Performance

Report

**1800 951 822**

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| Name of service: | Catholic Healthcare McQuoin Park |
| Service address: | 33 Pacific Highway Wahroonga NSW 2076 |
| Commission ID: | 0180 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 31 August 2022 to 2 September 2022 |
| Performance report date: | 2 November 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 McQuoin Park (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site audit, the Site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 17 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

* **Requirement 2(3)(b)** - The Approved Provider ensures 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)(e)** - The Approved Provider ensures care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer
* **Requirement 3(3)(a**) - The Approved Provider ensures each consumer gets safe and effective personal care, 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
* **Requirement 3(3)(b)** - The Approved Provider ensures the effective management of high impact or high prevalence risks associated with the care of each consumer.

# 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 Assessment Team recommended the following Requirement was not met:

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Assessment Team found consumers and representatives felt respected and considered staff were kind, caring and familiar with their identity, culture, and diversity. Staff demonstrated knowledge of individual consumer’s identity and background and explained how they delivered care to meet those needs. The service has appropriate training and resources in place to support staff to deliver respectful care that is mindful of dignity and diversity.

The Assessment Team brought forward instances of two named consumers who described needing to use incontinence aids instead of being assisted with toileting and being left for periods of time in soiled incontinence pads. While the Assessment Team relied on these examples, there was no evidence that these instances were ongoing or widespread and common practice by the service.

In its written response of 17 October 2022, the Approved Provider advised an investigation of the incidents brought forward by the Assessment Team, could not establish specific dates these instances occurred, but provided evidence of engagement with affected consumers and representatives to ensure consumers needs are met moving forward. The Approved Provider submitted additional evidence of education and resources made available to staff in relation to respect and dignity and actions it undertakes to ensure consumers are supported with appropriate continence care.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, including the positive feedback brought forward by the Assessment team from consumers and representatives who said staff were familiar with consumer’s cultural backgrounds, needs and preferences as reflected in care planning documentation. The Assessment Team further observed staff treating consumers with dignity, respect and demonstrating understanding of individual choices and preferences. For deficits relating to delayed responses impacting on the delivery of effective care, I have considered this under Requirement 3(3)(a), where I consider this more relevant.

Based on the totality of evidence available to me, I am satisfied the instances identified by the Assessment team are not systemic and that the Approved Provider has demonstrated each consumer is treated with dignity and respect and their identify culture and diversity valued. I, therefore, find Requirement 1(3)(a) is compliant.

I am satisfied that the remaining five Requirements of Quality Standard 1 are compliant.

Consumers and representatives stated care and services are culturally safe, family members confirmed they can assist with translation for those with communication barriers, some staff members are multi-lingual and can also assist with translations when communicating with consumers to better understand a consumer’s needs and preferences or what might be affecting a consumer’s behaviour. Care planning documentation reflected consumer’s cultural needs and preferences for care and services.

Consumers and representatives stated they are supported to make choices regarding their care and the way services are delivered, who they want involved in their care, communicate their decisions, make connections, and maintain relationships of choice, staff described couples and siblings residing at the service and knew their needs and preferences for care and maintenance of their relationships. Policies, procedures, and staff training regarding consumer’s rights to make choices that enable them to live according to their preferences evidenced how the service ensures consumer’s choices.

Consumers and representatives stated they are supported to take risks, if they so choose, to live the best life they can. Care planning documentation reflected risks identified through discussions held with consumers, strategies to mitigate risks, directives for staff to support consumers in their risk taking and consent for risk. The service has policies and procedures on respecting dignity and choice to guide staff practice.

Consumers and representatives said they receive immediate updates regarding changes or if an incident occurs and are kept well-informed on all matters relating to the service, especially COVID-19 and lockdowns. Consumers confirmed they are encouraged to attend monthly consumer and representative meetings, the food focus group, and activities meetings where they can receive information and have input into matters concerning their daily lives. Staff described how information is communicated through newsletters, emails, or through a phone call where an issue occurs. Activities programs, daily menu, library visit schedule and other notices of interest to consumers, were observed displayed around the service.

Consumers and representatives stated their privacy is respected, doors are closed when receiving care assistance and staff knock before entering consumers’ rooms. Staff described how they use password protected computers, ensure nursing stations are locked when staff are not in attendance and that hard copy records are locked away to ensure consumer privacy is provided.

# 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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

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

* 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;
* 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 Site Audit report brought forward inconsistences in care planning documentation for some consumers as some care plans did not reflect current consumer needs and preferences for lifestyle activities or personal hygiene including showering and continence care, additionally, a deficit was brought forward relating to a lack of advance care and end of life planning for one named consumer who stated these had not been discussed with them. Impacts to consumers as a result of these deficits included misinformation about hygiene and shower preferences, miscommunication about toileting needs, which affected staff’s ability to deliver care and inactive personal hygiene charts for some consumers resulting in the delivery of these care needs going unrecorded.

The Approved Provider’s written response of 17 October 2022 included an explanation of how assessment and planning processes ensure that consumer’s current needs, goals and preferences are identified. Specifically, the Approved Provider submitted assessment documentation, including progress notes, care and lifestyle service plans including toileting care plans and personal hygiene plans to sufficiently address minor discrepancies reported in care planning documentation. The Approved Provider has established hygiene charts for all consumers and is currently undertaking a survey of all consumers personal care needs and preferences to ensure they are accurately reflected in care plans.

With regards to advanced care planning, the service has an effective electronic care management system which prompts staff in the care planning process related to advance care and end of life planning and in accordance with timeframes specified in the policy. For the consumer and representative who said they had not discussed advance care planning, the Approved Provider submitted case conference notes reflecting advance care planning was completed for this consumer on 17 September 2022.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, while I acknowledge the actions taken by the Approved Provider to address the deficits, I have also placed weight on the feedback from consumers and the impacts to consumer care as a result of the deficits. I, therefore, find Requirement 2(3)(b) non- compliant.

The service has systems and processes to review consumers’ care and services on a scheduled basis and when changes occur. However, deficiencies were brought forward as care plans reviewed by the Assessment Team for six consumers had not been reviewed four monthly or when incidents occurred, in line with the organisations’ policy.

The Approved Providers’ written response included an explanation on how the service had experienced two COVID-19 outbreaks during January and February 2022 which had negatively impacted on the ability of the service to maintain its care plan review schedule. Documentation submitted evidenced that the service had been aware of and proactively managing the delayed reviews since the first COVID-19 outbreak in January 2022 by implementing a care tracker for monitoring the review of 66 outstanding care plans including monthly staff reminders to complete allocated reviews, at the time of the Site Audit, 10 reviews remained outstanding.

I note all outstanding care plan reviews have now been completed and further education provided to staff.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, while I acknowledge the actions and undertakings made by the Approved Provider in response to the Site Audit, I have also given weight to the number of care plans affected by the deficiencies. I, therefore, find Requirement 2(3)(e) is non-compliant.

I am satisfied that the remaining three requirements of Quality Standard 2 are compliant.

Consumers and representatives said consumers receive the care and services they need and confirmed their involvement in care planning processes. Staff described how care planning informs the delivery of care and services for consumers. Care planning documentation reflected individual consumers’ current needs are considered in line with the management of personal and clinical risks. Policies and procedures are available electronically to all staff via the organisation’s intranet

Consumers and representatives said they felt like partners in the planning of consumer care and services including in initial assessments as well as in ongoing care planning reviews which includes the involvement of medical officers and allied health professionals as required. Staff were familiar with referral processes to allied health professionals, management advised of partner organisations that provide onsite after-hour medical services and in-reach support services. Care planning documentation reflected the involvement of consumers, representatives and various medical and allied health professionals including the physiotherapist, dietitian, speech pathologist, podiatrist, and other specialists. Care plans accurately reflected those nominated by the consumer to be involved with care planning and evaluation processes, including for advance care.

Consumers and representatives said the outcomes of assessments and planning are communicated to them. Staff could explain the process of accessing care plans on the electronic care management system and described how they discuss outcomes of assessment at case conferences with consumers and representatives. Care plans accurately reflected relevant information on consumer’s needs including for pain management, skin integrity, behaviour support, hydration, and mobility**.**

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

Findings

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

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.

Most consumers considered they receive safe and effective care they need, however, the Site Audit report identified four named consumers who reported experiencing significant delays in receiving assistance with their personal hygiene and/or continence care.

Consumers described not receiving showers in accordance with their preferences, some reported wounds and pain not being managed effectively and insufficient assistance with toileting affecting mobility and falls risks. The Assessment Team did not find evidence of care directives from allied health providers being followed for one named consumer in relation to podiatry care.

Staff confirmed they were aware of consumers’ needs and preferences, however, two staff members stated staffing pressures impacted their ability to attend to consumers call bells in a timely manner.

The Approved Provider submitted additional evidence on 17 October 2022 including progress notes, case conference notes and care planning documentation that was reviewed in response to the Site Audit. The Approved Provider has undertaken continence assessments for those consumers with identified continence concerns and updated care plans as needed. The service has also provided additional education and guidance to staff on wound management, personal care, and charting.

I note the Approved Provider was aware of staff shortages prior to the Site Audit taking place and had taken proactive steps to manage this by reviewing the roster and recruiting additional staff, workforce related issues are further considered under Requirement 7(3)(a). I have considered information relating to the management of high impact risks, such as falls, under Requirement 3(3)(b) where I consider this more relevant.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response and acknowledge the actions taken by the Approved Provider to address the deficiencies at both an organisational and individual level. However, I have also considered the feedback from consumers and representatives and given weight to the impacts experienced by consumers. I therefore find Requirement 3(3)(a) is non-compliant.

The Assessment Team identified deficiencies in risk management as care planning documentation for four named consumers did not reflect that risk was consistently identified, mitigated, and managed by the service. Deficiencies included one named consumer who experienced multiple unwitnessed falls, a named consumer with ongoing hydration and weight loss that was not effectively monitored and charted. Skin risk assessment were absent for one named consumer despite the presence of pressure injuries and a named consumer with diabetes with an increased wounds risk and ineffective podiatry management.

The Approved Providers’ written response of 17 October 2022 acknowledged some of the deficits. In relation to the named consumer with hydration and weight loss risks, improvements have been implemented to ensure hydration and fluid intakes and better monitored and charted and a medical officer review of the weight loss, the named consumer with skin integrity risks was referred to a would specialist post Site Audit.

In relation to the named consumer with falls risks as identified by the Assessment Team the Approved Provider submitted evidenced of falls risk assessments undertaken prior to the Site Audit, mobility plans and toileting schedules that were in place and actioned by staff. Likewise in relation to the consumer with increased wounds risks, the Approved Provider brought forward evidence to demonstrate that the risks for this consumer were identified and managed, including oversight from external providers and were being effectively managed at the time of the Site Audit.

The Approved Provider advised of additional staff education and training improvements that have been implemented as part of the service’s plan for continuous improvement, including training in wound management, and weight loss management, additional charting and documentation of injuries and wounds and ongoing spot audits from registered staff to provide greater clinical oversight.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, while the additional evidence has satisfied me the Approved Provider has effectively managed risks in some instances there are also other deficits of which the actions planned by the Approved Provider will take time to implement and measure for effect. I therefore find Requirement 3(3)(b) is non-compliant.

I am satisfied that the remaining five requirements of Quality Standard 3 are compliant.

Consumers and representatives are confident when consumers require end-of-life care, the service will support them to be as free as possible from pain and to have those important to them with them. Staff said they attend to mouth care, skin care, repositioning, and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care. The service has policies and procedures that direct the management of end-of-life care, including pain management and comfort care.

Staff confirmed they are guided by policies and procedures to recognise and respond to deterioration or changes in a consumer’s condition. Clinical records indicate consumers are regularly monitored by registered staff and if any deterioration or change in a consumer’s mental, cognitive, or physical function, capacity or condition occurs, this is recognised and responded to in a timely manner and representatives are notified.

Consumers and representatives said they are satisfied with the level of communication from the service, regarding changes to consumers’ conditions. Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, accessing care plans, accessing the daily consumer task reports or messages through electronic notifications. Consumers’ files demonstrate staff notify the consumer’s medical practitioner and their representatives when the consumer experiences any change in condition, a clinical incident, is transferred to or from the hospital or is ordered a change in medication.

Care planning documentation confirms the input of others and referrals where needed, including input from services such as dietitians, physiotherapists, occupational therapists, speech pathologists, dementia specialists and medical practitioners. Consumers and representatives said referrals are timely, appropriate and occur when needed and the consumer has access to relevant health professionals when required. The service has procedures for making referrals to health professionals outside of the service, through electronic messages and telephone communications.

Consumers and representatives said they are satisfied with the service’s management of COVID-19 precautions and other infection control practices. Staff confirmed they receive training on infection minimisation strategies and are guided by policies and procedures related to antimicrobial stewardship, infection control management and the management of a COVID-19 outbreak. The service has appointed infection control and prevention lead staff who have completed competency training; outbreak folders, outbreak kits and plenty of infection control storage were observed in each unit of the service.

# 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

Consumers and representatives said consumers receive the care and services they need to support them in their daily living needs, goals, and preferences to maintain their independence and optimise their health and well-being. Staff identified specific supports, needs and preferences for various consumers and the ways in which they can assist consumers to not only maintain, but develop, activities and strategies to optimise their health and well-being. Lifestyle plans reflected lifestyle preferences for consumers which were observed to align with those described by consumers and through observations of staff practice. Consumers were observed involved in various independent and group activities including reading, knitting, playing chess, watching movies, having coffee at the café, and a bus trip.

Staff described support programs available to consumers for their emotional and spiritual wellbeing, staff had participated in ‘Moments of Joy’ training so that staff can recognise and facilitate ‘meaningful moments of engagement.’ Care planning documentation accurately reflected spiritual and religious needs and preferences of consumers.

Consumers said they participate in activities of interest to them within and outside the service community including attending community groups and church services, visiting family, having social and personal relationships and doing things of interest to them such as knitting, gardening, dancing, music and craftwork. Lifestyle staff knew each consumer’s interests and preferences for activities and described ways in which they meet needs and preferences. Consumers were observed enjoying coffee at the café, sitting in the garden with visitors, doing puzzles and playing chess. Care planning documentation accurately identified consumer’s needs, preferences, and activities important to their daily living.

Consumers and representatives said changes in consumer needs, preferences and condition are communicated within the service and to others where responsibility is shared, this was also reflected in lifestyle plans. Lifestyle staff described how pastoral care and consumers at risk of isolation are supported through one-on-one activities and sessions.

Consumers and representatives confirmed referrals were timely and appropriate and staff described situations where referrals to external providers of care and services were undertaken to support the needs of consumers, followed by a review of care planning documentation. The service has policies and procedures to support the referral of consumers to allied health professionals including for referrals to specialist organisations and the local hospital for assessments and reviews of challenging behaviours.

Consumers and representatives were satisfied with the quality of meals and said the chef is receptive to ideas and tries to ensure consumer’s preferences are met. The chef described how the kitchen prepares meals from fresh ingredients onsite and seasonal menus are reviewed by dieticians. Meals were observed to be well presented, and the dining experience appeared pleasant and relaxed, consumers were attended to in a caring manner.

Consumers and representatives said equipment is safe, suitable for purpose, clean and well-maintained. Staff said equipment is regularly maintained and cleaned and described the process to log maintenance requests for issues with equipment, including an escalation process if it was an urgent issue. Staff were observed cleaning equipment after use and maintenance documents demonstrated comprehensive current and preventative maintenance schedules are in place and were observed to be up to date.

# Standard 5

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

Findings

Consumers and representatives said the service is very welcoming and staff are caring, kind and compassionate. Consumers confirmed staff encourage every consumer to live their ‘best lives’ by maintaining their ability to be as independent as they can be and to function to their maximum capacity. Rooms at the service were observed to be spacious with large ensuite bathrooms, plenty of well laid out storage space, light filled and with a view or access to gardens and courtyards. Management described recent improvements at the service such as new design features allowing direct consumer access to communal outdoor areas. Consumers are encouraged to personalise their rooms with furniture, plants, photos, artworks, and other meaningful items.

The service was observed to be safe, clean, comfortable, and well-maintained. Management described outsourced contracted cleaning services and cleaning schedules for consumer rooms and common areas showed weekly cleaning and daily spot cleaning. Cleaning staff were observed being caring towards consumers and ensuring cleaning trolleys were safely locked and stored out the way of consumers. Consumers were seen moving freely indoors and outdoors at the service, equipment was observed to be stored appropriately, corridors were uncluttered, and handrails to support consumer mobility were observed throughout the service.

Furniture and fittings were clean, sturdy, colourful and practical, chairs were solid to enable consumers to sit and stand with ease. Equipment for daily living activities was observed to be readily available, clean, in working order and suitable for the needs of the consumer. Staff were able to describe maintenance procedures including reporting of equipment issues and were able to confirm that most reactive maintenance was attended to and resolved within twenty-four hours.

# Standard 6

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

Findings

Consumers and representatives felt supported when making compliments, comments, and complaints and described mechanisms for contacting the service such as via phone or email but said they would mostly speak directly with staff or management. Management said feedback and complaints could be accessed via the website, numbers accessing the website were monitored and reported on. Feedback and complaints forms were observed throughout the service and feedback from consumers was observed to be a standing agenda item in minute of consumer and representative meetings, these also reflected many consumers had raised complaints and issues at these meetings.

Consumers and representatives described various ways in which they can voice concerns, provide feedback, and make a complaint. All consumers and representatives said they knew they could raise concerns externally, but they felt most comfortable raising any issues with management and staff directly. Staff and management were able to describe external resources available but described how they use family and internal resources to resolve concerns. Communication tools such as flashcards, leaflets for other services and contact details for Aged Care support and Advocacy Services were observed available at the service.

Consumers, representatives, and staff provided examples of when things had gone wrong, how open disclosure had occurred and how the service had responded in a timely manner. Management demonstrated effective reporting mechanisms, with open disclosure processes, categorised, analysed and monitored for trends and where appropriate, escalated to external agencies.

Consumers and representatives said their feedback, and complaints have been used to improve care and services and described how staff had rearranged the layout of the dining room to allow sufficient space for consumers to have a pleasant eating experience. Staff were familiar with how feedback and complaints have resulted improved care and services delivery such as dietary preferences and food services and described how feedback and complaints are trended, analysed, and used to improve the quality of care and services.

# 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

Rosters demonstrated adequate staff allocated across each floor, despite some staff saying there was insufficient staffing, overall, consumers considered there was sufficient staffing to attend to their needs and they were not impacted on due to staff shortages or long call bell times. The Approved Provider has recently engaged additional staff and reviewed roster requirements to further ensure staff sufficiency and reduce any potential impacts to consumer care.

Workforce interactions with consumers were observed to be kind, caring and respectful and staff demonstrated an understanding of each consumers needs and preferences. The service has relevant policies and procedures and staff described how they undertake training on respectful interactions, through mechanisms such as toolbox talks.

Consumers and representatives said staff are effective in their roles and they are happy with the care provided. Management said staff must meet the minimum qualification and registration requirements for their respective roles, checks are done prior to commencing, mandatory training is provided, including on medication competencies, first aid, manual handling, fire and evacuation training and infection control practices. Staff demonstrated knowledge on the serious incident reporting system, restrictive practices, and incident management.

Consumers said staff have appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed receiving orientation education, mandatory and essential training, completing core competencies, and felt comfortable to request additional training, to enhance their performance.

Management described the staff personal development process providing examples of completed performance reviews. Staff confirmed their participation in annual performance reviews including a self-assessment and discussion with manager and said the review process was a positive experience. Management described how they use continuous assessment of staff during huddles, team meetings, feedback processes, observations, and consumer feedback including ongoing discussions with staff regarding attitude and aptitude.

# 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 Assessment Team recommended the following Requirement was not met:

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.

The Assessment Team identified deficits in the delivery of risk management practices and processes including the monitoring and management of consumer care for pain, weight loss, wound care, fluid restrictions and pressure area care. The Assessment Team brought forward examples of consumers with identified risks; these have been considered under Requirement 3(3)(b).

The Assessment team identified that the service has a broad range of policies including a clinical governance framework and incident management system for the effective management of high impact or high prevalence risk for consumers including for clinical deterioration.

The Approved Provider’s written response of 17 October 2022, reiterated the actions taken to address individual consumer deficiencies, as detailed in Requirement 3(3)(b) and ongoing improvements regarding staff education and application of the established policies, systems, and processes in place at the time of the Site Audit. Additional evidence was provided to demonstrate how the service ensures management of risks for individual consumers.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, based on the evidence available to me, I am not satisfied the deficiencies brought forward demonstrate systemic non-compliance with this Requirement, I am satisfied the Approved Provider has appropriate systems in place to effectively manage risk, manage incidents and support consumers. I, therefore, find Requirement 8(3)(d) is compliant.

I am satisfied that the remaining four requirements of Quality Standard 8 are compliant.

Consumers said they can partner in improving the delivery of care and services and knew of engagement opportunities to inform the design, delivery, and evaluation of services, including ‘resident and representatives’ meetings and food focus groups. Staff confirmed the service keeps consumers and representatives informed of changes in care or when things go wrong, and management provided examples of improvements made based on consumer feedback such as a restructure of the organisation to include a consumer advisory body.

The organisation has a strategic plan and ensures monitoring through effective reporting mechanisms. Management and staff described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the ways the board is kept informed by the service. This is achieved through analysis of site-based audits, monitoring of clinical indicators and bench marking across all services in the organisation to identify and address wider trends. This data is regularly reported to governing bodies and the board to ensure informed, strategic decision making.

The organisation has a documented governance framework relating to the improvement of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The board monitors and reviews routine reporting, and analysis of data related to the consumer experience and ensures systems and processes are in place to monitor the delivery of care and services using various methods such as using an audit tool to monitor performance against the Quality Standard.

Clinical care practice is governed by a clinical governance framework including policies and procedures pertaining to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed receiving education about the policies and provided examples of their relevance to their work.

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