Performance

Report

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| Name of service: | Carino Care at Russell Lea |
| Service address: | 70-72 Russell Street RUSSELL LEA NSW 2046 |
| Commission ID: | 2748 |
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| Approved provider: | Carino Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 November 2022 to 30 November 2022 |
| Performance report date: | 11 January 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 Carino Care at Russell Lea (**the service**) has been prepared by D. McDonald, 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 19 December 2022 which contained clarifying information and additional documentation including:
  + clinical care extracts
  + email correspondence between other providers and the service
  + photographs
  + a plan for continuous improvement
  + risk assessments
  + staff training attendance records
* a non-compliance notice dated 9 December 2020
* a site audit report, for a site audit conducted on 10 November 2020 to 12 November 2020
* 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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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

Following a site audit undertaken 10 November to 12 November 2020, the service was previously found non-compliant with Requirement 1(3)(a) and Requirment 1(3)(f), evidence within the Site Audit report supports the service has implemented policies around diversity, cultural safety, resident choice, and decision-making. Additionally, consumer handbooks, were translated into various languages, following their review to ensure diversity and inclusivity principles were incorporated. Furthermore, a media policy was implemented and staff were provided with training to ensure appropriate use of social media, and professional boundaries were not breached.

Consumers said they felt staff treated them with dignity and respect and they felt valued as individuals as staff communicate with them in their preferred language and volunteers from the same cultural background have been engaged to support them. Staff respectfully spoke about consumers and demonstrated their understanding of consumers’ cultural backgrounds, llife history and preferences, however volunteers were observed to not be aware of some consumer preferences. Care documentation outlined the consumer’s background and personal preferences.

Consumers and representatives confirmed the service recognised and respected their cultural background and staff provided care consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received care which aligned with their care plan. Care documentation identified the cultural activities the consumer would like to be involved and staff were observed engaging in ways that promoted the consumer’s cultural safety.

Consumers and representatives said consumers were given choice about how and when care was provided, and confirmed consumer choices were considered and respected by staff. Staff described how they supported consumers to make decisions, maintain independence and personal relationships. Care planning documentation captured the consumer’s individual choices around when care and services were delivered, and actions required of staff, to support consumers to maintain relationships important to them.

Staff described the risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they choose. Consumers stated the service supported them to take risks, including smoking. Care planning documentation included risk assessments, the dignity of risk forms, and recorded consent obtained.

Consumers explained how they were given information about making choices, and how they were supported to understand the information. Staff described the different ways in which information was provided to consumers, in line with their preferences, including verbally and in written form. A daily menu was displayed on a whiteboard in the lounge room and was updated regularly by staff to support consumers' exercise choices.

Consumers described how staff respected their privacy. Staff explained how personal information was kept confidential by not sharing confidential information with other consumers, not communicating information about consumers in public spaces, and respecting a consumer’s request for privacy. Staff were observed respecting the consumer’s requests for privacy, including seeking consent before entering a consumer’s room. Consumer files evidenced consumers had been given the opportunity to withheld or provided their consent for their image within organisational material.

# 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. | Compliant |

Findings

Following a previous site audit the service was found non-compliant with Requirement 2(3)(b) and Requirement 2(3)(e), evidence within this Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements having introduced updated end of life choice documentation in the electronic care management system and improved compliance with complex care directives. Additionally, case conferences are conducted and care plans were reviewed when there was a change to the consumer’s needs, goals, and preferences. Furthermore, staff had attended training on care plan development and review.

An assessment schedule is in place to ensure all aspects of the consumers care are assessed methodically and result in the development of a comprehensive care and service plan. Care documentation staff had followed the assessment schedule and completed a range of validated risk assessment tools and interventions planned to minimise any identified risks. However, for one named consumer, their falls risks had been inconsistely scaled. Consumers and representatives said they participated in assessment and planning, to identify any specific risks to their health and well-being.

Consumers and representatives said the assessment and care planning process identified and addressed the current needs, goals, and preferences of consumers and confirmed advance care planning was discussed on entry to the service. Staff were familiar with what was important to consumers including their needs, goals, and preferences. Consumer’s files included advance care directives which had been reviewed and updated annually. Care plans directed staff in the consumer's end-of-life preferences following the completion of palliative care assessments with all consumers.

Consumers and representatives reported the service partnered with them and others who consumers wished to involve in the planning and assessment of their care, including medical officers and allied health professionals. Staff described processes used including in-person meetings, teleconferences, or email to ensure a partnered approach is maintained. The assessment and care planning policy guides staff on the timing and frequency of case conferences and care documentation evidenced all consumers had participated in a case conference.

Consumers and representatives reported they had access to a copy of the care plan, staff explained things to them in a clear manner, which kept them up to date and informed about the consumer’s care and services, and assessments. Care documentation evidenced the service updated consumers and representatives over the telephone or through emails following assessments. Staff described the outcomes of assessments and planning are communicated to consumers and their representatives through various informal and formal means.

Consumers and representatives said clinical staff regularly discussed the consumer's care needs with them, and any changes requested were addressed promptly. Staff confirmed a schedule is in place and monitored to ensure care plans are formally reviewed on a 4-monthly basis and procedures have been developed to guide clinical staff on the assessments to be completed to review the effectiveness of the care provided. Consumers’ care planning documentation evidenced a reviewhad been conducted within the last 4 months and each consumer has baseline observations taken on a scheduled day each month.

# 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

Following previous performance assessments, the service was found non-compliant with Requirement 3(3)(b) and Requirement 3(3)(d), evidence within the Site Audit report demonstrated the service had implemented several actions to remedy deficiencies in incident reporting with a particular focus on recognising and responding to deterioration, falls prevention and behavioural support. Additionally, education programs have been conducted with staff to ensure they consistently recognise and report incidents or changes in consumers conditions and appropriate actions are undertaken in response. Furthermore, a high risk register has been implemented to consistently monitor consumers identified at risk and regular staff meetings are conducted to discuss any deterioration or change in consumer conditions.

This Site Audit report evidenced Requirement 3(3)(b), remained non-compliant and Requirement 3(3)(e) was also recommended to be non-compliant. The evidence within the Site Audit report and the provider’s response has been considered and I have found:

In consideration of Requirement 3(3)(b), the Site Audit report evidenced deficiencies in the management of high-impact or high-prevalence risks including falls, swallowing, and choking as there were inconsistencies between understanding of assessed risk status, required care needs and the implementation of interventions planned to manage the risks.

For a named consumer, who had been assessed as a high falls risk by the medical officer and physiotherapist; management and care staff advised the consumer was assessed as at low risk because a lo-lo bed and crash mats were in place. Furthermore, care documentation identified the consumer had repeatedly moved out of bed without incidents being reported, falls prevention strategies had not been reviewed to ensure the risk was effectively managed and furniture was observed to be positioned closely to the consumer’s bed.

For another named consumer, with a diagnosis of dysphagia, review by a Speech pathologist resulted in recommendations to prevent choking or aspiration, which included, when consuming food, the consumer was to be assisted by staff, however the consumer was observed eating unassisted. Staff advised they were unaware the consumer required assistance and had encouraged the consumer to be independent with meals.

The provider’s response refutes falls risks to consumers were not effectively managed and explained the discrepancy in understanding was as a result of miscommunication with the Assessment Team when discussing the falls risk status versus the risk of injury following a fall. I note the documentation submitted substantiates, all involved in the assessment of falls risk had come to the same conclusion, with the consumer consistently being assessed as a high falls risk and there was a shared understanding of the risk to the consumer between staff. I also note the planned interventions were observed to be in place, and would reduce the risk of injury substantiating those involved in these discussions may have been coming from different view points.

In relation to the management of the falls risk, both the Site Audit report and the provider’s response confirm the recommended falls injury prevention equipment was in place, demonstrating the risk to the consumer was being effectively managed. I note the provider has also undertaken immediate corrective actions and implemented additional strategies to further reduce the risk to the consumer including moving a set of drawers deemed to be a potential risk and this supports responsiveness to and management of risks to consumers.

In relation to consumers who are at risk of aspiration or choking, not being provided with assistance as per their care directives, evidence submitted supports the interventions were incorrectly documented by the Speech pathologist and differed to those verbally handed over and carried out by staff demonstrating the risk was being managed.

Overall, I am satisfied, the high impact and high prevalence risks to consumers have been effectively managed.

Therefore, find Requirement 3(3)(b) is compliant.

In consideration of 3(3)(e), the Site Audit report evidenced discrepancies between staff knowledge of and the documented recommendations for staff to assist a consumer, who had swallowing difficulties with their meals.

The Site Audit report evidenced the consumer, at risk of choking, had been reviewed by a speech pathologist and recommended interventions, was for staff to provide 1:1 assistance. However, the consumer was observed to be eating independently and staff advised they had promoted this as the consumer was capable of feeding themselves and only required assistance with the setup of their meal tray.

The provider’s response included evidence of correspondence between the service and the Speech pathologist confirming staff had delivered assistance consistent with the consumers needs and while, the care plan indicated 1:1 assistance, this was reflective of supervising the consumer to prevent overstuffing their mouth due to eating too quickly and additional investigations completed by the service, confirms this information was verbally handed over to staff by the reviewing speech pathologist.

While I acknowledge, there was one incident of incorrect information contained within a consumers care plan, I am satisfied the consumers care needs were being met and staff were providing the appropriate supervision, as this was communicated verbally between the service and other personnel involved in the care of the consumer.

Overall, I am satisfied the service demonstrated effective communication and sharing of information about the consumer’s condition within the service.

Therefore, I find Requirement 3(3)(e) is compliant.

I find the remaining 5 requirements of Quality Standard 3 compliant as:

Representatives indicated the consumers were receiving personal and clinical care right for them and met the consumers' individual needs and preferences. Care documentation evidenced staff had provided care in line with the directives contained within the consumer’s care plan. Staff described how the service delivered personal and clinical care in alignment with best practice. The service had policies and procedures in place to support the delivery of personal and clinical care readily available for all staff to access via an online portal.

The service had policies in place regarding the palliative, advance and end of life care to guide staff practices in ensuring consumers remain comfortable and as pain-free as possible during their end of life. Representatives, of a consumer who had recently passed away, provided positive feedback about the end-of-life care provided and confirmed the consumer’s wishes had been met. Staff described how care was provided at end of life to maximise comfort and maintain dignity and care documentation evidenced the consumers pain was monitored regularly.

Care documentation evidenced staff had identified, changes to or a deterioration in consumer’s condition and had acted appropriately in response including escalating abnormal observations to medical officers and organising transfer to hospital when required. Consumers and representatives confirmed the service was responsive when changes were identified. Staff explained how a consumer’s condition was monitored which ensured changes were recognised and any deterioration was promptly responded to.

Care planning documentation and progress notes evidenced the input of others and referrals where needed. Consumers and representatives said referrals were timely, appropriate, and the consumer had access to a broad range of allied health professionals and medical specialists. Staff confirmed medical officers, palliative care specialists, geriatricians, physiotherapists, and speech pathologists were available to support consumers.

Staff described how they applied best practice infection control practices in their routine work. Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks. The service had documented policies and procedures to support the minimisation of infection-related risks, including a COVID-19 outbreak management plan, and demonstrated they practiced antimicrobial stewardship through close monitoring of infections and collaborating with the medical officer for the safe prescription of antibiotics.

# 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

Following previous performance assessments, the service was found non-compliant with Requirement 4(3)(a), Requirement 4(3)(b) and Requirement 4(3)(f), evidence within the Site Audit report supports the service has generally implemented improvements to address the non-compliance having introduced monthly focus groups and surveys to explore satisfaction with activities and daily living supports offered and strengthened processes to ensure consumers mental and emotional health needs were identified and met. Additionally, lifestyle staff have been supported to undertake formal training, assessments of consumers mental health are completed to better understand consumers needs and daily companion visits are undertaken to monitor consumers emotional wellbeing.

Based on the actions above, the site audit report recommended Requirement 4(3)(a) and Requirement 4(3)(b) were compliant. However, deficiencies remained in relation to Requirement 4(3)(f), which I have considered, together with, the provider’s response and have found:

The Site Audit report evidenced, consumers provided positive feedback on the quality, quantity and variety of food. Additionally, consumers gave examples of providing recipes to hospitality staff and these being incorporated into the menu, supporting were actively engaged in the types of food being served. However, deficiencies were brought forward outlining concerns with staff accessing outdated information and staff not following the documented recommendations when supporting consumers who required assistance with their meals, with consumers observed eating unsupervised. I have considered the consumer not being supervised under Requirement 3(3)(b), where it is more relevant to the management of risk.

The provider’s response refutes staff were not accessing current documentation and has clarified the guidelines reviewed, and which staff referred to, were for hospitality staff on how to fortify foods during the meal preparation process, which has not changed since 2019, and remains current. I also acknowledge the photographic evidence which substantiates the consumer supplementation and fluid modification needs contained within the folder were also current.

Overall, I am satisfied staff had access to consumers current dietary, nutrition and hydration information and consumers where provided with meals of suitable variety, quantity and of acceptable quality.

Therefore, I find requirement 4(3)(f) is compliant.

I find the remaining 6 requirements of Quality Standard 4 compliant as:

Consumers and representatives confirmed the return of some missing laundry items, and advised they were supported to participate in activities of their preference including watching television within their rooms and described how this optimised their quality of life and independence. Staff explained what was important to consumers and how consumers were surveyed and have input into the development of the activities provided at the service ensuring consumers needs were met.

Consumers explained how they were supported when they were feeling low, and how the service encouraged their emotional, spiritual, and psychological well-being by holding bilingual church services and providing additional emotional support when they first entered the service. Staff described how the service supported consumer's emotional, social and psychological needs in ways including facilitating connections with people important to them. The activity schedule evidenced regular religious activities were undertaken to support consumer’s spiritual, needs.

Consumers said they felt supported to participate in activities within the service and the outside community as they chose. The service enabled consumers to maintain social and personal connections important to them. Staff provided examples of consumers who were supported to maintain their hobbies, both inside and outside of the service. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer.

Consumers said information about their condition, needs, and preferences was communicated within the service and with others where responsibility for care was shared. Staff stated they communicate changes internally through the electronic care management system or handovers. Care documentation supported changes to consumers needs were recorded and available to staff and others involved in the consumer’s care.

Consumers said they received services and supports in collaboration with other external organisations and support services. Care documentation identified referrals to other organisations and services. Staff described gave examples of specific consumers who use these services, including multilingual volunteers who assisted with activities and disability support organisations.

Consumers said they felt safe when using the service's equipment and it was readily available, should they require it. Staff confirmed equipment was available and additional equipment was readily purchased if needed. Maintenance documentation regular and up-to-date servicing of equipment relevant to services and supports for daily living, including wheelchairs, walkers, and manual handling equipment.

# 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

Following a previous site audit, the service was found non-compliant with all requirements under this Standard, evidence within the Site Audit report supports the service has implemented corrective actions and is now compliant with these requirements having introduced strengthened environmental auditing processes including monitoring for the suitability of equipment and cleanliness of the internal and external service environment. Additionally, maintenance officer hours had been increased, an urban planner was engaged to review and renew the external service environments resulting in the installation of a gazebo, synthetic grass and fences to cordon off waste management areas. Furthermore, procedures for reporting maintenance requests were amended to ensure a timelier response, additional cleaning allocated and furniture was replaced, in consultation with consumers.

Consumers and representatives said, and observations confirmed, the service environment was welcoming and easy to understand. Staff described aspects of the service, including having multilingual navigational signage situated throughout the service, which helped consumers feel welcome, optimised each consumer’s sense of belonging, independence and interaction.

Consumers and representatives said the service environment was safe, clean, and well-maintained. Staff described cleaning responsibilities and duties as well as preventative maintenance. Management said the review of the safety of the physical environment, had ensured outdated pathways were replaced with greenery and consumers had safe access to outdoor living spaces. Consumers were observed using outdoor courtyards to eat their lunch.

Consumers confirmed they knew how to lodge repair requests and equipment was checked, cleaned, and maintained regularly. Staff described how the cleaning of personal mobility devices was the responsibility of care staff. A detailed room cleaning schedule was observed which confirmed the cleaning of high touch point areas was completed at least twice a day. Maintenance documentation confirmed reactive maintenance requests and requests for additional equipment were actioned promptly.

# Standard 6

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

Findings

Consumers and representatives said there were various avenues available to them to lodge a complaint or to give feeback, they understood how to and felt comfortable doing so. Staff described the processes in place to encourage and support consumers and representatives to provide feedback and complaints. Information was displayed at reception on how consumers and representatives could raise a complaint.

Consumers said they were happy to raise complaints with the service directly or through multilingual volunteers who visited the service regularly. Staff explained how information about advocacy services and interpreter services was situated throughout the service and described referring consumers to multilingual volunteers who visited the service regularly. The consumer handbook included information on how to raise feedback, including how to access external organisations.

Consumers and representatives said the service responded to feedback and resolved complaints when they were raised, or when an incident had occurred. Management described how staff were guided by the service’s open disclosure policy and complaints handling procedures. The service’s complaints register reflected actions taken by the service in response to feedback or complaints, and demonstrated open disclosure had been practiced.

Consumers and representatives reported their feedback was used to improve the service. Management described processes in place to escalate complaints, and how feedback was used to improve the care and services provided to consumers. Staff described improvements made at the service in response to consumer feedback and complaints.

# 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

Following a previous site audit, the service was found non-compliant with Requirement 7(3)(a), Requirement 7(3)(c), and Requirement 7(3)(d), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements having employed full-time staff to address administration tasks, developed a professional development and mentoring plan for management and clinical staff to ensure they have an appropriate understanding of the requirements of their role and the knowledge to complete their responsibilities. Furthermore, recruitment activities and support to undertake formal training has ensured qualified staff have been appointed to various roles.

Whilst some consumers, representatives, and staff said they felt like there was not enough staff, they were generally unable to describe how this impacted the care they received, however 2 consumers did describe they felt rushed by staff when care was being provided. Management described the rostering system and explained how they ensured there was enough staff to provide safe and quality care, including replacing staff for planned and unplanned leave. Rostering documentation confirmed administration staff were rostered 5 days per week, additional cleaning hours had been allocated and clinical staff were on-site continuously. Administration staff were observed undertaking COVID-19 visitor screening.

Consumers and representatives said staff were kind and caring when providing care and services. Staff were observed to always greet consumers by their preferred name and demonstrated they were familiar with each consumer's individual needs and identity. The service had a discrimination, bullying, and harassment policy which provides a guide for acceptable workplace behaviour.

Consumers and representatives said staff were competent and appropriately skilled to meet their care needs. Staff confirmed they hold the relevant qualifications and core competencies to perform their roles and personned files evidenced these were monitored by the service. Position descriptions provided included key competencies and qualifications either desired or essential for each role, which included being bilingual as most consumers within the service are from cultural and linguistically diverse background. An orientation program is in place to assist staff, including agency staff, to have the knowledge required to undertake their roles and meet their responsibilities. A medication incident occurred, during the Site Audit and staff were required to have their medication administration competencies reassessed.

Consumers and representatives stated they believe staff have the appropriate skills and knowledge to deliver safe and quality care and services. Management said there was annual mandatory training, completed by all in-house staff, and mandatory training was provided to all agency staff upon recruitment. Recruitment activities for a new care manager had recently been completed and induction procedures were observed to be followed. Staff advised the service provided mandatory and supplementary training to support them to perform their role effectively and lifestyle staff were observed receiving training.

Performance appraisal documentation evidenced appraisals were conducted annually on a staggered basis depending on each staff member. Management stated when staff made a mistake, individual training and mentorship was offered, describing how a staff member was recently terminated for poor performance. The service had policies on the performance management processes, including managing staff misconduct.

# Standard 8

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

Findings

Following a previous site audit, the service was found non-compliant with Requirements 8(3)(c) Requirement 8(3)(d), and Requirement 8(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with Requirement 8(3)(c) and Requirement 8(3)(e) having reviewed and introduced improved processes, sytems and access to policies, to ensure compliance with serious incident legislation and strengthening the workforce governance as evidenced by the findings of compliance under that Quality Standard. Furthermore, a clinical governance framework had been documented with relevant policies developed or revised as required, and staff had received training to ensure clinical governance was upheld.

While the site audit report identified improvements had been made, recommendations were made supporting Requirement 8(3)(d) remained non-compliant. However, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the providers response and have found:

The Site Audit report brought forward deficits in the reporting of incidents considered as a fall, inappropriate use of restrictive practice and failure to assist a consumer during meals as per recommended interventions.

I have considered the information in relation to meal assistance under Requirement 3(3)(e) where I have found that requirement compliant.

For a named consumer, who is documented as known to be restless while in bed, the consumer’s representative advised they had found the consumer on crash mats situated beside the bed and there was no evidence to support staff had completed an incident report in response to this potential fall, or other potential falls identified in care documentation. Additionally, this consumer was also observed to have a bed rail in place, despite this being unauthorised.

The providers response included clarifying information and additional documentation which supports falls incidents have not occurred and therefore an incident report was not required, an incident report was immediately completed when the unauthorised restrictive practice was identified.

In consideration of falls incidents not being reported, I note the consumer, was assessed as a falls risk, appropriate falls injury prevention strategies had been implemented and were observed to be in place during the site audit. While I note the consumer was observed to be restless within their bed and care documentation supports the consumer was moving in and out of bed, there was no evidence to support these movements were unintentional or resulted in a fall.

In relation to inappropriate use of restrictive practice, I acknowledge this incident report was lodged as soon as the incident was noted, an investigation occurred, with the consumers representatives identified to have initiated the application of the bed rail. I consider the corrective actions taken by the service in removing the bed rail, will immediately remedy and reduce the risk of reoccurrence and consider this supports compliance.

Overall, I am satisfied incidents have been reported when they occur and an effective risk management system is in place.

Therefore, I find Requirement 8(3)(d) is compliant.

I find the remaining 4 requirements of Quality Standard 8 compliant as:

Representatives provided positive feedback about the service’s management, stating they felt they were engaged in the care of their loved one, and were supported to be a partner in care. Management explained complaints and feedback were reviewed and actioned, and systematic issues were logged in the service’s continuous improvement plan. The service’s various feedback mechanisms, including meetings, surveys and consumer forums, demonstrated consumer suggestions were sought and improvement planning documentation evidenced how consumers influenced the design, delivery, development and evaluated care and services.

Management described the role, the board and clinical sub-committees, played in ensuring the service delivered safe and quality care as they monitored the service’s performance through regular reports, submitted at monthly management and board meetings. Policies and procedures which promoted a culture of quality, safe and inclusive care such as antidiscrimination and equality had been updated and communicated to staff. Management described decisions made by the Board in response to consumer risk and how those actions improved the quality of care for the consumers.

Management described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff confirmed they could easily access the information they needed to perform their roles, including care planning documentation, the electronic risk management system for incident reports, and an online portal which provided access to training, policies, and procedures. Continuous improvement was informed by feedback, complaints, monitoring of clinical indicators, audit results and financial governance process were enacted if additional funding was required to support improvements.

The service had developed a documented clinical governance framework, which included policies outlining the roles and responsibilities of staff in antimicrobial stewardship, open disclosure, and minimising the use of restrictive practices. Management described how the use of antibiotics was monitored and how the service works collaboratively with medical officers, a program is overseen by clinical staff to reduce restrictive practices and all staff have been educated in open disclosure. Staff demonstrated knowledge of the contents of the framework, it’s policies, and procedures and gave examples of how these apply to their day to day duties.

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)