Performance

Report

**1800 951 822**

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| Name of service: | Cypress View Lodge |
| Service address: | 16-24 Kookaburra Avenue COLEAMBALLY NSW 2707 |
| Commission ID: | 0386 |
| Approved provider: | Cypress View Lodge Limited |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 1 December 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 Cypress View Lodge (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 17 November 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 1(3)(d) – the approved provider ensures each consumer is supported to take risks to enable them to live the best life they can, with comprehensive risk assessments completed to identify, assess and manage risk related to the activities consumers wish to participate in. Comprehensive risk assessments for falls management and nutrition management should consider risk minimisation and identify alternate strategies to support consumer engagement in risks of their choice.
* Requirement 2(3)(a) – the approved provider ensures comprehensive assessment and planning occurs for all consumers, both those undertaking respite and those who reside permanently at the service and include consideration of mobility, pain, nutrition and hydration, skin, medication, continence, personal hygiene and complex health care needs. Ongoing assessment and planning is required, including consideration of risks to consumer’s health and well-being, which informs the delivery of safe and effective care and services. Behaviour supports plans must comply with relevant legislative requirements.
* Requirement 5(3)(b) – the approved provider ensures the service environment is safe, comfortable, clean and well-maintained and enables free movement of consumers both indoors and outdoors. Appropriate maintenance is carried out to ensure safe passage of consumers in all areas and fire safety management is compliant with current legislative requirements. Ongoing maintenance issues are identified and remedied and repairs are carried out as required.
* Requirement 5(3)(c) – the approved provider ensures furniture, fittings and equipment is safe, clean, well-maintained and suitable for the consumer, with appropriate maintenance mechanisms in place to manage repairs, cleaning and safety requirements including electrical testing and tagging. The preventative maintenance schedule remains updated to ensure consumer equipment like patient lifters and electric beds are safe and well-maintained.
* Requirement 8(3)(c) – the approved provider ensures organisational-wide systems are in place, and remain in place and current, for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.
* Requirement 8(3)(e) – the approved provider ensures a clinical governance framework is in place which includes associated organisational-wide systems for preventing, managing and controlling infections and antimicrobial resistance, minimising the use of restraint and practicing 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. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 1(3)(d) is non-compliant.

The Assessment Team found comprehensive risk assessments were not evidenced in consumer care and services records, including for 2 consumers for falls management and fluid intake. One of these consumers were encouraged to cease their participation in the risk-taking activity, with no evidence of risk minimisation being undertaken or alternate options being considered. Evidence of staff support provided to consumers to undertake the things they want were not detailed in care and services records.

In response to the findings from the site audit report, the Approved Provider supplied a copy of the plan for continuous improvement which recognises risks assessments have not been completed for consumers undertaking risk activities and no risk mitigation strategies are in place. The planned action by the Approved Provider includes completion of risks assessments for all consumers by 31 December 2022. I acknowledge the actions being undertaken by the Approved Provider and note the time required to complete those actions, including the impacts on staff practice which require sufficient time to embed to achieve complete effectiveness. I therefore find this requirement is non-compliant.

I am satisfied the remaining 5 requirements of Standard 1 Consumer dignity and choice are compliant.

Consumers and consumer representatives interviewed said they feel respected and were happy with the care provided. These views were supported by a recent consumer survey which indicated the majority of consumers felt respected and their needs and preferences were understood. The Assessment Team noted consumer care plans reflected consumer individuality including needs and preferences. Staff were observed interacting with consumers respectfully and were familiar with consumer backgrounds.

Consumers interviewed described feeling comfortable and safe and were supported by the service and the community. Staff demonstrated awareness of consumer needs and preferences and care plans reflected individual consumer care and services preferences and relevant cultural and religious beliefs.

Consumers interviewed said they had a say in the care and services provided to them. Staff described examples of assistance provided to consumers with daily decision-making, were familiar with consumer relationships and social connections and supported them to spend time together. Care documentation included details of consumer representatives and key decisions made by consumers about there care and services. Management described how consumers regularly articulated their preferences on care and service provision.

Consumers interviewed discussed receipt of information through various channels including email correspondence, text messages and resident meetings for meals, lifestyle services and recreational activities. The Assessment Team observed Information about meals, activities, events and COVID-19 management and updates on service noticeboards and staff interviewed described how information is communicated to consumers.

Consumers interviewed said the service protects the privacy and confidentiality of their information. Staff demonstrated a sound understanding of consumer privacy and confidentiality of information. The Assessment Team observed staff interactions with consumers demonstrated respect for consumer privacy, with staff knocking on doors before entering. Consumer information is stored securely, with restricted access for electronic information.

# Standard 2

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 2(3)(a) is non-compliant.

The Assessment Team found assessment and planning were not demonstrated, particularly for consumers entering the service for respite. Care planning documentation indicated consumers admitted for respite were not assessed for mobility, pain, nutrition and hydration, skin, medication, continence, personal hygiene and complex health care needs. Behaviour support plans were not consistent with new legislation and were not in place for consumers requiring behavioural management. Individualised assessment and planning were not evidenced for consumers with diabetes and consumers requiring anticoagulant therapy.

In response to the findings from the site audit report, the Approved Provider supplied a copy of the plan for continuous improvement which identified several actions for improvement in ongoing assessment and planning and consideration of risks. These included use of the Australian National Aged Care Classification assessments for respite consumers and for existing consumers, with associated policy documents implemented for the admission documentation process. Routine risk assessments are to be completed and includes development of risk assessments forms.

Behaviour support plans from Dementia Support Australia are to be implemented for consumers as required, with subsequent review and evaluation for effectiveness. Diabetic care plans are to be updated to include parameters and risk mitigation strategies and updated care plans are identified for consumers requiring anticoagulant therapy.

Whilst not identified as deficiencies at the site audit, the Approved Provider also identified actions for continuous improvement for implementation of a formal case conference process and provision of care plans to consumers and consumer representatives. All care plans are to be reviewed by the clinical care manager.

I acknowledge the actions identified by the Approved Provider and those already undertaken. I find these actions will take some time to implement and inform clinical practice, and as such I find requirement 2(3)(a) is non-compliant.

I am satisfied the remaining 4 requirements of Standard 2 Ongoing assessment and planning with consumers are compliant.

Consumers and consumer representatives interviewed were satisfied with assessment and planning conducted which addressed their needs, goals and preferences. Staff described what was important to consumers and care delivery preferences for individual consumers. For advanced care planning, most consumers had not participated in discussions about end of life wishes and this was supported by care documentation. The clinical care manager noted some consumers and consumer representatives were not comfortable with discussions about end of life preferences and had not completed advanced care directives, however the service would continue to complete the directives for consumers as required.

All consumers and consumer representatives interviewed felt they were partners in care with the service. Staff discussed involvement of consumers and consumer representatives in care planning and other medical officers and allied health professionals were engaged where appropriate.

Consumers and consumer representatives interviewed felt well informed about assessment outcomes for consumer clinical care and personal care. Consumers discussed weekly engagement with a medical officer. Consumers were unaware of their care plans and most consumers indicated case conferences had not occurred. On review of clinical documentation, the Assessment Team found formal case conferences had not occurred however care plans were in place for permanent consumers.

The Assessment Team found care and service were evaluated every 3 months for consumers, with care plans updated annually at a minimum. Reviews were conducted when there was a change in consumer condition and escalation occurred when required. Changes in consumer condition were communicated verbally and in written handover notes, which was observed by the Assessment Team.

# Standard 3

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

Findings

This Quality Standard has been assessed as compliant as 7 of the 7 requirements are compliant.

The Assessment Team found most consumers received effective personal and clinical care which was generally tailored to their needs. Weights were monitored and appropriate strategies implemented. Wounds were effectively managed, although wound measurements were not always documented in wound charts and inconsistent wound photography made wound comparison and assessments difficult. Consumers were reviewed by clinical staff post-fall and transfers to hospital were made if concerns were identified. Post-fall and mobility assessments were not always completed, however incident forms were completed with appropriate strategies implemented. Restrictive practices were discussed with management including chemical restraint, mechanical restraint and environmental restraint. Actions were identified in the plan for continuous improvement to implement a psychotropic register and chemical restraint register and completion of risk assessments for mechanical restraints and environmental restraints.

The Assessment Team found most risks for consumers such as falls, wounds, weight loss and pain were effectively managed. Whilst high-impact and high-prevalence risks were not always identified and documented in care plans, verbal communication amongst staff about consumer clinical care and personal care was very good. Consumers were reviewed weekly by the medical officer as required. Incidents and clinical indicators were documented in monthly reports which are provided to the board.

The Assessment Team reviewed care documentation which reflected end of life care was delivered in accordance with the wishes and preferences of consumers and recognised consumer needs and goals. Staff described how the needs and preferences of consumers were addressed when nearing end of life and how comfort was maximised. Engagement with the local palliative care service ensured palliative medications were available to consumers when required.

Consumers interviewed said deterioration was always recognised and responded to in a timely manner. Consumers described immediate transportation to hospital when required and this was consistent with clinical documentation viewed. The Assessment Team found wound charts were updated to capture frequency of wound dressings, solutions utilised and wound healing.

Consumers interviewed said they felt their needs and preferences and information about the conditions were communicated well within the organisation and with those where care responsibility was shared. The Assessment Team observed clinical handover communicated important consumer information and changes in consumer condition, which was supported by a comprehensive written handover. Progress notes captured medical officer orders and consumer preferences for personal care needs. Staff described personal care preferences and behavioural supports strategies implemented for some consumers.

The Assessment Team found appropriate referrals were made in a timely manner. Progress notes confirmed referrals were made for physiotherapist review, podiatry review and referrals to specialists were also evidenced.

All consumers interviewed were satisfied with infection management throughout the COVID-19 pandemic and staff were observed to practice appropriate standard and transmission-based precautions. Staff interviewed demonstrated an understanding of infection prevention and control and were supported with training in infection control strategies and COVID-19. Some care staff were unclear about good hydration for consumers and antimicrobial stewardship, and this will be addressed further under Standard 8 requirement (3)(e).

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 requirements are compliant.

Most consumers and consumer representatives interviewed expressed satisfaction the services and supports for daily living were appropriate. Some consumers indicated they preferred not to engage in activities. Staff demonstrated a good understanding of consumer’s interests and preferences, which was consistent with consumer feedback and care plans. Staff discussed encouragement provided to consumers to maintain their independence and engagement in activities and meal choices. Lifestyle staff described how activities were tailored to individual consumers to meet varying functional abilities. Management explained that monthly rotational one-on-one activities were provided to consumers who did not engage in social or group activities.

The Assessment Team found services and supports were provided for consumers’ emotional, spiritual and psychological well-being and most consumers interviewed said their emotional and spiritual needs were being met. Care planning documentation evidenced spiritual and cultural assessments captured consumer preferences. Alternate methods for spiritual engagement were demonstrated and included online services. Care staff described how they recognised changes in consumer psychological well-being and supports provided.

Consumers and consumer representatives interviewed described engagement for consumers in the community with family and friends. Lifestyle staff discussed the use of volunteers each week to support bingo activities. Consumer survey results requesting more engagement outside of the service was acknowledged by management, who discussed the strict COVID-19 restrictions which had impacted engagement were to be lifted. Management noted the local council bus was available for outdoor activities and recent resident meeting minutes discussed local community drives and opportunities for community bus outings.

Consumers interviewed discussed staff were aware of their daily living needs and preferences. Care staff discussed being kept informed when consumer conditions, needs or preferences change through discussion with consumers, by reading handover reports and being updated by their supervisors. Staff interviewed described ways information was communicated for consumer meal preferences, allergies, birthday menu, cultural and religious requirements, crockery and drink aids. Consumer meal changes were communicated directly with the chef and recorded.

The Assessment Team observed timely referrals were made to individuals, organisations and providers of other care and services to meet the needs and preferences of consumers. Consumers described engagement with services including the National Disability Insurance Scheme and care documentation confirmed weekly visits from support workers to facilitate engagement in the community and referrals for behaviour support intervention.

Consumers and consumer representatives interviewed expressed satisfaction with meals, which were varied and of suitable quality and quantity. Consumers discussed receipt of nutritional supports and support from staff during mealtimes and were consulted about menu choices. Dieticians were also consulted about menus, which were rotated every 4 weeks.

The Assessment Team observed equipment for lifestyle services were safe, suitable clean and well-maintained. Consumers and consumer representatives were satisfied with the lifestyle equipment provided. Staff interviewed confirmed enough equipment was available to support the daily living activities for consumers, with equipment for lifestyle activities including board games, puzzles, books, quoits, painting and bingo cards observed to be clean.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 5(3)(b) and 5(3)(c) are non-compliant.

The Assessment Team observed consumers moved freely around the service, walked independently and used mobility walkers both indoors and outdoors. Consumers and consumers representatives interviewed were satisfied with cleaning, laundry and maintenance. Staff described the maintenance process and requests were generally well managed, although not documented for tracking purposes. Deficiencies were identified in the fire safety management plan, non-compliance with evacuation diagrams and multiple non-critical defects were outstanding from the monthly fire detection systems reports. Management advised the defects were being addressed and the compliance issue reviewed. Management explained the absence of a full-time maintenance officer had contributed to outstanding issues including preventative maintenance. The Assessment Team observed safety hazards in the outdoor garden area, with overgrown plants on pathways.

Consumers interviewed did not raise concerns about their equipment. One consumer representative provided feedback about their consumers mattress and this was advised to management. The Assessment Team observed furniture, fittings and equipment to be safe, however outdoor furniture appeared dirty, rusty and damaged. Wheelchairs and walkers were clean and well-maintained. External maintenance tasks were completed and current. Inconsistencies in the testing and tagging of electrical equipment were acknowledged by management and noted to have occurred due to the absence of a full-time maintenance officer. The Assessment Team observed mould on the ceiling in one sunroom, signs of water damage in the laundry room and the reception air-conditioning vent to be dirty and dusty. Management acknowledged the water damage occurred during the sprinkler system repair. The Assessment Team noted ongoing deficiencies in the dirty utility room and disinfection reporting, which was acknowledged by management as ongoing.

In response to the findings from the site audit report, the Approved Provider supplied a copy of the plan for continuous improvement which detailed several actions for improvement. Actions include follow-up with a plumber and plasterer to facilitate repair the water damage to the ceiling, discussions with the fire contractor and follow up of non-critical deficits from monthly fire detection inspection report. Identification of a workable solution for the non-dedicated dirty utility room was also referenced and implementation of a system-based maintenance log for maintenance tracking.

The plan for continuous improvement detailed the allocation of routine maintenance tasks to staff and completion of November 2022 tasks, allocation of internal staff to check monthly call bell reports and implementation of an annual call bell review. Contact with an electrical contractor was identified to arrange testing and tagging of electrical equipment. Patient lifter and bed maintenance records were to be updated and an annual maintenance check scheduled. The casual maintenance officer is to conduct an outdoor environmental audit and dispose of old or damaged items, including review of footpath and access areas to ensure surfaces are safe and plants are not overgrown.

I acknowledge the actions identified by the Approved Provider and measures taken to address the issues identified and implement improvements. I note, however, these measures will take some time to implement and as such, I find requirements 5(3)(b) and 5(3)(c) are non-compliant.

I am satisfied the remaining requirement of Standard 5 Organisation’s service environment is compliant.

The Assessment Team observed consumer rooms were equipped with an individual ensuite, natural lighting and access to undercover verandahs. Consumer rooms were decorated with their personal belongings which reflected their families and interests. Consumers were observed walking independently around the service and outdoors. Management described the design of the service supported the functional and cognitive impairments of consumers. The entrance to the service was welcoming and internal environment contained an activities room, dining room and quiet sittings areas including a patio.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 requirements are compliant.

Consumers and consumer representatives interviewed had no concerns regarding the care and services provided and felt comfortable raising a complaint or providing feedback when required. Care staff interviewed described support provided to consumers included listening to the issues they raise and escalating when needed and assisting with completion of feedback forms for compliments and complaints. The Assessment Team observed resident meeting minutes encouraged consumers to provide ideas and suggestions and served as a reminder of the complaints and suggestion process.

Consumers and consumer representatives interviewed said they were comfortable sharing concerns or complaints with staff. Staff indicated they have not used advocacy or interpreter services and management confirmed these services are available consumers when and if required. The resident handbook provided information about internal and external complaints mechanisms and the Assessment Team observed advocacy brochures and posters displayed throughout the service for Aboriginal and Torres Strait Islander people, veterans and other diverse groups.

Consumers and consumer representatives interviewed expressed satisfaction the service will address any complaints and concerns raised and discussed examples where the service had resolved issues raised about laundry and meals. Staff described support provided to consumers to resolve concerns raised and demonstrated principles of open disclosure. The Assessment Team noted the plan for continuous improvement identified transition of the feedback and complaints policy and open disclosure procedure to an online system.

The Assessment Team found the service utilised feedback and complaints to improve care and services provision, with some complaints not captured in the plan for continuous improvement and complaints trends not reviewed. Staff described seeking feedback from consumers on meal choices and provided examples of improvements made to menu options after complaints were received. Management discussed most complaints were addressed informally and as soon as possible, with areas where more than one complaint is identified addressed through the plan for continuous improvement.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 requirements are compliant.

The Assessment Team found the service was focused on the delivery of safe quality care and services and acknowledged the staffing difficulties faced by the service in a small regional community. Consumers and consumer representatives interviewed said that whilst they could always use more staff, they did not have to wait long for care provision. Staff were trained and utilised across multiple areas of the service and overtime was offered to cover staff shortages, with successful effect and minimal impact identified on consumer care. Whilst formal call bell monitoring and analysis was not undertaken, management were aware of response times.

Consumers and consumer representatives interviewed described staff engaged with them in a respectful, kind and caring manner and were gentle with care provision. Staff demonstrated an in depth understanding of consumers and this was consistent with care documentation and feedback from interviews with consumers and consumer representatives.

Consumers expressed satisfaction with the care and services provided. The Assessment Team observed staff were highly competent in their roles and found several staff demonstrated high-level skills. Personnel and service records evidenced staff were appropriately qualified and professional registrations were current. Competencies were role specific and whilst mandatory training was not completed for some staff, this did not impact on the ability of staff to perform effectively.

The Assessment Team found the service was unable to demonstrate regular assessment, monitoring and review of staff performance was undertaken, with the last recorded performance reviews occurring in 2020. Staff were unable to recall when they last engaged in a performance review, however were able to discuss their performance directly with management who were supportive and encouraged development of skills and experience. Management acknowledged performance reviews were outstanding.

The Approved Provider responded to the site audit report and provided details of the plan for continuous improvement which noted staff performance reviews commenced from 4 November 2022 and a new performance review schedule had been implemented. Whilst I note the findings from the site audit report, I find the evidence supports performance management mechanism were in place, whilst informally, and effective implementation of a more formal system has been demonstrated.

Consumers and consumer representatives interviewed said staff knew what they are doing and did not need further training. Staff interviewed described receipt of appropriate training relevant to their roles and would be provided with additional training when required. Management discussed the service uses feedback from consumers, clinical indicators and incidents to identify staff training needs. The Assessment Team observed limited mechanisms in place to monitor staff training needs and were unable to determine completed areas of training, other than training provided for the Serious Incident Response Scheme. Recruitment for a permanent maintenance officer remains outstanding and the impacts were already discussed in Standard 5 Requirements (3)(b) and (3)(c).

The Approved Provider responded to the site audit report and noted several actions were undertaken in the plan for continuous improvement including update of the online learning register and training of the administration officer to maintain education registers, with provision of advice to staff about the new procedure. Provision of additional and ongoing training for staff has been identified for end of life discussions or difficult conversations, open disclosure, restrictive practices, falls management and post-fall procedures and antimicrobial stewardship. Mandatory training for 2022 will be completed. The plan for continuous improvement also details active recruitment of a permanent maintenance officer and review of the call bell system and weekly data collection to consider response times and take appropriate actions.

Whilst I note the findings from the site audit report, I acknowledge the actions taken by the Approved Provider to address the issues identified and the level of commitment shown. I have considered the feedback from consumers and consumer representatives and determine the impact on consumer care and services provision to be limited.

Accordingly, I find requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) are 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 8(3)(c) and 8(3)(e) are non-compliant.

The Assessment Team found deficiencies in the organisational wide governance systems. Information management systems ensured consumer information was readily available to staff through the electronic management system. A new electronic quality management system to simplify documents, record tasks and manage updates to documentation and policies was identified for implementation. The plan for continuous improvement contained limited and outdated actions, did not capture board identified improvements and contained limited evidence that critical incidents were utilised to drive improvements. Financial governance was overseen by a finance manager, with the board focussed on future expenditure and service improvements and fundraising was utilised to purchase items including lifters and new shower chairs. Workforce governance was solution-focussed and demonstrated staff and management commitment to care and service provision, which had minimal impact on consumers. Deficits in regulatory compliance were noted in the fire safety management plan and compliance with fire safety legislation, which was also discussed under Standard 5 requirement 5(3)(b). Feedback and complaints management systems were in place, however trend analysis did not inform improvements in care and services provision.

The Assessment Team found a clinical governance framework was not in place. Policy and procedure documents for antimicrobial stewardship and open disclosure were not evident. Staff demonstrated an understanding of steps required to minimise the use of antibiotics for consumers. Some staff were unfamiliar with open disclosure principles, however management could describe the process and review of the feedback and complaints register confirmed it was practiced at the service. No restrictive practices register was evident and there were gaps in knowledge about chemical restraint.

The Approved Provider responded to the site audit report and recognised the delayed development of certain clinical policies and procedures and associated staff training. Key legislative-based policies were identified for update and included incident management, Serious Incident Response Scheme, restrictive practices and behavioural support plans. Update of the plan for continuous improvement to include all board projects was noted. New facility computers were identified for implementation to compliment electronic access to updated policies and procedures.

The plan for continuous improvement identified development of a psychotropics register was required, as was review of consents for restrictive practices and chemical restraint. Policy implementation was identified for open disclosure and training for antimicrobial stewardship. Whilst not specifically identified, reference made to policies and procedures was taken to include antimicrobial stewardship which requires development and implementation.

The several actions identified by the Approved Provider demonstrate commitment to improvement, however will take some time to take effect across the service. As such, I find requirements 8(3)(c) and 8(3)(e) are non-compliant.

I am satisfied the remaining 3 requirements of Standard 8 Organisational governance are compliant.

Consumers and consumer representatives expressed confidence in the way the service was run and their engagement in the development, delivery and evaluation of care and services. Management described various ways consumers were engaged including completion of regular consumer surveys, monthly consumer meetings and provision of feedback forms. Management provided examples of recent changes made that involved consumer feedback, which included review of the menu and food selections.

The Assessment Team found the organisation’s governing body promoted a culture of safe, inclusive and quality care and services through attendance of board members at consumer meetings and monthly reporting on clinical indicators, consumer feedback, complaints, significant incidents, workplace health and safety and continuous improvement projects. The board comprised local community volunteers from professional backgrounds including health, allied health and accounting. Communication with consumers and consumer representatives included information about the Quality Standards, COVID-19, new legislation and general aged care industry information.

Whilst the Assessment Team determined high-impact and high-prevalence risks were not always identified and documented in consumer care plans and assessments were not always completed, most risks were effectively managed. Reporting of the clinical governance committee supports identification and analysis of clinical trends and responsiveness to possible abuse and neglect of consumers. Incidents were reported to the Serious Incident Response Scheme and incident management documentation conformed with current legislative requirements.

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