Performance

Report

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| Name: | Dunbar Homes Salisbury |
| Commission ID: | 6139 |
| Address: | 11 Mawson Road, SALISBURY, South Australia, 5108 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2024 to 27 September 2024 |
| Performance report date: | 29 October 2024 |
| Service included in this assessment: | Provider: 1203 Dunbar Homes Incorporated  Service: 4156 Dunbar Homes Salisbury |

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 Dunbar Homes Salisbury (**the service**) has been prepared by Navjiwan Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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 and representatives confirmed that consumers are treated with dignity and respect. Staff value their identity, culture, and diversity, and care was described as respectful and gentle. There was evidence of consumer examples demonstrating that the service values the unique cultural heritage and life experiences of consumers, which improves the delivery of their daily care. Staff demonstrated an understanding of consumers’ personal circumstances, life experiences, cultural backgrounds, and religious needs, which aligned with the care documentation reviewed by the Assessment Team. Management described how the service organises various cultural celebrations and activities to cater to the cultural needs and preferences of all consumers, adding cultural days based on the consumers at the service. The Assessment Team observed that all consumers were consistently treated with dignity and respect.

Consumers and representatives confirmed they can exercise choice about the delivery of their care and services and are supported to maintain relationships with family and friends. There was evidence of the service supporting two consumers to maintain their relationship as husband and wife, and another consumer being supported to maintain a relationship with family living interstate through video calls. Staff described how they support consumers to make decisions and maintain relationships. Care planning documentation detailed how consumers wish their care to be delivered and who will be involved in this.

The service demonstrated that risk is assessed and captured in dignity of risk documentation. The dignity of risk form records a description of the risk activity or choice, risk mitigation strategies, and consumer acknowledgement of informed consent. The Assessment Team report included examples of completed dignity of risk documentation. Consumers confirmed that the service supports them to take risks to enable them to live the best life they can.

Consumers and representatives confirmed receiving current and timely information such as changes to consumers’ care, upcoming lifestyle activities, and other special events organised by the service that enable them to exercise choice. Staff described strategies to communicate information to consumers living with vision, hearing, and speech impairments. A review of documentation demonstrated that meetings are well attended, and consumers are actively engaged. The Assessment Team observed information on noticeboards and tables regarding daily lifestyle activities, menu choices, and the monthly lifestyle calendar.

Consumers are satisfied that their privacy is respected, and their information is kept confidential. Staff and management demonstrated an understanding of confidentiality and provided examples of how consumers’ privacy is respected in practice. The service demonstrated it has a password-protected electronic care management system that is accessed only by authorised staff. The Assessment Team observed staff knocking on consumers’ doors and seeking consent prior to entering their rooms.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 1.

# 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 service demonstrated a comprehensive assessment and planning process that considers the risks to consumers’ health and well-being and informs the delivery of safe and effective care and services. The assessment process for consumers entering the service is completed over 28 days, with a range of assessments undertaken to identify consumers’ risks. These include, but are not limited to, skin integrity, pain, falls risk, cognition, mobility, lifestyle, and sleep. Staff were able to describe assessment and planning processes, and risk mitigation strategies to ensure the delivery of high-quality care and services. The Assessment Team noted that the service had not assessed consumers’ ability to exit and enter the service freely and independently as a potential environmental restrictive practice. The service acknowledged the deficit and commenced assessments of consumers potentially subject to environmental restrictive practice and logged improvement actions in the service’s Plan for Continuous Improvement (PCI). I note that no impact on consumers was identified, and I have also considered this information under Requirements 3(3)(a), 5(3)(b), and 8(3)(e). Consumers and representatives described the assessment and planning process as comprehensive.

Consumers and representatives confirmed they have been consulted in relation to their needs, goals, and preferences, including advance care directives and end-of-life care. Management and clinical staff described that consumers and representatives are consulted about their care needs, goals, and preferences during entry to the service, on care planning reviews, and as needs change. The Assessment Team sighted handover documentation guiding staff on the consumers’ choice relating to advance care directives. A review of care planning documentation evidenced consumers’ current needs, goals, preferences, and advanced care planning.

Consumers and representatives confirmed partnerships in assessment and planning processes, including the development of initial assessments and ongoing reviews of care plans. The assessment and planning process also involves input from clinical staff, medical officers, and other allied health professionals. Clinical staff described the importance of consumer-centred care planning and explained the processes for referral to allied health professionals. The service seeks input into consumer care from a diverse range of external providers and services, including hospitals, psychologists, dietitians, and allied health services. A review of care documentation reflected the involvement of consumers, representatives, and others in the assessment and care planning process.

The service has an effective electronic care management system to ensure consumer care plans are accessible to all staff. Consumers and representatives confirmed they can easily access consumers’ care plans, are verbally informed when a change is made, and described that they felt staff engaged them as a partner in the care plan process. The service has a comprehensive set of policies and procedures to guide staff in communicating assessment and care planning outcomes effectively. A review of care documentation reflected that the outcomes of assessment and care planning are communicated effectively to consumers and representatives.

Consumers and representatives confirmed regular involvement in care plan reviews with staff, medical officers, and allied health professionals. Consumers also confirmed that if changes or incidents occurred, further discussions are conducted, and any needs required for the consumer are addressed promptly. Care documentation demonstrated review, reassessment, and evaluation of a consumer’s needs, goals, and preferences following a change in health status.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 2.

# Standard 3

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

Findings

Consumers and representatives were satisfied that consumers are receiving safe care that supports their health and well-being in relation to the management of pain, wounds, and chemical restrictive practices. Consumers and representatives confirmed providing informed consent with an understanding of the reason, benefits, risks, and review process for the use of chemical restrictive practices. Staff demonstrated knowledge of each consumer’s care needs that aligned with the consumers’ personalised assessed care needs. Care planning documents demonstrated consumers’ wound care, skin integrity, and pain are effectively managed to meet their individual needs. Care documentation demonstrated that consumers who require the use of chemical restrictive practices are assessed, monitored, and reviewed according to regulatory requirements and have individualised behaviour support plans. The Assessment Team noted the service did not consider consumers were potentially subject to environmental restrictive practices as the service had not assessed all consumers’ ability to use the keypad code to exit the service. The service acknowledged the deficit and commenced assessments and behaviour support plan development of the identified consumers and implemented a PCI with planned completion by October 2024. I note that no consumers provided negative feedback regarding entry and exit to the service after hours and no impact on consumers was identified. I have also considered this information under Requirements 2(3)(a), 5(3)(b), and 8(3)(e).

The service demonstrated effective management of high-impact and high-prevalence risks associated with each consumer’s care needs, including falls, psychotropic medications, and specialised care needs. Consumers and representatives confirmed that risks related to consumer care are managed effectively. Staff demonstrated knowledge for effective management of high-impact or high-prevalence risks associated with the care of each consumer. Care documentation demonstrated risks are identified, assessed, and individualised strategies implemented to manage and mitigate the risk, including falls, pressure injuries, weight loss, and diabetes.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their end-of-life wishes, have been discussed. Care documentation demonstrated consumers and representatives participate in decision-making processes and are supported by external palliative care services to ensure needs, goals, and preferences are captured. Staff and management described the care delivery changes for consumers nearing end of life to ensure consumers’ comfort is maximised and dignity preserved through pain management, and emotional and spiritual support. The Assessment Team sighted a consumer’s care documentation relating to palliative care and noted that comfort care and emotional support from staff was in line with their end-of-life care.

Consumers and representatives confirmed that a change in a consumer’s condition is identified and responded to in a timely manner. Management and staff described how a consumer’s deterioration or change in condition is identified, addressed, and escalated, such as pain, poor appetite, and change in mobility. A review of care documentation for a consumer experiencing deterioration demonstrated timely identification of change in their condition and effective communication with relevant health practitioners for further assessment and management. The organisation has a policy and procedure that guides staff in the early detection and management of a consumer’s clinical deterioration.

The service ensures information about the consumer’s condition, needs, and preferences is recorded and shared within the organisation and with others who share in the responsibility. Consumers and representatives expressed confidence that consumer needs and preferences are effectively communicated. Staff described a range of communication mechanisms available for sharing consumer information through handover sheets, care plans, and medication charts. A review of care documentation demonstrated consumer conditions, needs, and preferences are communicated, and information exchange occurs with others who share responsibility for care following any changes in the consumer’s condition and clinical incidents.

There is evidence to support that the service undertakes timely and appropriate referrals for consumers. The service has access to a range of health supports and services, including medical officers, allied health specialists, Dementia Support Australia (DSA), social workers, and nurse practitioners. Consumers and representatives expressed satisfaction with the access to external health providers and multi-disciplinary specialists, as required. Management and staff described processes and examples of referrals to other health services. Consumer documentation reflected timely referrals to medical officers and allied health specialists.

Consumers and representatives provided positive feedback about the service’s infection prevention and control practices. Management and staff demonstrated knowledge and understanding of infection prevention and control practices and antimicrobial stewardship principles. The service has an infection prevention and control lead (IPCL). The Assessment Team sighted policies and procedures relating to infection prevention and control, including antimicrobial stewardship (AMS) and emergency outbreak management.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 3.

# 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

Consumers and representatives provided positive feedback about the way consumers are supported in activities of daily living and provided examples of care in line with individual needs, goals, and preferences. Staff described the process of partnering with the consumer to conduct a lifestyle assessment, which collects the consumer’s individual preferences, including leisure likes, dislikes, and interests, as well as social, emotional, cultural, or spiritual needs. The service ensures the activities schedule is tailored to consumer interests and preferences and designed to suit consumers of different levels of cognitive abilities and vision. Care documentation demonstrated the consumer’s individualised needs, goals, and preferences in care and services to support social or spiritual well-being.

There is evidence to support that the service promotes each consumer’s emotional, spiritual, and psychological well-being. This includes consumers receiving weekly minister visits and church services as per their spiritual needs, and staff spending one-on-one time with consumers as per their preferences. Staff described strategies to support consumers when they are upset or feeling down, including having a conversation with those consumers and seeking alternative opportunities for the consumers to connect with their loved ones. The service’s information guide for consumers contained information on supports for spiritual and religious practice, well-being assistance from volunteers, and remaining in contact with their chosen community.

Consumers confirmed they are supported to participate in activities both within and outside the service and maintain their personal relationships. They confirmed they are able to do things of interest, including bus trips and maintaining independence. Staff described consumers’ social relationships, preferences, and interests. Lifestyle staff described that activities, including bus trips, are planned as per consumer requests, such as trips to a nursery and the Barossa Valley. Care planning documentation outlined consumers’ individualised interests and social relationships. The Assessment Team noted that the service has recently partnered with a local bowling club to organise outings for consumers.

Consumers confirmed satisfaction with the communication between providers of their care and confirmed that staff understand their needs. Staff described feeling well informed regarding changes and updates to consumers’ care and services through the handover process. A review of care documentation demonstrated consumers’ conditions, needs, and preferences are identified, and staff can access these via the service’s electronic care management system. The Assessment Team noted the catering summary list used by catering staff was not consistent with consumers’ likes and dislikes recorded in the electronic care management system, and staff were unable to describe whether the recorded information was an allergy or dislike. Management acknowledged the feedback from the Assessment Team and promptly recorded an action item in the service’s PCI. Management added that this action would be addressed as a priority to update staff on all consumers’ diets and including likes and dislikes, and ensure allergies are clearly separated from preferences. The service is also transitioning to an electronic catering system.

The service demonstrated appropriate referrals of consumers to other organisations, individuals, and providers of other care and services. Consumers and representatives expressed satisfaction with the referral process to other organisations to support participation in activities of daily living and to promote social and emotional well-being. Staff demonstrated knowledge of the referral processes, and the Assessment Team noted the engagement of religious practitioners, mental health services, external entertainers, and other specialised organisations to support consumer care. A review of care documentation evidenced the service collaborates with external providers to support the diverse needs of consumers.

Consumers confirmed they are served meals of sufficient quality and quantity and that they are offered choice. Consumers are also provided with an option to prepare their own breakfast. Staff and management described the dining experience as inclusive and enjoyable for consumers. Staff described supporting consumers with their meal choices and providing snacks outside of mealtimes. The service seeks consumer feedback through consumer and representative meetings and through surveys. The service menu and specialised consumer diets are supported by a dietitian. The service has a food services policy and procedure, including food safety, to guide staff practice.

Consumers and representatives were satisfied that the equipment provided to them is safe, clean, and well-maintained. Staff confirmed access to a range of equipment and described that equipment is regularly maintained and cleaned. While the Assessment Team observed equipment to be clean and well-maintained, there was no process identified to document whether shared personal equipment had been cleaned after each use. Management acknowledged the Assessment Team’s findings and logged an improvement action to the service’s PCI during the Site Audit to implement a cleaning process to be completed by October 2024. There was no identified adverse impact on consumers.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# 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

Consumers and representatives confirmed that the service environment is welcoming and easy to navigate. The Assessment Team noted that consumers’ rooms were personalised with furniture and possessions of choice. The service has various communal areas that are spacious and encourage social interaction among consumers. Management described aspects of the service environment that make consumers feel welcome and optimise their independence, interaction, and function. The Assessment Team noted that parts of the garden were not well maintained or tidy, but this was addressed during the Site Audit, and consumers described the garden as generally well maintained.

Consumers reported feeling safe and confirmed that the service is clean and well maintained. The service has effective cleaning schedules for both personal and communal spaces. Maintenance staff follow a preventative program and respond promptly to requests. Consumers confirmed they can freely access all communal areas with clear wayfinding throughout the service. However, wayfinding to the MSU was not clear, and access to one of the garden areas was restricted due to safety concerns. Management acknowledged the feedback and updated the PCI during the Site Audit.

Three of the sampled consumers confirmed they can freely leave the service and can use a code to go out. The service has an effective process to assist consumers and representatives requiring assistance to enter the service after hours if the code is not accessible. The service also has an information guide to assist consumers in safely leaving and entering the service. However, the Assessment Team noted that not all consumers had been assessed by the service for potential environmental restrictive practices. Management acknowledged the feedback and commenced assessments for the consumers identified as subject to environmental restrictive practices, with no negative feedback from the consumers. I have also considered this information under Requirements 2(3)(a), 3(3)(a), and 8(3)(e).

The service ensures that furniture, fittings, and equipment are safe and well maintained for consumers’ use. This was supported by two consumer interviews describing their maintenance experience as timely, efficient, and effective. Staff described the maintenance system for preventative and reactive cleaning and maintenance. The service has processes to track all requests for repairs until completion and has schedules regular maintenance. The Assessment Team reviewed the maintenance logs and routine inspections, demonstrating that maintenance issues were addressed in a timely manner. The service is currently transitioning to an electronic maintenance system.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# Standard 6

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

Findings

Consumers and representatives confirmed awareness of the mechanisms to raise complaints and provide feedback and are supported to do so. Staff described processes to encourage and assist consumers to make complaints or provide feedback. The Assessment Team observed feedback forms and brochures displayed throughout the service, along with electronic means to provide feedback. The service also seeks consumer feedback through consumer and representative meetings. The service is also identifying consumers for participation in the organisation’s Consumer Advisory Body, as noted by the Assessment Team from posters on noticeboards throughout the service.

There is evidence from consumer interviews describing awareness of other avenues for raising a complaint, such as through the Aged Care Quality and Safety Commission (Commission), advocacy services, or with the help of a family member or friend. Management and staff were aware of translation and language services, or if necessary, they had access to communication cards or internet translation tools for consumers where English is not their preferred language. The Assessment Team sighted the meeting minutes showing attendance of the Aged Rights Advocacy Service (ARAS). The service has an information guide for consumers, guiding access to the ARAS, the Department of Social Services Aged Care Complaints Commissioner, or an independent arbitrator, and lists contact numbers for ARAS and the Commission.

The service was able to demonstrate that appropriate action is taken in response to feedback and complaints. There is evidence of individualised consumer experiences confirming suitable measures are taken when feedback or complaints are raised, and open disclosure is practised, including a written apology letter to consumers with investigation and strategies implemented in response to the complaint. Staff interviewed described detailed actions taken in response to complaints received by consumers at the service using open disclosure principles. The Assessment Team sighted documented examples of open disclosure being used by the service, along with staff training records pertaining to open disclosure and the Quality Standards. However, the Assessment Team noted that not all feedback identified as a continuous improvement was recorded in the PCI register. This was acknowledged by management and added to the PCI during the Site Audit.

Consumers and representatives confirmed that feedback and complaints are used to improve the quality of care and services. Examples from consumers included expediting an upgrade to the call bell system following a complaint regarding call bell response. Management described detailed processes and examples demonstrating that feedback provided is used to improve services. The organisation has documented policies in relation to using feedback and complaints information to identify areas for continuous improvement, including guidance in registering feedback and complaints, trending the data, and documenting improvement strategies in their PCI. The Assessment Team sighted compliments from consumers and representatives on the quality of care by the staff and activities.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

There was evidence to support that the service has a planned workforce and staffing levels with an adequate skill mix to meet the needs of the consumers. Consumers confirmed there were enough staff within the service to receive care and support in a timely manner without rushing through the process. Management described the process to oversee the roster to fill vacancies and planned leave, along with ensuring an adequate mix of staff and competencies. Staff confirmed there were adequate staff at the service. The Assessment Team sighted the master roster for the two weeks prior to the Site Audit and noted there were no vacant shifts for registered nurses and care staff. The service has a registered nurse on-site 24 hours a day, seven days a week.

The service demonstrated that the workforce interacts with consumers in a kind and caring manner and that staff are respectful of each consumer’s identity, culture, and diversity. All consumers described that staff treat them kindly and respect their identity, culture, and diversity. Management described that the service promotes a culture of respect through available resources and training. The Assessment Team evidenced relevant policies and procedures, and recent staff training on culture, including respectful interactions. The Assessment Team observed staff treating consumers with care and respect.

Consumers and representatives confirmed satisfaction with the staff’s competence and skills. The service has an orientation and induction program to support new staff, and annual mandatory training is required to be completed by all staff. Staff confirmed receiving training through induction, mandatory training, online modules, and toolbox talks. The Assessment Team noted that position descriptions and duty statements are provided to staff, outlining skills, qualifications, role responsibilities, and expectations. The service regularly reviews and maintains records of professional registrations, screenings, checks, banning orders, and vaccinations. The Assessment Team sighted the reports for staff compliance with vaccinations, police checks, and registrations.

The service has orientation and mandatory training for staff to support the delivery of safe, effective care and services. Consumers and their representatives confirmed that staff are adequately trained and equipped to perform their roles. Management described training sessions coordinated by the service to enhance staff practical skills or as a response to identified deficits in internal audits, including wound management and restrictive practices. The service has processes to monitor staff training records, and education and training records sighted by the Assessment Team showed 98% compliance with staff attending the competencies training, orientation, and mandatory training.

The service has an effective process in place to assess, monitor, and review the performance of the workforce. Consumers reported feeling encouraged by the service to provide feedback on the performance of staff. Staff confirmed they have performance appraisals with opportunities to receive and provide feedback. Management described that the service is behind schedule in conducting annual performance appraisals and a formulated plan is in place to conduct performance appraisals. This was also reflected in the service’s PCI. The service has a defined process for managing underperformance.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# Standard 8

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

Findings

Consumers and representatives confirmed they are engaged and supported to be involved in the development, delivery, and evaluation of care and services via a range of mechanisms such as care planning reviews, feedback and complaints, consumer and representative meetings, consumer surveys, and audits. The service is currently forming a Consumer Advisory Committee, and there was evidence to support the communication of this to consumers and representatives, including discussions at the quality care committee meeting. The service has consumer-focused policies and procedures to ensure the engagement of consumers in the development and evaluation of care and services.

The service Board is comprised of members with various skills, including clinical leadership, and is accountable for delivering care and services and promoting a culture of safe, inclusive, and quality-driven care. The organisation’s governance structure includes direct feeding of information to the Board and the relevant organisational subcommittees from the management. The Assessment Team sighted clinical governance reports and confirmed analysis of monthly audits and clinical indicators are reported at the governing body level and benchmarked to identify and address trends. The service has a policy framework to maintain a culture of safe and inclusive care. Consumers confirmed feeling safe at the service and said the environment was inclusive and they were kept aware of changes or updates in the service. Staff confirmed the service promotes and maintains a culture of care that is safe and inclusive. The service has PCI action items implemented to review governance responsibilities under the strengthening provider governance.

The service has comprehensive governance protocols monitored monthly by executive management and the Board to ensure effective and safe care aligned with Quality Standards. Information management includes regular updates to consumers, various electronic systems, and recent technology upgrades, though some documentation discrepancies were noted relating to the catering summary. I have considered this information under Requirement 4(3)(d). A continuous improvement process captures feedback and audit results, while financial governance involves a structured budget development and approval process. Workforce governance ensures clear roles and annual evaluations, with ongoing recruitment efforts. Regulatory compliance is maintained through regular policy updates, and a feedback system is in place for the timely resolution of consumer complaints. The Assessment Team noted that not all consumer feedback identified by the service as a continuous improvement was in the register, and not all verbal feedback was captured in the PCI. Management acknowledged the Assessment Team’s findings and updated the service PCI during the Site Audit. I have also considered this information under Requirement 6(3)(c).

The service has a risk management system in place supported by policies and procedures to manage risk, abuse, and neglect of consumers, supporting consumers to live the best life they can, and incident management. There is an effective reporting system that enables the service to detect and respond to risks associated with the care of consumers and suspected abuse or neglect. The service’s incident management process ensures incidents are analysed and identified trends are reported to the governing body.

The service demonstrated an effective clinical governance framework in place that supports consumer-centric and safe care relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff demonstrated an understanding of their responsibilities in line with the policies and procedures to promote safe and quality care. Staff demonstrated knowledge of and provided examples relating to antimicrobial stewardship, restrictive practices, and open disclosure. In relation to environmental restrictive practices, the Assessment Team noted that the service did not thoroughly understand environmental restrictive practice and may have subjected consumers to environmental restrictive practice without the required authorisations. The service acknowledged the deficit and commenced assessments of the identified consumers along with implementing a PCI action during the Site Audit with planned completion by October 2024. I note that no consumer impact was identified, and the Assessment Team received no negative feedback from consumers regarding entry and exit to the service after hours. I have also considered this information under Requirements 2(3)(a), 3(3)(a), and 5(3)(b).

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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