Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Corowa District Hospital | 20 June 2022 |
| Commission ID: | Activity type: |
| 1496 | Site audit |
| Approved provider: | Activity date: |
| NSW State Government (NSW Ministry of Health) | 26 April 2022 to 29 April 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 Corowa District Hospital (**the service**) has been considered by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, undertaken 26 April 2022 to 29 April 2022. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 9 June 2022.

# 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 | **Non-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.

* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.
* Requirement 1(3)(c) – Each consumer is supported to exercise choice and independence, including to make and communicate decisions about their own care and the way care and services are delivered, and when family, friends, carers, or others should be involved in their care.
* Requirement 1(3)(d) – Each consumer is supported to take risks to enable them to live the best life they can.
* Requirement 2(3)(a) – Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Requirement 2(3)(b) – Assessment and planning consistently addresses the needs, goals, and preferences of consumers, including advanced care planning and end of life planning if the consumer wishes.
* Requirement 2(3)(e) – Care and services are reviewed for effectiveness on a regular basis, and when circumstances change or incidents impact on the needs, goals, or preferences of the consumer.
* Requirement 3(3)(a) – Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Requirement 3(3)(b) – The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.
* Requirement 3(3)(c) – The needs, goals and preferences of consumers nearing end of life are recognised and addressed, and the comfort and dignity of consumers nearing end of life is maximised.
* 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.
* 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.
* Requirement 3(3)(f) – Timely and appropriate referrals to individuals, other organisations and providers of other care and services are made to support the care of consumers.
* Requirement 4(3)(a) – Services and supports for daily living meet each consumer’s needs, goals, and preferences, and optimise their independence, health, well-being, and quality of life.
* Requirement 4(3)(d) –Information about the consumer’s condition, needs and preferences regarding services and supports for daily living is communicated within the organisation, and with others where responsibility for care is shared.
* Requirement 4(3)(f) – Meals provided at the service are varied and of suitable quality and quantity.
* Requirement 5(3)(a) –The service environment is easy to understand and optimises each consumer’s sense of belonging, independence, interaction, and function.
* Requirement 5(3)(b) – The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* Requirement 5(3)(c) –Furniture, fittings and equipment are safe, clean, and well maintained.
* Requirement 6(3)(d) - Feedback and complaints are effectively reviewed and analysed to improve the quality of care and services.
* Requirement 7(3)(a) – The workforce deployed enables the delivery and management of safe and quality care and services.
* Requirement 7(3)(c) – Staff are competent and have the knowledge required to effectively perform their roles.
* Requirement 8(3)(b) – The organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care and services.
* Requirement 8(3)(c) – The organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
* Requirement 8(3)(d) – Risk management systems and practices implemented at the service are effective in managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.
* Requirement 8(3)(e) – The clinical governance framework implemented at the service is effective in ensuring antimicrobial stewardship, minimising the use of restraint, and open disclosure.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| 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. | Non-compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

The Quality Standard is assessed as Non-compliant as two of the six specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not have sufficient processes to identify how consumers make decisions about their own care and the way care and services are delivered, or how they make decisions about when family, friends, carers or others should be involved in their care. The service did not have a clear process for the identification of the consumer’s chosen decision maker and impacts on consumers were identified by the Assessment Team.

The Assessment Team found not all consumers are supported to take risks to live the best life they can. Although there were some risk assessments in place, the assessments are not used to mitigate risk to consumers to support their choices and preferences. One consumer was not supported to participate in an exercise program to improve mobility, and risks associated with another consumer’s activity of choice have not been effectively mitigated.

The approved provider’s response includes a plan for continuous improvement that outlines actions planned to improve compliance with this Standard.

I find the following requirements are non-compliant:

Requirement 1(3)(c)

Requirement 1(3)(d)

Overall, the service demonstrated care and services provided to consumers is culturally safe, and consumers interviewed by the Assessment Team said their diversity is respected. Consumers are provided with easy to understand information on an ongoing basis to enable them to make day to day choices, such as which activities and events to attend. They are also provided with general and specific information on as needed basis, such as about COVID-19 safety measures and vaccinations.

Consumers and representatives interviewed by the Assessment Team said that consumer personal privacy is maintained by the staff and they do not have any concerns about personal information being kept confidential. Staff interviewed understood the importance of respecting consumer privacy and spoke of practical ways they achieve this. The Assessment Team observed that staff maintain consumer’s personal and information privacy.

Most consumers interviewed by the Assessment Team said they feel respected and valued, and representatives interviewed believed consumers are treated with respect. Staff interviewed provided examples of how they provide care and services consistent with consumer’s identity and diversity. However, the Assessment Team found that some consumer’s wandering behaviours are impacting on other consumer’s dignity, and some documented incidents indicate that staff are not always respectful of consumers. The approved provider’s response to the Site Audit report includes additional information regarding systems and processes in place at the time of the Site Audit to ensure consumers are treated with respect, with their identity, culture and diversity valued. While some consumer’s unmanaged behaviours impacted on their dignity and other consumer’s well-being, I have considered this in my assessment of Standard 3. Overall, consumer, representative and staff interviews demonstrated consumers are treated with dignity and respect, with their identity, culture and diversity valued.

I find the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found care assessment and planning, including consideration of risks to the consumer’s health and well-being, is not completed in a timely manner to deliver safe and effective care. While the service has processes to inform assessment and planning and populate consumer’s care plans, the Assessment Team found this was not always completed in the expected timeframe. Gaps in care assessment and planning had led to consumer’s needs, goals and preferences not being identified or addressed. This has had negative outcomes for consumers including regarding lifestyle services and supports, physiotherapy and mobility services and supports, behaviour management, weight management, and wound and skin integrity management.

The Assessment Team found the service had limited processes for end of life planning, and assessment and planning did not identify and address consumer’s needs, goals and preferences regarding advance care planning and end of life planning. For one consumer who passed away at the service, the Assessment Team found their end of life needs, goals and preferences were not identified. The approved provider’s response to the Site Audit report demonstrates that for the consumer who passed away at the service, some advanced care directives and end of life needs were identified prior to the consumer’s death. However, there was limited information identified on needs such as pain monitoring and medical officer review, and any end of life goals and preferences of the consumer. The approved provider’s response also demonstrates the service has end of life care policies and guidance, and all consumers at the service had end of life wishes assessments completed. These assessments provided varying levels of information regarding consumer’s needs, goals, and preferences.

The Assessment Team found the service did not demonstrate care and services are reviewed for effectiveness when circumstances change, or when incidents impact on the needs, goals, and preferences of the consumer. While the service’s expectation is that care plans are reviewed every three months, this had not occurred for all sampled consumer’s care plans and assessments. The Assessment Team found consumers are not consistently reviewed following falls and behaviour incidents to identify effective interventions to manage further incidents and mitigate associated risk.

The approved provider’s response includes a plan for continuous improvement that outlines actions planned to improve the service’s assessment and planning processes and staff compliance to these processes. This includes further case conferencing and consultation with consumers and representatives.

I find the following requirements are non-compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(e)

Consumer and representative feedback was generally positive regarding being involved in the assessment and planning of consumer care and services. Most consumers and representatives interviewed were aware of consumer’s care plans and were offered a copy. Representatives said they are informed about incidents and changes to their consumer’s care and services. When undertaken, outcomes of assessment and planning are documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

The Assessment Team found the service had limited process for identifying who the consumer wishes to be involved in their care, and assessment and planning did not always include other organisations, individuals, and providers of other services that are involved in the care of the consumer. The Assessment Team found minimal evidence of partnership in assessment and care planning for consumers with the Public Guardian appointed as their decision maker.

For one consumer, the approved provider’s response included clarifying information about the Public Guardianship powers and some evidence of consultation with the consumer’s next of kin with medical decision powers. While this consumer did not have appropriate consent for the use of chemical restraint, I have considered this in my assessment of Standard 3, Requirement 3(3)(a). The approved provider’s response included some evidence of partnership with representatives and other providers of other care and services that was undertaken prior to the Site Audit.

I find the following requirements are compliant:

Requirement 2(3)(c)

Requirement 2(3)(d)

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

The Quality Standard is assessed as Non-compliant as six of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found not all consumers receive safe and effective personal care or clinical care that is best practice, tailored to their needs and preferences, and optimises their health and well-being. The Assessment Team found the service does not have a restrictive practice policy or procedure that has been updated to include changes to relevant aged care legislation, and restrictive practices were not always identified, reviewed, or authorised appropriately. Consumers had limited non-pharmacological interventions to manage pain identified or used, and pain was not regularly monitored following incidents or when pain was indicated by consumers.

The Assessment Team identified gaps in wound management and maintenance of skin integrity. Wound charts reviewed did not have sufficient information to monitor for healing or deterioration, and there was inconsistent wound photography and documented dressings. For one consumer who sustained a skin tear, there was minimal assessment, monitoring and evidence of dressing, with the first photograph of the wound taken ten days after it was identified. For another consumer with a sacral injury, there was inconsistent information about the classification of the injury. There was no wound management directive or photography, and the consumer’s skin integrity was not reassessed following the identification of the injury.

Care documents reviewed by the Assessment Team indicated high impact and/or high prevalence risks are not being sufficiently monitored and analysed to support minimisation and improvements in staff practice to mitigate risk. This includes in relation to behaviour management, falls, unplanned weight loss, and risks associated with activities of choice. The approved provider’s response includes some action taken prior to the Site Audit to assist in identifying interventions to manage behaviours and risk of falls for some consumers. However, at the time of the Site Audit these interventions were not effective in managing associated risks or optimising consumer’s health and well-being.

For one consumer who passed away at the service, the approved provider’s response demonstrated some advanced care directives and end of life needs were identified prior to the consumer’s death. However, the Assessment Team found most of the consumer’s assessments and care planning was not reviewed when the consumer was commenced on end of life care. There was limited evidence of increased monitoring to maximise the consumer’s comfort such as pressure area care and pain monitoring. Some incident reports for the consumer indicate that their comfort and dignity were not maximised near the end of their life.

The Assessment Team found deterioration or change in a consumer’s condition was not always recognised or responded to in a timely manner and there have been recent examples where consumers have had unrecognised clinical deterioration resulting in poor outcomes. The service’s processes for communicating information about consumer’s condition, needs and preferences were not effective. The service’s electronic care management system experiences frequent issues, and others involved in the consumer’s care such as allied health staff need to wait a week for access to the system. Gaps were identified in accessing information from other services including hospital discharge information, allied health providers and medical specialists.

The Assessment Team found there are some providers of care and services who regularly visit the service such as podiatry and physiotherapy, and consumers generally have access to medical officers. One consumer had been referred to a speech pathologist prior to the Site Audit but the review had not occurred, and another consumer had been reviewed via telehealth. However, there were some gaps in the referral process identified by the Assessment Team including the physiotherapist relies on referral from staff to prompt assessment and reassessment which does not always occur. There are several consumers with identified unplanned weight loss and limited evidence of dietitian referral.

The approved provider’s response includes a plan for continuous improvement with actions identified to improve personal and clinical care delivery for consumers. This includes staff education and training, review of psychotropic medication use and improved recording processes, update of the electronic care management system, and revised referral pathways including follow up of outcomes.

I find the following requirements are non-compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

The Assessment Team found the minimisation of infection related risk is occurring at the service through standardand transmission-based precautions to prevent and control infection, and by implementing practices to promote appropriate antibiotic prescribing and use.

I find the following requirement is compliant:

Requirement 3(3)(g)

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

The Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found the service was unable to demonstrate daily living supports optimise the independence, needs, goals, and preferences of all consumers. Needs, goals and preferences have not been identified for all consumers and some consumers do not have care plans, life stories/histories or a lifestyle assessment to identify their interests, while other consumers have very detailed information. One consumer’s representative identified that is it important to the consumer to maintain their mobility. The Assessment Team found that physiotherapy services and supports were not effective in supporting this goal. For consumers who experience behaviours of concern, the Assessment Team found limited evidence of meaningful lifestyle engagement and related individualised assessment and planning.

Most consumers and representatives interviewed by the Assessment team said consumers get enough to eat, but do not enjoy the meals. Consumers provided feedback that meals are often cold, and some consumers and representatives spoke of purchasing food to supplement the meals offered at the service. Staff interviewed and documents reviewed confirmed that feedback has been consistent about consumers not enjoying the meals for several months. Some strategies had been put in place prior to the Site Audit to improve the quality and satisfaction with the meals.

The approved provider’s response demonstrates that for consumers identified in the Site Audit report, care planning documents included a life story and generally identified needs and preferences regarding lifestyle services and supports. However, the service did not demonstrate the services and supports delivered, including meals provided at the service, consistently met these needs and preferences and optimised consumer’s independence, health, well-being and quality of life.

The Assessment Team found the service did not demonstrate changes in a consumer’s condition, needs or preferences in relation to lifestyle are communicated within and outside the organisation and with others involved in service provision. For two consumers who receive lifestyle services from an external provider, interviews indicated communication between the service and the external provider has not been effective. This has had a negative impact for one of the consumers. Consumers and representatives were unaware of some current spiritual support services available at the service.

The approved provider’s response includes a plan for continuous improvement with actions identified to improve lifestyle services and supports for daily living. This includes staff education, review of consumer lifestyle assessments and plans, review of agreements with others involved in service provision for consumers, and improved communication processes. The service’s plan for continuous improvement outlines action planned to improve the meals provided at the service including dietitian review of the menu, further consumer engagement and consultation, review of food temperatures at time of service, and staff training.

I find the following requirements are non-compliant:

Requirement 4(3)(a)

Requirement 4(3)(d)

Requirement 4(3)(f)

Consumers interviewed by the Assessment Team said they are assisted to participate in the community and maintain relationships of importance to them. Staff interviewed were generally aware of activities consumers enjoy and provided examples of how they assist consumers to do these. One consumer is supported to leave the service to do things of interest such as shopping to address isolation during COVID-19 lockdown. Some external services and organisations are engaged to support the needs and preferences of consumers in activities of daily living. There are some volunteers who provide activities such as entertainment and a spiritual support program. However, for two consumers who have funding from external schemes, there was minimal referral or engagement with external services and organisations for the provision of lifestyle services and supports.

The Assessment Team found there is a limited spiritual support program in place at the service, with some visiting religious ministers and services, and more planned to recommence. One consumer interviewed expressed dissatisfaction being at the service and indicated their emotional and psychological well-being were not optimised through the services and supports provided. The Assessment Team observed that some consumers did not have meaningful engagement throughout the Site Audit.

The approved provider’s response includes some additional emotional and psychological assessment and planning for consumers identified in the Site Audit report, that was undertaken prior to the Site Audit. The service and approved provider’s response demonstrated some effective services and supports are provided to consumers to promote their emotional and psychological well-being. While some consumers interviewed did not feel that overall services and supports for daily living optimised their well-being and quality of life, this has been considered in my assessment of Standard 4, Requirement 4(3)(a).

The Assessment Team found that equipment provided to enable the delivery of services and supports for daily living to consumers is safe, suitable, clean, and generally well maintained.

I find the following requirements are compliant:

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(e)

Requirement 4(3)(g)

# Standard 5

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| Organisation’s service environment | | Non-compliant |
| 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. | Non-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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as three of the three specific requirements have been assessed as Non-compliant.

Consumers and representatives interviewed by the Assessment Team said the service environment is welcoming and homely. Consumers, representatives, and staff provided information about the service environment, equipment and furniture being safe, clean, generally well maintained, and comfortable for consumers.

However, observations by the Assessment Team show a lack of dementia enabling design to optimise the independence, interaction and function of consumers living with dementia. Some consumers wander and intrude in other consumer’s rooms, and as a result, some consumers have had to place a removable strap across their door to try and prevent this. The service advised the Assessment Team that a review of the service environment was recently undertaken by a dementia specialist organisation and they are awaiting the report.

The Assessment Team observed some environmental hazards in the service relating to emergency evacuation and fire safety. The service did not demonstrate that some furniture or sampled equipment was safe and well maintained, or that there is monitoring and review to ensure it is safe and well maintained. While some of these issues had been identified by the service prior to the Site Audit, appropriate action had not yet been taken to mitigate associated risk. Some consumers were not able to readily access the outdoor areas of the service and environmental restraint processes were not best practice.

The approved provider’s response includes audit and evaluation records with identified corrective actions completed for some furniture and equipment. Some of these were completed after the Site Audit. The approved provider also provided some corrective and preventative maintenance records that were not available during the Site Audit.

The approved provider’s response includes a plan for continuous improvement which outlines how the service plans to more effectively identify and actions risks to the safety, cleanliness and maintenance of the service environment, furniture, and equipment. The corrective and preventative maintenance records submitted by the approved provider demonstrates this has already commenced since the Site Audit. The service also plans to implement the recommendations from the review of the service environment that was recently undertaken by a dementia specialist organisation.

I find the following requirements are non-compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as one of the four specific requirements have been assessed as Non-compliant.

The Assessment Team found that feedback and complaints are mostly reviewed and sometimes used to improve the quality of care and services. However, some complaints are not being documented and included in the complaints register and records, including to assist with identifying trends and opportunities for improvement. One consumer representative said they had made a verbal complaint, but no one had responded to this.

The Assessment Team found the service has had ongoing feedback and complaints made by consumers and representatives regarding the meals provided at the service. Consumers and representatives said they have seen little improvement despite their feedback. The service has entries in their continuous improvement plan regarding meals which remain open.

The approved provider’s response includes a plan for continuous improvement with actions identified to improve feedback and complaint documentation and use.

I find the following requirement is non-compliant:

Requirement 6(3)(d)

Consumers and representatives interviewed by the Assessment Team consistently provided information about feeling comfortable giving feedback or making a complaint. Consumers and representatives who have given feedback or made a complaint reported that on most occasions their feedback has been actioned or complaint resolved, and open disclosure practised.

Review of documentation such as the resident handbook, newsletters and resident/relative meeting minutes shows the feedback and complaint mechanisms are being promoted to consumers and representatives. Management and staff interviews demonstrate a culture of welcoming feedback and complaints as an opportunity to improve.

The Assessment Team found consumers and representatives have been made aware of advocacy and language services through key documents. The service has a local advocate who speaks with consumers and advocates for them including when there are concerns.

I find the following requirements are compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-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 Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

Most consumers and representatives interviewed by the Assessment Team thought there were sufficient staff to meet the needs and preferences of consumers. However, other consumers and representatives interviewed did not. For example, one consumer who is non-weight bearing, said sometimes they have to wait too long for staff to respond to the call bell and this impacts them when they need to go to the toilet. Results of a consumer satisfaction survey conducted in 2022 show some respondents raised concerns about staffing. The service does not monitor call bell response times.

The service demonstrated considerable workforce planning to improve the staffing at the service, and review of a recent roster confirmed shifts have been filled through staff working additional hours, movement between areas, and management providing care.

However, some staff interviewed said they do not have time to complete all of their work. This can impact on consumers including quality audits and comprehensive care assessment and planning for consumers is not being completed due to lack of time, and allied health staff are diverted to fill care shifts and are not providing appropriate allied health services, supports and assessment. One consumer experiencing an adverse health event had a delay in being reviewed by the registered nurse.

Overall, workforce planning was demonstrated by the service. However, the number and mix of members of the workforce deployed does not enable the delivery and management of safe and quality care and services. While efforts are being made to address this, at the time of the Site Audit, this was impacting on consumers.

Consumers and representatives interviewed thought staff had the knowledge needed to perform their roles effectively, including regarding mobility and transfers, and caring for consumers living with dementia. Education staff described the system for staff competency assessment and provided the Assessment Team with relevant documentation and tracking records. Review of those documents shows high completion rates for staff mandatory competency assessments and staff confirmed they participate in competency assessments on an ongoing basis.

However, the Assessment Team found staff lacked knowledge in a range of areas to effectively perform their roles, and policies and procedures do not provide adequate guidance. For example, regarding changes to restrictive practice legislation, the requirement for behaviour support plans, and assessment and management of behaviours and wounds.

The approved provider’s response includes a plan for continuous improvement with actions identified to improve the number, mix, and competency of the workforce. This includes a review of current staffing vacancies and continued recruitment strategies, review of the roles and responsibilities of team members and allied health services, investigate the availability of call bell reports and monitoring, staff education, and review of restrictive practice and wound care processes.

I find the following requirements are non-compliant:

Requirement 7(3)(a)

Requirement 7(3)(c)

Consumers and representatives interviewed by the Assessment Team said staff are kind, caring and respectful to consumers. The Assessment Team’s observations of staff interactions with consumers were consistent with this. Consumers and representatives interviewed did not think staff needed additional training in any particular area.

Education staff described the system for staff training and provided the Assessment Team with relevant documentation and tracking records. Review of those documents shows high completion rates for staff mandatory training relevant to aged care and, for other topics sampled, training is well attended. Staff say they have access to enough training on topics relevant to their role.

Management explained the performance of members of the workforce is monitored through direct observation, competency assessments, regular performance appraisals and other information such as from feedback and complaints. Management said staff performance appraisals are up-to-date and staff interviewed said they had participated in a performance appraisal.

I find the following requirements are compliant:

Requirement 7(3)(b)

Requirement 7(3)(d)

Requirement 7(3)(e)

**Standard 8**

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

## Findings

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Non-compliant.

Documentation reviewed by the Assessment Team shows the organisation’s governing body is committed to and promotes a culture of safe, inclusive, and quality care and services. Organisational representatives and service management provided information and documentation showing structures, systems, and processes for the governing body to be accountable for the delivery of safe, inclusive, and quality care and services. However, the service did not demonstrate that the governing body has sought or been provided with adequate information on an ongoing basis about service performance in relation to the Quality Standards and outcomes for consumers. This includes in relation to complaint handling and open disclosure, performance measures regarding quality indicators, and some issues with the technology systems at the service. Internal quality audits aligned to the Quality Standards have not been consistently implemented in the 12 months prior to the Site Audit.

The approved provider’s response includes a framework that outlines the governing body’s expectations and responsibilities against the Quality Standards. Overall, while a culture of safe, inclusive and quality care and services is being promoted by the governing body it has not been demonstrated they are accountable for delivery. While some areas needing improvement have been identified, sufficient improvement is not evident and there has been a lack of ongoing monitoring and review to understand service performance against the Quality Standards and outcomes for consumers.

The service demonstrated organisation wide governance systems relating to financial governance were effective. However, regarding information management systems, gaps were identified in policies and procedures not providing adequate guidance, and the service faces issues with the information technology systems. The service demonstrated some continuous improvement actions have been implemented at the service level. However, review and monitoring processes to identify areas for continuous improvement are not effective and when some gaps have been identified, action taken had not led to improved outcomes at the time of the Site Audit. Only two entries in the service’s continuous improvement plan had been made in the six months prior to the Site Audit, and oversight of the service’s plan was not demonstrated. Regarding regulatory compliance, the Assessment Team found is a lack of understanding and implementation of some of the key aged care regulatory changes made in recent years. This includes changes relating to restrictive practice and behaviour support plans. The organisation demonstrated an understanding of the workforce challenges at the service, and workforce planning is being undertaken. However, the governing body has not been monitoring how workforce issues are impacting on consumers or the service’s performance against the Quality Standards.

The organisation has structures, systems and processes for risk management, and consumers are generally supported to live their best life. However, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of consumers, including oversight of service performance by the organisation. The Assessment Team found gaps in the service’s incident reporting and management systems. There were some identified delays in esclation of reportable incidents. There was limited incident investigation to determine the contributing factors to unexplained bruising, and following other incidents to determine effective interventions to prevent further incidents and minimise associated risk.

The Assessment Team found the organisation has structures, systems, and processes for clinical governance. Regarding open disclosure, information from consumers, representatives and management confirmed this occurs, including in relation to incidents. However, it was not demonstrated that service performance in relation to antimicrobial stewardship is being monitored through clinical indicators. There were gaps identified in the understanding and implementation of new restrictive practice legislation including review of relevant policies and procedures to include legislative changes. Overall, the Assessment Team found limited measures for effective oversight of antimicrobial stewardship, minimising the use of restraint, and open disclosure in the service.

The approved provider’s response demonstrates the service has organisational policies and procedures relating to antimicrobial stewardship and open disclosure. The approved provider also identifies additional monitoring processes for antimicrobial stewardship, including an annual National Antimicrobial prescribing survey. However, due to the impact of the COVID-19 pandemic, this survey was not undertaken in 2021 and is planned for later in 2022.

Overall, at the time of the Site Audit, the service did not demonstrate the organisation’s clinical governance framework was effective in ensuring safe and quality clinical care, the minimisation of the use of restraint, and effective oversight of antimicrobial stewardship principles.

The approved provider’s response includes a plan for continuous improvement with actions identified to improve organisational governance processes. This includes review of roles and responsibilities of team members for a robust approach to auditing and risk inspections, improved documentation, development of behaviour support plans, improved Quality Indicator briefing to focus on trending and outcome measures for the Quality Standards, and revised staff onboarding processes.

I find the following requirements are non-compliant:

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

Consumers and representatives interviewed by the Assessment Team provided information about opportunities to be engaged in the development, delivery and evaluation of care and services at the service. Management provided examples of engaging with consumers regarding service operations, and documents reviewed detailed processes in place to ensure there is consultation with aged care services and that organisation-wide or Local Health District policy/procedure reflects related regulatory obligations, best practice, context, and guidance.

I find the following requirement is compliant:

Requirement 8(3)(a)

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-2)