Performance

Report

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| Name of service: | Estia Health Bankstown |
| Service address: | 74 Chiswick Rd, Greenacre, NSW, 2190 |
| Commission ID: | 0538 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site audit |
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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 Estia Health Bankstown (**the service**) has been prepared by S. Hicks, 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 site audit report for the site audit 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 4 October 2022.

# Assessment summary

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

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

# Areas for improvement

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

**Standard 1:**

* **Requirement 1(3)a**
* Investigate and ensure all staff are treating all consumers with respect and dignity.
* Continue to provide guidance/training to staff so that they are more aware of consumer care needs and preferences.
* Seek consumer feedback when there are care shortfalls and seek to improve their care based on the feedback.
* Look specifically at how staff are managing the meal times for consumers to ensure there is dignity and respect in the process.
* **Requirement 1(3)d**
* Ensure all risk and care plans are current and reviewed and updated regularly.
* Develop robust and consistent procedures to ensure balancing independence and risk are implemented to allow consumers to live the best life they can live. This should also be done with consumer/representative consultation.
* **Requirement 1(3)f**
* Ensure a review is conducted of consumer personal privacy and how personal information is kept secured to ensure that privacy and confidentiality is always maintained.
* Seek consumer/representative feedback on how privacy could be improved and implement changes where warranted.

**Standard 2:**

* **Requirement 2(3)a**
* Review how risks are considered in assessment and planning process and how they are used to inform the delivery of safe and effective care to each consumer. Implement improvements based on this review.
* Ensure consumer reassessment occur consistently following incidents.
* Review and ensure that assessment processes are consistent for all consumers.
* **Requirement 2(3)b**
* Review and improve planning and assessment in relation to consumers current needs including wound management.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)c**
* Develop a clear robust process to partner with consumer’s in their ongoing care.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)d**
* Review and improve processes for informing consumers/representatives once a care plan has been updated to ensure that they are effectively communicated.
* Ensure that there is effective communication with consumers/representatives where chemical restrictive practices in place.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)e**
* Improve the process for capturing and recording information when circumstances change or when incidents occur to enable effective care and services for consumers.
* Ensure analysis is completed to determine strategies to mitigate the risk and ensure the consumer’s safety and that these are recorded accurately and in a timely fashion.

**Standard 3:**

* **Requirement 3(3)a**
* Review, improve and deliver safe and effective personal care. This relates specifically to restrictive practices, behaviour management, complex care management, falls management, wound care, pain management, and diabetes management.
* Review consumer care needs to ensure they encompass health professional care decisions for consumers so that the care consumers receives is tailored to their needs.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 3(3)b**
* Develop and implement a robust system for the effective management of high impact and high prevalence risk.
* Risks associated with behaviour management need to be addressed as a matter of priority both to the consumer exhibiting the behaviour and the impacts to other consumers.
* **Requirement 3(3)e**
* Complete a review of the communication across the organisation in relation to consumer’s condition, needs and preferences. This should include seeking consumer/representative feedback to ensure accuracy.
* Additional staff training should be considered to ensure that communication, particularly in relation to the completion of paperwork, is accurate and timely to avoid mishaps and poor consumer care.
* Ensure that all documentation is improved in its accuracy and timeliness.

**Standard 4:**

* **Requirement 4(3)a**
* Ensure community connections are established for consumers as a matter of priority.
* Use consumer/representative feedback to make improvements to facilitating consumer independence and the lifestyle program.
* Review staffing levels in lifestyle area and ensure they are working well to provide lifestyle activities to consumers.
* Re-evaluate and reinstate the services that were put on hold during COVID-19 so they meet consumers preferences.
* **Requirement 4(3)b**
* The Approved Provider needs to improve the daily living for each consumer in relation to psychological well-being, particularly in relation to grief support.
* Seek feedback from consumers directly to ask how their emotional, spiritual and psychological well-being could be improved.
* **Requirement 4(3)c**
* Implement/re-establish community connections and lifestyle activities as a matter of priority.
* Review and improve lifestyle activities ensuring they are directly related to consumer interests and preferences.
* Review and improve lifestyle activities ensuring they are directly related to consumer interests and preferences.
* **Requirement 4(3)f**
* Work with consumers and the new chef to rework and improve the menu.
* Review meal requirements for consumers and ensure that they are provided to consumers as prescribed.

**Standard 6:**

* **Requirement 6(3)c**
* Ensure that the service is recording the appropriate action or investigation that is taken in response to all feedback and complaints.
* Ensure consumers are fully aware of the complaints procedure.
* **Requirement 6(3)d**
* Continue to develop and implement methods for capturing both internal and external feedback and complaints so they can be used for improving the quality of care.
* Look at ways to ensure that there is a systematic, consistent, functioning avenue to ensure that feedback/complaints are used for improving the quality of care and services provided to consumers.

**Standard 7:**

* **Requirement 7(3)b**
* Seek regular, personalised feedback from consumers/representatives to more readily know how all staff (including agency staff) are interacting with the consumers.
* Ensure that feedback is responded to as swiftly as possible to eliminate reoccurrence.
* Encourage staff to encourage one another to be respectful of consumers even when rushed and work together to remedy actions that have impacted consumers at the time they occur.

# 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. | Non-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. | Non-compliant |

Findings

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

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Some consumers/representatives did not feel they are treated with dignity and respected and as individuals. Half of the consumers sampled felt not all staff acted respectfully and some did not feel safe when these staff members attended their care. In addition, the service has policies to guide staff in how to treat consumers with dignity and respect however staff interviewed did not always know what was important to the consumers consistently with what was recorded in their care plans.

While management and staff were aware some consumers are taking risks to live their best life, it was not demonstrated how the service’s procedures relating to balancing independence and risk were being implemented. Risk/care plans provided to the Assessment Team showed they were developed during the site audit. Moreover, there was no record of how each consumer was involved in the decision-making process relating to choices or risks.

Lastly, service does not always protect the privacy of all consumers. The Assessment Team found from consumer/representative feedback, staff interviews, and team observations that consumer personal privacy is not always respected, and personal information is not always kept secured.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. Firstly, the evidence supplied did provide additional substantiation for some of the unmet requirements. This related to the provision of specific staff training relating to consumer dignity and respect to address some of the consumer feedback provided to the Assessment Team regarding staff behaviours. However, not all concerns raised by consumers were addressed in the Approved Provider response, specifically in relation to assistance with meals and complaints against staff. There was also not enough evidence to demonstrate that risk is consistently assessed and discussed with consumers in a timely manner to enable them to make informed decisions and live the best life they can. Furthermore, the service has been unable to effectively address the concerns in relation to consumer privacy with no strong evidence provided to dispel the Assessment Team findings.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 1(3)(a)

Requirement 1(3)(d)

Requirement 1(3)(f)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

From consumer/representative feedback, staff interviews, documentation reviewed, and observations the Assessment Team found that consumer care was culturally safe and are consistent to preserve consumer identity.

Consumers/representatives interviewed said the service supports them to stay in touch with their family members, family and friends can visit and they have regular communication with them people important to them. One consumer interviewed gave examples of how staff actively facilitated this for them. In addition, consumers/representatives confirmed they were given relevant and accurate information, in various forms, to help them to make choices about their day to day care and services, such as meal choice and activities and about being kept updated about matters that affect them. This was confirmed by reviewing documentation, including newsletters, new consumer information packs, resident handbook and emails to consumers and representatives.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(e)

# 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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-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. | Non-compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

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

The Assessment Team found that the service was unable to demonstrate compliance with any of the requirements for this Quality Standard.

The service does not always considered risks in assessment and planning to inform the delivery of safe and effective care to each consumer. Consumer reassessment was also not always undertaken following incidents. Therefore, the service did not demonstrate that consideration of risks to consumers’ health and well-being is managed effectively.

A review of assessment and planning documentation showed some consumer care plans were not reflective of consumer current needs particularly in relation to wound management. Documentation consistently showed consumer needs, and preferences were not identified or addressed in accordance with their current health condition. In contrast, end-of-life information and advance care directives were well documented for most consumers.

Whilst the Assessment Team did see evidence of input from some other services and care providers for some consumers, the service did not demonstrate that the assessment and planning processes are undertaken in partnership with consumers/representatives. In addition, the Assessment Team evidenced changes to behaviour support plans in relation to restrictive practises that also had no consultation with consumer/representatives. Overall this indicates a shortfall in working in partnership with consumers/representatives.

Furthermore, the service did not always demonstrate that outcomes of assessment and planning for each consumer have been effectively communicated with the consumers/representative as per the consumer’s wishes. In addition, the Assessment Team found no evidence that changes were communicated with consumers/representatives where chemical restrictive practices in place.

Lastly, the service was unable to demonstrate incident forms are routinely completed when incidents occur. Therefore, no root cause analysis is done to determine strategies to mitigate the risk and ensure the consumer’s safety. Care plans also did not demonstrate appropriate review when circumstances change, or when incidents occur.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. This submission includes documentary evidence including progress notes, care plans and health professional notes. The Approved Provider was able to demonstrate that improvements have been discussed in team meetings and updated documents were provided in relation to care and assessment for wound management and falls prevention strategies. Also it was noted that the service is complaint with requirements relating to end of life planning however this is only a component of this Quality Standard. Overall, there appears to be a disconnect between notated information and the transfer of this to the assessment care and planning process. There is also an ongoing issue with consistency and concurrency that appears to be prevalent in the consumers sampled. Furthermore, the evidence from the Assessment Team shows that this extends into the review process particularly in relation to incidents which are not transferring into the care plans effectively. Based on this, I am not satisfied that the Approved Provider is complaint with Standard 2.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Firstly, consumers were not receiving best practice care that is tailored to their needs and optimising their health and well-being. This included management of restrictive practices, behaviour management, complex care management, falls management, wound care, pain management, and diabetes management.

More specifically, chemical restraint is not being used as a last result for some of the consumers sampled and wounds were not regularly reviewed and dressed as per specialist instructions. In addition, there was evidence that consumers are not receiving complex pain management as per allied health recommendation and their care plans nor were staff consistently following the required observations according to the service’s post falls observation and best practice guidelines.

The service was unable to demonstrate that high impact or high prevalence risks associated with the care of consumers are effectively managed. There were deficits identified particularly in relation to the high number of unreported medication incidents. In addition, incidents are not always reported and investigated to identify contributing factors. This does not allow for analysis or prevention measures to be developed. In addition, there has been limited investigation into the circumstances of the consumers who have had multiple falls hindering the development of prevention interventions.

The Assessment Team specifically identified that the change in the consumer’s mental health and cognitive function is not recognised and responded to in a timely manner. The service is not providing appropriate non-pharmacological management strategies and support to the consumers to maintain psychological wellbeing. In addition, consumers who experienced unwitnessed falls were not monitored for possible deterioration and antibiotic treatment was not completed appropriately, with the effectiveness of the antibiotic treatment not reviewed regularly.

The service was also unable to demonstrate there is an effective process to ensure consumer information is documented accurately and communicated within the organisation, and with others where responsibility is shared. For example, authorised chemically restrained consumer documents showed that when changes to the consumers’ needs and goals relating to behaviour support management, these were not communicated to their authorised representatives.

Lastly, the Assessment Team found that the service was unable to demonstrate an effective and timely process is in place for the management of consumers requiring a referral to a medical officer or specialist services. This was confirmed through several of the consumers sampled by the Assessment Team.

From the evidence for requirement 3(3)(d) the Assessment Team determined that compliance with the requirement was unmet however based on the Approved Provider response and when reviewing the Assessment Team evidence, I am not convinced that there is a systemic issue that is impacting consumers in relation to the recognition and response to deterioration. Whilst the Assessment Team did find some indication relating to this requirement through medication management it is not strongly compelling and in combination with the Approved Provider response the evidence does not imply an ongoing impactful issue for consumers. In addition, with requirement 3(3)(f) it was noted that the Approved Provider did establish in their submission that they do seek referrals to other care and service providers. Therefore, I do not find the Approved Provider is non-complaint with requirements 3(3)(d) or 3(3)(f).

However, whilst there were many documents provided overall, they did not provide strong enough evidence to show that consumers were getting safe and effective care. Particularly in relation to restrictive practices, falls, wounds and diabetes management. It is noted that the Approved Provider has taken some steps so that these shortfalls do not occur again however, it is not enough to convince me that significant improvements have been made to assure the quality care for all consumers. This is also applicable to the effective management of high prevalence high impacts risk to consumers. Moreover, the Approved Provider was unable to dispel concerns identified by the Assessment Team in relation to the communication of consumer care requirements.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(e)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Most consumers and representatives interviewed were satisfied with the level of involvement in end-of-life care planning. Care documentation reflects the needs and wishes of consumers nearing the end of life. Palliative care is supported by a specialist service when required and interventions demonstrate that consumers’ comfort and dignity are maximised. All consumers sampled have completed advance care directives.

The service has infection control policies and procedures and an outbreak management plan and associated documents in place to guide its practice in the event of an infectious outbreak. The service has an Infection Prevention Control lead weekly to monitor infection control. In addition, clinical staff were able to describe antimicrobial stewardship. Care staff were able to describe different ways they follow to prevent infections for consumers’ safety and to avoid the need for antibiotics. The Assessment Team also confirmed that staff discuss antimicrobial stewardship at monthly clinical meetings.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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. | Non-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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

The Assessment Team found that consumers were not always having their daily needs met nor are they assisted to optimise their independence with staff shortages having an impact. In relation to emotional support was lacking detail and was greatly impacted by the lack of lifestyle staff to support consumers with things that were important to them such as church services. The Assessment Team also observed some consumers who were stationary and had little interaction. In addition, care plans reviewed indicated that one-on-one visits did not occur as scheduled.

Most consumers were not satisfied with the lifestyle services offered. Lifestyle staff acknowledged that staff shortages have impacted on their ability to provide lifestyle activities for consumers and to assist them with connecting to the community. The lifestyle staff were unable to provide the Assessment Team any examples of recent planned outings.

Consumers interviewed said they do not enjoy the food provided and they are provided with meals that they are unable to eat. There was also consumer feedback where food had been provided was contrary to health professional advice. On site the Assessment Team saw many consumers during meal time that were dissatisfied, unable to eat some parts of their meal and/or requiring assistance to eat that was not provided. The service acknowledged that meal provision has been challenging as they are finding it difficult to hire a permanent chef.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. The Approved Provider did provide some evidence to show that there have been attempts to have community outings however they were impacted by COVID 19. Whilst it is acknowledged COVID 19 may have impacted the services ability to facilitate outings earlier in the year the service has been unable to re-establish these and church services to improve quality outcomes for consumers. Overall, the other evidence submitted by the Approved Provider was unable to dispel concerns identified but the Assessment Team.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(f)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Consumers said they considered that staff knew them, their needs and preferences and staff were able to demonstrate knowledge of consumers’ conditions, needs, and preferences.

Consumers confirmed that they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers also said they were comfortable raising issues if equipment needed repair and knew the process for reporting an issue. This was corroborated on site with the Assessment team observing the equipment used for activities for daily living were safe, suitable, clean and well-maintained.

Lastly, the service mostly demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer’s care planning documentation provided evidence that the service collaborates with external providers to support the diverse needs of consumers.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(g)

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team, whilst on site, found that not all consumers were able to move freely within the service. The Assessment Team identified that some consumers required support from staff to open locked doors to areas of the service. The Assessment Team did however note that the service had a cleaning and maintenance program to ensure that the environment is clean, safe.

The Approved Provider submitted and response in relation to the unmet requirement 5(3)(b) providing additional contextual statements and outlining very specific timeframes for remedying what the Assessment Team reported in relation to the freedom of movement across the service for consumers. The new information submitted by the Approved Provider provides detailed explanation and actions that have been taken to ensure that consumers can more easily access the areas of the service that they wish to go to. Therefore, with this new information and the fact that the Assessment Team found that the environment is clean, safe and well maintained, I am satisfied that the Approved Provider is compliant with requirement 5(3)(b) of the Quality Standards.

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service environment was welcoming and easy to understand. The service environment also optimises each of the consumers’ sense of belonging, independence, interaction and function. The Assessment Team observed the environment to be welcoming, easy to understand, and optimises each consumer’s sense of belonging. The Assessment Team also saw staff warmly welcoming visitors and provided directions when asked. In addition, the Assessment Team found that the service environment, furniture, fittings and equipment in a safe, clean or comfortable well maintained.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

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

The Assessment Team found that the service is not always recording complaints in the service’s feedback register and staff are not always escalating complaints. Consumers also stated that they are not always aware of which staff member to lodge a complaint with showing confusion around the complaints process.

Management advised there were no trends with their complaints. However, a review of the complaints data from consumer/representatives there was a distinct feedback trend of staff interactions with consumers and dissatisfaction with food and meals. There was also some feedback from consumers indicated they felt service did not use their feedback and complaints to improve care and services.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. The Approved Provider did provide evidence that did show that the service does operate a procedure of open disclosure when handling most complaints however the complaints process as seen by the Assessment Team is was not optimal for consumers and the evidence submitted by the Approved Provider did not demonstrate to the contrary.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 6(3)(c)

Requirement 3(3)(d)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Overall, consumers/representatives interviewed said feel safe and comfortable in making a complaint without fear of reprisals. In addition, most consumers/representatives said they can raise any concerns directly with staff or management with consumer feedback showing that management are good at responding promptly.

Consumers and representatives interviewed were mostly not aware of external complaint services, however, all were content and felt comfortable with the current way they chose to raise their concerns. Furthermore, staff interviewed were mostly aware of language and advocacy services available.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

# 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. | Non-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 Quality Standard is assessed as Non-Compliant as one of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service has systems and strategies in place to assess the number and mix of staff required to provide safe and quality care and services. However, the service is currently unable to provide sufficient numbers of staff to deliver safe and quality care and services. There was also consistent feedback from consumers/representatives that staffing numbers are impacting the care that is provided often experiencing long delays in staff attending to consumer needs. The Assessment Team also noted that management has been responsive to staff feedback and have hired additional staff members. However, staff confirmed that the service currently has insufficient staffing numbers to provide quality care and services.

From this evidence the Assessment Team determined that compliance with requirement 7(3)(a) was unmet however the Approved Provider submitted a response in relation to this unmet requirement. The response provided an acknowledgement of the ongoing issue in maintaining staffing levels. This was discussed with the Assessment Team at the site audit. The Approved Provider has also outlined an ongoing plan and commitment to remedy the persistent staffing issues including thinking beyond the use of agency staff. It is also noted that there was an administrative error in relation to unfilled shifts seen at the time of the site audit. Whilst there is an impact to consumers when there is pressure on staffing levels it is hard to show there is a systemic issue that the service is not aware of or addressing to improve staffing levels to subsequently improve quality care outcomes for consumers. I am satisfied that the Approved Provider is compliant with requirement 7(3)(a) of the Quality Standards.

The Assessment Team found that many consumers the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. However, some consumers felt that this was not consistent and had made complaints about staff members not treated them with respect. Consumers were able to provide specific examples of how they were not treated with kindness and how that had impacted them. In addition, there was evidence that some incidents had been formally investigated.

The Approved Provider submitted and response and additional evidence in relation to the unmet requirements. This included the same evidence as for Standard 1 to substantiate the unmet requirement 7(3)(b). This related to the provision of specific staff training in relation to consumer dignity and respect to address some of the consumer feedback provided to the Assessment Team regarding staff behaviours. As previously identified not all concerns raised by consumers were addressed in the Approved Provider response, specifically in relation to assistance with meals and complaints against staff. It is acknowledged that there has also been positive consumer feedback about staff interactions however, there is enough evidence to convince me that the service may have a pattern of issues that are not isolated incidents.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 7(3)(b)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service is supporting staff skills and qualifications through training and education and monitoring staff knowledge through consumers feedback, spot checks by the management team and monthly online mandatory learning modules. Audits, consumer feedback and clinical indicators inform staff training needs and analysis planning. This was confirmed by the Assessment Team through documentation showing how the service ensures gaps in staff skills and knowledge are addressed. In addition, consumers/representatives said staff are well trained and effective in providing quality care and services.

The service has policies and processes to effectively recruit, train, equip and provide ongoing support for staff to deliver quality outcomes. The Assessment Team found that staff members were able to articulate details of training material delivered such as, SIRS, Quality Standards and infection control. The service also provides orientation to ensure new and agency staff are supported with the correct training until they demonstrate they have the competency to carry out their role. In addition, the service has systems and policies in place to ensure staff members performance is regularly evaluated and staff are equipped to provide quality care and services to consumers. Performance assessments that were viewed by the Assessment Team were up to date.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that risk management is outlined in the risk management framework and includes detailed processes to identify, manage and minimize areas of risk to care and services. The service takes steps to prevent abuse and neglect of consumers through regular education and training based on SIRS policies and processes. In addition, incidents are analysed at a monthly staff meeting to discuss actual SIRS cases as a learning experience with staff members.

The service has systems, policies and processes to support a clinical governance framework to deliver and maintain safe and quality outcomes for consumers. However, the service demonstrates gaps in staff following and delivering care and services in accordance with clinical policies and processes.

From the evidence for requirement 8(3)(d) the Assessment Team determined that compliance with requirement was unmet however upon reading the Assessment Team evidence and based on the Approved Provider response, there is neither a strong evidential basis for the unmet requirement and the Approved Provider has provided compelling information in relation to the specific references made by the Assessment Team. Therefore, I am unable to be convinced that there is a systemic issue that is impacting consumers. This is also applicable for requirement 8(3)(e). Based on this, I am satisfied that the Approved Provider has demonstrated compliance with requirements 8(3)(d) and 8(3)(e).

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The board actively seeks input and feedback from consumers/representatives about the quality of their care and services, and reviews feedback to initiate improvements and implement solutions to concerns raised. In addition, consumers/representatives are encouraged and supported to engage in the development, delivery and evaluation of care and services through regular and varied forms of communication from the board and the management team. Consumers also stated the service makes changes based on their feedback when they can.

The service provides guidance and information to promote a safe, inclusive and quality culture to staff. For example, through training and education and monthly staff meetings. Staff interviewed stated that the management team set good examples in demonstrating the values and culture of the service and are approachable and encouraging and respond to staff feedback and concerns.

The service has continuous improvement systems to identify and monitor the quality and safety of consumers and make improvements from staff and consumer feedback. The service also has a budget available for every day expenditure and high value projects to support improvements.

The service has a robust system to manage legislative changes and the review and assessment of relevant information in changing and updating policies or processes. The board and the management team are notified on a regular basis or as changes occur or are announced. The Assessment Team found from documentation that the service has implemented training and education for staff in line with ongoing legislative changes and updates including SIRS and restraint requirements.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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