Performance

Report

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| Name of service: | Churches of Christ Arcadia Aged Care Service |
| Service address: | 120 McCracken Street ESSENDON VIC 3040 |
| Commission ID: | 3705 |
| Approved provider: | Churches of Christ in Queensland |
| Activity type: | Site Audit |
| Activity date: | 7 December 2022 to 9 December 2022 |
| Performance report date: | 24 February 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 Churches of Christ Arcadia Aged Care Service (**the service**) has been prepared by James Howard, 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 conducted from 7 December 2022 to 9 December 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 Approved Provider’s response to the site audit report, received on 4 January 2023.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Assessment Team recommended Requirement 1(3)(a) was not met. Having considered the Assessment Team’s findings, the evidence documented in the site audit report and the material in the Approved Provider’s response, I reached a different conclusion and determined the service was compliant with this Requirement.

*Requirement 1(3)(a):*

The site audit report found most consumers were treated with dignity and respect; however, three consumers/representatives said, at times, staff were rushed and were rough when providing care. The Assessment Team identified the following issues relevant to Requirement 1(3)(a):

* Most consumers/representatives said they were treated with dignity and respect and stated staff were kind and caring.
* Three consumers/representatives said staff were sometimes rushed and had been rough when providing care; however, these incidents had not previously been reported to the service.
* Upon being advised about the allegations of rough care, management immediately began investigating the incidents using open disclosure and lodged incident reports.
* Management advised the service recently increased registered staff hours and also said they would check and ensure all staff were up to date in manual handling training.
* Care documents reflected what was important to consumers and staff were observed to be respectful towards consumers and understanding of their choices and preferences.
* The Assessment Team found staff demonstrated a shared understanding of what constituted elder abuse and neglect and the reporting obligations under the Service’s Consumer Incident Management Procedure.
* The organisation had documents and processes which outlined consumers’ right to respect and dignity and staff showed they were aware of individual consumer’s identities, cultures and delivered their care and services accordingly.

The provider’s response did not agree with the Assessment Team’s recommendation and provided additional information in relation to the consumers/representatives alleged incidents of rough care. The service advised the consumers/representatives had not mentioned any concerns during their subsequent care reviews or follow-up contact. The Approved Provider advised the outcomes of its investigations found the relevant consumers were very happy with the care and services provided by staff and the service could not identify any adverse outcomes to the consumers. Nonetheless, the service took a number of actions, which included reminding all consumers/representatives to report any issues around care delivery promptly and ensuring all staff had received manual handling training recently.

While the site audit report identified alleged incidents of rough care, they were previously unreported and had not been raised during subsequent care reviews. I am satisfied the service took appropriate action as soon as the assertions came to light. The available evidence indicates the alleged incidents were isolated cases, rather than a systemic pattern of behaviour and I note the provider’s further information about the specific consumers/representatives and their circumstances. I acknowledge the mostly favourable consumer/representative responses and consider the evidence brought forward in the site audit report under this Requirement is not sufficient to support a finding of non-compliance. Therefore, based on the evidence before me, I find the service is compliant with Requirement 1(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with the remaining 5 Requirements in Quality Standard 1.

Most consumers/representatives described how staff valued consumers’ cultures, identities and diversity and this influenced how staff delivered care on a daily basis. Staff knew consumers’ cultural backgrounds and said consumers’ cultural choices and preferences were captured during admission and documented in their care plans. Care plans reflected consumers’ cultural needs and preferences.

Consumers/representatives said they were supported to exercise choice and independence when making and communicating decisions about their care and deciding who was to be involved in their care. Consumers/representatives said they were encouraged to make social connections and maintain relationships with those important to them. Staff gave examples of how consumers could make choices about their care and services, and how they assisted them to achieve their goals. Care documents recorded consumers’ individual choices on when and how care was delivered, who else was involved and the support they needed to maintain important relationships.

Consumers said the service supported them to take risks, which enabled them to live the best lives possible. Staff were aware of consumers who took risks and described the support provided to them and how they were assisted to understand the benefits and possible harm when making decisions about taking risks. Care documents included completed dignity of risk forms, which demonstrated consultation about the risks and agreement on the mitigation strategies to be adopted.

Consumers/representatives said they were provided with current and accurate information to support decision making, and they were supported to understand the information. They said they were encouraged to participate in decisions about their care and lifestyle through assessment and care plan consultation, resident and relative meetings, newsletters, and lifestyle activities. Representatives stated they received up to date information from management on any changes via the service’s newsletter and email correspondence. Staff described different ways they provided information to consumers, in line with their needs and preferences. Up-to-date information such as the daily menu, special events and lifestyle program schedule was displayed around the service.

Consumers/representatives said the service respected their privacy and maintained their personal and confidential information. Staff described how they maintained a consumer’s privacy and dignity when providing care. Staff described keeping computers locked and using passwords to access consumer’s personal information. Other personal information was kept locked in the nurse's station or in a locked storage room. On a single occasion, consumer information was observed to be left in plain sight of others.

# 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 Assessment Team recommended Requirement 2(3)(a) was not met. Having considered the Assessment Team’s findings, the evidence documented in the site audit report and the Approved Provider’s response, I reached a different conclusion and determined the service was compliant with this Requirement.

*Requirement 2(3)(a):*

The site audit report found that some risk assessments had not been completed to inform the delivery of safe and effective care and services. The Assessment Team identified the following issues relevant to Requirement 2(3)(a):

* All consumers/representatives interviewed confirmed they were actively involved in the development of their care plans which reflected their needs, goals, and preferences. They confirmed potential risks to their health and well-being such as having their bed against the wall, or using an electric wheelchair, were discussed and risk management solutions agreed upon to ensure their safety.
* Records showed that one consumer who was using a powered wheelchair since July 2022 to increase their independence, had not completed their powered wheelchair indoor driving assessment test.
* The Assessment Team reported the psychotropic register was unclear in relation to 12 consumers listed and whether their medication was prescribed as a chemical restraint. Five consumers were identified as receiving medication as a chemical restraint without a written restrictive practice assessment and authorisation form in place.
* Management completed the restrictive assessment forms during the site audit and obtained signed consent for all consumers. Management also stated they would update the relevant care plans to reflect consumers receiving chemical restraint medications. The service also completed a plan for continuous improvement to monitor and track their progress.
* One consumer who was known to smoke, had not had a smoking risk assessment completed. However, a documented risk assessment was completed by the service before the conclusion of the site audit, even though the consumer had signed an agreement not to smoke on the service’s grounds.
* Staff described the assessment and care planning processes and how risks to consumers were assessed and mitigated. Care planning documents clearly described the assessment and planning processes and demonstrated the safe and effective delivery of care and services and the communication processes with consumers/representatives and others involved in each consumer’s care.
* The service had a care and services delivery policy and procedure that was embedded in the service’s electronic care management system that prompted the completion of required assessments and care plans for new admissions and regular or incident reviews.

The Approved Provider did not agree with the Assessment Team’s findings and provided additional information in relation to its risk assessment and care planning process. The provider submitted additional evidence which showed the service was well versed in risk assessment and care planning in collaboration with consumers and other relevant health practitioners.

* The service provided documentary evidence of 117 completed risk assessments for 99 consumers, some with complex multiple risk factors.
* In relation to the 5 consumers identified as being chemically restrained, while these specific cases were somewhat nuanced, all assessments and consumer consents were completed at the time of audit.
* The prescribing of all psychotropic medication was under the supervision of a medical officer and undertaken in consultation with the relevant consumers/representatives.
* In relation to the consumer using the powered wheelchair, the documented power-mobility indoor driving assessment was completed by the physiotherapist at the time of the site audit. The assessment findings indicated the consumer could safely operate the electric wheelchair; however, due to the risks involved with the use of an electric wheelchair, a documented risk assessment was also completed in consultation with the consumer.
* An audit was completed for all other consumers using electric mobility aids and all consumers had the power-mobility indoor driving assessment and a risk assessment completed.
* The service advised it was a non-smoking facility and all consumers (including the specified consumer) had signed an agreement not to smoke at the service. The relevant consumer generally smoked off the service grounds but refused to participate in risk assessment and risk mitigation actions. Notwithstanding this, the service completed a written risk assessment and continued to offer risk mitigation options to the consumer.

While the site audit report identified a small number of risk assessments that had not been documented, the great majority of risks to consumers were appropriately identified and assessed by the service as part of its assessment and care planning process. I note no adverse outcomes to consumers were identified and the relevant risk assessments were formally documented prior to the conclusion of the site audit. I consider the evidence brought forward in the site audit report under this Requirement was not sufficient to support a finding of non-compliance. Therefore, based on the evidence before me, I found the service compliant with Requirement 2(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with the remaining 4 Requirements in Quality Standard 2.

The service demonstrated its assessment and care planning processes were effective and included the consideration of risks to consumers’ safety, health and well-being. A consumer assessment checklist guided clinical staff in the assessment of new consumers during admission. Consumers and representatives said they were involved in the care assessment and planning processes, which considered risks, and resulted in them receiving the care and services they needed. Staff described how they assessed and planned consumers’ care and service needs to deliver safe and effective care.

Consumers and representatives confirmed they were given the opportunity to discuss their current care needs, including advance care and end-of-life plans, if they wished. Management explained how information on advance care and end-of-life care was included in the admission pack. Staff demonstrated a comprehensive knowledge of consumers’ needs, goals and preferences and how their care was delivered. Care planning documentation identified and addressed the consumer`s current needs, goals and preferences, including end of life wishes.

Consumers and representatives said they felt involved in the planning of their care and services. Care planning documents showed consumers, and others they wished involve, were included in assessment and planning process. Staff and management described how they involved people who consumers wished to involve in their care. Staff described the processes for making referrals to medical officers and allied health professionals and shared recent examples where they obtained input from external organisations.

The service demonstrated the outcomes of the assessment and care planning process were effectively documented in consumers’ care and services plans and communicated to consumers and representatives. Representatives said the service maintained good communication with them, particularly around changes in care and staff explained things to them clearly and clarified clinical matters, if necessary. However, some consumers and representatives had not seen their care plans or were not aware it was readily available to them. Consumers stated they were kept well informed of things, such as when the doctor was visiting or when wounds would be checked. Clinical staff explained how they updated families during regular visits or by telephone.

Consumers and representatives said the care and services were reviewed regularly and when changes occurred. Documented policies and procedures set out the review, reassessment and monitoring processes for care and services. Clinical staff explained the process for the regular review of care plans and said any changes to consumers’ care or any incidents were communicated to families as soon as possible, and care plans were updated accordingly. Care plans showed they were regularly reviewed for continued effectiveness, when circumstances changed, or incidents impacted on the needs, goals or preferences of the consumer.

# 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

Consumers/representatives considered they generally received safe and effective personal and clinical care that was best practice, tailored to meet their needs and optimised their health and well-being. Staff described individual consumers’ care needs and preferences and how they provided care in line with consumers’ care plans. Care documentation confirmed staff followed documented strategies and clinical management policies to deliver safe and effective personal and clinical care tailored to the needs of consumers.

Consumers/representatives stated they felt the service effectively managed high impact or high prevalence risks. Management and staff described the high impact and high prevalence risks to consumers and explained how they were effectively managed through regular clinical data monitoring, trending and implementation of suitable individualised risk mitigation strategies. Care documentation showed high impact and high prevalence risks were generally identified, and effective risk management interventions were implemented. The service had a documented risk management framework and policies on managing high impact or high prevalence risks to consumers.

Most consumers/representatives confirmed staff discussed end-of-life care with them. Staff explained how the needs, goals and preferences of consumers nearing the end-of-life were recognised and addressed, their comfort maximised, and their dignity preserved. Management explained how the service completed an end-of-life pathway form and had a palliative care policy and procedure to guide staff providing end-of-life care.

Consumers/representatives reported when there was a change or deterioration in the condition of a consumer it was identified and responded to in a timely manner. Staff described how the service recognised and responded to changes in a consumer’s health, function, capacity or condition, in a timely manner. Care documents and progress notes showed a deterioration, or change in condition, was recognised and responded to promptly by the service. A written health deterioration procedure was in place to guide staff on effective early identification, escalation and management of a change in consumers’ health.

Consumers/representatives were satisfied the consumer’s condition, needs, and preferences were documented and communicated with relevant staff and those involved in providing care. Most staff were aware of the consumers’ care needs and preferences and confirmed they received up-to-date information about consumers during handover. Care documentation contained adequate current information to support effective and safe care. At shift handover, staff were observed discussing changes in individual consumers and advised of the assessments and monitoring required during the next shift.

Consumers/representatives said referrals were timely and appropriate, and they had access to their doctor and a range of health professionals. Staff described the process for referring consumers to the senior clinical team and other health care professionals and how this informed the care and services provided to consumers. Management and clinical staff described how care at the service was supplemented by other providers of care and services. Care documents and progress notes showed the timely involvement of medical officers, allied health professionals and other providers of care, where needed.

The service had documented policies and procedures to minimise infection risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Most consumers/representatives were happy with how the service managed COVID-19 risks. The service had an outbreak management plan and a dedicated infection prevention and control lead. Staff confirmed they received training in infection prevention and control strategies and COVID-19. Clinical staff understood precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics.

**Standard 4**

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

Findings

Consumers/representatives were satisfied with the services and supports for daily living and confirmed they met the consumer’s needs, goals, and preferences. Care documentation accurately reflected what was important to consumers, what they liked doing and the support needed to optimise their independence and quality of life. Staff described what was important to specific consumers and how they optimised their independence, health, well-being and quality of life.

Consumers/representatives said their emotional, spiritual and psychological needs were supported by the service. Staff advised how consumers' emotional, spiritual, and psychological needs were supported in various ways, such as by assisting consumers to maintain connections during the pandemic and engage in their preferred lifestyle activities and religious and cultural practices.

Consumers/representatives said they were supported to participate in activities within and outside the service, maintain contact with the people who were important to them, and do things of interest to them. Staff described how they assisted consumers to participate in the community and engage in activities of interest to them, both inside and outside the service. The service’s chaplain also helped consumers to connect with others and provided emotional, psychological and spiritual support. Care planning documentation identified the people important to individual consumers and their preferred activities and interests.

Consumers confirmed their preferences, needs, and condition were effectively communicated within the service, and with others who shared responsibility for their care. Staff described other individuals, organisations and providers of other care and services and knew the specific consumers who utilised these services. Care planning documentation and progress notes showed collaboration with external organizations and service providers to meet the needs of consumers.

Overall, consumers/representatives expressed satisfaction with the variety, quality and quantity of food provided. Staff were knowledgeable about consumers’ dietary preferences and requirements and were seen assisting, encouraging and offering consumers choices at meals. Care documentation captured consumers’ dietary requirements and preferences, and this aligned with their verbal responses. Management explained the service conducted regular satisfaction surveys and held monthly food focus meetings with consumers to seek their feedback. The service held current food safety certification and the kitchen was observed to be clean and tidy, with staff adhering to general food safety and work health and safety protocols.

Consumers said the equipment provided was safe, suitable and well maintained. Consumers knew the process for reporting an issue and said equipment was repaired or replaced quickly when required. Staff said the service conducted regular inspections on all equipment to ensure operational integrity and safety. Staff said they had access to suitable equipment and the service conducted regular inspections on all equipment to ensure operational integrity and safety. Equipment provided to consumers appeared to be safe, suitable, clean, and well maintained.

# Standard 5

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

Findings

Consumers/representatives said the service environment was open, welcoming, quiet and light-filled, and they felt at home. Consumers could decorate their rooms with personal belongings, furniture and display their own photos and artwork. The service featured large dining areas, wide hallways, and adequate signage to assist consumers. Staff confirmed walkways were kept free of obstructions and, if a hazard was spotted, it was immediately reported and actioned promptly. Staff were observed welcoming visitors and family members and participating in activities with consumers. Consumers were observed having morning tea, socialising with other consumers or visitors, and participating in lifestyle activities.

Consumers/representatives said the service was very clean, well maintained, comfortable and they felt safe. Consumers were observed accessing different areas around the service. Staff confirmed consumers could move around freely and access the outdoor areas. The service appeared safe, clean, well maintained and comfortable for consumers. Management explained the service had engaged an external contractor to provide guidance on creating a more dementia friendly environment in the Memory Support Unit. Cleaning staff were observed cleaning rooms and high touch point areas and referring to written cleaning schedules.

The furniture, fittings and equipment were observed to be safe, clean, well-maintained and suitable for the needs of consumers. Consumers/representatives said the furniture, fittings and equipment was suitable, clean, well-maintained and safe for use. Maintenance staff were observed checking, cleaning, and repairing equipment. Maintenance staff described how routine, preventative and corrective maintenance was scheduled and carried out.

# 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/representatives were comfortable providing feedback and raising concerns with management and said management listened to their feedback and took action to address any concerns. Staff and management described their role in supporting consumers and their representatives to provide feedback or make complaints. Management described a range of opportunities available to consumers and representatives to provide comments and raise concerns. Complaints-related posters, brochures and feedback forms were displayed around the service and meeting minutes confirmed staff recorded and discussed consumer feedback. The Resident Handbook and admissions pack included information on how to lodge feedback and complaints and the consumer newsletter regularly encouraged consumer feedback.

Information on advocacy services, the Older Persons Advocacy Network (OPAN), and the Aged Care Quality and Safety Commission was displayed around the service. Documents showed consumers and representatives were informed about different avenues for complaints and how to access advocacy and translation services. Consumers/representatives indicated they were aware of the various avenues to raise complaints and access support services.

Most consumers/representatives stated they were satisfied the service responded appropriately to their complaints; however, one consumer indicated the service had not yet resolved their ongoing concern. Management and staff explained how they practiced open disclosure when addressing complaints or when things went wrong. Management advised open disclosure principles were incorporated into the service’s complaints and feedback and incident management systems and how the organisation’s values guided its practice of open disclosure.

Consumers/representatives indicated the service listened to feedback and complaints and made improvements as a result. Management discussed how feedback and complaints were collected and reviewed to help improve the care and services. Management advised the organisation was in the process of updating its complaints management procedure. The service maintained a continuous improvement plan which listed improvement initiatives derived from various sources such as consumers feedback, internal audits, consumer and staff surveys.

# 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 service demonstrated the workforce was planned and there were adequate staffing numbers and mix to meet the needs of consumers. Consumers/representatives said there were enough staff to provide safe and quality care and services and meet their needs. Some consumers said staff were sometimes rushed and rough delivering their care. Staff reported they had sufficient time to complete their daily duties; however, some staff reported they were rushed. The staff roster for the previous fortnight showed 4 vacant shifts and less than 2% of call bell responses were over 10 minutes. Management advised they implemented earlier shift start times to address concerns about staff feeling rushed. Whilst most staff said there were enough staff, the annual staff survey indicated staff felt their workload was too high. Management was in the process of reviewing the staff survey findings and developing an action plan.

Most consumers/representatives said staff were kind, caring and respectful however, three consumers/representative said that some staff were rough when delivering care. This is discussed in Requirement 1(3)(a) in Standard 1. On most occasions, staff were observed kindly assisting consumers at mealtimes, and participating in lifestyle activities with consumers in ways that supported them in enjoying the activities. The service had a range of documented policies and procedures which guided staff practice in how care and services were delivered.

The service demonstrated the workforce had the qualifications and knowledge needed to effectively perform their roles. Most consumers/representatives said staff were trained appropriately and were competent and knowledgeable to meet their care needs. Management described how they determined whether staff were competent and capable in their role. Position descriptions included key competencies, qualifications, registrations and checks for each role. Documentation showed staff had the appropriate qualifications, knowledge, and experience to perform their duties and that regulatory checks had been undertaken and were monitored for currency.

Consumers/representatives were confident in the abilities of staff and said they were well trained and equipped to perform their roles. Staff felt well supported by management and described the training, professional development, and supervision they received during their orientation and on an ongoing basis. Mandatory training and competency was assessed for areas including manual handling, fire training, infection control training, use of personal protective equipment and medication. Management said completion of mandatory training was monitored through an electronic learning management platform, with staff being sent a reminder when training is due.

# 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 Requirements 8(3)(c) and 8(3)(d) were not met. Having considered the Assessment Team’s findings, the evidence documented in the site audit report and the Approved Provider’s response, I reached a different conclusion and determined the service was compliant with these Requirements.

*Requirement 8(3)(c):*

The site audit report determined the service had effective, organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints; however, the Assessment Team identified deficits in relation to regulatory compliance.

The Assessment Team identified the following issues relevant to Requirement 8(3)(c):

* While the service maintained a psychotropic register, the register did not correctly identify 5 consumers who were prescribed psychotropic medication as a chemical restraint.
* Management updated the psychotropic register and completed the restrictive assessment forms during the Site Audit and signed consent for all 5 consumers was obtained.
* Management also stated they would update the relevant care plans to reflect the consumers receiving chemical restraint medications. The service also completed a plan for continuous improvement to monitor and track their progress.

The Approved Provider did not agree with the Assessment Team’s finding and provided additional information in relation the organisation’s governance systems and practices. The Approved Provider submitted additional evidence that the organisation had effective governance arrangements around regulatory compliance.

* The service provided further documentary evidence of effective governance systems for monitoring and ensuring compliance with regulatory requirements including the current restrictive practice regulations.
* In relation to the 5 consumers identified as being chemically restrained, while these specific cases were somewhat nuanced, all assessments and consumer consents were completed at the time of audit.
* The prescribing of all psychotropic medication was under the supervision of a medical officer and undertaken in consultation with the relevant consumers/representatives.

While the Site Audit identified 5 consumers who had not completed written consent forms for their prescribed medication, the service’s regulatory governance was otherwise effective and other authorisations and risk assessments were appropriately documented and implemented. I accept the medication was prescribed appropriately by a medical officer with the knowledge and verbal consent of the relevant consumers/representatives. I acknowledge the determination of whether psychotropic medication is a chemical restraint is not always straight forward and note the Assessment Team did not identify any adverse outcomes. I have considered the issues with the incomplete consent forms further under Requirement 2(3)(a), but note they were immediately rectified and do not consider they were indicative of systemic failures of the organisation’s regulatory governance. Therefore, based on the evidence before me, I find the service is compliant with Requirement 8(3)(c).

*Requirement 8(3)(d):*

While consumers/representatives stated they were supported to live the best life they could, the site audit report found the service did not always have effective risk management systems and practices.

The Assessment Team identified the following issues which I considered relevant to Requirement 8(3)(d):

* The service had a documented risk management framework, including appropriate policies and procedures and a serious incident response scheme register.
* Management and staff described how they applied the service’s policies, procedures, and practices to minimise risks to consumers including for falls, infections, restrictive practices, and reporting serious incidents.
* The service had not completed a risk assessment for a consumer who was known to smoke and did not correctly identify 5 consumers who were chemically restrained. However, during the site audit, the service completed all relevant risk assessments, updated the psychotropic register to correctly identify all consumers receiving chemical restraint medications, and formalised their written consent forms. I have further considered these issues under Requirement 2(3)(a).
* The service had not identified 3 alleged instances of rough handling which consumers/representatives disclosed to the Assessment Team. Upon learning of these allegations, management immediately submitted serious incident reports and commenced investigations during the Site Audit. I have further considered these issues under Requirement 1(3)(a).

The Approved Provider did not agree with the finding and provided additional information in relation the risk management systems and practices. The response included additional evidence the organisation had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents:

* The service provided documentary evidence of 117 completed risk assessments for 99 consumers, some with complex multiple risk factors.
* In relation to the 5 consumers identified as being chemically restrained, while these specific cases were somewhat nuanced, all assessments and consumer consents were completed at the time of audit.
* The prescribing of all psychotropic medication was under the supervision of a medical officer and undertaken in consultation with the relevant consumers/representatives.
* All consumers using electric mobility aids had the power-mobility indoor driving assessment and a risk assessment completed prior to the conclusion of the audit.
* The service advised it was a non-smoking facility and all consumers (including the specified consumer) had signed an agreement not to smoke at the service. The relevant consumer generally smoked off the service grounds but refused to participate in risk assessment and risk mitigation actions. Notwithstanding this, the service completed a written risk assessment and continued to offer the consumer risk mitigation options.

While the site audit report identified previously unreported allegations and some gaps in risk assessments and written consent forms, these gaps were immediately rectified. The service’s overall risk management systems and practices were otherwise effective, and all other authorisations and risk assessments were appropriately documented and implemented. I have further considered these issues under Requirements 1(3)(a) and 2(3)(a) but do not consider they were indicative of systemic failures of the organisation’s risk management systems. I consider the evidence brought forward in the site audit report is insufficient to support a finding of non-compliance. Therefore, based on the evidence before me, I find the service is compliant with Requirement 8(3)(d).

*The other Requirements:*

I am satisfied the service is compliant with the remaining 3 Requirements in Quality Standard 8.

Consumers/representatives said the service was well run, and they were satisfied with their level of engagement in the development, delivery and evaluation of care and services.  
Management and staff described various ways consumers were involved in decisions about the service, and in the development, delivery and evaluation of the care and services provided. Consumer meeting minutes confirmed consumers and their representatives were engaged by the service on an ongoing basis.

The organisation’s governing body promoted a culture of safe and inclusive care and was accountable for the delivery of safe, quality care and services. Management described how the organisational structure and Board provided oversight of the delivery of inclusive care and services in accordance with the Quality Standards. The organisation undertook 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 was fed into the organisation’s executive committees and the Board and was used to drive improvements across the organisation. Records confirmed the Board received regular performance reports from the service and monitored compliance with the Standards.

The service’s clinical governance framework ensured the delivery of safe and effective clinical care across areas including antimicrobial stewardship, minimising the use of restrictive practices, and the use of open disclosure. The organisation had written policies on antimicrobial stewardship, restrictive practices and open disclosure. Management and staff were aware of the policies and how they were implemented practically on a day to basis.

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)