Performance

Report

**1800 951 822**

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| Name: | Canberra Aged Care Facility |
| Commission ID: | 2984 |
| Address: | 48 Archibald Street, LYNEHAM, Australian Capital Territory, 2602 |
| Activity type: | Site Audit |
| Activity date: | 6 August 2024 to 8 August 2024 |
| Performance report date: | 17 September 2024 |
| Service included in this assessment: | Provider: 604 Bunyundah Nominees Pty Ltd  Service: 1207 Canberra Aged Care Facility |

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 Canberra Aged Care Facility (**the service**) has been prepared by

D Saunders, 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 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 14 September 2024

# Assessment summary

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

* 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.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Effective organisation wide governance systems.
* A clinical governance framework, especially in relation to minimising the use of restraint.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | 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

All consumers/representatives interviewed said consumers are treated with dignity and staff respect their culture, identity, and diversity. The Assessment Team observed most consumers were treated with dignity and respect during the Site Audit. Staff were knowledgeable of consumers’ life stories and demonstrated an understanding of consumers’ needs and preferences, personal circumstances, life experiences, and cultural backgrounds, which were in line with care planning documentation reviewed by the Assessment Team. The service displayed documentation expressing the values of the service and the rights of the consumers including the Charter of Aged Care Rights in the service.

Consumers/ representatives interviewed confirmed the service recognises and respects the consumer’s cultural background. They described how staff value consumers’ spirituality and preferences and how it influences the delivery of their care and services. Staff and management interviewed demonstrated an understanding of the consumer’s identity, background, and individual values which aligned with care planning documentation.

Consumers/representatives interviewed confirmed consumers are supported to make decisions about how and when their care and services are provided. Consumers/representatives acknowledged consumers are provided with the opportunity to maintain relationships with people they choose and to communicate their decisions to the service. Staff provided examples of how consumers/representatives can make choices about consumers’ care and services and who should be involved in their care which were reflected in care planning documentation. The Assessment Team observed consumers with visitors and some consumers going out of the service for individualised social activities.

The service was able to demonstrate consumers are supported to take risks to enable them to live their best lives. Consumers described how the service supports them if they choose to take risks. Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Care planning documentation for consumers demonstrated the service identified and completed risk assessments for consumers through their assessment and care planning processes. Staff and management provided examples and demonstrated how they support consumers to take risks and discuss mitigating strategies to enable consumers to live the best life they can.

The service was able to demonstrate information surrounding care and services is provided to consumers and representatives in a timely manner, is clear and easy for them to understand and supports consumers to make informed choices. Consumers/representatives reported they are kept updated by management on any changes via the service’s email. Hard copies of the newsletter and other resource material are also available within the service, for example, monthly menus and activity calendars and ‘resident/representative’ meeting minutes. The Assessment Team observed information was available to consumers in a clear and easy to understand way to support decision making.

Consumers/representatives interviewed described how consumers’ privacy is always respected, and doors are closed when receiving care. Staff were able to describe ways in which consumer privacy is respected and explained how consumer information is kept confidential. Staff described keeping computers locked and using passwords to access consumers’ personal information. Other information about consumers is kept locked in the nurses’ stations, or in offices. The Assessment Team observed the service has protocols in place to protect consumer privacy and observed staff knocking before entering a consumer’s room and staff using individual passwords to access consumers’ information on the computers.

I find this standard compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | 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. | Not Compliant |

Findings

The site audit report disclosed three instances of care planning not being completed, or not being completed in a timely manner. All cited instances were, however, of consumers that had recently joined the service. The service submitted, and I accept, that it is acceptable practice to work from incoming or handover care plans during onboarding periods. The site audit report does not assess the adequacy of the handover documents or plans, or the service’s compliance with them. Several instances of failure to update care plans were identified: I consider these are more relevant to requirement 2(3)(e) as they specifically involved considerations of care planning in a context of changed circumstances. The service has in place a practice of periodic care planning.

On the basis of the available information, I find requirement 2(3)(a) compliant.

The site audit report discloses two instances of care planning not identifying current needs, goals and preferences. Again, the consumers considered were relatively new admissions to the service. In one instance the service has provided information on the response to site audit report that discloses preferences were difficult to discern, based upon information provided by a representative. The site audit report did not disclose any information regarding advance care planning or end of life planning, however I note that the service’s practices (as compared with

planning) in this area was considered under requirement 3(3)(c) and no deficiencies were identified.

On the basis of the available information, I find requirement 2(3)(b) compliant.

Consumers/representatives interviewed confirmed they are partners in the planning of consumers’ care and services. They said they were involved in the initial assessment and ongoing care plan review processes, which included the medical officer (MO) and other health professionals such as physiotherapists and podiatrists as required. The care manager (CM) described the process of consumer-centred care planning and explained how they initiate conversations around care planning with consumers/representatives. Staff were able to explain the processes for referrals to other health professionals and services and to include their recommendations in care planning.

I find requirement 2(3)(c) is compliant.

Consumers/representatives interviewed said they can easily access consumers’ care plans and are regularly updated when a change is made. Management and staff said all care plans are accessible through the service documents management system. Management said the service’s policies and procedures guide staff in communicating assessment and care planning outcomes effectively. The Assessment Team conducted a review of sampled consumers’ care plans, showing updates, outcomes documented, and details of communication to the consumer/representative in detail.

I find requirement 2(3)(d) is compliant.

Requirement 2(3)(e) has two elements. It requires, first, that reviews are conducted regularly and, also, that reviews are conducted when (generally) circumstances change.

The site audit report and submissions of the service show that the service conducts regular or periodic reviews regularly and does this well. The first element of the requirement is therefore satisfied. The site audit report found that reviews were not always conducted when circumstances changed or when incidents impacted. Consistent with this finding, some interviewed staff were not aware of the need to undertake reviews outside of the periodic or regular requirement to do so. The service, in its response the site audit report, conceded that there were opportunities for improving reviews when circumstances changed.

For the above reasons I find that requirement 2(3)(e) is non-compliant.

# Standard 3

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

Findings

The site audit report recommended that requirement 3(3)(a) was not compliant. The recommendation was principally informed by observations, interviews and documentation in relation to two named consumers. The service had in excess of 80 consumers living at the service at the time of audit. More than a third were either interviewed or had their representative interviewed during the audit period.

It is not explicitly stated whether the recommendation was made because care was not best practice, was not tailored or was not directed to optimising well-being.

The service provided a substantial amount of information in response to the site audit report.

In respect of one named consumer the information contained specialist medical advice that substantially lessens the weight that should be placed upon the adverse conclusion made by the audit.

In the context of the number of consumers interviewed, the low amount of adverse findings made, and the fact that some of those findings should have low weight attached to them, I find, on balance, that this requirement must be compliant.

I find requirement 3(3)(a) compliant.

The site audit report recommended that high impact and high prevalence risks were not effectively managed.

For a series of consumers this assessment was based upon perceived deficiencies in care planning documentation – I find these observations more relevant to standard two.

Two additional named consumers were identified and perceived deficiencies were identified by the site audit team.

A further two named consumers or consumer representatives were cited as being satisfied with how high prevalence or impact risks were managed.

The service provided information that may not have been made available to the audit team or that the audit team may not have had an opportunity to fully consider. In light of that information and also the positive findings made by the audit team I find that this requirement is compliant.

I find requirement 3(3)(b) is compliant.

Staff confirmed their understanding of consumers’ goals, needs and preferences, including end of life (EOL) care. Care planning documents demonstrated timely recognition of consumers nearing the end of life, consumers/representatives being consulted in the decision making process and involvement of the MO or external services such as pastoral care when needed. Staff and management described when changes in the consumer’s condition have been identified, these changes are communicated to representatives and consumers’ MO. Care documentation demonstrated partnership with consumers, representatives and specialists and evidence regular pain management, repositioning, oral care, emotional and spiritual support. The service has policies and procedures in place in relation to palliative care and EOL care, to guide staff practice.

I find requirement 3(3)(c) compliant.

Consumers/representatives interviewed provided positive feedback in relation to the responsiveness of the service when there is deterioration in the consumer’s condition, health or ability. RNs and care staff were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition. They described signs and symptoms such as poor appetite, changes in mental state and increased agitation. Management said they are alerted to any changes such as through daily review of progress notes, scheduled reviews, incident reports, clinical charting and feedback about consumers’ conditions, and ensure there is a timely response. Care planning documentation and progress notes reflected the identification of and response to deterioration or changes in condition. The service has a policy and work instruction in place in relation to acute deterioration, to guide staff practice and care was in accordance with this.

I find requirement 3(3)(d) compliant.

Consumers/representatives interviewed said the consumer’s care needs and preferences are effectively communicated between staff and others, and they receive the care they need. The service ensures information about the consumer's condition, needs, and preferences is recorded and shared within the organisation and with others who share in the responsibility. Care plan documentation reflected staff notified consumers’ MO and representatives of any changes in the consumer's condition, clinical incidents, or medication changes. Staff acknowledged they receive up-to-date information about consumers during handover, verbal updates from RNs, and progress notes. The Assessment Team sighted handover notes which demonstrated how information about consumers is delivered and conveyed between shifts.

I find requirement 3(3)(e) compliant.

The site audit report identified three consumers in circumstances where it was considered referrals to other organisations or providers would have been appropriate. In each instance the service has provided information to contextualise whether a referral would have been appropriate. It is not clear whether the site audit team had the benefit of considering the information provided. In the context of a compliant finding for requirement 3(3)(d) I consider that, on balance, this requirement is compliant.

I find requirement 3(3)(f) compliant.

Consumers/representatives sampled confirmed staff take necessary precautions to prevent and control infections. They also confirmed how the service effectively managed different infectious outbreaks as well as individual consumer infections. The sampled staff confirmed they had undergone specific training and had the necessary competencies related to infection prevention and control (IPC). Infection incidents, trending and outbreak management are recorded and tracked in the ECMS and clinical indicator data, and infections are discussed at the monthly clinical meetings and resident/representative meeting and reported. The Assessment Team verified up-to-date policies and procedures relating to IPC, including antimicrobial stewardship (AMS) and emergency outbreak management. The staff demonstrated a clear understanding of the precautions required to prevent and control infections and were aware of the steps they could take to reduce the need for antibiotics.

I find requirement 3(3)(g) is compliant.

# Standard 4

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

Findings

All consumers/representatives sampled confirmed consumers are supported with their needs, goals and preferences, Staff described how consumers’ needs, goals, and preferences are supported in delivering safe and effective services. Management and staff explained there is a detailed assessment process where the consumers' history is captured during the entry process, reassessments are conducted regularly, and when consumer needs change. Care planning documentation details individualised services and supports that align with consumers’ needs, goals, and preferences to aid in maintaining independence. The Assessment Team observed various group and independent activities, and group activities were observed to be popular at the service. Staff are guided by the consumers' lifestyle story care plans and various policies.

Consumers/representatives interviewed affirmed adequate support was provided by the service for consumers’ emotional, spiritual, and psychological needs. They mentioned the ability to stay connected with representatives or friends for comfort and emotional support. Lifestyle staff described the process of recording information related to consumers’ choices, needs, preferences, as well as emotional and spiritual needs when entering the service, with regular updates over time. Care planning documentation aligned with consumer interviews, outlining individualised strategies for emotional support and providing insights into the implementation of these strategies.

Consumers sampled stated they are supported to participate within and outside the service, keep in touch with people who are important to them and do things of interest to them, participating in group activities provided by the lifestyle team, and spending time on independent activities of choice. Staff described how they support consumers to do the things of interest to them and participate within and outside the service environment. Care planning documentation identified the people important to individual consumers and the activities of interest to them.

Consumers/representatives sampled reported they felt information about their daily living choices and preferences were effectively communicated and staff who provide daily support understand their needs and preferences. Care staff said the handover process keeps them informed regarding updates to consumer care and services. Lifestyle staff said they are kept informed by other staff of any changes and they also keep others well informed. Care documentation shows consumers’ conditions, needs and preferences are identified, and staff can access these via the service’s information system.

Consumers/representatives interviewed stated the service refers consumers to an appropriate individual, organisation, or provider in a timely manner if the service is unable to provide the required support. Management, care staff, and lifestyle outlined the service has connections with external organisations, volunteers and providers to ensure consumers have access to various additional services and supports. Staff described how consumers/representatives are involved in the referral process and how consent for referrals is obtained. Consumer care plans demonstrated how the organisation collaborates with other individuals, organisations, and providers to support the diverse needs of all consumers.

Overall, consumers said the meals provided were varied and of suitable quality and quantity. The service has processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided. Consumers sampled said that the chef is always seeking feedback and the food is suitable and improving. Staff were knowledgeable about consumers’ preferences and dietary requirements. The chef said dietary changes are communicated effectively through the service and receive a new list every week which was sighted by the Assessment Team. The chef said the ‘resident and relative food committee’ occurs every month and is a safe place for consumers to provide feedback which helps them to design a menu and make changes that is suitable for all consumers. Care planning documentation evidenced that consumers' dietary requirements and preferences are captured.

Consumers sampled said the equipment provided is safe, suitable, clean, and well-maintained. Staff said the service conducts regular inspections on all equipment to ensure operational integrity and safety, and they have access to equipment when they need it. Staff could describe how equipment is kept safe, clean, and well maintained. Shared equipment is stored in designated areas and cleaned by staff before and after use. Management demonstrated the electronic maintenance documentation system, which includes reactive and preventative maintenance alerts and tracking of the completion of maintenance tasks. The Assessment Team observed mobility aids such as walking aids and wheelchairs were clean and maintained.

I find this standard compliant.

# Standard 5

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

Findings

Consumers/representatives interviewed said the service is welcoming and easy to navigate. Representatives said staff members greet and interact with them when they visit, and they feel welcome. Consumers feel they belong and can maintain their independence and interact with others when they choose to. The service offers single rooms with ensuites and 3 companion rooms for couples to share. Several decorated communal areas and outdoor garden areas are available for consumers/representatives to use. All consumers/representatives sampled said they feel at home at the service, and some have personalised their rooms with furniture, photos, and reminders of their homes. Staff described how consumers are supported to make the service feel like home. Annual audits are undertaken by the education manager to ensure the service maintains a safe and comfortable environment, and these guide staff to monitor the environment effectively to ensure it is suitable for consumers. The Assessment Team observed consumers using the various communal areas at different times of the day, watching television, listening to music, and participating in activities and exercises. Consumers were observed to be comfortable and enjoying the various areas around the service.

Consumers/representatives interviewed said consumers can easily find their way around and move freely and independently, both indoors and outdoors and the service is clean and comfortable. Consumers were observed moving freely within the service including the loungerooms, communal areas and gardens and outside the service as well. Management stated staff are informed of consumers assessed as requiring environmental restrictive practices via handover and through alerts. The service was observed to be clean and well maintained and records support this. Management was able to demonstrate both reactive and preventative maintenance. The service had keypads for exit and entering the service on every door during daytime hours, and they use a different code during after hours for security reasons.

The Assessment Team observed, and consumers/representatives confirmed, the furniture, fittings and equipment are kept clean, safe, and well maintained. Consumers said when they have a maintenance request, staff members promptly address it by logging a maintenance

request or raising it directly with management. Staff confirmed they have adequate and sufficient equipment required to provide consumer care. Management confirmed consumer equipment is sourced and obtained promptly when there is an identified need for a consumer. The maintenance team explained and demonstrated the system used for reactive maintenance. Management receives a request for all maintenance from staff and consumers. Management explained how maintenance was scheduled and conducted for routine and preventative measures by internal and external contracting teams.

I find this standard compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

Consumers/representatives interviewed said they feel encouraged and supported to provide feedback and make complaints directly through speaking with staff and management, filling out feedback forms, during resident/representative meetings, electronic mail, case conferences and surveys. The Assessment Team observed locked suggestion boxes at reception and throughout the service. Feedback forms are available from reception and from staff. Meeting minutes of resident/representative meetings reviewed by the Assessment Team noted agenda item of complaints with no complaints recorded. The service has a complaints management policy to guide staff and management.

Consumers/representatives interviewed said they are aware of advocacy, language services, and other methods for raising and resolving complaints. Staff and management said they are aware of advocacy services and language services such as Translator Interpreter Service (TIS), and external complaint avenues such as the Commission. The Assessment Team observed advocacy and TIS posters, brochures and pamphlets displayed for consumers/representatives. The consumer handbook had relevant contact information for the Commission, TIS and advocacy services.

Most consumers/representatives interviewed confirmed staff and management addressed their complaints and resolved any concerns they raised in a timely manner and apologised when things go wrong. Staff and management demonstrated an understanding of open disclosure and explained how they would apologise to consumers/representatives in the event of something going wrong. The Assessment Team was unable to review the complaints register as the service does not maintain one. Review of the complaints policy did not include a time frame for responding to, processing and resolving complaints.

For the above reasons I find requirements 6(3)(a), (b) and (c) are compliant.

The site audit report finds that the service did not demonstrate how feedback and complaints are reviewed and used to improve the quality of care and services. The service does not have a system to record feedback and complaints and they did not demonstrate an effective system to monitor, analysis and use feedback and complaint data to improve the quality of care and services.

In its response to the site audit report the service acknowledges that complaints, and complaint responses, are not documented. The services gives examples of how complaints were rectified. The requirement is for a review of complaints to occur and then for this review to be linked to improvements in care. In the absence of records of complaints and therefore any records or positive evidence of reviews it is difficult for this requirement to be demonstrated. The service has undertaken to immediately remediate its complaint management.

For the above reasons I find requirement 6(3)(d) to be presently non-compliant.

# Standard 7

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

Findings

All sampled consumers/representatives said there was enough staff and were confident consumers received the care and support they needed promptly. Staff sampled said there is enough staff, and they feel well supported. Management said shifts are always backfilled if there is a vacant shift due to planned and unplanned leave. This is done by offering additional shifts to their part-time and casual pool, and agency staff are used as a last resort. Management said the number and mix of staff on the roster is working well; they said the rostering team allocates the shifts, and management checks the allocations according to the acuity of consumers. The rosters sampled by the Assessment Team demonstrated all shifts but one are permanently allocated on the master roster, whilst all vacant shifts on the live roster due to unexpected leave were allocated with the casual pool of staff, with evidence of RNs rostered 24/7.

Consumers/representatives interviewed said staff were kind and respectful to consumers and they felt valued by the service. Whilst most observations of staff interactions with consumers were respectful, however, the Assessment Team observed some interactions which were not respectful. Staff were able to describe how they respect consumers by using their preferred names, speak to them politely and undertake customer service training.

Consumers/representatives interviewed said they felt confident staff are suitably skilled and competent to meet consumers’ care needs. Staff interviewed felt they were competent to provide the care consumers needed at the service. Management was able to describe how they determine whether staff are competent and capable in their role using a range of methodologies, such as observations, consumer/representative feedback and in-house educator assessments pertaining to competencies. The service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated staff have the relevant qualifications to perform their duties outlined in their position descriptions. Whilst the service demonstrated staff competence by showing their qualifications and frequent RNs competency assessment for general care, the staff are not following and understanding policy and guidelines in restrictive practice.

All consumers/representatives interviewed stated they are satisfied the service trains and supports staff to deliver care required and are confident in the current staff ability to deliver care and services. Staff interviewed stated the service provides the training they require and described how they can provide input and feedback to the service on training or support needs and how to improve their current training needs. Documents evidenced staff training requirements on recruitment and on an ongoing basis to ensure they have the knowledge to deliver the outcomes required by these standards. Documents reviewed demonstrated high completion rates of required training completed by staff.

The service undertakes regular assessments, monitoring, and reviews to manage the performance of its workforce. Consumers said, and documentation evidenced they are encouraged to provide feedback on staff's performance. Management conducts performance at the 6-month probation period and annually after that. Management also provided examples of completed performance reviews and detailed their continuous evaluation methods, including team meetings, feedback processes, consumer feedback and regular ‘catchups’ with individual staff members. The service provides feedback to staff immediately after any incidents, observations, complaints, or compliments, and further training, such as reflective practice forms.

For the above reasons I find this standard compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Not 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. | Not 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. | Not Compliant |

Findings

At audit some consumers/ representatives said they were engaged in the development and delivery of their services through care planning meetings, day to day feedback and consumer/representative meetings. The service is providing opportunities for input for both consumers and representatives, starting with the pre-entry process and ongoing, through review cycles. Management said the service does not have a Consumer Advisory Body (CAB) as no consumers had expressed an interest in being nominated. Minutes of a resident/representative meeting showed consumers were invited to become part of the CAB however, no consumers expressed interest.

I find requirement 8(3)(a) is compliant.

The site audit report concluded, in relation to requirement 8(3)(b), that the organisation could not demonstrate how they promote safe and inclusive quality care and take accountability for care and services. Management described how the monthly clinical indicators, end of month reports, quality initiatives, and incidents are discussed at the monthly governance meeting. Membership of this meeting is comprised of the Director, and other managers of the service including the CM, education manager, safety officer and IPCL. The onsite Director referred to the governance meeting members as the ‘Governing Body.’ Management noted the Board of Directors does not meet current legislative requirements. Management noted there is no Quality of Care Advisory Body (QCAB) and was unable to demonstrate the Governing Body members met the legislative requirements for key personnel. The Governing Body had not identified deficiencies in clinical care.

The requirement is that the governing body actively promotes the culture listed. Little information was supplied either to the Assessment Team or in response to the site audit report how the *governing body* (as opposed to the on site director) *promoted* the culture required. The requirement is aimed at the involvement of the governing body in a certain way. The submission of the service was directed to how the ultimate outcome (safe, inclusive and quality care) was achieved in other ways. In relation to the specific elements of the requirement however, it cannot be found that the governing body itself promotes the culture.

For the above reason I find this requirement 8(3)(b) non-compliant.

The site audit recommended service was not able to demonstrate an effective organisation wide governance system and how it is applied, and controlled in relation to, continuous improvement financial governance, regulatory compliance and feedback and complaints.

Neither the site audit team nor the service, in its response to site audit report, submitted that formal governance systems operated in the areas required. In its response to the site audit report the service submitted that the areas are governed informally and directly by a hands on, site based director and this was appropriate for the size and family run nature of the service. It was conceded that a more corporate approach would have formalised systems and that these could be expected in the near future.

These are not matters for my discretion; the requirements are for effective organisation wide governance systems. As those systems could not be demonstrated this requirement must be found to be non-compliant.

I find requirement 8(3)(c) non-compliant.

In relation to the four listed areas relevant to risk management systems, the Assessment Team identified deficiencies only in first listed area. Those deficiencies were premised on the lack of care planning identified by the team and, for the reasons explained above, not accepted in this report.

For this reason, and in the absence of any adverse information on the other listed areas, I find that requirement 8(3)(d) is compliant.

The site audit report identified that the service has a clinical governance framework.

In respect of antimicrobial stewardship, the report identified compliance and more specifically verified up-to-date policies and procedures for a number of related areas. In addition to this staff described ways they can minimise infection within the service and reduce the need for antibiotics such as through encouraging fluids for consumers, hand hygiene practises and using appropriate personal protective equipment. I find this aspect of the framework sound.

In respect of open disclosure, the report identified the service has a clinical governance framework and open disclosure policy in place to guide staff and management. The onsite director described how open disclosure is provided as part of the service policy. Staff provided examples of when they have used open disclosure when mistakes were made. I find this aspect of the framework sound.

In respect of minimising the use of restraints, the report identified staff training for 2024 in restrictive practices was incomplete. Some staff demonstrated their understanding on restrictive practices and how they would use non-pharmaceutical interventions prior to administering chemical restraint. However, not all staff demonstrated an understanding of physical restrictive practices. The restrictive practices policy was requested but not provided.

In its response to the site audit report the service did not provide information that persuasively demonstrates the clinical governance framework operates effectively in this area and was not always responsive to the deficits identified by the Assessment Team.

For this reason I find requirement 8(3)(e) non-compliant.

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