Performance

Report

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| Name of service: | CASS Residential Aged Care Facility |
| Service address: | 67-75 Fifth Avenue CAMPSIE NSW 2194 |
| Commission ID: | 1020 |
| Approved provider: | Chinese Australian Services Society Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 7 May 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 CASS Residential Aged Care Facility (**the service**) has been prepared by Melissa Buhagiar, 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 conducted on 28 to 30 March 2023 observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional Circumstances Determination dated 15 December 2022.

**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**

The Quality Standard has been assessed as Compliant as 6 of the 6 Requirements have been found to be Compliant.

The Assessment Team interviewed consumers and representatives who confirmed they felt they are treated with dignity and respect and their identity, culture and diversity is valued. Staff demonstrated a good knowledge of consumers’ backgrounds and cultural diversity and were observed throughout the Site Audit addressing consumers politely and respectfully. All consumers’ care plans reviewed have consumer background information that outlines their life before entry to the service. Care and service plans include sections related to the individual consumer’s culture, spirituality and are reflective of consumers’ diversity.

The Assessment Team found that the service provides culturally safe care and services. Information about consumers’ life history including their cultural and spiritual needs is captured in the care planning documentation. Consumers and representatives interviewed provided positive feedback about the service meeting the consumer’s cultural needs. Staff are aware of and deliver care and services in ways that consider consumers’ preferences and cultural needs.

The lifestyle officer said that all the consumers at the service are from a Chinese speaking background. She said some consumers were from other countries such as Vietnam, but they all speak Mandarin or Cantonese. Most staff at the service speak Mandarin or Cantonese and the Assessment Team observed staff speaking to consumers in their preferred language.

The service demonstrates that each consumer is supported to exercise choice and independence. All of the consumers and representatives sampled said they can make choices about the consumers’ care and are empowered to decide how their care is delivered. All of the consumers and representatives interviewed were satisfied that they have opportunities to exercise choice and consumers to have independence and maintain relationships in line with their wishes. Care and service plans include sections related to the individual consumer’s culture, spirituality and are reflective of their life story before they entered the service.

The service demonstrates that consumers are supported to take risks to enable them to live the best life they can. The service has systems in place to identify, inform, support and review consumers to ensure dignity of risks is maintained when engaging in activities they prefer. Staff interviews, and care planning documentation reviewed by the Assessment Team identified that consumers are supported to undertake activities that may involve risk.

The Assessment Team found that the service demonstrated consumers and representatives have timely and relevant information to make informed choices and decisions about their care and services. Consumers and representatives sampled felt the service provided relevant information in a timely manner. Staff were able to describe the different ways they communicate with consumers and representatives.

The Assessment Team found that the activity calendar and the 4-week menu is promoted to consumers in English and Chinese to make it easier for the consumers to understand. This includes the entire 4-week menu and the daily menu. The activity officer said they will also go to each room and inform them what is on. The Assessment Team observed this information distributed throughout the service such as menus in the dining areas and activity schedules displayed in the communal areas. The Assessment Team also observed directional signage to assist with navigation around the service environment is in English and Chinese to make it easier for consumers and their visitors to understand.

The Assessment Team spoke with consumers who said they have the information they need to make informed choices, including what they want to eat, what activities they want to attend and when they want to retire for the day.

Most consumers and representatives said their privacy is respected and felt their personal information was kept confidential. Staff demonstrated and were able to describe how they respected consumers’ privacy and maintain confidentiality of consumers’ personal information. The Assessment Team observed several consumers’ doors had signs on them outlining their preferences regarding when they wanted their own private time. The Assessment Team observed staff knocking on consumers’ doors, announcing themselves and asking permission to enter consumers’ rooms.

The Assessment Team observed computers were password protected and consumers’ personal information was stored securely. Access to nurses’ stations where consumer information is stored was always kept locked. All consumer representatives interviewed felt that consumers information is always kept private and confidential.

**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**

The Quality Standard has been assessed as Compliant as 5 of the 5 Requirements have been found to be Compliant.

The Assessment Team reviewed care planning documentation which demonstrated evidence of assessment and planning for the consumers sampled. Risks to the consumers’ health and well-being are generally screened upon admission to inform the delivery of safe and effective care and services. A registered nurse said all new consumers entering the service are assessed for risks and risk mitigation strategies are put in place. Review of care planning documentation confirmed this. All representatives interviewed provided positive feedback in relation to the assessment and planning for the consumer and in regard to the consumers’ condition, risks and needs.

The Assessment Team found in the main that assessment and care planning identified and addressed the needs, goals and preferences of the consumers sampled, including advance care and end of life planning. A registered nurse advised the team that an offer is made to all consumers and representatives to discuss advanced care planning on admission and again at case conferences. They said currently all consumers have an advance care plan in place outlining their wishes.

The Assessment Team found that the service demonstrated that assessment and planning is based on ongoing partnership with the consumer or others who the consumer wishes to involve in their care and services. This includes other organisations, individuals or providers when required. This was confirmed through interviews and documentation review which identified service providers are involved in consumer care or services such as the physiotherapist, podiatrist, speech pathologist or dietician. These individuals or providers then provide input towards the consumers’ care plans and write progress notes.

The Assessment Team interviewed consumer representatives who all confirmed they are being informed of the outcomes of assessment for their relative, such as being updated after the doctor visited, when there had been a change in their relative’s condition or when an incident had occurred. One representative said the staff are responsive when their relatives condition changes and contact the doctor and keep the representative informed. A registered nurse said that all consumers and representatives are given a copy of the care plan and as the care plans are printed in English the staff go through it with the consumer and representative and explain what it contains. Care staff showed the Assessment Team they can access the consumer care plans in the consumers’ electronic care files.

For the consumers sampled, consumer care and services are reviewed regularly for effectiveness and, in most areas, when the consumer’s circumstances change impacting on their clinical condition and care needs. The care manager showed the Assessment Team a schedule of care plan reviews which prompts her to complete the review in line with the service’s policy, which is every 4 months unless changes occur prior. The care manager said the electronic care planning system will also provide a reminder of upcoming care plan reviews. The Assessment Team did not find any care plans that had not been reviewed within the 4-month period for the consumers sampled.

Data shows few complex or chronic wounds are occurring for consumers at the service and when wounds do occur, they are assessed and managed well, often healing despite multiple inherent factors affecting wound healing.

**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 Quality Standard has been assessed as Compliant as 7 of the 7 Requirements have been found to be Compliant.

The Assessment Team interviewed consumers and representatives who provided positive feedback about the care of consumers. Review of consumer care and service records, interviews with management and staff, and observations made showed safe and effective personal and clinical care is being provided. There is policy and procedure incorporating best practice and registered nurses and the physiotherapist were familiar with best practice. There are feedback systems, audit programs and clinical indicator data analysis and trending to identify the need for any improvement. Review of meeting minutes shows the results are discussed and improvements planned with progress monitored to completion.

The Assessment Team identified that the service promotes a range of non-pharmacological pain management programs with consumers, which are developed and implemented by the allied health team and nursing staff in liaison with consumers’ doctors. The physiotherapist advised movement for pain management is used and there are group and individual exercise programs, such as one-hour large group seated exercise classes in the mornings daily, one-hour smaller group standing exercise classes in the afternoons daily and tai chi. Consumers were observed participating in these programs during the Site Audit. Feedback from consumers and representatives about consumer pain management was positive.

The Assessment Team interviewed consumers and representatives who provided positive feedback about their care. Review of consumer care and service records, interviews with management and staff, and observations made showed effective management of high-impact and high-prevalence risks associated with the care of consumers. Management spoke about the most prevalent high-impact and high-prevalence risks for consumers across the service and how these are being addressed, and review of related documentation and interviews with staff confirmed this. A review of incident reports demonstrated that investigation has taken place and strategies developed had been evaluated for effectiveness within a timely manner, these strategies have proven to be successful, and consumers and representatives are satisfied with the care provided.

Consumer representatives interviewed provided positive feedback, where relevant, about the end-of-life care for their relative. One representative said the staff do all they can to keep the consumer comfortable during the end stages of life. Review of the care and services provided to former consumer, who passed away at the service in late 2022 showed an end-of-life care pathway was followed. The consumer’s condition and pain levels were closely monitored, comfort care was provided, and other end of life care wishes were met consistent with the advance care directive.

Consumers and representatives interviewed provided information indicating that change in the clinical function, capacity or condition of consumers is recognised and responded to in a timely manner. Review of consumer care and service records and interviews with management and staff confirmed this. There is policy and procedure giving staff guidance about how to recognise deterioration in a consumer’s condition and a process for responding to this. The clinical management team undertakes ongoing monitoring and review of staff practice to ensure this is being followed. Overall, it was demonstrated that deterioration or change in the condition of consumers is being recognised and responded to for the consumers sampled.

Consumers and representatives interviewed reported that staff know their/their relative’s care needs and they did not raise any concerns regarding the communication amongst staff or with others where responsibility for care is shared. Review of the care and service records of the consumers sampled showed their condition, needs and preferences are, in the main, tailored to their individual needs, documented and are well communicated. Staff interviewed and the physiotherapist were familiar with the condition and care needs and preferences of consumers, saying they have access to the care plans and stay up to date through handovers, referrals and discussions.

Consumers and representatives interviewed expressed satisfaction with referrals to, and the involvement of, other service providers in their/their relative’s care. The clinical management team described the range of service providers available to them for consumer referrals. Review of the care and service records of the consumers sampled shows other service providers are involved in the assessment, care planning, care delivery and or review of the consumer. The records also showed that where recommendations are made by those service providers, they are communicated to the consumer or their representative, are trialled or implemented as relevant and are updated in the consumer’s care plan.

There is organisational policy and procedure to guide management and staff practice in infection prevention and control. Observations made, staff interviews and key documents reviewed showed standard and transmission-based precautions are used for effective infection prevention and control. Care and service records reviewed for the sampled consumers and management and staff interviews showed appropriate antibiotic prescribing and use is promoted.

In relation to standard and transmission-based precautions, there is health screening prior to entry to the service for staff and visitors, and staff and visitors were observed following these procedures. Consumer representatives provided information confirming this and feedback about actions taken for safety during the COVID-19 pandemic. A consumer representative said they think the service’s management and staff have done very well, noting as a visitor they have to undertake rapid antigen testing and are asked health questions every time they visit.

Review of minutes of the service’s medication advisory committee shows antimicrobial stewardship is a standing agenda item and is discussed at each meeting, including with the attending doctor/s and supplying pharmacy representative. The clinical management team and a registered nurse spoke of the ways they have promoted appropriate prescribing and use to prescribers, including advocating for pathology testing to identify infection and inform prescribing.

**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**

The Quality Standard has been assessed as Compliant as 7 of the 7 Requirements have been found to be Compliant.

The Assessment Team interviewed consumers and representatives who provided positive feedback indicating the consumer receives safe and effective services and support for daily living and that the staff support their independence, well-being and quality of life. Staff were able to describe individual consumers’ needs and preferences including their likes and dislikes. They explained how the consumer’s life story is considered when determining and understanding their needs and preferences. Documentation supports that staff are assessing and identifying consumers’ needs goals and preferences and optimising their health and well-being. The activity officer has assessed each consumer’s preferences in relation to activities that they would like to participate in and has developed an activity interest group list which identifies which consumers have preferences for particular activities. This includes Chinese calligraphy and paper cutting workshop, vegetarian cooking classes, Aboriginal dot painting on rocks, mindful colouring and Mah-jong.

The contracted physiotherapist described a range of treatment modalities and programs being implemented by the allied health team for consumers, which have as some of their benefits maintaining or improving consumer independence, well-being and quality of life. There are daily large group seated exercise classes and afternoon small group more intensive, standing exercise classes, as well as one to one re-enablement exercise programs for individual consumers. These help with functional ability so that consumers can continue to be independent or can regain their independence after being unwell or after an injury occurs.

Consumers are being supported with their emotional, spiritual and psychological well-being. Consumers described how staff support their needs. Staff gave examples of supporting consumers in their emotional well-being. The service has a volunteer from the local church who attends the service to provide emotional support on an individual basis and other volunteers support the service’s various other programs which contribute to consumer emotional, spiritual and psychological well-being.

The lifestyle officer provided the following information in relation to supports for daily living that promote consumers’ emotional, spiritual and psychological well-being. The service has engaged volunteers from the community visitors scheme to provide one-to-one engagement, emotional support and to support participation in planned activities for the consumers. There are a number of consumers who are receiving one-to-one support, and the service is actively expanding the volunteer program to be able to support more consumers. The service engages a volunteer from the local church who attends the service and provides spiritual support to consumers who wish to participate. The service has commenced a Buddhist studies program which consumers who practice the Buddhist faith participate in.

Consumers and representatives interviewed said they are supported to take part in community activities outside of the service, to visit family/friends, go shopping or do things of interest to them. Staff could describe those consumers who have personal relationships or who have developed a close friendship. Care planning documentation identified the people important to individual consumers.

Interviewed consumers expressed staff providing care were aware of their needs and preferences and were confident that their information was being provided to external agencies engaged in shared care and responsibility. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary/personal needs and preferences and physical condition. Review of lifestyle documentation for the consumers sampled identified that the documentation is individualised and includes information which is important to the consumer. Staff described they update information through handover processes and reviewing updated information in the electronic care planning system. The Assessment Team observed a staff handover where information in relation to consumers’ current condition and upcoming medical appointments were discussed.

The service demonstrated that timely and appropriate referral occurs to individuals and other external service providers when required. The Assessment Team identified consumers that had been referred to services for emotional support with strategies identified that staff could use to assist with anxiety and stress. Referrals were also noted to Dementia Services Australia to assist with behavioural support for some consumers. Care plans had been updated to reflect the recommendations from Dementia Services Australia. The lifestyle officer said she organises events and activities with external service providers which include, music concerts, trips to local clubs and pet therapy. The lifestyle officer said referrals are made to the community visitors scheme to support consumer activity engagement and provide one to one emotional and spiritual support. The contracted physiotherapist attends the service regularly and conducts post fall reviews and provides a therapeutic massage service and exercising programs to strengthen consumers’ limbs and mobility programs for the consumers assessed as requiring it.

Most consumers and representatives provided positive feedback about the meals, including the variety, quality and quantity. Consumer feedback included that the food is of good quality and there is always enough to eat. However, some raised concerns or spoke of dissatisfaction with feedback that there is not enough variety in the meals with the 4 weeks of the menu repeating too quickly and that they are not entirely satisfied with meals but understands consumers living at the service are used to many different regional cuisines and it is hard to please everyone.

A consumer said they have enough to eat and find the food to be good, but it is a long time between dinner at 5 pm and breakfast at 8 am. The consumer said they could ask staff for additional food if they wanted, but their relative has brought in snacks which they keep in their room and prefer to eat if they become hungry overnight.

The Assessment Team undertook a review of the 4-week menu which showed there is variety, noting there are 2 hot meal options at lunch and dinner each day with the introduction of a second option being an improvement. Observations of the lunch-time meal service across the 3 days showed that the menu was followed, and consumers were eating the meals, with little food wastage. The general manager said consumers’ suggestions inform menu items at time of menu development, and the chef said the menu changes every 4 months. The chef said if a consumer does not like the meals on offer, they make something else for them; this offer is written onto the documented 4-week menu. Management explained that in response to feedback about the meal variety which they received directly from consumers and representatives, special menu days were introduced to increase meal variety. There have been pizza and burger days and meeting minutes show consumers have been invited to make suggestions of different foods. Pizza was served to consumers during the Site Audit.

A review of the incoming menu was undertaken by an accrediting practising dietician in October 2022. The menu scored well for overall quality and quantity although there was an opportunity for improvement in relation to use of protein-rich foods, noting the challenge of needing to provide non-dairy desserts due to the prevalence of lactose intolerant consumers.

While some consumers and a consumer representative were not entirely satisfied with the meals, most consumers and representatives were. Overall, it was demonstrated there is a varied menu and quality meals are being provided in sufficient quantity.

The Assessment Team observed that in the areas of catering, cleaning, maintenance and recreational and social activities, the staff have access to equipment to deliver those services to consumers and the staff from those departments confirmed this. For dining and recreational activities consumers had access to equipment to support their daily living activities and the consumers interviewed confirmed this. Review of records about the catering service’s food safety and cleaning program, general equipment cleaning program and equipment maintenance program showed that cleaning and maintenance of equipment is scheduled and being completed. No current concerns were identified in relation to equipment safety. There are regular audits and a hazard reporting system to identify any safety, cleaning or maintenance concerns to do with the equipment and to identify the need for corrective action.

The Assessment Team observed consumers engaging in activities, in small groups or solo, using equipment supplied or arranged by the service. This included mah-jong with mah-jong sets and playing chess with a chess robot. Consumer meeting minutes showed consumers had input into the selection of new plate-ware for use by the catering service in plating the meals served to consumers. This was mentioned by the staff serving meals to consumers and consumers provided positive feedback to the Assessment Team about this.

**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**

The Quality Standard has been assessed as Compliant as 3 of the 3 Requirements have been found to be Compliant.

The Assessment Team interviewed consumers and representatives who provided feedback about the service environment being welcoming and easy to understand and supporting a sense of belonging, independence, interaction and function with one representative providing feedback that a familiar environment is important to consumers living with dementia in particular the colour schemes and wall decorations.

Observations showed there are large consumer rooms, wide corridors and various sized common areas, indoors and outdoors where consumers can spend time alone or with others and which are navigable for those using equipment or who otherwise need staff support to move around. The layout of each floor of the service environment is similar so there is signage in various places to help with orientation and colour and wall decorations are used to distinguish one floor from another. Outside each consumer room is their name and room number and some consumers have other signage or decoration on their room door. Signage and written communications throughout the service are in Chinese characters for familiarity.

The general manager spoke of further improvements underway to enable consumers living with dementia to feel a sense of belonging and to support their functioning and showed the Assessment Team related documentation. This includes the planned introduction of a traditional bus stop, which is iconic in Hong Kong. This came about as staff advised some consumers were talking about needing to go home or to pick up grandchildren in the afternoon. Specifications show the design will include bus stops from Hong Kong, China all the way to Campsie, Australia where the service is located.

The Assessment Team found most consumers and representatives provided positive feedback about the service environment with feedback including that maintenance needs are attended to immediately and that the cleaning is very good. Observations of the service environment showed it was clean, appeared well-maintained and comfortable for consumers. Interviews with staff and review of records about the kitchen and general cleaning programs and the maintenance programs showed that cleaning and maintenance is scheduled and being completed. There are regular audits and a hazard reporting system to identify any safety, cleaning or maintenance concerns to do with the service environment and to identify the need for corrective action.

In relation to moving freely, the main entry/exit doors to the service are locked and staff control ingress and egress: reception staff during business hours and the registered nurse after hours. After discussion, management said this has been recognised as environmental restraint. They explained previously ingress and egress were controlled with a security system requiring a pin code to open the doors and the pin code had been given to some consumers and their visitors. However, it was disabled when the COVID-19 pandemic commenced to control entry and ensure pre-entry screening procedures were followed. Environmental restraint records reviewed showed 100% of consumers are environmentally restrained and prior to this 3 had been given the pin code. The Assessment Team asked if the risk settings had been reviewed via risk assessment, noting the high rate of environmental restraint and it is now more than 3 years since the pandemic commenced and there are other ways to manage compliance with pre-entry screening requirements. They updated the Assessment Team that a risk assessment would be undertaken.

The Assessment Team observed that furniture and fittings in the service environment and equipment to support provision of a safe and comfortable service environment was safe, in the main was clean, and appeared well-maintained and suitable. Review of records about the cleaning and maintenance programs showed that cleaning and planned maintenance of equipment is scheduled and being completed. The maintenance officer and a cleaner confirmed this when interviewed. There are regular audits and a hazard reporting system to identify any safety, cleaning or maintenance concerns to do with the furniture, fittings and equipment and the need for corrective action such as repairs, replacements or additions.

**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**

The Quality Standard has been assessed as Compliant as 4 of the 4 Requirements have been found to be Compliant.

The Assessment Team interviewed representatives who said that they feel comfortable to make a complaint or provide feedback if needed. Care staff explained they encourage feedback and complaints by asking consumers directly and informing the registered nurses or management.

Staff were able to describe the feedback and complaints process and indicated they would listen and comfort the consumers to try address the issue and then report the complaint to the registered nurses or management.

The Assessment Team observed the complaints process flowchart with key contact details and advice to contact the Commission if complaints cannot be resolved internally. Also, feedback forms in both Chinese and English, envelopes for confidentiality and locked suggestion boxes are located throughout the service.

Most consumer representatives interviewed said they have not needed to make a complaint and were not aware of advocacy services. Staff interviewed said the majority of staff and all consumers communicate in Chinese, so they have not needed to use any language services. Representatives interviewed said they are happy their relatives are able to communicate with staff in Chinese and there are no language barriers for them at the service. Two representatives demonstrated awareness of the Commission as an external avenue for complaints and have lodged complaints directly with the Commission. Staff interviewed were unable to describe advocacy services, instead mentioning the Commission, and indicated they have not been required to support consumers in connecting to advocacy or language services.

While consumer representatives and staff interviewed were not familiar with advocacy services, the need for advocacy services to raise or resolve a complaint has not arisen and advocacy services have been promoted to consumers and representatives. Overall, it was demonstrated that consumers are made aware of advocacy services and that language services, while not needed, are available.

Most representatives indicated they have not needed to make a complaint; however, one was satisfied with the resolution and one representative was very dissatisfied with the action taken in response to her complaint. Most staff demonstrated an understanding of the principles of open disclosure. Documentation reviewed provided evidence that an apology and explanation was provided to the consumers and their representatives.

The Assessment Team interviewed staff who were able to describe how they apologise or say sorry to consumers when something goes wrong and being honest and truthful. The general manager explained the terminology of open disclosure is difficult to translate in Chinese and it is culturally not easy for staff to apologise, however they have educated and explained to staff why they need to apologise.

Documentation shows the organisation’s complaints policy has been followed. Complaints have been resolved in a timely manner with appropriate actions taken and the issues have not recurred. Open disclosure has been applied. While the information gathered shows 2 consumer representatives were dissatisfied with the resolution to their complaint, it also shows good complaint handling practise occurred.

The service provided evidence they are using feedback and complaints to improve the care and services provided to consumers. One consumer advised that they do not think there is enough variety in the menu, however, is happy with the introduction if pizza and burgers.

The Plan for Continuous Improvement shows complaints identified have planned actions that have been completed in a timely manner. Not all feedback is consolidated in the Plan for Continuous Improvement and the service has a separate action plan that includes improvement opportunities related to surveys, clinical and organisational governance topics. However, issues identified, and actions taken demonstrate that these have been completed in a timely manner or are still ongoing.

**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**

The Quality Standard has been assessed as Compliant as 5 of the 5 Requirements have been found to be Compliant.

The Assessment Team interviewed staff who said there are enough staff and there are no unfilled shifts as management will adjust staff to accommodate the needs of consumers and extra staff were added during COVID-19. One care staff said every day is ‘hurry hurry’ and they try to do their best, however did not indicate any impact on consumer care when prompted by the Assessment Team. Review of staff rosters and allocation sheets provide evidence that staff who take leave are replaced and there were no unfilled shifts. Feedback from consumers and representatives included that they do not have to wait too long for staff assistance after pressing the call bell.

The general manager said if a staff member calls in sick, she will call staff who are not rostered on duty to fill the shift as most staff live around the area and are obliging. The general manager said they do not use agency staff as it is challenging to find agency staff who can speak Chinese. The general manager indicated she will adjust staffing levels based on the needs of consumers and from staff feedback. For example, a newly admitted consumer may not need the same level of care as a consumer who is deteriorating.

Representatives interviewed and observations by the Assessment Team consistently demonstrated consumers are receiving care from staff that is kind, gentle and respectful. The Assessment Team observed staff to be engaging kindly, caringly and respectfully with consumers during meals and activities. Staff were observed to be guiding and walking with consumers to their rooms.

The Assessment Team found that the service demonstrates staff have the qualifications for their roles and competency assessments are conducted for staff to effectively perform in their roles. Consumers and representatives interviewed did not raise any concerns about staff knowledge. Care staff when interviewed were mostly knowledgeable about a range of care related topics and about the care of individual consumers. The general manager described how different training and competency modules are assigned to staff with different roles and all staff complete annual mandatory competency assessments for donning and doffing PPE, coughing and sneezing etiquette, handwashing and manual handling. For competency assessments, each staff member has individual competency records, with both the staff member’s and assessor’s signature to confirm competency. The Assessment Team reviewed 3 personnel files and sighted job descriptions that included key responsibilities, tasks and success requirements. Professional qualifications and police check for staff were in place.

The service demonstrates it has a system to recruit, train and support staff to provide safe care and services. Care staff interviewed indicated they are provided with a 2-week buddy system to support them onboard. A care staff member said she was the ‘plus one’ when she first joined and was not included in the shift resource allocation, she said there is a lot of training, and the service will pay her if she needs to do any online training at home. Another care staff member said she has requested a Chinese translator when training is conducted in English. A registered nurse described how she provided restrictive practice training for the care staff and prepared the presentation material in Chinese and English. She also said she is currently completing the course to become an IPC lead.

The general manager described the interview evaluation panel for recruiting new staff and how there are 3 different staff members who will assess the candidate and provide recommendations using the interview evaluation form. The general manager indicated she conducts the induction training for new staff with orientation topics covering the serious incident response scheme (SIRS), infection control, code of conduct for aged care, feedback and complaints, honesty and integrity, privacy and confidentiality, the aged care standards and the staff handbook. The general manager indicated training is conducted both face to face and online, with a yearly staff training questionnaire used to identify training needs by the staff. She said they conduct reactive training after incidents or based on trends and she will arrange the appropriate training.

The Assessment Team observed the training calendar, competency assessments, interview evaluation form and training records for mandatory training for fire safety, manual handling, SIRS and open disclosure, food safety and infection control in order. The annual staff training survey identified some staff having difficulty understanding English and requesting an interpreter when the training is conducted in English, and this has been reflected in the action plan. Training material was sighted in both Chinese and English, where available, and different training modules had been assigned to staff with different roles.

The Assessment Team found the service demonstrates regular assessment, monitoring and review of the performance of staff with annual performance appraisals. Staff interviewed were able to describe the appraisal process, when this was last conducted and how the service asks them about their development needs every year. However, they were unable to provide examples of how this has led to development opportunities when prompted by the Assessment Team.

The general manager said performance appraisals are conducted on an annual basis and the human resources team will send her a reminder. For casual staff, the general manager said they will conduct a performance review after 6 months and if staff are good, they will convert them to permanent staff.

**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**

The Quality Standard has been assessed as Compliant as 5 of the 5 Requirements have been found to be Compliant.

The Assessment Team found that management were able to demonstrate how they engage and support consumers in the development, delivery and evaluation of care and services. The general manager said consumers are engaged in service improvements by explaining the feedback procedure to them when they move into the service and supporting them to give suggestions and make complaints using the forms and boxes located throughout the service.

The honorary executive director indicated he joins the resident and representative meetings and in one meeting a consumer suggested going to a Shanghainese restaurant instead of ‘yum cha’ or the club and this was included in the activity plan. The honorary executive director and vice-chairperson indicated when they visit the service, they share the same food from the kitchen that the consumers eat and if they detect the food is not up to standard, they will change the quality of the food. The honorary executive director said previously meals were served using yellow plastic plates and they thought they did not look nice, so consumers were asked to choose the plates they would like to use and decided on white porcelain plates.

The Assessment Team sighted the 2022 annual consumer survey results with concerns and suggestions provided by consumers, such as in relation to the food, furniture cleanliness and communication. This was reflected in the action plan with improvements currently ongoing.

The governing body was able to demonstrate accountability in how they promote a culture of safe, inclusive and quality care and services. The vice-chairperson indicated the board receives a monthly service report that is reviewed at a senior executive meeting and the board will ask questions of management about the service. For example, the board meeting minutes contain a section titled ‘honorary executive director report draws attention to enquiries/ questions or concerns raised by the board’. The honorary executive director advised that to ensure the quality and safety of consumers is compliant with the Quality Standards, 6 months ago the organisation established a corporate quality team that reports to the honorary executive director to strengthen knowledge and keep up to date. The vice-chairperson said the 3 main ways the board satisfies itself that the Quality Standards are being met are through the clinical governance meetings, food standards and by reviewing the latest trends in clinical governance and consumer safety.

The vice-chairperson indicated the board promotes a culture of safe and quality care with staff education and explained how family and representatives did not want their relatives/the consumers to be vaccinated and so he spoke to staff on how they can communicate with consumers and family/representatives on the importance of vaccination. The vice-chairperson indicated he is responsible for clinical governance and to oversee any clinical issues, he advised he has regular meetings with the registered nurses where they can ask him questions and he treats this as an education session.

The organisation is able to demonstrate effective organisational governance systems relating information management, continuous improvement, financial governance, workforce governance, feedback and complaints and, in the main, regulatory compliance for the delivery of safe and quality care and services.

Staff interviewed indicated they do not have any challenges in accessing information required to deliver quality care and services to consumers. The general manager said information is communicated in a timely and current manner via emails and in consumer and family meetings. The honorary executive director indicated that if there are issues of importance, it is better for the board to face the consumers and they will also issue a memorandum. The honorary executive director indicated the corporate affairs unit ensures policies and procedures are reviewed and updated promptly and the care manager said she has been assigned to review 2 policies/procedures per month. The honorary executive director indicated the corporate quality assurance officer reports any information management system issues to him.

In addition to the service’s Plan for Continuous Improvement, the service has separate action plans for continuous improvement. The service has a call bell action plan for following the review of call bell records trends and surveys, any call bell times exceeding 15 minutes are individually investigated. The service also has an action plan incorporating issues identified from monthly quality audits, pain management audits, behavioural support audits, and consumer and staff surveys. The honorary executive director indicated the quality assurance team will make sure actions are taken as per the Plan for Continuous Improvement and it is reviewed at the regular quality assurance meetings every 2 months. The honorary executive director indicated the board likes to keep up to date with any new devices or technology advances, such as for falls detection.

The general manager indicated she has a pre-approved budget limit with expenses above her limit requiring approval from the board. The general manager cannot recall any budget requests not being approved. The honorary executive director indicated the annual budget is prepared by the financial department and the financial performance reviewed monthly by the board. The honorary executive director said the service is an established aged care facility there are not many capital expenditure items, however from time to time there is an urgent purchase with the most recent expense being the change in fire alarm detectors throughout the service. The honorary executive director explained the service is a non-profit organisation and not there to chase for profit, and any surplus is used to improve the quality and care and services for consumers. The honorary executive director indicated the care and safety of consumers will not be compromised and they do not consider finance as a restraint to carry out emergency repairs or for any other urgent or essential work.

The honorary executive director indicated that workforce sufficiency is the responsibility of the general manager and care manager. He said he will receive feedback from them in terms of compliance and will query the need to increase or decrease staff members. For new staff, the honorary executive director will review the recommendation from the interview panel to deem if the candidate is appropriate and acceptable and if it is a more senior position, the honorary executive director on behalf of the board will be involved in the interview process.

The general manager indicated the service is kept informed of regulatory changes through membership to industry bodies and subscribing to updates from the Commission. The general manager indicated staff are informed of changes via emails and training. For example, for the new aged care worker code of conduct, information was passed to consumers and training was arranged for staff, including the board. The Assessment Team sighted training records for the code of conduct with 100% staff completion. The Assessment Team asked the governing body if they have received training on the new aged care code of conduct and they confirmed they did.

The honorary executive director indicated if consumers have any complaints or grievances, they can raise them with the general manager or care manager and if they are not satisfied, they can request a meeting with the honorary executive director or are welcome to approach any member of the board or contact the Commission. Review of documentation showed this has occurred, with a board member meeting with a complainant. The honorary executive director indicated consumers/representatives do not need to stick with the process and can contact himself, the board or the Commission straight away.

The organisation has documented risk management framework, policies and procedures about high impact high prevalence risks associated with the care of consumers, abuse and neglect of consumers, supporting consumers to live their best life and a documented incident management system.

Governing body representatives when interviewed shared information indicating they have ongoing oversight of high impact and high prevalence risks associated with the care of consumers. Review of board meeting minutes and reports confirmed this, showing information is being tabled and discussed about high impact and high prevalence risks such as infection control, wound management, falls, medication usage and behaviour trend analysis related to restrictive practices.

Board meeting minutes show that the board members review the aged care national mandatory quality indicators, including about serious incidents involving witnessed, suspected or alleged consumer abuse and neglect.

The honorary executive director indicated if a senior member of staff were witnessed, suspected to have or alleged to have abused a consumer the incident would be investigated immediately by the corporate quality assurance officer, as the board asks that an independent person investigate to avoid any potential conflicts of interest.

The vice-chairperson indicated he uses his experience for improvements and indicated risk assessment of potential incidents is promoted rather than waiting for the incident to occur. For example, concerns were raised regarding a consumer who liked to get hot water, so the service adjusted the temperature of the hot water. The honorary executive director indicated that when requested he has provided his contact details to consumers/representatives and staff, so they know he is always accessible.

The clinical management team spoke and showed the Assessment Team documentation about incident collation, analysis, trending and related improvement initiatives. Governing body representatives spoke of, and board reports showed, that this information is being presented to the governing. Board meeting minutes showed the governing body considers this information and there is discussion, such as about medication incidents, serious incidents, behaviours and infections.

There is a documented risk management framework and other guidance for management and staff in relation to the sub-requirements. It was demonstrated that there is effective risk management in relation abuse and neglect of consumers and supporting consumers to live their best life.

The Assessment Team identified that the organisation has a clinical governance framework with policies and procedures to guide antimicrobial stewardship, minimising use of restraint and open disclosure.

The service has an infection control committee with meeting minutes shared in the monthly board report, including details of medication usage and antimicrobial stewardship that are reviewed by the board. The vice chairperson indicated that the organisation monitors this at a governance level by reviewing the medication advisory committee minutes that are provided at the monthly board meetings.

The board meeting minutes show that the board members review the aged care national mandatory quality indicators, including about use of psychotropic medication (for and not for psychosis) and environmental restraint. The reports to the board and board meeting minutes note the prevalence of chemical and environmental restraint.

Board meeting minutes show that information is tabled about complaints and incidents and how they are being or have been investigated and addressed for governing body oversight, including in relation to open disclosure. A board member interviewed said management always ensure they follow policy, including issuing an apology. The Assessment Team was not able to corroborate this through any recent examples, as no recent complaints have been made. However, the reports to the board and board meeting minutes clearly showed information about incidents and their management is being tabled.

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