note, internal mechanisms had not resulted in this feedback provision to management. They evidenced performance of identified staff, provision of staff education/training in relation to organisational expectations and consultation with nominated consumer/representatives to achieve satisfaction.

While I acknowledge responsive actions taken, I am swayed by the volume of dissatisfaction by consumers/representatives and consider it will take some time for the approved providers actions to ensure ongoing sustainability and compliance with this requirement. For these reasons I find requirement 7(3)(b) is non-compliant.

I find the remaining requirements are compliant.

Requirement 7(3)(c)

Demonstration of appropriate staff qualifications is evident. Staff describe responsibilities of their role and education/training received. Management describe recruitment and training processes to ensure staff selection is based on appropriate qualifications, knowledge, and skills and ongoing training/education occurs. Education topics are tailored based on issues arising from monitoring processes, audits, complaints, incidents, and organisational requirements/expectations. Evidence of completed staff training was not readily accessible as attendance records are not consistently recorded via electronic means; however, action at an organisational level to rectify the situation is occurring.

Requirement 7(3)(d)

The service demonstrate effective processes for recruitment, training, orientation, regular and ongoing education/training to deliver outcomes related to the Quality Standards. Management note challenges in recruitment/staff retention resulting in an ongoing recruitment process. Documentation review detail adherence to recruitment/orientation requirements and monitoring processes to ensure education/training attendance. Staff acknowledged receipt of education and training in topics relating to the Quality Standards.

Requirement 7(3)(e)

Management explained the formal staff performance review process and regular monitoring/review of staff performance via competency assessments. Consumer/representative feedback, incident investigations, review of clinical data, staff meetings and observations by senior staff contribute to this process. Documentation demonstrate completion of performance appraisals for most staff, and actions taken in response to underperformance.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship 2. minimising the use of restraint 3. open disclosure | Compliant |

Findings

This Quality Standard is non-compliant as 1 of 5 requirements has been assessed as non-compliant.

Requirement 8(3)(c)

Organisational wide governance systems guide management and staff in relation to systems and process required at a service level. The service demonstrates effective systems for some aspects of this requirement however the assessment team note organisational expectations not adhered to at a service level resulting in deficits relation to workforce governance.

Financial delegations manage expenditures at a service level and processes support management when additional authorisation/purchases are required; examples include building refurbishment and furniture purchases. Dedicated organisational staff monitor systems to ensure compliance with regulatory requirements. Management described processes utilised to ensure compliance with recently introduced changes relating to aged care reforms. Documentation demonstrates discussions relating to improvement initiatives and policies/procedures to ensure compliance. Organisational systems for regulatory compliance are generally effective at the service level.

Effective communication with consumers/representatives is demonstrated via a variety of methods. Interviewed staff advise easy accessibility of information they need in relation to consumers’ needs and requirements of their role. It is noted some information relating to staff training is not readily accessible/consistently recorded via electronic means; however, management advised of pending rectification action at an organisational level. Continuous improvement systems identify improvement opportunities such as introducing additional auditing/survey activities. Monitoring of feedback/complaints lead to some continuous improvement activities.

Organisational systems are not effective at a service level in relation to ensuring effective workforce governance in all requirements. Some consumers express dissatisfaction with staffing numbers, responsiveness to requests for assistance and manner in which some staff interact with them (consideration is given with requirements 7(3)(a) and (b)).

While I acknowledge some deficits relating to complaints and workforce management consideration of this is within relevant standards and demonstration of compliance is noted in most aspects of this requirement. I am persuaded by evidence bought forward by the approved provider and I find requirement 8(3)(c) is compliant.

Requirement 8(3)(d)

Organisational risk management systems and processes exist, including monitoring processes and development of risk profiles to guide care provision. However, the assessment team note some deficits at a service level relating to implementation of the organisation’s incident management system. Wound care assessments are completed, although wound management is not consistent with organisational and best practice requirements. Organisational incident reporting systems are generally utilised to alert the Governance Management Team when an incident requires reporting via legislative requirements to the Serious Incident Response Scheme (SIRS). Service management conduct an investigation, assessed by organisational quality team and a root cause analysis generally determined; examples of this is evident. However, the assessment team noted 4 instances where this did not occur in relation to inappropriate behaviour from one consumer to others. Consideration of reporting requirements was not demonstrated.

In their response the approved provider claim appropriate systems to meet this requirement, noting examples of reporting to SIRS, however, demonstration of appropriate incident reporting and/or consideration of legislative reporting requirements to evidence bought forward by the assessment team was not supplied.

I acknowledge the service demonstrates systems in relation to some aspects of this requirement, however, am persuaded by evidence bought forward by the assessment team in relation to ineffectively identifying and responding to all reportable incidents.

I find requirement 8(3)(d) is non-compliant.

I find the remaining requirements are compliant.

Requirement 8(3)(a)

Interviewed consumers and representatives consider generally the service is well run. Management demonstrate various methods they (and organisational Board members) encourage consumer engagement and support participation in development, delivery and evaluation of care and services. Methods include regular meeting forums, feedback/complaints, incident reporting/management, care planning processes. A consumer representative attends both organisational forums and has input into policy development/decisions from a consumer’s perspective. Another consumer is supported to attend staff interviews as a panel member. Service level management report to an organisational executive leadership team who escalate relevant issues to Board members.

Requirement 8(3)(b)

Management explained systems utilised by the governing body to promote a culture of safe, inclusive quality care and services. They demonstrate the board’s commitment/accountability through reporting structures such as clinical data, feedback/complaints, incident management, high impact/prevalence risks, continuous improvement, and quality indicators. Board initiatives as a result, include a new model of care PEARS – personhood, environment, activity, resources, and safe care aimed at consumer engagement and changing staff culture. Environmental changes include opening of exit doors during the evening ‘alert’ staff, as a method of increasing safety.

Requirement 8(3)(e)

The service demonstrates a comprehensive clinical governance framework with clinical oversight of antimicrobial stewardship, minimisation of restrictive practices and principles of open disclosure. Policy and procedural documentation guide staff in relation to organisational expectations and interviewed staff demonstrate familiarity with these concepts. While some gaps relating to documentation of psychotropic medication was noted the approved provider submitted evidence demonstrating compliance and organisational systems for minimisation of psychotropic medication usage are demonstrated.

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)