Performance

Report

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| Name of service: | Performance report date: |
| Calvary Flora McDonald Retirement Community | 9 September 2022 |
| Commission ID: | Activity type: |
| 6816 | Site Audit |
| Approved provider: | Activity date: |
| Calvary Retirement Communities Limited | 19 July 2022 to 21 July 2022 |

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

**This performance report**

This performance report for Calvary Flora McDonald Retirement Community (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 29 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 2(3)(e) – the Approved Provider ensures 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.
* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal care and clinical care, that is best practice, tailored to their needs and optimises their health and well-being, including for pain management.
* Requirement 3(3)(b) – the Approved Provider ensures effective management of high impact or high prevalence risks associated with the care of each consumer, including weight loss.

# Standard 1

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| 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 Assessment Team recommended the following requirement was not met:

* Each consumer’s privacy is respected and personal information is kept confidential.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response, and find the service compliant for this requirement.

Consumers reported their privacy and confidentiality is respected, and described staff practices such as knocking on doors prior to entry. However, the Assessment Team reported locating a shift handover document in a publicly accessible carpark. The handover summary contained consumers’ names, further personal information and handwritten notations.

In their response of 29 August 2022, the Approved Provider said the Assessment Team gave conflicting information regarding the handover document’s location and contents, and described a different version of events to that documented in the Site Audit Report. They said the weather conditions were such that the Assessment Team’s version of events was implausible. The Approved Provider described actions taken following the discovery of the documents, to remind staff of confidentiality obligations, and a revised process of clinical staff collecting handover documents at the end of shift to ensure suitable disposal.

I acknowledge the documents being found outside of the service’s secured environment represents a breach of the service’s confidentiality policy and is of concern. However, as no further concerns or evidence were brought forward regarding confidentiality and staff practices, and due to the conflicting information presented, I do not consider this isolated example is sufficient to determine non-compliance.

Overall the service demonstrated consumers’ privacy is respected and confidentiality is maintained. Therefore, I find requirement 1(3)(f) is compliant.

Regarding the remaining requirements, consumers and their representatives said staff treat consumers in a kind and respectful manner and value them as individuals. Staff are familiar with consumers’ backgrounds.

Staff described how consumers’ culture and background influences delivery of care and services, such as learning some common words in a consumer’s preferred language and encouraging cultural practices. Statues, artefacts, and paintings relevant to consumers’ backgrounds were observed inside and outside of the service.

Consumers are supported to exercise choice and independence and maintain relationships, including married consumers who reside at the service. Staff are familiar with consumers’ preferences and described how they support consumers to make choices.

Consumers and their representatives said the service supports consumers to take risks and live the life they choose. Staff described the service’s risk assessment process and how they explain potential risks to consumers to support informed choices.

Most consumers and representatives said consumers are provided with information to assist them to make decisions about their care and services, what activities they would like to be involved in and what they would like to eat. Staff described how information is provided to consumers, including strategies for consumers who have differing language and communication needs. Activity schedules are displayed throughout the service.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

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.

Most consumer care plans reflected regular review occurs. Incidents are recorded on the service’s incident management system. However, the Site Audit Report brought forward an example of a named consumer whose care and services were not reviewed for effectiveness after an incident occurred and when changes were identified.

The named consumer fell twice in a two-day period, and was transferred to hospital following the second fall due to their injuries. The Site Audit Report reflected the service did not complete an appropriate pain assessment or post-fall review in line with the service’s policy. Staff did not have a shared understanding of the consumer’s care needs following the falls.

The consumer’s progress notes reflected the consumer was experiencing pain upon their return from hospital, however a revised pain assessment was not completed for 20 days. Psychotropic medications were commenced. Behaviour assessment did not occur promptly and was not supported by a behaviour support plan, and other validated tools were not recorded in the consumer’s care documents. The consumer had lost a significant amount of weight in the three months prior to the Site Audit, and there was a delay in the consumer’s dietary assessment being updated.

The Approved Provider responded on 29 August 2022. They said staff communication occurred at handover regarding the consumer’s condition, which was conducted three times per day and documented. No consumer impact was noted in the Site Audit Report as a result of lack of shared understanding between staff, as such I have not considered this evidence in determining non-compliance.

The Approved Provider did not detail a response regarding the consumer’s pain management documentation, though this is considered further at Quality Standard 3. I have placed weight on the evidence brought forward in the Site Audit Report and consider the inconsistencies in documentation regarding the consumer’s pain is reflective of non-compliance with this requirement.

The Approved Provider gave clarifying information regarding some of the consumer’s weight loss attributed to preoperative fasting. They stated some information provided to the Assessment Team was not reflected in the Site Audit Report and gave supporting evidence that was separately documented. While I accept the actions were taken to support the consumer’s weight management, I consider the delay in documenting the relevant information in the consumer’s care plan is reflective of non-compliance with this requirement.

The service did not consistently demonstrate care and services are reviewed when incidents occur or circumstances change. Therefore, I find requirement 2(3)(e) is non-compliant.

Regarding the remaining requirements, care documents reflected a comprehensive assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals, preferences and risks. Advance care and end of life planning are included in care plans, if the consumer wishes.

Care plans reflected assessment and planning occurs in partnership with consumers and representatives, and includes other organisations or individuals when relevant. Consumers and their representatives said staff explain information about consumers’ care and services, and care plans are available to them.

# Standard 3

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| Personal care and clinical care | | Non-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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 29 August 2022, which included acknowledgement of the issues raised and a plan for continuous improvement.

* Regarding requirement 3(3)(a)

Most consumers and representatives considered consumers receive suitable care. Care planning documents and progress notes reflected most consumers receive tailored and best practice care, that follows directives from other health professionals.

However, negative feedback was raised by a named consumer’s representative regarding deterioration of the consumer and they considered care did not optimise the consumer’s health and well-being. The consumer was showing responsive behaviours of calling out due to pain or unmet needs and attempting to mobilise without staff assistance. They said informed consent was not obtained for the use of psychotropic medication. The consumer reported feeling low and losing their appetite.

The named consumer was administered psychotropic medication on multiple occasions following their return from hospital, where progress notes did not reflect consideration of other triggers for the consumer’s behaviour, other interventions were not consistently trialled, the medication was not used as a last resort, and a behaviour support plan was not in place.

The Approved Provider acknowledged deficits relating to the named consumer’s care and detailed strategies to address the deficits, including for pain and behaviour management and emotional support. The Approved Provider disagreed with some of the comments in the Site Audit Report, and stated the consumer had a suitable diagnosis to receive the psychotropic medication, and the consumer’s representative was contacted and said they gave consent for the medication use.

The Site Audit Report reflected pain charting occurred for the named consumer, however further investigation of the consumer’s ongoing pain (evidenced by calling out and screaming) did not occur. I consider this example is reflective of a deficit in pain management care and demonstrates non-compliance with this requirement.

While I am satisfied the Approved Provider has since taken steps to address the named consumer’s care needs, at the time of the Site Audit they did not demonstrate each consumer gets safe and effective personal and clinical care that optimises their health and well-being. Therefore, I find requirement 3(3)(a) is non-compliant.

* Regarding requirement 3(3)(b)

The Assessment Team brought forward evidence regarding the named consumer referenced at requirements 2(3)(e) and 3(3)(a), reflecting the service did not appropriately manage high impact and high prevalence risks relating to falls and weight loss. Although the named consumer was assessed following an initial fall, the consumer continued to experience pain and was not immediately referred to a medical officer. Neurological observations were not consistently documented.

Following the further fall, the consumer was referred to hospital for surgery. After their return to the service, as previously outlined the consumer’s pain was not effectively managed. The consumer was given an exercise program by the allied health officer however inconsistent staff assistance was available to support the consumer to complete the exercises.

Further to the information at requirement 2(3)(e) regarding weight loss, the consumer’s care documents showed a dietitian referral occurred following identification of weight loss and directives were given. However, the consumer continued to lose weight and staff interviewed by the Assessment Team did not have a shared understanding of the consumer’s nutritional needs. A further dietitian directive upon the consumer’s return from hospital was not reflected in their dietary assessment for 2 weeks.

The Approved Provider acknowledged the deficits, presented a plan for continuous improvement and stated a rehabilitation program for the named consumer commenced following the Site Audit. I consider the evidence regarding the actions following the consumer’s fall is reflective of non-compliance.

The Approved Provider said the consumer’s dietary assessment was updated 2 days after the dietitian’s review. While I did not receive documentary evidence of this, I accept the plan was updated, however consider overall staff’s lack of shared understanding of the consumer’s needs and lack of documented monitoring of the consumer’s weight between the dietitian assessments is reflective of non-compliance.

At the time of the Site Audit, the service did not consistently demonstrate effective management of high impact and high prevalence risks for each consumer. Therefore, I find requirement 3(3)(b) is non-compliant.

Regarding the remaining requirements, care planning documentation for consumers receiving end of life care showed their needs and preferences were recognised. Staff described how they deliver end of life care to maximise consumers’ comfort. The service holds a farewell for consumers who pass away at the service, where the consumer has consented.

Overall care plans reflected changes in consumers’ care needs are recognised and responded to in a timely manner. Staff described how they identify and respond to deterioration or change in consumers’ condition.

Progress notes, care plans and handover reports provide adequate information to facilitate effective and safe care. Staff use handover to discuss consumers’ needs and changes.

Consumers and their representatives said referrals are timely, appropriate and occur when needed. Care plans reflected referral to and input from other providers.

Staff described how infection related risks are minimised, antibiotics are used appropriately and infection control procedures are followed.

# Standard 4

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| 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 Assessment Team recommended the following requirement was not met:

* Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response, and find the service compliant for this requirement.

Most consumers said their emotional, spiritual and psychological needs are supported and staff described how they provide support and pastoral care. However, one named consumer and their representative expressed dissatisfaction with how the service was supporting the consumer’s well-being following an incident and loss of a family member. Staff were aware of the consumer’s decline in well-being and how it impacted the consumer’s engagement in services and supports for daily living. The consumer’s care plan did not include an assessment of their emotional needs following their change in circumstances and did not reflect ongoing one-on-one support being provided.

In their response of 29 August 2022, the Approved Provider gave further information and evidence regarding support provided to the consumer at relevant times following the consumer’s loss and incident, including pastoral care and emotional support. The consumer was referred to a medical officer regarding their well-being.

I note the consumer and representative’s feedback, and the Approved Provider’s acknowledgement of an updated emotional support strategy as outlined at requirement 3(3)(a). As non-compliance was already identified at Quality Standard 3 and the Approved Provider has evidenced some relevant supports occurred, I do not consider it relevant to also record non-compliance for the same issues at this requirement.

Overall the service provided services and supports to promote each consumer’s well-being, consistent with consumer preference. Therefore, I find requirement 4(3)(b) is compliant.

Regarding the remaining requirements, consumers said they can do the things they want to, can be as independent as possible and choose to spend time alone or participate in activities that promote their well-being and quality of life. Care plans reflected consumers’ preferred activities, consistent with consumers’ feedback. Staff described how they tailor activities to suit consumers’ interests. Consumers, including those in the memory support unit, were observed engaging in meaningful activities.

Consumers and their representatives said consumers are supported to participate in the community and maintain relationships. Staff described how consumers are supported, including by volunteers and other services. Referrals to other providers occur based on consumers’ needs and are reflected in care plans.

Overall consumers and representatives said information is effectively communicated within the organisation and with others responsible for care. Staff described how communication of consumers’ needs and preferences occurs via care plans, handover and dietary requirements listed in the kitchen.

Overall consumers and their representatives considered meals to be of suitable quality and quantity, and said staff are aware of dietary needs. Some consumers provided negative feedback regarding rice which is further considered at requirement 6(3)(a). Care plans reflected consumers’ dietary needs and preferences. Staff described how they plan meals to accommodate consumers’ needs, offer choices and obtain feedback. The kitchen environment was observed to be clean and tidy, with staff following safety protocols. Overall staff were observed providing suitable support to consumers at mealtime.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well-maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they have access to equipment they need, and when issues are identified with equipment, this is reported to maintenance and is rectified in a timely manner.

# Standard 5

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| 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

Consumers said they feel they belong and are safe and comfortable at the service. They are supported to personalise their rooms. There are multiple communal dining and lounge areas for consumers providing a homelike environment, and the service has pets. Signage and handrails support independence.

The service was observed to be safe, clean, and well-maintained. Common areas and outdoor spaces were tidy and free of hazards. Regular cleaning occurs. Consumers were observed moving freely. Consumers said the environment is clean and comfortable, and maintenance occurs promptly.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of consumers. Consumers and staff confirmed sufficient and safe equipment is available. Regular maintenance is completed according to a schedule, or in response to reports raised by staff.

**Standard 6**

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| 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 Assessment Team recommended the following requirements were not met:

* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response of 29 August 2022, and find the service compliant for these requirements.

* Regarding requirements 6(3)(a) and 6(3)(b)

Consumers and their representatives were generally aware of how to make complaints. However, negative feedback was brought forward from representatives in relation to lack of actions taken, availability of information in relevant languages, concerns about involving staff, and lack of understanding of processes. Some information about complaints and advocacy was presented in languages other than English. However, some consumers do not speak or read Vietnamese language, which was the service’s alternative for feedback information.

The Approved Provider gave additional contextual information to address feedback of named consumers and their representatives. They described actions taken for the complaints noted in the Site Audit Report. I am satisfied that the service was taking steps to address the feedback and do not consider the examples are reflective of non-compliance with these requirements.

Regarding the language and advocacy concerns raised, the Approved Provider said the named consumers are supported to give feedback verbally and via interpreters, and an interpreter who speaks relevant languages is available at consumer meetings to enable this. I am satisfied that alternatives are available for consumers who do not speak English or Vietnamese, and therefore do not consider these examples are reflective of non-compliance.

Regarding consumers and their representatives’ concerns about involving staff in making complaints, I accept this feedback as reflective of their experience and acknowledge suitable alternatives should be available. I consider those named consumers and representatives remained able to access information regarding advocacy by utilising the information displayed at the service, as outlined in the Site Audit Report. Therefore, I do not consider these examples as reflective of non-compliance.

While staff were aware of complaints processes, some staff lacked familiarity with how consumers would access external services. No resulting consumer impact was identified. The Approved Provider said staff receive training and information is available in the staff handbook. I am satisfied that the service has suitable processes for staff to support consumers in accessing language and advocacy services.

The Assessment Team considered the service’s complaints system did not enable some complaints to be appropriately recorded. The Approved Provider gave a detailed explanation regarding the recording process and clarified all complaints are able to be recorded. I am satisfied the system allows for recording of complaints and therefore is compliant.

Overall, the service demonstrated consumers and others are encouraged and supported to provide feedback and make complaints, and information about advocates, language and external complaint services is given.

Therefore, I find requirements 6(3)(a) and 6(3)(b) are compliant.

Regarding 6(3)(c)

Some consumers and their representatives said management addresses their concerns following complaints or incidents. However, others the service had not taken appropriate action in responding to complaints or used an open disclosure process.

A named consumer’s representative gave examples of past complaints over a 5 year period and said they did not receive a genuine apology for two incidents. The Assessment Team said the complaints were not recorded in the service’s complaints register. The Approved Provider said the complaints were logged and management had clarified with the representative that the complaints were resolved. Complaints prior to 2018 were logged in a prior complaint system that the service no longer holds. I consider the representative’s feedback is reflective of non-compliance with this requirement, however I note the conflicting information from the Approved Provider.

A named consumer’s representative raised concerns with the Assessment Team regarding clinical care and meals. The Assessment Team said these were not reflected in the complaints register. The Approved Provider gave further evidence showing action was taken regarding the representative’s concerns, including that items were added to the complaints register and an apology was provided. I consider the additional information supports the service was compliant.

Regarding further representatives’ complaints about care, where the Assessment Team said there was no record of the complaint, the Approved Provider said discussions were held with the representatives prior to the Site Audit. Conflicting information was provided, and it is not clear based on the details whether the service was responsible for the care deficit. As such I have not considered this example in determining compliance.

A representative’s complaint was brought forward regarding an incident, where they did not receive an apology from allied health officers. The Approved Provider gave details of the incident, the apology given by the service and follow up that occurred prior to the Site Audit. Due to conflicting information and lack of clarity, I do not consider this example on its own is sufficient to demonstrate non-compliance with this requirement.

Consumers and their representatives provided negative feedback regarding cooked rice, and were not satisfied with the outcome. The Approved Provider clarified the concerns were identified in a consumer meeting, feedback was given to the chef, changes were made and follow up occurred prior to and after the Site Audit. As the changes that were implemented would take some time to demonstrate effectiveness, and the Approved Provider said consumers had not given further negative feedback following the changes, I do not consider this example is reflective of non-compliance.

The Approved Provider addressed other items brought forward by the Assessment Team regarding how staff apply the complaints process and open disclosure, and changes made to the complaints system to use more suitable language. I do not consider these examples are reflective of non-compliance.

I accept the consumer and representative feedback that they were not always satisfied with the action taken and an apology was not always provided. However, there was a lack of clarity in the evidence presented to demonstrate the service had not complied with their responsibilities regarding actions and open disclosure. Therefore, I find requirement 6(3)(c) is compliant

Regarding the remaining requirement, feedback and complaints are reviewed and used to improve the quality of care and services. Examples were provided such as introduction of beauty and massage services and amending schedules for activities to align with consumers’ preferences. The service maintains a continuous improvement plan.

**Standard 7**

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| 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

Consumers said sufficient staff are rostered to meet their needs, and staff respond promptly when assistance is required. Some representatives considered additional care staff were needed. Staff said they can manage their duties and respond to consumers in a timely manner. The service has processes to fill vacant shifts. Consumers, representatives and observations confirmed staff treat consumers and their family with warmth, kindness, and respect.

Consumers and their representatives considered staff are skilled to meet consumers’ care needs. Position descriptions set out the expectations for each role, and staff are required to meet qualification and registration requirements. Staff considered they receive suitable training and support, and said they can request additional training and development.

Staff performance is monitored through feedback, competency assessments, analysis of clinical data and via informal and formal performance appraisals. Some training and performance appraisals were delayed due to outbreaks, and the service has planned to address this.

**Standard 8**

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| 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 Assessment Team recommended the following requirement was not met:

* 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.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response of 29 August 2022, and find the service compliant for this requirement.

No deficits were identified with the service’s governance systems for information management, workforce and financial governance, or continuous improvement. I am satisfied that the feedback and complaints system is effective, as outlined at Quality Standard 6.

The Assessment Team considered there were deficits in regulatory compliance, as referenced at requirement 3(3)(a) regarding a consumer receiving psychotropic medication. The Approved Provider disagreed with the example being a regulatory compliance issue, stating the medication was not used as a restrictive practice and some of the evidence was inaccurate. I consider this example is not reflective of non-compliance with this requirement, and the other evidence presented regarding restrictive practices was not reflective of a systemic deficit.

Overall the service demonstrated suitable governance systems are in place. Therefore, I find requirement 8(3)(c) is compliant.

Regarding the remaining requirements, consumers said they are confident that the service is run well, and they are satisfied with their level of engagement in the development, delivery and evaluation of care and services. This occurs through regular care plan reviews, feedback and complaints, surveys and consumer meetings.

The service’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Committees meet regularly with the Board to review and report information regarding trends, and incident reports are reviewed, to identify the service’s performance.

The service demonstrated effective risk management systems and practices. Staff demonstrated a shared understanding of strategies for minimising risks, supporting consumers to live their best lives, identifying abuse or neglect and reporting incidents.

The service has a clinical governance framework, and staff described how they apply the relevant policies in their work to promote antimicrobial stewardship, minimise the use of restrictive practices and apply 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-2)