Performance

Report

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| Name: | Concorde Nursing Home |
| Commission ID: | 7880 |
| Address: | 25 Anstey Street, SOUTH PERTH, Western Australia, 6151 |
| Activity type: | Site Audit |
| Activity date: | 27 August 2024 to 29 August 2024 |
| Performance report date: | 14 October 2024 |
| Service included in this assessment: | Provider: 934 Fresh Fields Aged Care Pty Ltd  Service: 4887 Concorde Nursing Home |

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 Concorde Nursing Home (**the service**) has been prepared by D Saunders, 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 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 16 September 2024

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* Maintenance of the service environment

# Standard 1

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

Findings

All consumers/representatives interviewed confirmed consumers are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff were able to articulate how they treat consumers with dignity and respect and demonstrated an understanding of consumers’ personal circumstances, life experiences, and cultural backgrounds, which were in line with care planning documentation reviewed by the Assessment Team. The service has organisational policies and procedures in place to ensure staff members engage with every consumer with dignity and respect while respecting their individuality. The Assessment Team observed all consumers were consistently treated with dignity and respect during the Site Audit.

Consumers/representatives interviewed stated the service delivers care and services that are tailored to consumers’ needs and culture and said staff value their culture, values, and diversity, which influences the delivery of their day-to-day care. Staff interviewed identified consumers with diverse cultural backgrounds and were able to explain how care is delivered with respect and in line with their preferences. The Assessment Team observed lifestyle calendars and ‘resident/representative’ meeting minutes, providing information about cultural and spiritual activities and events at the service. The care documentation reviewed reflected consumers' cultural needs and preferences. The service has policies and procedures to inform and guide dignity and respect, which is culturally safe for the consumers.

Consumers/representatives interviewed said they are supported to exercise choice and independence when making and communicating decisions about the care consumers receive and who is involved in their care. Consumers/representatives also said consumers are encouraged to connect with and maintain relationships with those important to them. Staff provided examples of how consumers can make choices about their care and services and how staff assist them to exercise choice. Care planning documents identify the consumers’ individual choices regarding when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

The service demonstrated how consumers are supported to exercise choice and independence, including taking risks which enables them to live the life they choose. Consumers/representatives sampled expressed happiness with how the service supports consumers with making decisions that involve taking risks. Consumers/representatives said the workforce is aware of and understands what matters to consumers and their preferences. Staff were able to describe risks taken by consumers and what they do to minimise these risks as much as possible. Care planning documentation addressed the identification and management of risks resulting from individual choices, including the use of electric scooters. The Assessment Team observed a policy guiding staff to enable consumers to partake in risks, to maintain their quality of life.

All consumers/representatives interviewed stated they receive up-to-date information about changes to consumers’ care, lifestyle activities, menu, COVID-19 updates, and other special events organised at the service. Consumers/representatives confirmed they are provided with up-to-date information and are encouraged to participate in decisions about consumers’ care and lifestyle regularly through care consultation, resident/representative meetings, newsletters, and activity calendar activities all evidenced in documentation reviewed by the Assessment Team.

Staff were able to describe ways in which consumer privacy is respected and explain how consumer information is kept confidential, which aligned with consumer preferences listed in care planning documentation. The service has established policies and procedures to support both staff and management in delivering person-centred care with dignity and respect such as the consumer dignity and choice policy sighted by the Assessment Team. Staff described keeping computers locked and using passwords to access consumers’ personal information. Other paper-based information about consumers is kept locked in the nurses’ stations or in offices.

The Assessment Team reported a perceived issue with privacy relating to visual access to a bathroom space. The service in its response to the site audit report provided photographs and context which, in my view, lessens the concerns raised by the Assessment Team.

I find this standard compliant.

# Standard 2

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

Findings

Consumers/representatives sampled provided positive feedback and confirmed consumers participated in developing their care plans, held in the service’s ECMS, enabling the delivery of care that is specifically tailored to their needs, preferences, and goals with risks considered. The service's assessment and planning processes prioritise safety and effectiveness, considering potential risks to consumers. RNs were able to describe these processes and how they mitigate risks to ensure the delivery of high-quality care and services. Risk assessments are conducted initially and reviewed as needed, with risk management being an integral part of ongoing care planning. Management demonstrated they have a wide range of clinical policies and procedures available on their intranet to guide staff in completing necessary assessments and documentation. The Assessment Team reviewed the clinical policies and procedures of the service.

Consumers/representatives said consumers are consulted in relation to the needs, goals and preferences of the consumers’ care, and staff have spoken with them about advance care and end of life planning (EOL) planning. Staff and management demonstrated an understanding of sampled consumers’ individual needs and preferences, described how they approach EOL and advance care planning conversations with consumers/representatives during the admission process, at case conferences, during care planning reviews and as needs change. Care planning documentation for sampled consumers evidenced consumers’ current needs, goals, preferences and advanced care planning.

Consumers/representatives confirmed consumers felt like partners in the planning of their care and services. They said they participated in the initial assessment and ongoing care plan review processes, which included the MO and other health professionals as required. RNs described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers/representatives. Staff were able to explain the processes for referral to allied health professionals. Management advised the service partners with a diverse range of external providers and services such as the MO, outreach services from the hospital, psychologists, speech pathologists, physiotherapists, podiatry, and dietitian services in consumer care. Consumers' care planning documentation reflected the involvement of consumers/representatives and others in the assessment and care planning process. Care plans also indicated who the consumer had nominated to be involved in the care planning and evaluation process, including for advance care.

Consumers/representatives confirmed they can easily access consumers’ care plans, are verbally informed when a change is made and described they felt staff engaged them as a partner in the care plan process. Management and staff said all care plans are accessible through the ECMS and staff were observed checking these throughout the Site Audit. Management has established a comprehensive set of policies and procedures to guide staff in communicating assessment and care planning outcomes effectively. The Assessment Team conducted a review of sampled consumers’ care plans, showing documentation of outcomes, updates, and communication details with consumers/representatives, ensuring a comprehensive approach to care delivery.

Consumers/representatives sampled advised consumers were involved in the regular review of consumers’ care plans with staff, MOs, and allied health professionals. They confirmed if changes or incidents occurred, then further discussions are conducted, and any needs required for the consumer are addressed promptly. Staff and management interviewed said care plans are reviewed every 6 months or when health or care needs change and described how incidents such as falls, wounds, or infections would generate a reassessment or review of consumers’ needs. The service holds annual case conferences with consumers/representatives and as required. The Assessment Team noted progress notes and care plans indicated regular updates with consumers/representatives when changes or incidents occurred.

I find this standard compliant.

# Standard 3

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

Findings

Consumers/representatives provided positive feedback, expressing satisfaction with the care provided, and stating consumers personal and clinical care needs were met. Care planning documentation for sampled consumers reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described consumers' individual needs and preferences, their most significant personal and clinical care requirements, and how these were delivered in line with their care plans. The Assessment Team observed staff interactions with consumers and confirmed personal and clinical care is being delivered in accordance with their care plans. The service has policies, work instructions, and flowcharts related to personal and clinical care to guide staff in best practice.

Consumers/representatives said they were happy with the management of consumers’ high-impact/high-prevalence risks. The service demonstrated effective management of high-impact and high-prevalence risks associated with each consumer’s care needs including falls, psychotropic medications, and specialised care needs, through regular clinical data monitoring, trending, and the implementation of suitable risk mitigation strategies for individual consumers. Staff and management identified and described risks and related management for individual consumers. Care planning documentation for sampled consumers identified high-impact/high-prevalence risks had been identified and effectively managed by the service, including falls, PI, weight loss, diabetes management, and catheter care. The Assessment Team observed the use of pressure relieving devices, and crash mats. The service has policies and work instructions related to high impact/high prevalent risks to guide staff.

Consumers/representatives interviewed confirmed consumers’ needs, goals, and preferences, including their EOL wishes, have been discussed with consumers. Staff confirmed their understanding of consumers’ goals, needs and preferences, including EOL care interventions. Care planning documents demonstrated consumers and family participate in decision making processes and are supported by external palliative care services to ensure needs, goals and preferences are captured. Staff and management described the care delivery changes for consumers nearing EOL and practical ways in which consumers’ comfort is maximised and dignity preserved through regular repositioning, pain management, oral care, and emotional and spiritual support. The service has policies and procedures in place in relation to palliative care and EOL care, to guide staff practice.

Consumers/representatives provided positive feedback in relation to the responsiveness of the service when there is deterioration in the consumer’s condition, health, or ability. RNs/ENs and care staff were able to explain the process for identifying and reporting changes and deterioration in a consumer’s condition. They described signs and symptoms such as recognising pain, poor appetite, weight loss, bowel movement, changed behaviours and mobility changes. Management said by a daily review of progress notes, scheduled reviews, incident reports, clinical charting and feedback about consumers’ conditions they are alerted to any changes and ensure there is a timely response. Care planning documentation and progress notes reflected the identification of and response to deterioration or changes in condition. The service has a policy and work instructions in place in relation to acute deterioration, to guide staff practice and care delivered was in accordance with this.

Consumers/representatives said the consumer’s care needs and preferences are effectively communicated between staff and others, and they receive the care they need. The service ensures information about the consumer's condition, needs, and preferences is recorded and shared within the organisation and with others who share in the responsibility of care. Care plan documentation reflects staff notified consumers’ MO and representatives of any changes in the consumer's condition, clinical incidents, or medication changes. Staff acknowledged they receive up-to-date information about consumers during handover, verbal updates from RNs, and progress notes. The Assessment Team sighted handover notes which demonstrated how information about consumers is conveyed between shifts.

Consumers/representatives advised timely and appropriate referrals occur with their consent, and the consumer has access to relevant health supports and services such as the MO, physiotherapist, dietitian, speech pathologist, geriatrician, Dementia Support Australia (DSA), social workers, podiatrist, nurse practitioner and external wound consultants. Care planning documentation, including progress notes, evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Management said they have access to health professionals internally within the organisation such as they have a physiotherapist therapist onsite 2 days per week, a dietitian and speech therapist. The service has procedures for making referrals to health professionals outside of the service, through electronic messaging, telephone and telehealth.

Consumers/representatives sampled confirmed staff take necessary precautions to prevent and control infections. They also confirmed how the service effectively managed different infectious outbreaks as well as individual consumer infections. The staff demonstrated a clear understanding of the precautions required to prevent and control infections and were aware of the steps they could take to reduce the need for antibiotics. Sampled staff confirmed they had undergone specific training and had the necessary competencies related to infection prevention and control (IPC), which included hand hygiene and the use of personal protective equipment (PPE). The service currently has an RN undertaking infection prevention and control lead (IPCL) training, and the organisation has an IPCL who assists the service. Infections are recorded and tracked in the ECMS, and infections are discussed at the monthly clinical meetings and reported as part of the service’s clinical indicator governance. The Assessment Team verified the up-to-date policies and procedures relating to IPC, including antimicrobial stewardship (AMS) and emergency outbreak management. The service also demonstrated they have adequate supplies of PPE.

I find this standard compliant.

# Standard 4

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

Findings

Requirement 4(3)(a)

Consumers/representatives interviewed said they were satisfied with the services and supports consumers receive. Consumers spoke of how staff understood their individual care needs, goals, and preferences by assisting them to participate in activities of interest to them or respecting their right not to be involved but supported them to do the things important to them. Social care staff who are responsible for coordinating and provision of the lifestyle and activity program, and care staff demonstrated knowledge of consumers’ needs and preferences. Social care staff said when performing group activities, they can be adjusted for consumers with physical or cognitive impairments. A review of care planning documentation reflected what was important to consumers, outlining strategies to support them to do the things they want to do. The Assessment Team observed group activities were well attended by consumers.

I find this requirement compliant.

Requirement 4(3)(b)

Consumers/representatives confirmed services and supports for daily living promote consumers' emotional, spiritual, and psychological well-being. Lifestyle staff said they interact daily with all consumers and spend additional one-on-one time with consumers who do not want to participate in group activities or appear emotionally low. The service provides emotional and psychological support through a range of means including monthly Anglican church, weekly Presbyterian Church (for Chinese-speaking consumers and English-speaking consumers), and monthly Catholic Church services. Lifestyle staff ensure the service provides weekly one on one support and works in partnership with the service to ensure consumers’ spiritual and emotional needs are addressed, this is discussed at daily and weekly meetings. All reviewed consumer care plans contained detailed information of consumer’s emotional, psychological and spiritual needs, goals, preferences, and strategies to enhance wellbeing, these were reviewed every 3 months as part of the multidisciplinary care plan review.

I find this requirement compliant.

Requirement 4(3)(c)

Consumers/representatives confirmed consumers are supported to participate in community events and activities within the organisation’s service environment. Leisure and lifestyle, and care staff described various activities conducted within the service and explained how consumers are supported to maintain social and personal relationships with those who are important to them. Management and staff explained how the service encourages consumers to do the things of interest to them such as maintaining connections with community groups, supporting consumers to continue their hobbies, and through regular lifestyle activities. The Assessment Team observed care planning documentation for sampled consumers to detail what activities interest them and the relationships and things which are important to them.

I find this requirement compliant.

Requirement 4(3)(d)

Consumers/representatives interviewed said they felt information about consumers’ daily living choices and preferences is effectively communicated, and staff who provide daily support understand consumers’ needs and preferences. Care staff said they can access daily updates on consumers’ care and services via the ECMS, handover and by speaking to the RNs. The social care coordinator said they are kept informed by RNs of any changes to consumer care needs, and they ensure other social care staff are informed. The Assessment Team reviewed care planning documentation identifying the consumers’ conditions, needs, preferences, and what had changed for the consumer. The service also shared this information with others involved in the care of the consumer.

I find this requirement compliant.

Requirement 4(3)(e)

The service demonstrated timely and appropriate referrals are made to individuals, other organisations, and providers of care and services. Consumers/representatives confirmed timely and appropriate referrals to individuals and others. Staff said each consumer is assessed on arrival to the service, and they identified individual community ties with consumers/representatives and facilitated ways to enable the consumers to keep them. Care planning documentation reviewed by the Assessment Team evidenced collaboration with external services to support the diverse needs of the consumers, including referrals to a number of local churches and to the community visitor scheme. Management spoke of partner organisations who work with the service to ensure appropriate care and services are available to consumers.

I find this requirement compliant.

Requirement 4(3)(f)

Meals are provided at the service. The kitchen and servery were observed to be clean, safe, and organised. Mealtimes were observed to be calm with consumers engaged during meals and eating the food served.

A menu with multiple choices, changing daily and rotating across four weeks was provided by the service. Catering staff were interviewed at audit and confirmed that the menu changes seasonally. I accept that meals are varied.

No issue was raised by the Assessment Team with quantity of meals available and it was confirmed that meal choices and snacks are available outside of meals times. I accept that meal quantity is suitable.

A number of consumers made complaints to the Assessment Team about food quality. Undercooked vegetables and tough meat were mentioned more than once. Only a small percentage of the consumer cohort were interviewed at audit. In respect of each named consumer the service has taken direct action to address the consumer’s concerns. The service has a correctly (as found by the present audit) operating complaints systems and there are relatively few complaints about food. On balance I find meals are of suitable quality.

I find this requirement compliant.

Requirement 4(3)(g)

Consumers/representatives interviewed stated equipment provided by the service or bought themselves is clean, well maintained, and suitable for consumers. Consumers confirmed they felt safe when using equipment provided by the service. Consumers/representatives stated they are comfortable raising any concerns related to equipment with maintenance, who are prompt in resolving equipment related issues. Maintenance documentation demonstrated ongoing monitoring of equipment exists to ensure consumer safety. Equipment to assist mobility, such as wheelchairs and walking frames, were observed to be accessible and appeared safe, clean, well maintained, and suitable for the consumers’ needs. The Assessment Team reviewed reactive maintenance records which reflected consumers’ personal equipment was repaired in a timely manner and the preventive maintenance reflected walkers, shower chairs, lifters, hoists and other equipment was maintained according to the schedule. The Assessment Team noted some deficient cleaning in a vacant room which did not effect their positive recommendation of compliance.

I find this requirement compliant.

# 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. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement 5(3)(a)

Consumers/representatives sampled said the service is welcoming and easy to navigate. Representatives said staff members greet and interact with them when they visit, and they feel welcomed. Consumers feel they belong and can maintain their independence and interact with others when they choose to. Decorated communal areas and outdoor garden areas are available for consumers/representatives to use. All consumers/representatives said they feel at home at the service, and some have personalised their rooms with furniture, photos, and reminders of their homes. Staff described how consumers are supported to make the service feel like home. Regular audits are undertaken by staff to ensure the service maintains a safe and comfortable environment, and these guide staff to monitor the environment effectively to ensure it is suitable for consumers. The Assessment Team observed consumers using the various communal areas at different times of the day, watching television, listening to music, and participating in activities. Consumers were observed to be comfortable and enjoying the various areas around the service.

I find this requirement compliant.

Requirement 5(3)(b)

The Assessment Team concluded that the service was safe and clean. This was consistent with consumer interviews and observations.

The Assessment Team observed the service environment to be poorly maintained with maintenance issues that needed attention throughout the service. The service has a *Home Improvement Plan* which had already tracked the maintenance deficiencies identified by the team. The need for the works were identified as early as November 2023, had commenced in March 2024, and were ongoing at the time of the site audit.

Interviews and observations were consistent in demonstrating that consumers were able to move freely, both indoors and outdoors.

I find this requirement not compliant as the service was observed to require maintenance and this was accepted by the service.

Requirement 5(3)(c)

Consumers sampled said their rooms are well maintained and fittings in their rooms were working and fixed promptly if they are any issues. The service has preventative and reactive maintenance programs in place which ensures furniture, fittings, and equipment are safe, clean, and well maintained. The maintenance officer demonstrated an electronic maintenance documentation system which includes reactive and preventative maintenance alerts and tracking of the completion of maintenance tasks where maintenance issues are logged and accessible by staff and management. Systems are regularly reviewed to monitor for issues and prevent malfunction.

I find this requirement compliant.

# Standard 6

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

Findings

Consumers/representatives reported feeling supported to raise concerns, provide feedback, and make complaints. They said they preferred to speak to staff or management directly and felt comfortable doing this. Consumers said they are encouraged to provide feedback or complete feedback forms. Staff and management described the processes to encourage and support feedback and complaints aligning with consumer/representative’s feedback. The Assessment Team observed the suggestion box with feedback forms provided at reception and in each service section. The resident handbook details the internal and external feedback, compliments, and complaints process with various posters and pamphlets available throughout the service. Additionally, the service’s complaints policy guides this process.

All consumers/representatives sampled said they know other avenues for raising a complaint, such as through the Commission, advocacy services, or the help of a family member or friend. Management and staff said the ‘Translating and Interpreting Service’ (TIS) is booked when consumers require assistance with translation. The Assessment Team observed that pamphlets for advocacy organisations were available at reception and throughout the service, and they included the necessary contact information. A review of the resident handbook provided to consumers/representatives when entering the service also included information regarding these services.

Consumers/representatives stated appropriate actions are taken in response to their complaints. Consumers/representatives said management and staff immediately acknowledged their concerns and kept them informed. Staff members confirmed they received open disclosure training as part of their annual mandatory training program. The Assessment Team reviewed information demonstrating complaints are investigated, action is taken when a complaint is received, and an open disclosure process is implemented when things go wrong. The service has an open disclosure policy that supports and guides the process.

Consumers/representatives sampled said feedback, and complaints are reviewed to improve the quality of care and services. Management said they review feedback and complaints daily to ensure prompt responses and potential improvements to care and services are captured in the CIP to inform consumer care. Management and staff described how trending and analysing feedback and complaints have improved care and services. The Assessment Team reviewed the complaints register, minutes of resident/representative meetings, and the CIP, all of which confirmed feedback and complaints are used to improve the quality of care and services delivered to consumers. Management said it recognises food as a trending complaint.

I find this standard compliant.

# Standard 7

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

Findings

Interviewed consumers/representatives said there was enough staff and were confident consumers promptly received the care and support they needed. Staff sampled said there is enough staff, and they feel well supported. Shifts are always backfilled if a vacant shift arises due to planned and unplanned leave by offering additional shifts to their part-time and casual pool. Management said they have enough RNs to fill the permanent positions but are actively recruiting RNs and care staff to boost their casual pool. The service maintains part-time and a casual pool of care staff, which are always used in the first instance to fill vacant shifts. Management said the number and mix of staff on the roster is working well. The rosters sampled by the Assessment Team demonstrated that all shifts are permanently allocated, and all vacant shifts on the live roster were allocated to part-time and casual staff.

The service demonstrated that workforce interactions with consumers are kind, caring, and respectful of each consumer’s identity, culture, and diversity. All consumers/representatives sampled said staff are kind and respectful when providing care. Staff demonstrated their knowledge of consumers when providing support, such as likes, needs and preferences. Management said the Code of Conduct for Aged Care training was rolled out at the service and is a mandatory requirement for all staff to complete. The Assessment Team reviewed the care planning documentation, which aligned with information obtained from sampled consumers and observations. Staff were observed by the Assessment Team interacting with consumers in a kind, caring and personable manner, respecting privacy also.

The service demonstrated staff are competent and have the qualifications and knowledge to perform successfully in their roles. Consumers/representatives said staff are efficient, confident, and skilled to meet consumer’s needs. Management described how staff are monitored to ensure they meet their individual role qualification and registration requirements. The ‘People and Culture team’ monitors all current registration requirements, criminal history checks, and

the Aged Care Banning Orders Register. This information is provided to management weekly or if changes have occurred. The induction process and welcome packs are thorough, with position descriptions and orientation modules introducing policies, procedures, and other resources and training. The service occasionally uses agency staff; they have an orientation process for agency staff to complete before commencing their shifts with induction processes for regular staff. The documentation reviewed demonstrated, and staff confirmed that annual mandatory core competencies are completed to enable them to perform in their roles.

The service demonstrated staff are recruited, trained, equipped, and supported to deliver safe, quality care and services. Consumers/representatives sampled confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services and described how improvements had been made. The service has mandatory units and competencies that must be completed before commencing an onboarding process and buddy shifts, with clear and comprehensive logs of training provided to staff are maintained. Staff sampled confirmed receiving orientation, ongoing training, mandatory training and completing core competencies.

The service undertakes regular assessments, monitoring, and reviews to manage the performance of its workforce. Consumers said they are encouraged to provide feedback on the staff's performance. Management conducts performance reviews during the 6-month probation period, the 12-month, and 24 months thereafter. Management also provided examples of completed performance reviews and detailed their continuous evaluation methods, including staff meetings, feedback processes, consumer feedback and regular catchups with individual staff members. The service provides feedback to staff immediately after any incidents, observations, complaints, or compliments, and further training, such as toolbox talks, is undertaken. The service has policies that guide performance development and performance processes to support and guide staff within these processes.

I find this standard compliant.

# Standard 8

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

Findings

Consumers/representatives felt they were involved in the development and delivery of their services through comprehensive care planning and case conferencing meetings, day-to-day feedback, surveys, and resident/representative meetings held at the service. The service provides opportunities for input from consumers/representatives, initially at the pre-admission process and ongoing, through regular reviews. Consumers/representatives said they see change due to their feedback. Current and accurate information is provided to consumers through newsletters and meetings to inform them of all events and undertakings within the service. Staff and management stated that consumers/representatives are encouraged and supported to be involved in meetings and change their actions based on consumers/representatives’ input.

The Board, the chief executive officer (CEO), and the service work closely with consumers to receive detailed information regarding service delivery and evaluate the organisation's performance against the quality standards through various daily, weekly and monthly reports. Management discussed how clinical indicators and incidents are presented and evaluated at relevant meetings. The Board currently has 2 members, and the organisation is undertaking a significant restructuring for the corporation and sought an exception, successful until February 2025. The organisation is actively recruiting a diverse skill set of Board members.

The organisation demonstrated how organisational-wide governance is applied and controlled. The organisation has a governance framework for continuous improvement, information management, financial and workforce governance, regulatory compliance, feedback, and complaints, including policies and procedures to guide staff practices. Senior management monitors and reviews routine reporting and analysis of data related to incident management, workforce requirements, and complaints. The Board then satisfies that systems and processes are in place to ensure the right care is provided per the Quality Standards.

The organisation has risk management systems in place to monitor and assess high-impact or high-prevalence risks associated with the care of consumers whilst supporting consumers to live the best life possible. Risks are identified, reported, escalated, and reviewed by the facility manager and clinical care coordinators at the service level and then at the organisational level by subcommittees and the Board. The service completes incident reports through the electronic incident reporting system. Management confirmed they analyse incidents and identify issues or trends. These are reported to various committees, with final data going to the Board, leading to improved consumer care and services.

The service has a clinical governance framework involving clinicians and resources to ensure best practices in delivering clinical care to its consumers. The service has a Quality and Clinical governance committee, which is key to providing oversight and guidance. The committee is accountable for various aspects of clinical care, including AMS, minimising the use of restraint, and implementing an open disclosure process in line with legislative and policy requirements. Management and staff described how they are supported by necessary training supporting clinical governance to ensure their knowledge and skills in upholding best practices in clinical care effectively.

I find this standard compliant.

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