Performance

Report

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| Name of service: | Coffs Harbour Legacy Nursing Home |
| Service address: | 55 Victoria Street COFFS HARBOUR NSW 2450 |
| Commission ID: | 2622 |
| Approved provider: | Coffs Harbour Legacy Welfare Fund |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 16 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 Coffs Harbour Legacy Nursing Home (**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 15 November 2022 to 17 November 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.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers said staff treated them with dignity and respect and valued their cultures and diversity. The service assessed consumers’ cultural preferences on admission and recorded details in care plans, which the Assessment Team confirmed when reviewing care documentation. Staff understood consumers’ cultural requirements and described how care and services were tailored to meet their needs. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care, which consumers confirmed.

Consumers were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included consultation with consumers, representatives and allied health professionals before completing a dignity of risk form. The Assessment Team reviewed consumers’ care documentation and confirmed dignity of risk forms were completed and signed by medical officers and consumers or their representatives.

With respect to Requirement 1(3)(e) of the Standards, the service was found non-compliant following a site audit conducted between 25 and 27 May 2021 (the 2021 site audit), as the site audit found the service did not provide information to consumers that was current, accurate and timely. Specifically, representatives were not always informed when their loved ones’ condition deteriorated, nor did the service advise consumers and representatives how to access internal and external complaints and advocacy services.

The site audit conducted from 15 and 17 November 2022 (this site audit) found the service introduced measures in response to the non-compliance identified during the 2021 site audit. These included the implementation of a resident handbook which included information about internal and external complaints mechanisms; supporting consumers to access translation services; providing consumers with a copy of the monthly activities calendar, which was also displayed on noticeboards; and giving current information sheets to consumers on request. Consumers confirmed they received information in a format they understood. In addition, consumers said they were involved in meetings and encouraged to ask questions regarding their care.

During this site audit, the Assessment Team recommended Requirement 1(3)(e) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 1(3)(f) of the Standards, the service was found non-compliant following the 2021 site audit, as it did not ensure consumers’ privacy was respected and their personal information kept confidential.

This site audit found the service introduced measures in response to the non-compliance identified during the 2021 site audit. These included updating policies and procedures in accordance with the *Privacy Act 1988*; training staff on consumer privacy and dignity; enabling consumers to choose who accessed their personal information; ensuring staff gained consumers’ consent prior to entering their rooms; and ensuring the electronic care management system was password-protected, with access granted according to delegations. Consumers confirmed the service protected their privacy and confidentiality and staff respected their personal space when loved ones visited.

During this site audit, the Assessment Team recommended Requirement 1(3)(f) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

# Standard 2

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

Findings

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

With respect to Requirement 2(3)(a) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit found the service did not show its assessment and planning processes, including consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care and services. Specifically, not all consumers had complete needs assessments upon admission to the service, despite having known risks to their health and well-being.

This site audit found the service introduced measures in response to the non-compliance identified during the 2021 site audit. These included assessment and planning processes designed to include broad consideration of risks to consumers; care plans completed by clinical staff within a month of admission to the service; allied health professionals involved in the initial needs assessment; and consumers supported to take risks following a dignity of risk assessment. Consumers confirmed they received the care and services needed and were partners in the care planning process.

During this site audit, the Assessment Team recommended Requirement 2(3)(a) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 2(3)(b) of the Standards, the service was found non-compliant following the 2021 Site Audit, as the site audit found the service did not demonstrate consumers’ needs assessments were reviewed following incidents or changes in their conditions.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 Site Audit. For example: care planning included assessment of consumers’ current needs, goals and preferences, which were reviewed when needs changed; where consumers wished, their end of life wishes were recorded in care plans; and clinical staff consulted other service providers on behalf of consumers receiving comfort care. Consumers and representatives confirmed they were involved in regular needs assessments and care planning. Staff described how assessment and planning met consumers’ needs, goals and preferences, which included discussing advanced care planning where consumers wished.

During this site audit, the Assessment Team recommended Requirement 2(3)(b) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 2(3)(c) of the Standards, the service was found non-compliant following the 2021 site audit, as consumers and representatives said they were not involved in the assessment, planning and review of care and services.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. These included assessment, planning and reviews occurred in partnership with consumers and representatives; and other providers of care and services were involved in assessment and planning processes. Consumers and representatives confirmed they were involved in all aspects of the assessment, planning and needs review process. A review of care plans confirmed consumers, representatives, allied health professionals and medical practitioners were involved in all aspects of the process.

During this site audit, the Assessment Team recommended Requirement 2(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 2(3)(d) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit report found consumers and representatives did not have access to care plans.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. These included advising consumers and representatives on admission about how they could contribute to their care plans, as well as how to access the document; and consumers and representatives were advised care plans changed in line with consumers’ needs and therefore, an updated care plan would be available accordingly. Consumers and representatives confirmed they received care plans in easily understood formats such as hard copy, electronically or by verbal explanation.

During this site audit the Assessment Team recommended Requirement 2(3)(d) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 2(3)(e) of the Standards, the service was found non-compliant following the 2021 site audit, as adverse events affecting consumers were not investigated to identify the cause, re-assess consumers’ needs and develop future interventions.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: consumers’ care plans were reviewed quarterly or when their needs changed; care plan reviews were conducted by a registered nurse and included consumers’ families, general practitioners and allied health professionals; and clinical incidents were discussed weekly to consider how to minimise reoccurrences. Consumers and representatives confirmed care and services were reviewed when circumstances changed. A review of consumers’ care plans showed most had been reviewed in the previous three months.

During this site audit, the Assessment Team recommended Requirement 2(3)(e) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

# Standard 3

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

Findings

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

With respect to Requirement 3(3)(a) of the Standards, the service was found non-compliant following the 2021 site audit, as consumers had not received care tailored to their needs, nor did the care provided optimise their well-being. For example, care was deficient following falls, wound care, skin integrity, behaviour management and pain management. Further, documentation related to some consumers was absent, inaccurate or incomplete.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: policies and procedures reflected best practice in care and service provision; consumers received holistic care which considered all aspects of their lives; and consumers had access to their own general practitioners.

Consumers confirmed their care and services were tailored to their needs and optimised their health and well-being. Staff understood consumers’ individual needs, which were recorded in care plans and reflected people’s specific preferences.

During this site audit, the Assessment Team recommended Requirement 3(3)(a) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 3(3)(b) of the Standards, the service was found non-compliant following the 2021 site audit, as high-impact or high-prevalence risks to consumers were not effectively managed. For example, significant numbers of incidents which posed risks to consumers were not investigated to determine the cause or develop interventions to prevent future incidents.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: risk assessments were included and monitored in the electronic care management system; consumer safety was reviewed quarterly; staff received training in risk management; and the board of directors received detailed risk reports. Consumers confirmed risks to their health and well-being had been managed. Staff identified high-impact risks to consumers included falls, pressure injuries, wound management, unplanned weight loss and medication management. A review of care plans confirmed risks to consumers were identified, managed and prevented.

During this site audit, the Assessment Team recommended Requirement 3(3)(b) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 3(3)(c) of the Standards, the service was found non-compliant following the 2021 site audit, as the needs, goals and preferences of consumers nearing end of life were not met.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: end of life wishes were included with needs assessments; and staff received palliative care training. A review of care plans confirmed consumers’ end of life needs, goals and preferences were assessed and documented.

During this site audit, the Assessment Team recommended Requirement 3(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 3(3)(d) of the Standards, the service was found non-compliant following the 2021 site audit, as the deterioration to consumers’ conditions was not always identified or responded to in a timely manner.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: implementation of a policy, procedure and training which guided staff in recognising consumer deterioration; use of pain management assessment tools and the development of plans in consultation with the consumer, clinical staff, general practitioners and allied health professionals; and clinical staff and general practitioners reviewed consumers’ pain medications for effectiveness. Consumers were satisfied with the recognition of deterioration to their conditions. Staff described recent examples of when deterioration to consumers’ conditions had been identified and a response applied, which was confirmed by a review of care plans.

During this site audit, the Assessment Team recommended Requirement 3(3)(d) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 3(3)(e) of the Standards, the service was found non-compliant following the 2021 site audit, as information about consumers’ conditions, needs and preferences were not always documented within the organisation, and with others where care was shared.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: a shift handover for care staff and clinical staff; and use of an electronic care management system for which staff had password-protected access. Consumers were satisfied with how their information was shared within the organisation and with other service providers. Staff confirmed information about consumers’ care was communicated through verbal shift handovers, in meetings and by accessing care plans.

During this site audit, the Assessment Team recommended Requirement 3(3)(e) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 3(3)(f) of the Standards, the service was found non-compliant following the 2021 site audit, as the service had not made timely and appropriate referrals to other providers of clinical care.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 Site Audit. For example: the continuous improvement and clinical governance committees met monthly to discuss consumers’ referrals to external providers; referral systems were introduced to ensure documentation was completed; and referrals were followed-up as needed. Consumers were satisfied with the service’s referral process, which staff described during this site audit. A review of consumers’ care plans confirmed referrals were made to external providers of care and services.

During this site audit, the Assessment Team recommended Requirement 3(3)(f) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 3(3)(g) of the Standards, the service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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

Findings

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

Consumers received safe and effective services that maintained their independence, well-being and quality of life. Consumers said their preferences were respected by staff, with whom consumers felt safe during care delivery. Consumers said they were engaged in meaningful activities which supported their spiritual, emotional and psychological well-being, such as attending religious services and observing important cultural days.

With respect to Requirement 4(3)(c) of the Standards, the service was found non-compliant following the 2021 site audit, as consumers were not offered leisure and lifestyle programs specific to their needs.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: consumers’ lifestyle needs were prioritised; a seven-day-a-week activities program was implemented and led by qualified staff; consumers had input to the activities program; and consumers’ changing needs were identified during quarterly reviews. Consumers said they had active social lives, participated in activities of interest, were supported to maintain personal relationships and took part in community activities. A review of consumers’ care plans and resident meeting minutes confirmed their input to services and supports, which reflected individual needs, goals and preferences.

During this site audit, the Assessment Team recommended Requirement 4(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 4(3)(f) of the Standards, the service was found non-compliant following the 2021 site audit, as consumers were not provided with a variety of meals of suitable quality and quantity.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: a food focus group comprised consumers, lifestyle and hospitality staff; a five-weekly rotating menu; food was cooked on-site; meal and drink choices were available; café-style dining and room service; and consumers’ dietary profiles were included in care plans. Consumers said they chose from healthy meals, snacks and drinks which met their needs. The Assessment Team observed a meal service and noted it was relaxed and staff assisted consumers in a dignified manner.

During this site audit, the Assessment Team recommended Requirement 4(3)(f) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

The service provided equipment, consumers said they felt safe and knew how to report concerns. The equipment used by consumers was 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

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

With respect to Requirement 5(3)(a) of the Standards, the service was found non-compliant following the 2021 site audit, as there was no signage at the building’s front entrance, consumers who smoked had no suitable area to do so, the television was in a public place and quiet spaces were limited.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: redesign of rooms to make them home-like; design changes focused on consumer and staff safety; installation of new handrails along some walls; and imagery was used to assist navigation around the building. Consumers said they were comfortable and had a sense of belonging within the service, particularly as they personalised their rooms with furniture and possessions of choice. The Assessment Team noted the service environment was calm, friendly, welcoming and offered communal and private areas where consumers could host loved ones.

During this site audit, the Assessment Team recommended Requirement 5(3)(a) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 5(3)(b) of the Standards, the service was found non-compliant following the 2021 site audit, as all areas of the service were not cleaned and well maintained, nor did consumers have free access to the outdoor environment.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: cleaning occurred seven days a week; new rooms had access to outdoor spaces where possible; consumers accessed the secure outdoor courtyard; and a new café was easily accessible. Consumers said the service was clean and maintenance was promptly attended. The Assessment Team noted the service was clean, well maintained and consumers moved freely around the building and outdoors.

During this site audit, the Assessment Team recommended Requirement 5(3)(b) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 5(3)(c) of the Standards, the service was found non-compliant following the 2021 site audit, as furniture, fittings and equipment were not safe, clean, well maintained or suitable for consumer use.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: cleaning occurred seven days a week; walls, handrails and windows were painted and regularly cleaned; and kitchen equipment was regularly cleaned with fridge temperature checks conducted by kitchen staff. Furniture and equipment was maintained via a planned maintenance schedule, with specialist contractors available as needed. Consumers said their furniture and equipment was clean and well maintained. The Assessment Team noted all communal areas, kitchens, kitchenettes, laundries, storerooms, equipment and furniture were clean and well maintained.

During this site audit, the Assessment Team recommended Requirement 5(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

# Standard 6

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

Findings

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

The service encouraged consumers and representatives to provide feedback and make complaints. Consumers said they were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in communal areas and within the resident handbook.

With respect to Requirement 6(3)(b) of the Standards, the service was found non-compliant following the 2021 site audit, as consumers were not made aware of how to access advocacy and language interpreting services.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example, policies and processes were implemented to support consumers wishing to make a complaint via methods which met their needs. Consumers understood how to access internal and external complaints mechanisms and find support through an advocacy service. Staff understood the complaints process and the Assessment Team observed information about complaints, feedback, advocacy and interpreting services was available in the resident handbook and in brochures throughout the service.

During this site audit, the Assessment Team recommended Requirement 6(3)(b) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 6(3)(c) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit report found staff did not understand open disclosure processes and therefore, consumers reported the service did not always take appropriate action in response to complaints.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: an open disclosure policy and procedure was developed which incorporated consumer and staff feedback; complaints were documented, actioned and outcomes promptly shared with complainants; and all complaints were tabled at board of director meetings. Staff understood the complaints process and the service took appropriate action in response to complaints, as well as used open disclosure when something went wrong, which was confirmed by consumers and representatives.

During this site audit, the Assessment Team recommended Requirement 6(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 6(3)(d) of the Standards, the service was found non-compliant following the 2021 site audit, as staff did not review feedback and complaints to improve the quality of care and services.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: complaints were reviewed by the continuous improvement and clinical advisory committees; consumers and families were encouraged to speak with staff about complaints or concerns; and the board of directors had oversight of complaints and outcomes for consumers. Feedback and complaints were analysed, trended and formed part of the service’s continuous improvement plan. Consumers said complaints and feedback were used to improve how care and services were provided.

During this site audit, the Assessment Team recommended Requirement 6(3)(d) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service developed a fortnightly roster with an appropriate number of staff with the skills to assess, plan and meet the needs of consumers. Consumers and representatives said staff provided care in a timely way and in accordance with their preferences. A review of the roster showed vacant shifts were filled by staff familiar with consumers’ needs. Consumers said staff were confident and well trained. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner. Staff were aware of consumers’ cultural and personal preferences, which informed lifestyle activities.

Staff were recruited through a process which included interviews, as well as referee and qualification checks. Staff received training on commencement of employment and on an ongoing basis. Staff confirmed they received training specific to their roles and were confident in their abilities to provide care and services for consumers. The service regularly assessed, monitored and reviewed staff performance in an ongoing process which included probationary and annual performance reviews.

With respect to Requirement 7(3)(c) of the Standards, the service was found non-compliant with the Requirement following the 2021 site audit, as the site audit report found staff were not knowledgeable or competent in all aspects of their roles. Specifically, knowledge deficits related to clinical care, safe medication administration, chemical restrictive practices and the Commission’s Serious Incident Response Scheme.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: an improved rostered skill mix of registered and enrolled nurses and care staff; registered and enrolled nurses attended medication safety training; orientation program for new staff; a ‘buddy’ system for new staff; and ongoing staff competency assessments for specific roles and when new equipment or processes were introduced. Targeted training was provided in line with consumer needs and preferences. Consumers said staff were well trained and expressed satisfaction with the care being provided.

During this site audit, the Assessment Team recommended Requirement 7(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

# Standard 8

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

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

With respect to Requirement 8(3)(a) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit report found consumers were not engaged in the development, delivery and evaluation of their care and services.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: consumers and representatives were involved in developing new policies; and consumers, representatives, families and staff were involved in strategic planning meetings. Consumers confirmed they were encouraged to provide input into how care and services were delivered, particularly through resident meetings, focus groups, surveys and in-person discussions. Consumer and representative suggestions were included in the service’s plan for continuous improvement.

During this site audit, the Assessment Team recommended Requirement 8(3)(a) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 8(3)(b) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit report found the board of directors (the board) did not have organisational oversight and therefore, accountability across the service. For example, board members were unaware of incidents which occurred at the service and did not investigate incidents or implement risk mitigation strategies to prevent future issues.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example, all policies were reviewed to include principles of accountability. The organisation’s governing body promoted a culture of safe and inclusive care which was evident to the Assessment Team during management interviews and documentation reviews. The governing body used information from consolidated monthly reports to identify the service’s compliance with the Quality Standards, initiate improvements, enhance performance and monitor the delivery of care and services.

During this site audit, the Assessment Team recommended Requirement 8(3)(b) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 8(3)(c) of the Standards, the service was found non-compliant following the 2021 site audit, as the organisation’s governance systems were deficient regarding continuous improvement and feedback and complaints.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: continuous improvement included clinical governance; feedback and complaints systems were reviewed; and the board members and executive management team attended governance training. During this site audit, the Assessment Team noted the service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

During this site audit, the Assessment Team recommended Requirement 8(3)(c) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 8(3)(d) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit report found the service’s risk management framework did not effectively anticipate or manage risk.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example, risk management was included in the strategic plan. The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Risks were identified, assessed and reviewed at a consumer level and organisational level. Staff were trained in risk management, which included serious incident reporting and elder abuse and neglect.

During this site audit, the Assessment recommended Requirement 8(3)(d) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

With respect to Requirement 8(3)(e) of the Standards, the service was found non-compliant following the 2021 site audit, as the site audit report found the service did not have a clinical governance framework which supported antimicrobial stewardship, minimising the use of restraint and the use of open disclosure.

This site audit found the service had introduced measures in response to the non-compliance identified during the 2021 site audit. For example: antimicrobial stewardship and open disclosure policies were implemented; minimising the use of restraint policy was reviewed; and staff were trained in infection control. The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

During this site audit, the Assessment Team recommended Requirement 8(3)(e) as Met and, having considered the evidence, I decided the service was compliant with the Requirement.

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