Performance

Report

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| Name of service: | Courtlands Aged Care Facility |
| Service address: | 15 Gloucester Avenue NORTH PARRAMATTA NSW 2151 |
| Commission ID: | 0585 |
| Approved provider: | Christadelphian Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 31 March 2023 |
| Performance report date: | 9 June 2023 |

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

**This performance report**

This performance report for Courtlands Aged Care Facility (**the service**) has been prepared by M.Wyborn, 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; 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 2 May 2023

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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.

**Standard 3**

* Ensure the service has an effective system for recording, monitoring and reviewing consumer assessment and care planning with a focus on high impact or high prevalence risks associated with the care of each consumer.
* Ensure the service is routinely reporting and investigating trends identified from the data gathered from quality safety risk meetings.
* Provide ongoing education and training to staff to ensure consumers are provided with comprehensive monitoring of weight loss, continence care, and managing risks of choking.
* Ensure the service has an effective system for consumer pain management, diabetes management, management of behaviours and restrictive practices, and skin and pressure injury management.
* Ensure that consumers who have experienced deterioration or a change in condition are recognised and responded to in a timely manner.

**Standard 8**

* Ensure the organisation’s suite of policies and procedures are reviewed.
* Provide ongoing education and training to staff on the suite of organisational policies.
* Ensure the service maintains an effective clinical governance framework around antimicrobial stewardship, consumer restraint and open disclosure.

# 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

Consumers advised that staff treat them with dignity and respect, and staff were observed treating consumers with dignity and respect and demonstrated their understanding of individual consumer choices and preferences. Consumer care planning documentation reflected what is important to consumers to maintain their identity. Consumers also advised that staff respect their culture, values and diversity and reinforced that their culture influences how staff deliver their daily care. Staff demonstrated how each consumer’s life journey influences delivery of their care, and consumer care planning documentation appropriately reflected consumers’ cultural needs and preferences. With these considerations, I find the service compliant in Requirements 1(3)(a) and 1(3)(b).

The Assessment Team reported matters relating to the service not providing each consumer the ability to move freely about the service including accessing outdoor areas. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced appropriate options available for consumers to retain an access card or utilise a PIN access system. The service demonstrated effective assessment and communication with consumers and representatives in relation to the best option to allow each consumer free access inside and outside of the service. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to support provided to ensure consumer’s choice and independence, and with these considerations, I find the service compliant in Requirement 1(3)(c).

Consumers and representatives advised that consumers are effectively supported to engage risk in order to live the best life they can. Staff demonstrated an awareness of consumers who choose to engage in risk, and appropriately explained how each consumer is supported to understand the benefits and possible harm(s) when they make decisions about taking risk. Further, the service demonstrated that consumers are involved in problem-solving solutions to reduce risk where possible. Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19 and other events happening at the service. Posters and flyers for upcoming activities were observed on noticeboards and in communal rooms. Review of the consumers meeting minutes confirmed up-to-date information about feedback and complaints, continuous improvement activities and other changes at the service is available to consumers.

The service also demonstrated that individual consumer privacy is respected, and personal information is kept confidential. Consumers confirmed their privacy is respected, and staff described practical ways in which they respect the personal privacy of consumers, including knocking and waiting for a response before entering a consumers’ room. With these considerations, I find the service compliant in Requirements 1(3)(d), 1(3)(e) and 1(3)(f).

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as 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

The Assessment Team reported matters relating to consumer assessment and planning, including ensuring that consumer care plans identify their current needs, goals and preferences. In addition, the Assessment Team reported matters relating to regular and routine review of consumer care and services. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider advised they have adopted a dynamic assessment process that directly updates each consumer’s care plan and explained that they have redesigned the assessment templates to ensure that key questions are emphasised in order to determine each consumer’s needs and preferences. The service has also provided targeted training for staff on clinical documentation, care planning and the organisation’s clinical governance framework, and implemented a quality review process to ensure that consumer care plans are completed and reviewed routinely and correctly. Further, the service has implemented daily meetings to discuss issues like incidents from the previous day, falls management and skin integrity concerns. The service has established a falls committee to ensure appropriate falls management strategies are in place and that consumer care and services are reviewed when circumstances change. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to ongoing assessment and planning, and with these considerations, I find the service compliant in Requirements 2(3)(a), 2(3)(b) and 2(3)(e).

The service demonstrated assessment and planning is based on ongoing partnership with each consumer and others who are involved in the consumers’ care and services. The Assessment Team confirmed this through interviews with consumers and by reviewing documentation which identified consumers, their representatives, and other service providers such as, physiotherapists, geriatricians, speech pathologists and dieticians are involved in consumer care. Further, consumer care and service records demonstrate that outcomes related to consumer assessment and planning are effectively communicated with consumers and their representative. Assessment Team observations and staff interviews demonstrate that consumer care plans are accessible to staff and there are appropriate processes to ensure the care plan is made available to the consumer or their representative. With these considerations, I find the service compliant in Requirements 2(3)(c) and 2(3)(d).

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Assessment Team reported matters relating to the delivery of effective personal and clinical care; the service’s management of high impact or high prevalence risks; and the service’s ability to recognise and respond to changes in each consumer’s mental health, cognitive or physical function, capacity or condition. The Approved Provider explained that the service is undertaking additional training and monitoring around management of consumer weight loss, and has recently reviewed and updated policies, procedures and guidelines in relation to consumer continence care. Further, the service has implemented new displays in communal areas including the dining room to remind staff of the risk of choking. In addition the Assessment Team reported that management acknowledged a gap in reporting and investigating trends identified from the data gathered from the quality safety risk meetings. This included the numbers of falls with injuries, skin tears, pressure injuries, medication errors, unexplained weight loss, pain management, restrictive practices, responsive behaviours, choking incidents, hospital transfers and infection control. Further, in their response to the Assessment Team Report, the Approved Provider advised the service has conducted an end to end review of their care processes, implemented daily meetings to include staff from all departments and have included high impact or high prevalence risks as a standing agenda item in the service’s regular quality, safety and risk meetings. The organisation has reviewed its Pain Management Policy and the service has focused on staff education to certify relevant topics are covered to ensure effective personal and clinical care. The Approved Provider explained that the service’s reporting dashboards built into their electronic care management system are now used for ad-hoc monitoring of consumer condition(s) and falls prevalence. The organisation’s reporting software was updated to extract data directly from the electronic care management system. Service management advised that this new reporting process has assisted in identifying consumers experiencing weight loss earlier. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to delivery of effective personal and clinical care; the service’s management of high impact or high prevalence risks; and the service’s ability to recognise and respond to changes in each consumer’s condition, and with these considerations, I find the service non-compliant in Requirements 3(3)(a), 3(3)(b) and 3(3)(d).

The Assessment Team also reported matters relating to the service’s delivery of consumer end of life care and services and the service’s management of minimising infection related risks. In their response to the Assessment Team Report, the Approved Provider demonstrated that the needs, goals and preferences of consumers nearing their end of life are recognised and addressed, their comfort maximised and their dignity is preserved. The Approved Provider highlighted the service’s effective processes for pain assessment and charting, skin care and pressure area prevention, and consumer emotional and psychological support. The Approved Provider supplied an appropriate management response to the consumers mentioned in the Assessment Team Report and reiterated that representatives and next of kin were satisfied with the way in which the service managed their consumer’s comfort and dignity whilst in their end stages of care. The Approved Provider also highlighted that all staff have received training on infection prevention control and antimicrobial stewardship, and that all registered nurses, enrolled nurses, infection prevention and control leads and clinical managers have received training on outbreak management planning from the Aged Care Quality and Safety Commission’s Aged Care Learning Solution (ALIS) system. Further, all cleaning and catering staff have completed targeted infection prevention control training and reinforced that they must maintain their training records as per their contractual agreement with the service. After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to consumer end of life care and services and management to minimise infection related risks, and with these considerations, I find the service compliant in Requirements 3(3)(c) and 3(3)(g).

The service demonstrated that information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared, and that the service offers timely and appropriate referrals to individuals, other organisations and providers of other care and services. The Assessment Team observed effective communication between registered nurses and care staff about the condition, needs and preferences of consumers. Allied health services have access to each consumers’ electronic clinical file where they can add progress notes or conduct assessments as appropriate. Representatives advised that staff are familiar with their consumer’s care needs and are aware when care their needs change. Representatives are confident that they are notified of any changes and supplied relevant and sufficient information to make decisions about their consumers care and service needs. Care staff reinforced that they are informed of changes to a consumer’s condition through the progress notes, verbally from the registered nurse or at shift handover. With these considerations, I find the service compliant in Requirements 3(3)(e) and 3(3)(f).

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

The service demonstrated safe and effective consumer supports and services with a wellbeing team comprising of 4 staff and 2 volunteers that provides activities 7 days per week, including bus trips twice per week. The service appropriately collects consumer data upon entering the service and works to develop a suitable activates plan. Activity evaluations and feedback are used to develop the service’s activity calendar, and this is done via a survey to gain wider feedback. The Assessment Team observed that consumer leisure and lifestyle assessments have been completed and are reflected in each consumer’s care plan.

Consumers confirmed the service’s lifestyle program supports their lifestyle needs and advised staff assist them to be as independent as possible. Staff demonstrated knowledge of consumer needs and preferences and were able to highlight the support each consumer requires to participate in activities or pursue individual interests. Consumer care and services documentation reflects strategies to deliver services and supports for daily living that reflect the diverse needs and characteristics of each consumer. The service also demonstrated that when a consumer’s condition deteriorates, they are re-assessed for their ability to participate in their activity program, and their individual program is modified as necessary.

Consumers advised that they participate in cultural and religious practices at the service and said they are provided emotional and spiritual support as required. Care staff demonstrated effective strategies to support consumers’ emotional and psychological well-being, and the Assessment Team’s review of consumer care planning documentation demonstrated an appropriate understanding of each consumer’s life journey and how they can be best supported when they feel low. The service has a pastoral care worker who attends bi-weekly, and non-denominational and catholic church services are held monthly. Wellbeing and care staff described strategies to assist consumers with their emotional and psychological wellbeing and advised that they would escalate any concerns to the registered nurse.

Consumers advised they are supported to take part in community activities outside of the service, including visiting family, go shopping or pursue a previous interest. Consumer care planning documentation appropriately identifies the people important to each consumer, those who are involved in providing their care, and the activities of interest to the consumer. Wellbeing staff explained they have arranged for a local school to attend and perform with their band, and they have an ongoing relationship with the local RSL who provide support for their ANZAC service.

Consumers advised the Assessment Team that staff at the service who provide their care are aware of their needs and preferences. Consumers were confident their information was being provided to external agencies engaged in shared care and responsibility, and staff demonstrated effective knowledge of the processes used in keeping up to date records of consumer information, likes and dislikes, dietary/personal needs and preferences and physical condition.

Consumers also advised the Assessment Team that the meals at the service are varied and of suitable quality and quantity. Consumers said they have opportunities to provide feedback in relation to the meals via resident and relative meetings, the resident focus group and feedback forms. Catering staff advised that the chef performs daily dining room interactions to gain an immediate response to the menu. The service’s electronic documentation system maps directly to the catering electronic program, which allows for the consumer’s nutritional assessment to be accessed by the catering staff immediately. The digital menu system allows the consumer to view the menu and assist in their decision-making.

Consumers expressed their satisfaction that the equipment they use is clean, safe and well maintained and feel safe when using it. Consumers and representatives advised they know how to report any concerns they have about safety or general maintenance of their environment. The service demonstrated effective processes to ensure equipment is safe, suitable, clean and well maintained and staff demonstrated their understanding of reporting and managing issues with equipment. The Assessment Team observed lifestyle equipment to be safe, suitable, well maintained and clean and reported that maintenance logs illustrate preventative maintenance is carried out as scheduled and any issues with equipment is addressed promptly, with no outstanding requests. Staff reinforced there is enough equipment available for them to be able to provide care and service to consumers. The Assessment Team’s observations of the consumer laundry areas and kitchen demonstrated the service provides areas to complete services safely and equipment and machinery are modern and clean. With these considerations, I find the service compliant in Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g).

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team observed the service environment as welcoming, easy to understand, well lit, and incorporating key principles of dementia enabling design throughout. Most consumer rooms have memory boxes in hallways next to their doors with memorabilia to assist room recognition and wayfinding for those consumers living with cognitive impairment. Consumer rooms were personalised with photos, ‘keepsakes’ and their own decorations. Rooms were uncluttered, reducing the potential for overstimulation for those living with dementia and assisting in preventing falls, and consumers were observed sitting in open plan dining areas during meals and common sitting areas playing games and participating in craft activities. With these considerations, I find the service compliant in Requirement 5(3)(a).

The Assessment Team reported matters relating to a clean and well maintained service environment that enables consumers to move freely, both indoors and outdoors. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced an effective routine maintenance program by providing their cleaning schedule and planned preventative maintenance program. Further, the Approved Provider highlighted their whole of service approach to access and security, and advised of their immediate follow up action with the consumers mentioned in the Assessment Team Report. The Approved Provider supplied appropriate consideration to consumer needs and preferences regarding access to outdoor areas, including private balcony spaces, and demonstrated that the voice of the consumer via feedback or complaints is used to drive continuous improvement at the service. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling in regard to the organisations service environment, and with these considerations, I find the service compliant in Requirement 5(3)(b).

The service’s furniture, fittings, and equipment were observed to be safe, clean, well maintained and suitable for consumers. Furniture in the common areas and consumers’ rooms was observed to be comfortable and appropriate for consumers with limited mobility. The service demonstrated an effective preventative and reactive maintenance schedule, that was up to date and managed in an interactive electronic system. Equipment including wheelchairs, lifters and comfort chairs were observed to be clean and in working order. The maintenance team provides regular maintenance for equipment owned by the service as well as consumer’s own items such as walkers. Care staff demonstrated their responsibility for cleaning shared equipment after each use. Manager provided evidence to the Assessment Team of environmental audits being conducted routinely and regularly. With these considerations, I find the service compliant in Requirement 5(3)(c).

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

The service demonstrated effective systems that support and encourage consumers and representatives to provide feedback or make a complaint when necessary. Consumers demonstrated they have sound knowledge of the feedback/complaint process, including how to access external assistance. Staff demonstrated how they effectively encourage and support consumers and their families to make complaints. The service appropriately provides and promotes access to aged care advocacy services, language services and external methods of resolving complaints. The Assessment Team observed that the service provides ample information to consumers and representatives throughout the facility regarding external supports available for consumers. The Assessment Team reported that the service ensures consumers and representatives are aware of advocacy services through entry meeting discussions with consumers and representatives, and via regular resident meetings where information is regularly provided to remind consumers, representatives and staff of the availability of these services. With these considerations, I find the service compliant in Requirements 6(3)(a) and 6(3)(b).

The Assessment Team reported matters relating to the action taken by the service in response to complaints and the service not using feedback and complaints data to continually improve the quality of care and services for consumers. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced an effective complaint culture that listens to the complainant and takes proportionate action in order to resolve issues to the satisfaction of the complainant(s) and for the benefit of the service. The Approved Provider demonstrated that management and staff have received training in the principles of open disclosure and the service is providing a robust review of its policies around feedback and complaints. Further, the Approved Provider highlighted that the service has adopted a routine complaints data and trends analysis and this is a standing agenda item on the service’s monthly quality, safety and risk meetings. High risk complaints are escalated to the Chief Executive Officer and the Board for trending and analysis. The Approved Provider supplied insight into the service’s management of complaints about food and laundry services where proportionate action was taken within a reasonable timeframe to improve these services for consumers in response to their feedback to the service. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling in regard to the organisations service environment, and with these considerations, I find the service compliant in Requirements 6(3)(c) and 6(3)(d).

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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

The Assessment Team reported matters relating to the service workforce being able to deliver and manage safe and quality care and services, and concerns that the workforce is adequately equipped and supported to deliver the outcomes required by the Quality Standards. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement and evidenced a cultural change to improve the service and organisation’s orientation and induction processes to ensure new staff complete all required training, including agency staff. The service has employed a care manager to directly support the clinical care coordinators. The Approved Provider evidence that management roles are fully staffed, ensuring consistent support and oversight at the service. The organisation has also employed a full-time educator who provides a hands-on approach to providing education and determining staff training needs. This role oversees staff competency requirements and monitors the service’s training matrix. Further, the Approved Provider demonstrated that the organisation utilises the Aged Care Quality and Safety Commission’s Aged Care Learning Solution (ALIS) and relevant external education providers to ensure staff are competently trained and equipped to perform their role to best support consumers. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling in regard to the organisation’s service environment, and with these considerations, I find the service compliant in Requirements 7(3)(a) and 7(3)(d).

The service demonstrated staff deliver care and services that are kind, caring and respectful. Consumer and representative feedback confirmed staff are kind and caring when delivering care and services, and the Assessment Team observed that staff know the consumers well and are kind and caring when delivering care and services. The service also demonstrated that the workforce is competent and staff have the skills and knowledge to perform their roles effectively. Staff are recruited based on their skills and knowledge to effectively perform their roles, and agency staff commencing at the service are provided appropriate orientation into their roles.

Service management provided documentation and effectively described how the service checks staff qualifications and registrations. Permanent staff orientation includes mandatory training requirements and staff undertake ‘buddy’ shifts to ensure they are competent and capable to undertake their roles. Management also demonstrated that clinical competencies are provided for relevant staff, and documentation evidenced competencies, including mandatory training, are up to date.

The service demonstrated effective monitoring of staff performance on a routine basis. The organisation has appropriate policies and procedures to support management and staff to undertake performance management processes. Staff advised the Assessment Team that they are engaged in the performance management process and this helps them to ensure they are suited to the role they have at the service. With these considerations, I find the service compliant in Requirements 7(3)(b), 7(3)(c) and 7(3)(e).

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

Findings

The service demonstrated it supports consumers to be involved in the development, delivery and evaluation of care and services. Management demonstrated how the service engages consumers and incorporates their feedback and suggestions into changes implemented at the service and at the organisational level by holding regular ‘resident meetings’ with consumers and representatives. These meetings discuss issues related to the recruitment, governance, and general management of the service. Further, management actively seek consumer input through individual meetings with consumers, surveys, focus groups and targeted resident meetings. The Chief Executive Officer actively and regularly engages in conversations with consumers to provide an opportunity to hear their concerns and highlighted that the service holds an open day to support interaction between consumers and the organisation.

The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. The Assessment Team reported from their interviews with the organisation’s executive management group and members of the service management team that the service demonstrates clear and direct oversight of issues impacting upon consumers at the service. The organisation’s Board is supported by sub-committees, who monitor and review areas including finance, human resources, organisational risk, and provision of care, and the board implements changes, such as changes to policies and procedures to align with new legislative requirements. The board satisfies itself the Quality Standards are being met by reviewing and responding to the reports submitted by the sub-committees. With these considerations, I find the service compliant in Requirements 8(3)(a) and 8(3)(b).

The Assessment Team reported matters relating to the service providing effective organisation wide governance systems, as well as providing effective risk management systems and practices. The Assessment Team reported deficits in the use of applicable policies and procedures and in some cases staff not adhering to policies available to support best practice and delivery of high-level care and services for consumers. In their response to the Assessment Team Report, the Approved Provider supplied information that evidenced appropriate policies and procedures that support management and staff to deliver effective care and services. The service has adopted a team-based online information management system, as well as deployed education initiatives to ensure staff are adept across all governance systems. The Approved Provider highlighted the service’s use of dash-boards to improve visibility of consumers who experience high prevalence or high impact risks, for example falls or weight loss. These dash boards are visible in the consumer electronic care management system and supplies data into other reporting systems to ensure timely and accurate data is captured. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service compliant in Requirements 8(3)(c) and 8(3)(d).

The Assessment Team reported matters relating to the service providing an effective clinical governance framework covering antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service is in the process of reviewing its organisational clinical governance framework and this is yet to been endorsed by the Board. The Assessment Team reported that the service has a clinical oversight deficit of some consumers who present with high-impact or high-prevalence risk to their health, as well as deficits in consumer restrictive practices documentation and being unable to demonstrate how the service takes appropriate action prior to implementing restrictive practices and how the service undertakes consumer trials and monitors outcomes to best support consumers. After considering the information available and the impact on consumers, I find the Assessment Team’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service non-compliant in Requirement 8(3)(e).

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

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)