Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Columbia Aged Care Services - Strathdale Centre |
| Service address: | 64-70 Albert Road STRATHFIELD NSW 2135 |
| Commission ID: | 2560 |
| Approved provider: | Columbia Nursing Homes Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 9 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 Columbia Aged Care Services - Strathdale Centre (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report (including a plan for continuous improvement (PCI)) received on 24 January 2023
* Performance report dated 6 March 2021 for visit conducted 11 February 2021

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 3(3)(a) – The approved provider needs to implement effective systems to ensure consumers receive best practice clinical care tailored to their needs and optimising health/well-being in particular relating to managing unplanned weight loss, oral/dental care, diabetes and incident management.
* Requirement 5(3)(b) – The approved provider is required to implement an effective system to ensure a clean and well-maintained building environment.
* Requirement 8(3)(d) – The approved provider needs to implement effective systems to ensuring staff understanding/knowledge of regulatory requirements including monitoring system to ensure all incidents are reported to relevant authorities and appropriately actioned to ensure consumer safety.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 6 of 6 specific requirements have been assessed as compliant.

Sampled consumers/representatives consider consumers are treated with respect, individually valued with their choices known and actioned by staff. Consumers express satisfaction they are encouraged to maintain their identity, be involved in relationships of choice, supported to make informed decisions and take risks enabling them to conduct activities of choice. They consider consumers receive culturally safe care and services. Examples of satisfaction include staff being kind, respectful, supportive and treating consumers with dignity. They consider privacy is respected and information is presented in a manner which supports decision-making in aspects of care/services. They noted methods utilised to keep them informed/updated.

Requirement 1(3)(a)

The service demonstrates effective methods to ensure each consumer is treated with dignity, respect and culture/diversity valued. Policies guide staff in organisational expectations relating to this requirement and staff receive education to support understanding of cultural safety, diversity/inclusion and how these aspects are observed during care delivery. Interviewed staff demonstrate knowledge of consumer preferences, cultural backgrounds/values and describe methods of assisting/supporting consumer care. Sampled consumer documentation reflect diversity and information relating to cultural and religious beliefs/preferences. The assessment team observed respectful interactions between staff and consumers.

Requirement 1(3)(b)

The service demonstrates culturally safe care and services. Policies guide staff in organisational expectations relating to this requirement, staff receive education to support understanding of cultural safety, and gave examples of how these aspects are considered in care delivery. Interviewed staff demonstrate knowledge of consumer preferences and cultural backgrounds in alignment with documented directives/guidance. Sampled documentation reflects information on consumers’ individual care and service preferences, plus relevant cultural, ethnic and religious beliefs. Days relating to specific cultural significance are observed and celebrated.

Requirement 1(3)(c)

The service demonstrates effective methods to ensure each consumers’ choice/independence and decision-making is supported to enable connections and maintain relationships of choice. Policies guide staff in organisational expectations relating to this requirement and staff demonstrate knowledge of friendships/relationships of importance and how they support consumers to maintain these. Examples include use of electronic video devices to enable visual/audio communication, seating friends together for meals/activities and observing privacy of partnerships/marital status. The assessment team observed information on display and reviewed documented methods of ensuring consumers have appropriate information.

Requirement 1(3)(d)

The service demonstrates effective methods to ensure each consumer is supported to take risks enabling them to live the best life they can. Dignity of risk forms document consumer preferences and risk-taking activities and demonstrate discussions for informed consent. Policies guide staff in organisational expectations relating to this requirement and staff receive education to support an understanding of consumers’ right to undertake activities with an element of risk. Interviewed staff demonstrate knowledge of consumer preferences and methods of support required. Sampled documentation reflect details/directives in which consumers are supported to take risks in accordance with their choice/preferences, plus actions required to monitor, minimise/mitigate negative outcomes.

Requirement 1(3)(e)

The service demonstrates effective methods to ensure consumers have information enabling choice. Interviewed staff demonstrate knowledge of ways of information provision, including for consumers living with cognitive deficit and/or English not their preferred language. Sampled documentation reflects diversity and information relating to cultural and religious beliefs/preferences. The service evidenced visiting external providers presentation to consumers in relation to their rights and advocacy services available. The assessment team observed information on display and reviewed documented methods of ensuring consumers have information to enable decision-making.

Requirement 1(3)(f)

The service demonstrates effective methods to ensure consumer’s privacy is respected and personal information confidentially maintained. Policies guide staff in organisation expectations relating to this requirement including methods of ensuring documentation is securely stored. Interviewed staff demonstrate practical methods of respecting privacy in day-to-day care delivery. The assessment team observed staff delivering care in a respectful manner while consistently ensuring consumer’s privacy is maintained.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 5 of 5 requirements have been assessed as compliant.

Most sampled consumers/representatives believe assessment and planning methods consider risks to consumer’s health and well-being and strategies implemented to ensure needs/goals and preferences are met. Consumers gave examples of involvement/discussions regarding care needs (including advance care planning), believe their wishes will be respected and staff provide appropriate care. Interviewed representatives said they actively participate in assessment/planning/review (including advance/end of life care) and consider consumers’ current needs and preferences are met. They acknowledge access to care planning documentation and notification from staff when consumer’s needs change and/or incidents occur.

Requirement 2(3)(a)

The service demonstrates most consumers assessment and care planning processes include consideration of risk to inform safe/effective care delivery. Risks to consumer's health and well-being are assessed upon entry (and ongoing) to inform safe/effective care delivery. Clinical staff demonstrate processes for assessment to ensure risk identification and mitigation strategies. Consumers on a palliative pathway have a care plan detailing consideration of risks associated with pain management, skin integrity/pressure area care. Sampled consumer documentation detail assessment of risks such as falls, medications and include corresponding risk mitigation strategies. Risk assessment tools align with principles of best practice.

The assessment team noted risks associated with two consumers care needs were not identified/addressed in documentation to guide care provision. For example, possible malnutrition associated with lack of nutritional intake and skin integrity relating to diabetes management. In addition, the assessment team brought forward evidence documentation and monitoring process in relation to diabetes management for one consumer was not in alignment with medical officer directives and/or best practice guidelines. Directives to alert medical officer with concerns were not recorded as completed. While the service demonstrated contact with the medical officer and subsequent directives did occur, consequences were not documented to inform/guide staff in relation to ongoing consumer care. Management personnel responded by conducting immediate reassessment, and in their response the approved provider advised all sampled consumer’s needs were fully reviewed. In addition, management personnel informed of planned remedial action including clinical staff education/training, managing staff performance and communication with medical officers to ensure current requirements.

While these deficits are noted, I acknowledge the service demonstrates consideration of risks to most sampled consumers’ safety, health, and well-being. Various validated risk assessment tools are being used in a variety of circumstances including during admission, generally when consumer circumstances change including palliative care. I have taken into consideration the service demonstrates appropriate assessment/care planning for most sampled consumers and while I note lack of documentation I accept the service evidenced processes were followed to ensure care delivery. I find requirement 2(3)(a) is compliant.

Requirement 2(3)(b)

The service demonstrates most consumers’ ongoing assessments are reflective of current care needs/goals and preferences, including advance/end of life planning as per consumer’s wishes. Interviewed staff demonstrate an understanding of consumer’s needs and wishes relating to care delivery. Management personnel explained involving consumers and representatives when consumers enter the service, during regular update discussions and/or when conditions change. Sampled consumer documentation demonstrate alignment with staff feedback and current directives to guide care provision.

While most files demonstrate current assessment/care planning occurs, the assessment team noted one consumer’s file was not reflective of current nutritional status and lacking reassessment regarding unplanned weight loss (refer to requirement 3(3)(a) detailing consumer impact). I have taken into consideration the service demonstrates appropriate re-assessment/care planning, addresses most consumer’s current needs, plus consumer/representative satisfaction relating to care delivery. I find requirement 2(3)(b) is compliant.

Requirement 2(3)(c)

The service demonstrates effective methods to ensure consumers and/or representatives are engaged in assessment/planning, including involvement of other organisations/providers of care when needed. Documentation review and interviews with consumers/representatives, staff and external providers demonstrate multiple allied health providers, pathologist, Dementia Support Australia (DSA) and palliative care specialist teams are involved in care. Documentation details involvement in assessment/care planning directives to guide staff in care delivery. Examples include physiotherapy involvement when consumers enter the service and ongoing involvement relating to mobility, including when they experience a fall.

Requirement 2(3)(d)

The service demonstrates effective methods of communication to consumers and/or representatives in relation to planned care and services, including the provision of relevant information readily available to them. Interviewed staff demonstrate awareness of consumer’s needs, methods to ensure they have the most current information for care delivery and communication processes to ensure consumers/representatives (and others involved in care delivery) have access to care plans. Documentation demonstrates outcomes of consumer assessment and planning are communicated to consumers/representatives. The assessment team observed care plans accessible to staff.

Requirement 2(3)(e)

The service demonstrates most consumers’ care and services are regularly reviewed for effectiveness and currency, when circumstances change and incidents impact consumers current care needs. Documentation demonstrates reassessment when consumers return from hospital, when consumers experience a change in condition and most sampled consumer files have been recently reviewed/updated with current needs and preferences. Allied Health and other specialist review results in care directives to guide staff in care delivery.

While most files demonstrate reassessment/care plan amendment/update occurs in a timely manner when consumers experience a change/deterioration in condition and/or incidents occur, the assessment team noted two consumer’s files did not reflect review/reassessment when unplanned weight loss, or changes in mental health condition occurred (refer to requirement 3(3)(a) detailing consumer impact).

I have taken into consideration the service mostly demonstrates effective and response reassessment/care plan review when consumers circumstances change. Examples include post fall/changes to dexterity/mobility, changes to continence care and when palliative care needs change; plus, I have given weight to consumer/representative satisfaction relating to care delivery. I find requirement 2(3)(e) is compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 non-compliant as 1 of 7 requirements has been assessed as non-compliant.

Most sampled consumers and representatives consider consumers receive appropriate personal and clinical care as per their assessed needs/goals and preferences; examples include appropriate care provision such as pain management, skin integrity and palliative care. Overall, they consider staff respond to consumers’ needs, with representatives noting they are informed of changes in consumer’s condition and express positive feedback regarding staff communication relating to consumers’ current needs.

Requirement 3(3)(a)

The service demonstrates timely identification, assessment, management and evaluation of consumers’ pain, restrictive practices, skin integrity and wounds. Required restrictive practices are applied, assessment (including behaviour support plans), authorisation, consent, and ongoing monitoring occurs. Documentation details wound care management as per medical officer/specialist directives.

However, demonstration of effectively optimising health/well-being, and/or application of best practice principles was not consistently evident in managing unplanned weight loss, oral/dental care, diabetes and incident management, resulting in negative impact for some consumers. The assessment team bought forward evidence recent unplanned weight loss for three consumers has not resulted in medical officer and/or dietitian review to implement possible strategies to minimise weight loss. Monitoring processes are not effective in identifying and responding to limited food intake and staff did not report concerns to clinical staff for review. Consumer feedback regarding dissatisfaction of meals did not consistently result in responsiveness from staff to provide alternate meal options.

Assessment and care planning processes are not consistently conducted for all consumers when changes occur and/or to direct staff in appropriate care provision. Feedback from representatives and observation by the assessment team noted consumer’s oral/dental care is not attended in a timely manner, including regular oral hygiene. Management personnel responded by assessing all rooms to ensure accessibility of appropriate dental/oral hygiene equipment and commenced staff education/training. Incidents of consumer aggression are not consistently recorded/reported to enable clinical staff to identify/respond to causal factors. The assessment team noted some episodes of aggressive behaviour were not reported via incident reports, nor appropriate reporting to external bodies as per legislative requirements. In response management personnel informed of commencing staff education/training and review of all incidents to ensure consumers’ safety.

The approved provider’s response acknowledged deficits in clinical care and subsequently conducted a comprehensive review/evaluation of evidence which identified issues relating to inadequate completion of documentation by staff. All named consumers were reassessed, with consumer/representative/medical officer and appropriate specialist input, and reassessment of all consumers oral care needs occurred. The approved provider noted while staff did communicate a consumer’s blood glucose levels to the medical officer and subsequent directives were adhered to, consequences were not documented to inform/guide staff in relation to ongoing care. Additional staff training and education commenced; a monitoring process implemented to ascertain compliance with organisational documentation and Quality Standard requirements.

I acknowledge the approved provider’s immediate response and planned actions; however, I find evidence brought forward by the assessment team and the lack of efficacy in the service’s self-monitoring systems to identify lack of care to be compelling. I consider it will take some time for completion of planned actions to ensure sustainability in monitoring processes to ensure meeting consumers clinical care needs.

I find requirement 3(3)(a) is non-compliant.

Requirement 3(3)(b)

The service demonstrates monitoring processes and effective management of most high impact/prevalence risks associated with consumer’s care needs. Management personnel noted regular meetings of management and clinical staff to review current status. Interviewed staff demonstrate awareness of risks such as wound management, pressure injuries, swallowing issues, restrictive practices including administration of psychotropic medications. Clinical management personnel provide clinical oversight and monitoring processes to ensure risks are identified/managed. Examples of appropriate response were noted, including preventative strategies relating to possible pressure injury. Documentation demonstrates appropriate assessment and care planning result in effective management of risk for most consumers; including referral to external service providers, medical officer/geriatrician and subsequent directives observed. The assessment team noted issues relating to diabetes management, weight loss and lack of incident report which have been considered in requirement 3(3)(a).

Requirement 3(3)(c)

Effective systems demonstrate consumer’s needs/goals and preferences nearing end of life are recognised and addressed. Sampled consumers documentation detailed assessment/care plans reflect end of life needs and wishes; advance care directives (ACD) guide staff in ensuring consumer’s wishes are observed. Interviewed staff demonstrate understanding of processes to support consumers nearing end of life. Management personnel noted discussion relating to ACD occurs on admission, during care plan review processes and/or when deterioration occurs. Palliative care pathway directives guide staff in care provision.

Requirement 3(3)(d)

The service demonstrate deterioration or change in consumer’s health, cognitive function/ capacity is mostly recognised and responded to in a timely manner. Interviewed staff describe actions taken in response to changes, including escalating to clinical staff, doctor or health professional and/or transfer to hospital. Consumer’s wishes/choice is taken into consideration in relation to care requirements; in consultation with clinical staff and medical officer/specialists. Staff gave examples of responding to individual consumer’s needs such as pain management/commencement of antibiotic medication and documentation detailed appropriate response, referral and outcomes for most consumers. The assessment team noted changes in 2 consumer’s condition not immediately responded to - this has been considered in requirement 3(3)(a). Overall, the service demonstrate deterioration or change in consumer’s condition is recognised/responded to in a timely manner.

Requirement 3(3)(e)

Information relating to consumers’ needs/goals and preferences is documented and communicated to those responsible for care. The assessment team observed (and documentation demonstrates) regular communication/transfer of information mostly occurs between staff, medical officer, allied health and other specialists to ensure care directives are incorporated into care planning and delivery. Interviewed staff demonstrate knowledge of consumer’s individual needs and the process to ensure they have current information. Medical officers and allied health professionals’ access and document directly into the service’s electronic system. Documentation review noted some gaps in consumer assessment and care planning for some consumers, however overall, the service demonstrates consumer’s needs are documented/communicated effectively.

Requirement 3(3)(f)

The service demonstrates systems to ensure consumers are referred to appropriate organisations and providers of services in a timely manner. Interviewed staff demonstrate knowledge of escalating concerns to clinical staff and/or management personnel. Clinical staff conduct assessments resulting in appropriate referral after communication with senior clinical staff, medical officers, consumers/representatives. A monitoring and recording process enables communication to all involved. Documentation review detailed timely and appropriate referrals generally occur. The assessment team noted dietitian referral did not occur for 2 consumer’s – the outcome of which has been considered in requirement 3(3)(a). Overall, the service demonstrates an effective system of referral for most consumers.

Requirement 3(3)(g)

Organisational policy/procedure documentation guide staff practice regarding infection prevention and appropriate antibiotic use. An onsite infection prevention control lead directs and monitors effective management of standard and transmission-based precautions to prevent and control infections. Interviewed staff describe strategies for mitigation and prevention of infection transfer and demonstrate knowledge/understanding of appropriate antibiotic use. The assessment team observed appropriate stocks of personal protective equipment, hand hygiene supplies and stocks in readiness for use and screening processes in place for visitors. Staff were observed to mostly demonstrate appropriate infection control practices however some staff not consistently wear masks in communal areas of the service. Management personnel immediately responded to correct this omission.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 7 of 7 requirements have been assessed as compliant.

Most sampled consumers/representatives consider services and supports for daily living meet consumers’ needs/goals/preferences and they receive safe/effective services which enhance and maintain independence, well-being and quality of life. Consumers’ gave examples of independently leaving the service, involvement in meeting forums, feeling connected/engaged in meaningful activities (including spiritual), support to participate in internal/external communities and maintain personal/social relationships. In addition, they consider the service would involve external providers in ensuring their needs are met. Most express satisfaction with the quantity, quality, variety and choice of meal provision and equipment. They noted access to appropriate supplies of equipment to assist with activities of daily living.

Requirement 4(3)(a)

The service demonstrates effective methods to ensure services/supports meet consumer’s needs and optimises independence/quality of life. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities and methods to partner consumers/representatives in ensuring currency of lifestyle profiles and development of programs. Staff gave examples of recent purchase of resources/equipment to support consumers in participating in activities such as gardening. Documentation demonstrates outcomes of consumer assessment and planning result in meeting consumer’s needs/preferences.

Requirement 4(3)(b)

The service demonstrates effective methods in supporting consumer’s emotional, spiritual and psychological well-being. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities. Examples include prioritising individual visits to those consumers who prefer not to engage in group activities, pastoral care visits occur on a regular basis, and support provided to new consumers by ensuring regular visits from lifestyle team members. Further examples include, purchase of foreign newspapers to support consumers who express satisfaction in reading articles from their country of origin; locating consumers, who have moved from another service, in the same vicinity to support friendship/familiarity, and purchase of resources/equipment to support consumers in participating in gardening activities of choice. Documentation demonstrates outcomes of consumer assessment and planning result in meeting consumer’s needs/preferences. The assessment team noted deficits in documentation relating to the management of emotional/psychological well-being for a consumer who experienced an incident. The approved provider acknowledged gaps in documentation resulted in staff education/training. I have taken into consideration the service demonstrates effective methods in supporting most consumer’s emotional, spiritual and psychological well-being; plus, I have given weight to consumer/representative satisfaction. I find requirement 4(3)(b) is compliant.

Requirement 4(3)(c)

The service demonstrates effective methods in supporting consumer’s participation within their communities, do things of interest and have personal/social relationships of choice. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities. Positive examples include support/equipment to enable consumers to engage with family and others external to the service (during legislative pandemic related restrictions), a writing/communication program between consumers and children, virtual engagement with other aged care facilities to enable competitive participation and local artist providing art classes. The assessment team observed consumer’s artwork displayed throughout the service.

Requirement 4(3)(d)

The service demonstrates effective methods to ensure consumers’ needs/preferences are communicated to those responsible for care provision. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities, including communication methods such as staff meetings and referring to documentation. Examples include communication methods between clinical, care and catering staff to ensure consumers’ dietary needs/preferences are current. Documentation demonstrates outcomes of consumer assessment and planning result in meeting consumer’s needs/preferences, plus those involved in care provision and decision-making.

Requirement 4(3)(e)

The service demonstrates timely and appropriate referral/collaboration with other organisations/providers of care/services to support consumers diverse needs. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities. Examples of support include documentation to guide referral, appointments to allied health specialists, providers to support consumers’ cultural needs and local sports clubs supporting consumers to attend sporting activities. Documentation demonstrates outcomes of consumer assessment and planning result in meeting consumer’s needs/preferences, including involvement/collaboration with external providers.

Requirement 4(3)(f)

The service demonstrates effective systems to ensure meal provision is varied and of suitable quality/quantity/variety to meet consumers preference/need. Consumers are included in menu development. Interviewed staff demonstrate awareness of consumer’s individual needs/preferences and feedback methods to ensure consistent satisfaction. Staff demonstrate awareness of consumer’s individual dietary needs and how preferences/cultural requests are accommodated in menu provision. Regular food focus meetings ensure ongoing satisfaction. Management team personnel noted consumer feedback relating to catering services resulted in recent changes/amendments including employment of an organisational hospitality services manager to support satisfactory food/beverage service; trialling of equipment to support temperature control in meal delivery; catering personal attending education/training relating to aged care and colour coding of plates to identify specific dietary needs.

Requirement 4(3)(g)

The service demonstrates effective systems to ensure suitable, safe, clean and well-maintained equipment provision. Interviewed staff express satisfaction enough equipment is available to support consumer needs including provision of lifestyle activities, demonstrated awareness of repair and equipment replacement. The assessment team observed equipment which support mobilisation and engagement in lifestyle activities to be suitable and generally clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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. | Non-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 non-compliant as 1 of 3 requirements has been assessed as non-compliant.

Most sampled consumers/representatives consider services and supports for daily living meet consumers’ needs/goals/preferences and they receive safe/effective services which enhance and maintain independence, well-being and quality of life. Consumers’ gave examples of support to independently leave the service, involvement in meeting forums and feeling connected/engaged in meaningful activities (including spiritual needs). They consider support enables them to participate in internal/external communities and maintain personal/social relationships and consider the service would involve external providers in ensuring their needs are met (if required). Most express satisfaction with the quantity, quality, variety and choice of meal provision and most are satisfied with equipment quality/cleanliness to assist activities of daily living. Some consumers/representative’s express dissatisfaction with the cleanliness/lack of repair regarding the building environment, although consider the external garden outdoor environment to be satisfactory. They consider they have access to appropriate supplies of equipment to assist with activities of daily living.

Requirement 5(3)(a)

The assessment team observed the service to have a welcoming/comfortable, homelike atmosphere; furniture is appropriately positioned, artworks provide to create a homelike environment and signage to assist in way finding. Consumers consider adequate private areas (internal and externally) to use when socialising and suitable quantity/quality of equipment/resources to support independence/enjoyment of activities.

Requirement 5(3)(b)

While most consumers/representatives consider adequate and accessible areas (internal and externally) to utilise when socialising, suitable quantity/quality of equipment/resources to support independence and enjoyment of activities they express dissatisfaction with the cleanliness of their rooms/communal areas and state of building disrepair. Feedback includes, infrequent and inadequate cleaning of rooms, observation of food servery areas not being cleaned in a timely manner, food residue not removed, and tables not cleaned. The assessment team observed individual rooms/communal areas to be lacking paint, walls/doors in a state of disrepair, missing handrails, malodour and significant staining of carpeted areas. Maintenance staff immediately attended to issues noted by the assessment team to be a possible injury risk. Management personnel demonstrate identification of building work/renovation requirements and noted recent actions to address some aspects, including appointing additional maintenance staff and organisational hospitality manager to oversee cleaning/laundry/catering services. Interviewed consumers/representatives/staff acknowledge recent improvement in maintenance/repair work as a result. The Chief Executive Officer (CEO) advised anticipated building work to commence mid-way through 2023.

The approved provider’s response noted board identification and approval of building renovation, citing pandemic related restrictions delayed progress. They committed to undertaking a room review, communicate with consumers/representatives to ascertain their specific needs/improvement requirements and provision of staff education/training relating to cleaning processes.

I acknowledge the approved provider self-identified most issues and has a plan to address some aspects, however I find the evidence brought forward by the assessment team and consumer/representative’s volume of dissatisfaction to be compelling. I consider it will take some time for completion of the building repair/renovation works.

I am satisfied the service does not demonstrate a clean and well-maintained building environment.

I find requirement 5(3)(b) is non-compliant.

Requirement 5(3)(c)

The assessment team observed most furniture, fittings and equipment to be suitably safe for use, however noted some furniture to be in need of cleaning/replacement. Kitchen, laundry and cleaning equipment were observed to maintained in accordance with infection control guidelines, and consumers were observed utilising equipment in a safe manner. Management personal informed of a recent increase in furniture supply from another service and demonstrate awareness of issues noted by the assessment team informing of planned activities to address these. Interviewed staff and management advised of systems relating to cleaning and maintenance programs.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 4 of 4 requirements have been assessed as compliant.

Sampled consumers/representatives consider they are encouraged and supported to provide feedback and make complaints; providing examples of immediate and satisfactory response when they had done so, including use of open disclosure processes, receipt of an apology and feedback utilised in improvement activities. Management’s response to meal service feedback was cited as an example of responsive actions. Consumers/representatives express satisfaction of management team’s initial response, ongoing updates and acceptance of responsibility. They consider appropriate access to advocates, language services plus demonstrate an awareness of external complaints management avenues available to them.

Requirement 6(3)(a)

The service demonstrates effective systems of encouraging/supporting consumers/representatives to provide feedback and make complaints. Consumers and representatives gave examples of communication methods to ensure they are aware of mechanisms available, and responses received. Interviewed staff demonstrate awareness of their role/responsibility in supporting consumers and how feedback is used in improvements. Documentation demonstrate stakeholder engagement, responses and timely management to complaints.

Requirement 6(3)(b)

The service demonstrates effective methods to enable consumers’ awareness of methods available for feedback/complaints. Interviewed staff demonstrate awareness (and use) of translation/interpreter and advocacy services. Management personnel demonstrate promotion and use of advocacy/language services as a method of communicating with diverse consumer cohorts; an example includes a representative from Older Persons Advocacy Network visiting the service to provide information to consumers and education to staff. The assessment team observed, and documentation demonstrates how external supports/service information is conveyed and their services promoted to consumers. Information is on display and within documentation given to consumers/representatives.

Requirement 6(3)(c)

The service demonstrates effective methods to ensure appropriate action taken in response to complaints including principles of open disclosure. Consumers/representatives express satisfaction. Interviewed staff demonstrate awareness and gave examples of responsiveness to complaints and when open disclosure practices are utilised. Management personnel outlined complaints resolution and policy documentation to guide staff in organisational expectations. Trending and analysis occur to drive improvements. Management personnel noted a trend in relation to meal delivery service and consumer/representatives express satisfaction with recent improvements. Documentation demonstrates actions implemented to address complaints.

Requirement 6(3)(d)

The service demonstrates effective methods of utilising feedback/complaints to improve care and services. Consumers/representative’s express satisfaction in relation to this, giving examples of individual and service wide improvements. Management personnel gave examples of recent improvements and documentation review noted linkage/connection between complaints and improvement outcomes. While the service evidenced several improvements resulting from feedback, the assessment team noted inconsistent completion of documented information to demonstrate outcomes, evaluation and resolution of some actions.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 5 of 5 requirements have been assessed as compliant.

Most sampled consumers/representatives consider enough staff to meet needs/preferences and provide appropriate care; one consumer raised concerns relating to wait times when needing two staff to assist. Consumers/representatives consider staff are kind, caring and respectful of consumers’ identity, culture/diversity; knowledgeable of individual needs and have the required skills to perform their roles. They cited examples such as safely assisting with mobility transfer and provision of medications.

Requirement 7(3)(a)

The service demonstrates effective systems to ensure a workforce includes staffing numbers and skill mix for the delivery of safe quality care and services. Most consumers and representatives express satisfaction of staff responsiveness and skills however, one consumer noted concerns relating to waiting for staff to meet their care needs. Interviewed staff demonstrate awareness of their role/responsibility in meeting consumers’ needs. Management demonstrate monitoring and review methods to ensure enough staff to meet consumer needs, including management of unplanned leave. Documentation demonstrate stakeholder engagement, responses and timely management to complaints.

Requirement 7(3)(b)

The service demonstrates workforce interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity with consumers and representative’s expressing satisfaction in relation to this. Interviewed staff demonstrate awareness/understanding of individual consumers’ needs giving examples of these aspects during care delivery and staff were observed to be interacting with consumers in a kind/caring/respectful manner. Management demonstrate monitoring and review methods to ensure consumer satisfaction. Documentation demonstrates staff reference to consumer’s using respectful language.

Requirement 7(3)(c)

Effective systems ensure staff have required qualifications and appropriate knowledge to perform their roles. Consumers and representative’s express satisfaction staff have knowledge/skills to meet consumers’ needs. Interviewed staff gave examples of regular assessment of skills/knowledge and supportive education. Management demonstrate monitoring and review methods to ensure staff competence/knowledge on a regular ongoing basis and documentation noted completion of education records, relevant qualifications and competency accomplishment. While the assessment team noted deficits in documentation relating to clinical management and incident reporting, interviewed staff demonstrate knowledge relating to these, and other topics relevant to the Quality Standards.

Requirement 7(3)(d)

The service demonstrates systems to train, equip and support a workforce to deliver most outcomes required by the Quality Standards and consumers/representative’s express satisfaction. Interviewed staff describe orientation/support received including access to a variety of training relevant to their role. Management noted, and documentation demonstrates monitoring and review methods utilised to ensure staff attendance at required training. Policy documentation guides staff in organisational expectations. While the assessment team noted deficits in documentation relating to clinical management and incident reporting, the service demonstrates staff attendance at training related to these topics. While it was noted not all staff demonstrate knowledge of some new regulatory requirements, management personnel detailed the monitoring process to ensure training and education completion.

Requirement 7(3)(e)

The service has a system of regular assessment, monitoring and review of workforce performance. Most consumers and representative’s express satisfaction of staff skills and experience. Interviewed staff demonstrate awareness and satisfaction of support received by regular manager/supervisor performance review. Management outlined the framework in managing underperformance. Policy documentation guides staff in organisational expectations.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as 1 of 5 requirements has been assessed as non-compliant.

Sampled consumers and representatives consider the organisation is well run and they are supported and engaged in what happens at the service, detailing several methods their input/feedback is sought. They gave examples of feedback utilised in improvement activities.

Requirement 8(3)(a)

The service demonstrates effective consumer/representative engagement and inclusion in development of care and services. Management personnel outlined several ways consumers are engaged in the development, delivery and evaluation of care and services. Policy documentation guides staff in organisational expectations. Documentation demonstrate examples of consumer engagement such as meal service, leisure activity programs, transitioning from another organisational service to this, and supporting consumer involvement in meeting forums.

Requirement 8(3)(b)

The service demonstrates methods the governing body promotes (and is accountable) for safe quality care and services within a culture of inclusivity. The Board Chief Executive Officer outlined the governing body’s method to promote/enhance a culture of safe, inclusive quality care and services. Policy documentation, including a strategic plan, guides staff in organisational expectations. Monitoring processes result in regular provision of data and information to the governing body, including escalation of issues when board member involvement, decision making/solutions are required.

Requirement 8(3)(c)

The service demonstrates effective governance systems utilising a corporate governance framework and policies and procedures to support implementation. Management personnel demonstrate (and documentation review details) initiatives undertaken (and planned) to enhance governance in relation to aspects of this requirement. They detailed arrangements for financial governance, continuous improvement, regulatory compliance, and the governing body’s ongoing oversight. Monitoring processes are in place to ensure preparedness and implementation of appropriate actions relation to planned governance reforms during 2023.

Requirement 8(3)(d)

It is noted an organisational risk management framework with supporting policies and procedural documentation is accessible to guide staff. A strategic risk register demonstrates monitoring processes and ongoing risk review occurs. Organisational and management personnel demonstrate understanding of risk management and mitigation strategies and documentation details staff education and training.

However, the service did not demonstrate an effective risk management system to ensure appropriate investigation/response to allegation of abuse. The assessment team noted while the service appropriately reported a consumer’s allegation of sexual abuse to the reporting body (as per legislative requirements), allegations were neither fully investigated to prevent further distress nor reported to Police as per legislative requirements. Further, the service did not demonstrate incidents of a consumer’s verbal abuse of others resulted in investigation of causal factors and/or mitigation strategies to prevent repetition and/or consideration to report to SIRS. While the service demonstrates monitoring/management processes to provide emotional support, minimise distress and ensure consumer’s safety, management personnel acknowledge a lack of appropriate incident reporting and escalation to alert management personnel occurred.

The approved provider’s response noted via review/evaluation of incidents it was identified lack of staff understanding relating to requirements/responsibilities for reporting despite have received training. They committed to further education, training and monitoring of staff to ensure understanding/compliance, plus re-launch of tools/forms to guide staff adherence including implementation of a route-cause analysis process.

I acknowledge the approved provider responded to evidence and has plans to address staff knowledge deficits, however I find it compelling the service’s self-monitoring systems inefficacy in identifying deficits as bought forward by the assessment team. I consider it will take some time to implement sustainable systems and an effective monitoring system to ensure all incidents are reported, actioned and evaluated appropriately.

I find requirement 8(3)(d) is non-compliant.

Requirement 8(3)(e)

The service demonstrates an effective clinical governance framework regarding antimicrobial stewardship, open disclosure and minimising restrictive practices. Policy and procedural documentation guide management personnel and staff in adherence to the organisational clinical governance framework of which organisational and management personnel demonstrate understanding/awareness of requirements. Monitoring processes enable ongoing oversight of service performance in relation to clinical governance and provision of data to the board. Antimicrobial stewardship for example, is discussed at multiple meeting forums and promoted/supported by management and staff. While findings of deficits relating to some aspect of clinical care are noted in Standard 3, the service generally demonstrate effective clinical governance.

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)