Performance

Report

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| Name of service: | Performance report date: |
| Catholic Healthcare Bodington | 25 July 2022 |
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| Catholic Healthcare Limited | 14 June 2022 to 17 June 2022 |

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

**This performance report**

This performance report for Catholic Healthcare Bodington (**the service**) has been considered by Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

**Material relied on**

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

* The Assessment Team’s report for the site audit undertaken 14 June to 17 June 2022; 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 11 July 2022.
* the following information given to the Commission, or to the Assessment Team for the site audit of the service - 21 consumers and nine consumer representatives provided feedback to the Assessment Team.
* the following information received from the Secretary of the Department of Health (the Secretary): Exceptional Circumstances Determination dated 31 August 2021.

**Assessment summary**

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

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

**Areas for improvement**

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

Requirement 2(3)(e) The approved provider must demonstrate that a comprehensive review of care plans is conducted, and that care plans are updated with the changes for effectiveness, when circumstances change, or incidents occur that impact consumers' needs, goals, or preferences. Consumers with falls, wounds or pressure injuries are reviewed and provided with appropriate preventative strategies to minimise further re-occurrence.

Requirement 3(3)(d) The approved provider must demonstrate that deterioration is escalated to a medical officer and responded to in a timely manner as required. Information is provided to the representative in a timely manner.

Requirement 7(3)(a) The approved provider must demonstrate that there are sufficient staff at the service to provide the care consumers require for their personal and clinical needs and to deliver safe and quality care and services

Requirement 7(3)(d) The approved provider must demonstrate that all staff have completed mandatory training and have a practical knowledge of how to apply this training in their work.

Requirement 8(3)(d) The approved provider must demonstrate that there are effective risk management systems and practices, in place to identify and document risk, investigate incidents to identify the cause of the incident. Strategies must be reviewed and evaluated to prevent incidents to consumers reoccurring.

**Standard 1**

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

**Findings**

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who mostly confirmed that they are satisfied with the care and services they are receiving. Consumers feel that they are treated with dignity and respect and are offered choices to enable them to make decisions according to their preferences. However, consumers consistently expressed staff were very busy. Consumers interviewed confirmed that their personal privacy was respected and felt their information was kept confidential.

The Assessment Team reviewed care plans which reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. The language used in the care plans was respectful and included cultural related details. Evidence shows that care plans were completed together with the consumer, their representatives where applicable and staff.

Staff demonstrated a good knowledge of consumers’ background and preferences that was consistent with consumers' goals and well-being needs. However, when requested to support other wings, they were unfamiliar with these consumers.

The organisation has policies and procedures covering privacy, advocacy, decision-making, open disclosure, inclusion and diversity, feedback and complaints. Posters and brochures relating to the organisation and other aged care services are displayed throughout common areas of the service, however all information is in English with no other languages available.

**Standard 2**

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

**Findings**

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**The following requirement has been assessed as Non-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.

The Assessment Team found that the service could not demonstrate that some consumers' care and services are reviewed regularly. It was noted that while a comprehensive review of care plans is conducted, it is not updated with the changes for effectiveness, when circumstances change, or incidents occur that impact consumers' needs, goals, or preferences. While the service has a schedule to ensure regular reviews of care plans, updates of the care plan post reviews are not occurring in some files reviewed. Consumers with falls, wounds or pressure injuries are not being reviewed for effectiveness, provided with appropriate preventative strategies, and wounds are not being measured or dressed appropriately.

The Assessment Team reviewed incident reports in relation to pressure injuries and found a thorough investigation does not take place to determine why there is a delay in reporting the skin breakdown at the initial stage. Although, the pressure injuries have been reported, stating the categories and some immediate wound care actions, a root cause analysis has not occurred, and appropriate strategies have been implemented to minimise further re-occurrence.

The Assessment Team identified that incident reports are completed for falls, however there is no evidence of a comprehensive investigation into contributing factors to the falls, or evidence that these strategies were being reviewed or evaluated to prevent further incidents. It was also identified that there were gaps in pain assessments and monitoring conducted post falls.

The Assessment Team did not find evidence of any education being provided to the staff in relation to wound assessment and evaluation.

The approved provider responded to the Assessment Team’s report and acknowledged the feedback in the report and has scheduled education in relation to wound assessment and management, pain assessment and falls assessment. Care Plan Evaluation training has also been scheduled for completion in October 2022. The approved provider has also listed a range of initiatives in the continuous improvement plan to address the non-compliance for this requirement.

I acknowledge the immediate actions that the approved provider has initiated, however find that it may take some time to reflect compliance following the training and improvements.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have been found to be Compliant.**

* Requirement 2(3)(a) Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* 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.
* 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.

* 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.

The Assessment Team interviewed consumers and representatives who mostly considered they are partners in the ongoing assessment and planning of consumer care. Some expressed dissatisfaction about how staffing might have impacted some aspects of their assessment and care planning, while others felt well looked after. The Assessment Team found that some consumers and representatives confirmed they are involved in care conferences for assessments and care planning. Three consumer representatives said they receive phone calls and regular updates when changes in consumer care occur. Most sampled consumers and representatives said the service had discussed end-of-life planning with them. End-of-life preferences have been discussed regularly during care plan reviews and case conferences.

**Standard 3**

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| Personal care and clinical care | | Non-compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Non-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 is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

**The following requirement has been assessed as Non-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.

The Assessment Team identified that the escalation and response to deterioration in consumers' conditions have not been effective for all consumers sampled. Staff described processes for escalating changes in consumers' conditions; however, the further escalation to the Medical Officer is not evident in some documents sampled.

The Assessment Team interviewed consumers and representatives, with some saying the deterioration is identified and followed through, others said deterioration in the consumers' condition had not been adequately followed, or responded, and the information provided to the representative has not been clear about the deterioration.

The Assessment Team noted for one consumer, early deterioration had not been acted on appropriately with ongoing review and monitoring, and documentation is not clear if the deterioration had been reported to the Medical Officer. It was noted by the consumer’s family, that the service is understaffed and was not always able to assist the consumer with personal care resulting in a fall.

The approved provider responded to the Assessment Team’s report and advised that the training program - management of deteriorating residents is a mandatory course which Managers, RNs and ENs must completed annually. As at 4 July 2022, 70% of staff have completed this training. In January 2022 an additional learning package related to recognising resident deterioration was deployed to staff at the service. Staff completion of this learning package is ongoing and has been added to the Plan for Continuous Improvement for the service with a completion date of 31 August 2022. Management will also undertake spot checks to ensure care plans are updated following a change in the consumer’s condition and to confirm that the consumer’s family has been notified.

I acknowledge the immediate actions that the approved provider has initiated, however find that it may take some time to reflect compliance following the training and improvements.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have been found to be Compliant.**

* Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

1. optimises their health and well-being.

* Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* 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.
* Requirement 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* Requirement 3(3)(g) Minimisation of infection related risks through implementing:

(i) standard and transmission-based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team interviewed consumers and representatives who overall considered they receive personal care and clinical care that is safe and right. Consumers and representatives confirmed they get the care they need, including personal hygiene, meals, medication, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs. Consumers and representatives confirmed that they could access a doctor or other health professional when needed. Consumers and representatives said they are partnered in the care and have had comprehensive consultation of the care plan, including the discussion around likes and dislikes of consumers' needs, preferences and goals and are also regularly updated about incidents and accidents.

All sampled representatives said that staffing shortage had been the pressing issue at the service, which has often impacted consumers' care.

The Assessment Team found that the service has policies and procedures to guide staff practice in providing clinical and personal care tailored to their needs and preferences. There is a system to identify and manage high impact or high prevalence risks associated with each consumer's care. High impact or high prevalence risks associated with the care of each consumer is noted to be monitored or completed to ensure the consumers are not at risk of injury.

The Assessment Team observed that staff have access to relevant clinical information and share it with allied and medical health specialists. Antimicrobial stewardship and practice around it are planned, discussed, and implemented on sampled consumers. Palliative and end-of-life care are provided with consideration to consumers' wishes. While referrals occur on time, consumers with changing conditions are not consistently recognised and responded to quickly.

**Standard 4**

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

**Findings**

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who overall, considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers and representatives provided positive feedback about the group and individual lifestyle programs and said they feel supported to do the things they want to do.

Consumers and representatives reported that they are encouraged and supported to keep in touch with their family and friends. Consumers provided positive feedback about the variety, quality and quantity of food that was available.

The Assessment Team observed that the lifestyle care plans were individualised and detailed the consumer’s needs, goals and preferences. The plans were consistent with information obtained in interviews with consumers and representatives. Staff members interviewed were familiar with consumers goals and preferences and could describe the ways in which they encourage consumer independence and support their quality of life. Lifestyle activities include a variety of social, physical, sensory and spiritual activities, in both one on one and group settings. The lifestyle programs were supported by staff and the programs appeared to be well resourced.

**Standard 5**

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

**Findings**

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who indicated that they feel they belong and feel safe and comfortable in the service environment. All consumers and representatives interviewed when asked stated “I feel safe here”. All consumers and representatives sampled were happy with the service living environment. They stated that it is a welcoming, comfortable and homelike environment that meets their and their visitor’s needs. They are happy with the main communal spaces in their cottages or houses where they can interact with others, including their family and friends.

Consumers and representatives interviewed indicated that the service’s environment is safe, clean, comfortable and exceptionally well maintained and that it enables consumers to move freely, both indoors and outdoors.

The Assessment Team observed that the consumers have personalised their rooms by installing photos, mementoes, artwork, books and some of their own furniture and phone/internet equipment. There is clear signage with directions throughout the building which is enabling easy way-finding. Staff were observed assisting consumers as required to mobilise safely to enable them to participate in activities, have lunch or return to their rooms.

The Assessment Team reviewed maintenance records and observed evidence that regular preventative and corrective maintenance is carried out and as scheduled. The team observed the maintenance officer and staff working on site attending to general maintenance.

The Assessment Team observed that there were adequate supplies of indoor and outdoor furniture, fittings and equipment that are safe, clean, well maintained and suitable for the consumer.

**Standard 6**

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

**Findings**

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who overall indicated that they feel comfortable and safe to provide feedback or make a complaint. Most consumers indicated that they have not needed to make a complaint and would talk directly to staff about the issue.

One consumer explained how she requested for additional exercise sessions and made a complaint about the food. She said that the service organised an additional exercise session and the food improved, however indicated that the food is reverting.

The Assessment Team interviewed staff who explained that if they receive feedback or complaints from consumers, that they would try to address the issue and if they could not, they would inform the registered nurses or management. Staff and management indicated that there have been no consumer requests for advocacy or interpreter services support.

The continuous improvement plan documents how the service uses feedback and complaints to improve the care and services to consumers. However, not all complaints have been recorded in the complaints register, with some complaints documented in residents’ meetings and there is no trend analysis of complaints.

Continuous improvement log form boxes for feedback and complaints forms were accessible throughout the service. However, some boxes were not identified and labelled accordingly, the boxes have a thin metal flap that needs to be lifted to place forms inside which may pose as a challenge for consumers with limited fine motor skills and in some instances the feedback boxes were placed in high locations. Management acted promptly in response to the feedback from the Assessment Team and indicated planned actions in their continuous improvement plan. The complaint register reviewed from January to June 2022, showed 21 records comprising of 5 compliments, 13 complaints and 3 suggestions. Information recorded in relation to complaints shows evidence of open disclosure with acknowledgement and apologies.

# Standard 7

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| Human resources | | Non-compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-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. | Non-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 is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

**The following two requirements have been assessed as Non-compliant.**

* Requirement 7(3)(a) The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

The Assessment Team interviewed some consumers and representatives who considered there are not enough staff at the service to provide the care consumers require and representatives spoke of impacts of this on consumers. Consumers and representatives said they sometimes have to wait a long time for assistance, and staff are always too busy to spend time with them or help with some of their needs. One representative advised the Assessment Team of staff not available to assist the consumer to the bathroom and giving the consumer the walker to attend the bathroom, which resulted in a fall.

Consumers and representatives spoke of physiotherapy plans to mobilise consumers, however there were not enough staff to assist with this. A consumer said that staff are kind and caring but often run off their feet and do not have time to talk to consumers other than providing the basic care needs.

The Assessment Team interviewed management who acknowledged that the service has faced ongoing difficulties recruiting care staff positions. The Regional Manager advised that a number of initiatives have been implemented to assist with recruitment and filling vacant shifts including paying three months accommodation to assist with relocation to the area. They have also attended Western Sydney University student career expo to provide information on working in aged care and more specifically at the service as a care staff. The regional manager said they secured two new care staff. They are also working with the local TAFE and developing a graduate program to attract new graduated registered nurses. However, those initiatives have not addressed the ongoing staffing needs, despite several staff members being employed lately. Management advised the team the service has not admitted any new consumers for three months due to difficulty staffing the service.

The Assessment Team was not able to accurately review the call bell response times as the regional manager stated that the call bell system is not functioning correctly.

The approved provider responded to the Assessment Team’s report and furnished initiatives to address the staffing issues and continuous improvement plan actions for the call bell system.

I acknowledge the initiatives that the provider has and is implementing, however note the consumer’s feedback on how this is impacting them despite their understanding of how kind the staff are.

I find that the approved provider is not compliant with this requirement.

* Requirement 7(3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team interviewed consumer, representatives and staff and conducted observations which generally confirmed staff mostly have the qualifications and knowledge to perform their roles. Consumers and representatives interviewed mostly stated staff know what they are doing, and they are satisfied with the care they receive.

The Assessment Team identified that the services mandatory education has not been completed for all staff within the previous 12 months, which management acknowledged and advised that they were working towards ensuring all staff have completed their mandatory education.

The Assessment Team interviewed two staff who had not completed any training in SIRS, open disclosure or restrictive practice and were unable to effectively explain how they impact on their roles. Staff advised that all current training is done online and usually done in their own time due to being too busy at work.

Staff feedback included that management were very supportive of them undertaking additional training as requested and time to complete university assignments and other tasks when required.

The approved provider responded to the Assessment Team’s report and provided updated training records from July 2022. The provider also advised that specialised training that was identified as a gap in the Assessment Team report has been organised with the local hospital. I acknowledge the provider’s efforts in having staff undertake mandatory training including the specialised training, however note that the gaps in training for staff at the time of assessment.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have been found to be Compliant.**

* Requirement 7(3)(b) Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.
* Requirement 7(3)(c) The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Requirement 7(3)(e) Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team found that overall consumers and representatives considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers interviewed reported they are treated with care and respect and the Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Consumers were confident that the staff are competent to deliver the care and services they require. They said staff generally know what they are doing and did not identify areas where further education and training are required.

The Assessment Team interviewed management who advised there are position descriptions which set out the responsibilities, and necessary qualifications and skills and for each role. Through the recruitment process staff are chosen who have the qualifications and knowledge to effectively perform their roles. The organisation monitors professional registrations to ensure all are current. The roster system in place does not allow staff to be rostered if their registration is not current.

A care staff member indicated that they have completed their annual competencies and staff appraisals.

A medication competent personal care assistant stated that she has had her annual medication competency completed within the last 12 months.

A care staff member who is currently attending university said that the regional manager asked all the students at the service how they could be assisted with their studies. The service is currently developing a training package to assist the students to become familiar with registered nurses’ duties, such as wound care.

**Standard 8**

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

**Findings**

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**The following requirement has been assessed as non-compliant.**

* Requirement 8(3)(d) Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

(iv) managing and preventing incidents, including the use of an incident management system.

The Assessment Team found that the service demonstrates it has policies in place to manage high impact or high prevalence risk associated with the care of the consumers, identifying, and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The Assessment Team interviewed management who are aware of the high impact, high prevalence risk at the service including; skin integrity, behaviour, falls, medications and infections. Management said they have identified these through experience and incident reporting. Management also said they know the incident management system at the service is working because they receive notifications when an incident is logged.

However, the Assessment Team identifies inconsistencies in its approach to mitigate or effectively manage risk for consumers. A review of practices and documentation for care and services did not reflect that the service meets the requirements under Quality Standard in terms of incident management, responding to a deteriorating consumer and management of high impact and high prevalence risk, including wound care and falls management.

The approved provider responded to the Assessment Team’s report and acknowledged the gaps identified in the report. The Service has furnished their continuous improvement plan to address training in deterioration, wound management, pain management, falls management, workforce management and development of undergraduate registered nurses to address the gaps identified in the Assessment Team report.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have found to be Compliant.**

* Requirement 8(3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* 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.
* Requirement 8(3)(c) Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

* 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.

The Assessment Team interviewed consumers and representatives who were confident in their involvement in the development, delivery and evaluation of care and services at the service. Most of the consumers were satisfied with the care and services they receive at the service and are confident their preferences and wishes are considered to provide them with safe and effective care. Some consumers were able to give good examples of when they have provided feedback on meals and activities at the service.

Some consumers confirmed they have the opportunity to attend consumer meetings and provide feedback and suggestions by other means. They said they feel comfortable talking with management and management are responsive when matters are raised.

The service demonstrated the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. There is a clear escalation and reporting pathway within the organisation’s governance systems. While the managing directors represents the Board at service level when required, the service has access to the highest level of organisation management. The service’s clinical data and other important information is reported to the board through the management quality meeting for discussion at Board level.

The Assessment Team found that the organisation provides clinical care and services guidance for staff through its policies and processes including antimicrobial stewardship, minimising the use of restraint and the principles of open disclosure. Staff were able to give examples of when they have managed infections using antimicrobial stewardship principles and addressed the use of restraint with consumers and their representatives. The service promotes and encourages the use of open disclosure principles with staff when things go wrong, or incidents occur.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)