Performance

Report

**1800 951 822**

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| Name of service: | Columbia Aged Care Services - Willowood Centre |
| Service address: | 297 Mowbray Road CHATSWOOD NSW 2067 |
| Commission ID: | 0716 |
| Approved provider: | Australian Hospital Administration Pty Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 26 October 2022 |

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

**This performance report**

This performance report for Columbia Aged Care Services - Willowood Centre (**the service**) has been prepared by D. McDonald, 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 received 20 October 2022 including a plan for continuous improvement, a training plan, newsletters and clinical documentation for an individual consumer.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 1(3)(a) – the service ensures consumers are treated with dignity and respect including being dressed in their own clean clothing and their personal hygiene is maintained.
* Requirement 1(3)(f) – the service ensure consumer’s electronic and hard copy documentation is securely maintained and staff consistently implement practices to respect the privacy of consumers.
* Requirement 2(3)(a) – the service ensures risks to consumers are considered through and to inform assessment and care planning processes including prior to environmental restrictive practices being applied.
* Requirement 3(3)(a) – the service ensures consumers receive personal care tailored to their needs and preferences and clinical care is provided to conditions that optimises the consumers health and wellbeing including for restrictive practices and complex health care.
* Requirement 3(3)(b) – the service ensures high impact or high prevalent risks such as time critical and psychotropic medication, pain, behaviours and weight loss are effectively managed
* Requirement 3(3)(g) – the service ensures precautions to control and prevent transmission of infection, including hand hygiene, are consistently implemented by staff.
* Requirement 4(3)(a) – the service ensures consumers receive services and supports associated with activities of daily living, including the provision of laundry services, which meets their goals, needs and preferences.
* Requirement 5(3)(b) – the service ensures consumers are able to move freely within and outside of the service environment and the service environment is maintained, safe and clean.
* Requirement 7(3)(c) – the service ensures staff undertake a comprehensive training and education program to address the deficiencies identified in this report and demonstrate they are competent and have the knowledge to perform their roles.
* Requirement 8(3)(c) – the service ensures its governance systems are effective in identifying legislative requirements and compliance is maintained.

# 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. | Non-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. | Non-compliant |

Findings

The assessment team recommended two of these requirements were not met.

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Each consumer’s privacy is respected and personal information is kept confidential.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 1(3)(a), the site audit report evidenced each consumer’s culture, identity and diversity were valued and staff had an awareness of treating consumers with dignity. However, not all consumers and representatives considered consumers were treated with dignity and respect as consumers were observed to have unwashed hair and were wearing unclean clothing, which belonged to other consumers. Additionally, consumers clothing was labelled with their room number rather than their name.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including providing staff with dignity and respect training, the implementation of monthly care review processes for each consumer and a new laundry contractor being engaged for labelling of consumer clothing.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate each consumer was treated with dignity and respect.

Therefore, I find Requirement 1(3)(a) is non-compliant.

In relation to Requirement 1(3)(f) the Site Audit report contained positive feedback from consumers and representatives who confirmed staff generally ensure the consumer’s privacy was respected, as doors were closed when care was being delivered. However, personal information was observed to not be kept confidentially as consumer information retained electronically or in hard copy was unsecured and accessible within unlocked nurse’s stations. Additionally, staff were observed entering consumers rooms prior to permission being granted by the consumer to do so.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including issuing communication to staff on the appropriate provisions to secure consumer information, providing staff with dignity and respect training, advising staff practice will continue to be monitored through closed circuit television cameras and staff performance managed for any staff seen not to abide by the service’s privacy requirements.

I acknowledge, staff may at times enter a consumer’s room without being granted permission, due to the consumers physical, cognitive or sensory abilities preventing them from responding to staff knocking, and do not consider this in itself indicative of non-compliance, following the assessment and documentation of any communication barriers, preferences and strategies agreed with the consumer or their representative.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate each consumer’s information was kept confidentially or their privacy respected.

Therefore, I find Requirement 1(3)(f) is non-compliant.

I find the remaining 4 requirements of Quality Standard 1 are compliant as:

Consumers and representatives stated care and services were culturally safe. Care planning documentation, including lifestyle plans, identified consumers cultural needs and preferences for care and services. Staff described cultural food preferences for consumers and specific meals, made to accommodate consumers specific cultural preferences, were observed.

Consumers said they were supported to exercise choice and independence regarding how their care and services were delivered and to maintain connections and relationships. Staff described how they assist consumers to maintain relationships with people important to them, such as supporting married couples to spend time together following their wishes.

Consumers and representatives stated some consumers were supported to take risks, if they chose, enabling them to live the life they wanted, such as leaving the service independently and choosing not having pressure relieving equipment. Care plans reflected how consumers were able to take risks and live life as they wished with strategies recorded to minimise the risk. Assessment of risk-taking activities occurs in consultation with consumers, their representative, and service personnel.

Consumers and representatives said timely and accurate information was provided, which was communicated clearly, was easy to understand, and enabled them to exercise choice. Staff described how the service provided interventions to support consumers with barriers to communication, such as the use of cue cards and accessing translator technology for consumers who spoke English as a second language. Menus, activity planners, newsletters, and notices were displayed around the service.

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

Findings

The assessment team recommended this requirement was not met.

* 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.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 2(3)(a), the site audit report evidenced assessment processes had identified for each consumer, their risk, of falls, pressure injuries and skin integrity, with care planning processes having documented intervention strategies to reduce these risks. However, deficiencies were brought forward in relation to the assessment of risk for consumers who were subject to restrictive practices. Additionally, restrictive practice had been applied contrary to best practice and informed consent for the application of restrictive practice was not able to be demonstrated.

I have considered the deficiencies in relation to the application of restrictive practice under Requirement 3(3)(a) and the service’s failure to identify consumers who have a restrictive practice applied and this being applied without informed consent, as a component of regulatory compliance under Requirement 8(3)(c).

The provider’s response confirms the information included in the site audit identifying the service is located on a busy, main thoroughfare which carries a high load of traffic, and the perimeter of the service is secured to ensure consumers safety.

The provider’s response also asserts any consumer is allowed to have the code to the front gate providing they or their representative have asked for it and following this request, an assessment on their safety would be undertaken as they may be unsafe to access areas outside of the service’s perimeter.

This supports non-compliance with this requirement, as the assessment of the risk is not dependent on a consumer or their representative requesting the code for the gate and any consumer, who is physically and cognitively able to leave the service, who has not been assessed, as at risk by an approved health practitioner, is inappropriately environmentally restrained.

I acknowledge, the corrective actions included in the provider’s response which outlined actions taken, commenced or planned, including providing staff with training and education which will take time to implement and demonstrate its ongoing effectiveness, and at the time of the site audit, the service was not able to demonstrate the risks to each consumer had been considered as part of the assessment and care planning process.

Therefore, I find Requirement 2(3)(a) is non-compliant.

I find the remaining 4 requirements of Quality Standard 2 compliant as:

The assessment and care planning process identified consumers’ goals, needs, and preferences, to inform staff on how to plan and deliver care. Consumers advised advance care and end-of-life planning were included in care planning discussions, and their wishes were documented. Staff demonstrated an understanding of the consumers’ needs and preferences and said they would refer to care planning documents if they had any questions about individual consumers.

Care planning documentation evidenced how planning was based on a partnership with the consumers and representatives and included other organisations who participated in the care of the consumer when required. Consumers and their representatives said staff involved them in care planning on an ongoing basis, including 6 monthly reviews or when an incident or change occurred. Staff described the involvement of other providers, such as allied health professionals, medical officers and specialist services, who participate in assessment and planning.

Consumers and representatives said information was provided to them promptly and they participated in the care planning process, and said they knew they could have a copy of the care plan. Consumers, representatives, and staff advised the outcomes of assessments were documented in the electronic care management system. Consumer files, including care plans, progress notes, and case conference records, showed how the outcomes of assessment and planning, was regularly communicated to the consumer and/or their representative.

Consumer care plans were consistently reviewed, with consumers and representatives confirming they were part of the review process. Care planning documentation and staff feedback evidenced how care plans were reviewed every 6 months or when an incident occurred. However, there were instances, where the review was not effective in identifying changes to consumers care needs.

# Standard 3

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

Findings

The assessment team recommended 3 requirements were not met.

* 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.

* Effective management of high impact or high prevalence risks associated with the care of each consumer
* 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.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 3(3)(a), the site audit report evidenced consumers had not received adequate personal care as consumers presented as unkept due to not having their clothing changed and hair cut or washed, consumers with a diagnosis of oedema, whose fluid intake was restricted were not having their fluids monitored and consumers who were subject to restrictive practices did not have non-pharmacological interventions attempted prior to the application of the restraint. Additionally, medication was not administered to optimise the health and well-being of some consumers.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including providing training and education to staff on aspects of care which present as high risk such as restrictive practices, behaviour support planning, psychotropic medication. Additionally, all consumers who were identified to have deficits in the delivery of their care have undergone review, changes to laundry practices and provision of personal care have been initiated and a new hairdresser has been engaged.

I acknowledge the corrective actions included in the provider’s response and while some of these actions have been completed, the education to be provided to staff and other planned actions will take time to implement and demonstrate their ongoing effectiveness.

I am satisfied, at the time of the site audit, the service was not able to demonstrate each consumer’s received personal or clinical care that was tailored to their needs, was in line with best practice or optimised their health and well-being.

Therefore, I find Requirement 3(3)(a) is non-compliant.

In relation to Requirement 3(3)(b), the site audit report evidenced high impact or high prevalence risks such as time critical and psychotropic medications, pain, behaviours and weight loss were not effectively managed.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including providing training and education to staff, implementing a weekly high risk clinical meeting on aspects of care which present as high risk such as restrictive practices, behaviour support planning and medication management. Additionally, all consumers who were identified to have deficits in the management of high impact or high prevalence risks have undergone review, to ensure the necessary risk minimisation strategies are in place and a dietician review had been completed for a named consumer who was experiencing weight loss.

I acknowledge the corrective actions included in the provider’s response and while some of these actions have been completed, the education to be provided to staff and other planned actions will take time to implement and demonstrate their ongoing effectiveness.

I am satisfied, at the time of the site audit, the service was not able to demonstrate high impact or high prevalence risks for each consumer were being effectively managed.

Therefore, I find Requirement 3(3)(b) is non-compliant.

In relation to Requirement 3(3)(g), the site audit report brought forward deficiencies in the application of precautions to prevent and control infections as personal protective equipment was not being worn correctly, hand hygiene practices were not being adhered to, there was insufficient hand sanitising stations within the service environment, density limitations were being exceeded, equipment was being shared between consumers without cleaning and consumer and visitor screening processes were not implemented consistently.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including providing training and education to staff, acquisition of more hand hygiene equipment and products, hand washing competencies have been reassessed, communication has been provided to staff on the correct use of personal protective equipment, density signage has been revisited and corrected; and visitor testing regimes strengthened.

I acknowledge the corrective actions included in the provider’s response and while some of these actions have been completed, the education to be provided to staff and other planned actions will take time to implement and demonstrate their ongoing effectiveness.

I am satisfied, at the time of the site audit, the service was not able to demonstrate precautions to prevent and control transmissible infections were being effectively applied.

Therefore, I find Requirement 3(3)(g) is non-compliant.

I find the remaining 4 requirements of Quality Standard 3 are compliant as:

Consumers said their end-of-life needs and preferences were met, and comfort was maximised. Care documentation reflected how consumers received effective palliative care with symptom management and comfort care provided and how external palliative care provided supported care. Policies and procedures in relation to palliative care and end-of-life care were reviewed and contained information to guide staff practice.

Consumers provided positive feedback about the service's response to any deterioration in condition, health, or ability in consumers. Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff were able to describe signs and symptoms of deterioration, such as poor appetite, weight loss, bowel movement, and mobility changes.

Consumers and representatives said the consumers’ needs and preferences were effectively communicated, and they generally received the care they needed. Staff described, and documentation confirmed, how information was shared and documented when changes occurred, such as information shared during shift handovers. Care documentation reviewed, including care plan summaries and progress notes, provide adequate information to support the effective and safe sharing of the consumer’s condition, preferences, and care needs.

Consumers and representatives advised timely, and appropriate referrals occurred and the consumer had access to relevant health supports and services such as the medical officers, physiotherapist, occupational therapists, dietitian, speech pathologist, geriatrician, and specialist support services. Care planning documentation evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers to other health professionals.

# 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. | Non-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 assessment team recommended this requirement was not met.

* 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.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 4(3)(a), the site audit report evidenced consumers were not receiving services and supports which optimised their quality of life as representatives advised and observations confirmed consumers were provided with activities which did not align with their preferences and consumers with dementia were disengaged having been provided with limited activities.

I have also considered the concerns raised in relation to laundry services where consumers and representatives have advised consumers often receive clothing from the laundry which does not belong to them and consumers clothing was noted to be unclean under this requirement as laundry services are an activity of daily living.

The provider’s response confirms they continue to work with consumers to meet their changing needs and acknowledges the findings of the site audit. A plan for continuous improvement to address the identified deficiencies has been submitted which includes corrective actions taken, commenced or planned, such as providing training and education to staff through dementia specialists on the design and development of activities and comprehensive care plan reviews will be undertaken with consumers and representatives, to ensure a diverse program is implemented. Additionally, the service has advised changes to laundry services are being progressed to ensure consumers clothing is returned to the correct consumer.

I acknowledge the corrective actions included in the provider’s response and while some of these actions have been completed, the education to be provided to staff and other planned actions will take time to implement and demonstrate their ongoing effectiveness.

I am satisfied, at the time of the site audit, the service was not able to demonstrate each consumer received services and support for daily living that optimised their quality of life.

Therefore, I find Requirement 4(3)(a) is non-compliant.

I find the remaining 6 requirements of Quality Standard 4 are compliant as:

Lifestyle assessments and care planning documentation captured the spiritual and religious needs and preferences of consumers. Consumers and representatives stated consumers received the emotional, spiritual/religious, and psychological support they needed to maintain their mental well-being. Staff reported arranging for volunteers who shared a named consumer's first language to spend time with the consumer each week. The service had access to a psychologist who regularly ran well-being programs for consumers.

Most consumers and representatives said consumers were supported to maintain social and personal relationships and do things of interest to them such as gardening, music, craftwork, bingo, and attend exercise classes. Consumers were observed sitting in the garden with visitors, doing puzzles, and participating in the armchair travel activity. Care planning documentation identified consumers’ needs, preferences, and activities which were important to them.

Consumers and representatives said information about changes in their needs, preferences, and conditions was communicated within the service. Care planning alerts and shift handovers supported staff to communicate change effectively. The chef and hospitality manager described consumers with food allergies and intolerances and how information was communicated to kitchen staff.

Consumers and representatives said referrals were timely and appropriate. Staff were able to recall situations where referrals were made to specialist support services, advocates, and hospitals for assessments, reviews, and support with mental/emotional/psychological issues. Care planning documentation reflected regular, timely, and appropriate referrals were made to other organisations and providers to optimise consumers’ well-being. The service uses external providers, such as volunteer services, to interact with consumers to promote socialisation and prevent isolation.

Although some consumers provided negative feedback about the quality of the food, overall, consumers said the food was good or improving. Staff confirmed a new seasonal menu is in the process of being implemented and consumers have a choice of meals at both the lunch and dinner services. Meals were observed to be well-plated however, the dining tables were not set and lacked tablecloths and some dining rooms were not attended by staff. Care planning documents reflected consumers’ dietary needs and preferences.

Consumers and representatives said they had access to equipment, including mobility aids, which were safe, suitable, and well maintained. Staff described the process of logging maintenance requests for equipment issues, including the process if there was an urgent issue. Maintenance documentation evidenced all items had been actioned. The equipment observed appeared to be safe suitable and well-maintained for use within daily activities, however consumers mobility aids were observed to be dirty and required cleaning.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The assessment team recommended this requirement was not met.

* The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 5(3)(b), the site audit evidenced the service environment was unclean as the external areas were dirty, windows were unclean, cobwebs were present, equipment or vehicles had broken down and were not yet repaired and consumers who did not smoke were subject to second-hand cigarette smoke as there was no designated smoking area. Additionally, consumers were not able to move freely as cleaning trolleys were left unattended and cluttering corridors, courtyard access was restricted via a keypad and the perimeter of the service was secured.

I have considered issues raised in relation to laundry services under Requirement 4(3)(a) where it is more relevant as it relates to ineffective delivery of services and supports for daily living activities.

The providers response confirms the service had contractors in place for the maintenance and cleaning of internal and external areas, however due to the failure of the contractors to comply with the COVID-19 vaccinations requirements, these contractual arrangements had broken down and only recently replaced.

In relation to consumer’s free movement, I acknowledge the provider has confirmed consumers were mostly free to move within the service environment, except for the restricted courtyard which was undergoing refurbishment, however, while the secured perimeter prevents the entry of unauthorised or uninvited entry, for some consumers their free movement, outside the service, may be restricted due to the perimeter, as this need has not been assessed, which supports non-compliance with this requirement.

The provider has submitted a plan for continuous improvement and advised a deep internal and external clean is being progressed, a designated smoking area is being established, parts for broken equipment is awaiting delivery and consumers have access to the courtyard during certain hours.

I acknowledge the corrective actions included in the provider’s response and while some of these actions have been completed, the education to be provided to staff and other planned actions will take time to implement and demonstrate their ongoing effectiveness.

Therefore, I find Requirement 5(3)(b) is non-compliant.

I find the remaining 2 requirements of Quality Standard 5 are compliant as:

Management advised the service is soon to be refurbished and will be designed using dementia-friendly, aging-in-place principles and with input from consumers. Some areas of the service environment were observed to be newly renovated with dementia-friendly bathrooms with contrasting coloured toilet seats, spacious communal areas, and multiple dining areas to improve accessibility and functionality for consumers living with dementia. However, a lack of natural light and an overall lack of dementia-friendly design of the service were observed. Consumers described the service as very welcoming and said staff were caring, kind, and compassionate and this increased their sense of belonging.

Most furniture, fittings, and equipment were observed to be safe, clean, colourful, and suitable, however, some dining and servery areas were observed to be unclean and cluttered. Staff described how regular maintenance was completed according to a schedule, or in response to reports raised by staff and maintenance checked for and actioned reactive maintenance requests daily.

# Standard 6

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

Findings

Consumers and representatives said they felt safe and supported to provide feedback and were aware of the options to provide feedback, including verbally, in writing, through meetings, care planning reviews, and consumer surveys. Staff described the service’s complaints open-door policy in regard to complaints and advised how simple complaints were often resolved on the spot. Documents reviewed included information which detailed how to give feedback and make complaints. Observations confirmed consumers and representatives approached management and staff directly with any concerns.

Consumers and representatives were aware of, and had access to, advocates and language services to assist them with raising complaints. Consumers were aware they could make complaints to external services such as the Commission. Staff described how to access advocacy or interpreters if a consumer required these services and gave an example confirming a consumer was referred to an advocacy service. The complaints log was reviewed and included details of an issue which was referred to an advocacy service for resolution.

Consumers and representatives stated they were kept informed of any issues as soon as they happened, and the service does so with full transparency and apologises for any wrongdoing. Staff were able to describe open disclosure policies and procedures and provide instances of where they have had to undertake an open disclosure process. Training records reflected how staff had been trained in open disclosure policies and procedures.

Consumers and representatives stated they previously had ongoing issues with the quality and quantity of food provided and the laundry constantly lost clothes and the complaints register reflected previous complaints about food and missing clothes. However, most consumers and representatives stated the food had improved over the past few months with the employment of a new hospitality management in response to consumer and representative feedback. The service’s feedback register reflected details of feedback, action taken, and communication with consumers and their representatives, and where relevant, items were added to the service’s continuous improvement plan.

# 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. | Non-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 assessment team recommended this requirement was not met.

* The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 7(3)(c), the site audit report brought forward mixed feedback from consumers and representatives on the competency of staff in relation to conditions that required complex care. Additional deficiencies were identified regarding staff competency or knowledge in relation to medication management, restrictive practices and infection control which are supported by the non-compliance found with other requirements.

The provider’s response acknowledged the findings of the site audit and agreed that staff require further training. A plan for continuous improvement to address the identified deficiencies confirms a comprehensive training program will be developed and deployed to the broader workforce. I acknowledge some of this training will be delivered by specialist organisations to support the diverse learning needs of staff and to improve the delivery of care and services.

I note, while some of this training has already been organised, additional outbreaks of COVID-19 have prevented the training being delivered as it requires face to face learning. I consider this, and other proposed training will take time to deliver and for the effectiveness of the learning to be determined through staff being assessed as competent.

I am satisfied, at the time of the site audit, staff were not able to demonstrate they have the knowledge to or are able to competently perform their roles.

Therefore, I find Requirement 7(3)(c) is non-compliant.

I find the remaining 4 requirements of Quality Standard 7 are compliant as:

Consumers and representatives stated they felt there were enough staff to deliver safe, quality care and services and advised during lockdown the service was understaffed but there was no negative impact on the delivery of care. Staff felt there were generally sufficient staff and a good mix of skills, but on weekends the service was occasionally short-staffed, however current rostering reflected a full complement of staff where available. A review of call bell response times reflected an average call bell response time of 2 minutes.

Consumers and representatives stated staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff described how they were inclusive of all consumers and supported communication by using strategies, such as translation technology for consumers who speak English as a second language. Staff were observed interacting with consumers in a kind, caring and respectful manner.

Most consumers and representatives interviewed could not identify any additional training staff required and confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed receiving orientation education, ongoing training, including annual mandatory training, and completing core competencies. Management described recent training provided to staff as a result of a serious incident notification. The training included all aspects of sexuality, including diversity and intimate relationships, it was delivered in a culturally safe way for staff.

Management described the recruitment, ongoing assessment, and performance review process for each staff member, which was confirmed by staff. The review process occurred several times during the probation period and then annually. The appraisal process involved a self-assessment survey and discussion with their supervisor/manager at an appraisal meeting. All staff described the process as positive and purposeful, supporting them to make goals for training and development for the following twelve months and beyond.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The assessment team recommended this requirement was not met.

* 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.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 8(3)(c), the site audit report evidenced governance systems were mostly effective, however, deficiencies in regulatory compliance were identified as the legislated requirements outlined in the *Quality of Care Principles 2014* for restrictive practice were not understood.

The provider’s response acknowledges the findings and affirms the executive and board assume the responsibility for ensuring all levels of the organisation understand and apply practices which support compliance. The response includes a continuous improvement plan and outlines policies, and procedures will be reviewed, and an education package developed and delivered. Furthermore, a Quality and compliance officer position has been created within the organisation to assist with maintaining compliance with regulation, with recruitment underway.

I acknowledge the corrective actions included in the provider’s response and while some of these actions have been commenced, other planned actions will take time to implement and demonstrate their ongoing effectiveness.

I am satisfied, at the time of the site audit, the service was not able to demonstrate regulatory compliance in relation to restrictive practices.

Therefore, I find Requirement 8(3)(c) is non-compliant.

I find the remaining 4 requirements of Quality Standard 8 are compliant as:

Consumers and representatives stated they had input into the delivery and evaluation of care and services in a variety of ways including consumer surveys, complaints, feedback forms, and direct feedback to management. Management described an open-door policy and consumers were observed offering input directly to the management team. A review of the continuous improvement plan identified actions in response to food complaints. Management also stated a consultation process will be undertaken with consumers and representatives to ensure their input into planned refurbishments is considered.

Consumers and representatives said they felt safe at the service. The service’s board described continuously updating processes and procedures to ensure they were delivering and accountable for safe and effective care and services. The board described actions including upgrading the electronic care management system, monitoring clinical indicators, and bench-marking the service against other services to identify, analyse and share emerging trends and learnings across the wider organisation.

The service had a risk management system, with supporting policies and procedures to allow consumers to live their best life and prevent incidents. Staff receive training regarding elder abuse and risk, including identifying and reporting incidents. The service had developed strategies to manage high impact and high prevalence risks, such as abuse and serious incidents, although deficiencies were identified in the management of high impact and high prevalence risks with that requirement being found non-compliant.

Policies and procedures indicated how the service had an effective clinical governance framework which covered aspects of clinical care, including antimicrobial stewardship, minimising the use of restrictive practice, and open disclosure. Staff said they were educated in these areas and provided examples of how it applied to their day-to-day work, although policy and procedures relating to antimicrobial stewardship were not followed consistently.

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)