Performance

Report

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| Name: | Estia Health Bannockburn |
| Commission ID: | 3818 |
| Address: | 71 McPhillips Road, BANNOCKBURN, Victoria, 3331 |
| Activity type: | Site Audit |
| Activity date: | 8 April 2024 to 11 April 2024 |
| Performance report date: | 27 May 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 5924 Estia Health Bannockburn |

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 Bannockburn (**the service**) has been prepared by S Byers, 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
* the provider’s response to the assessment team’s report received 14 May 2024

# 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

The Assessment Team recommended Requirement 1(3)(a) was not met, however I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

Requirement 1(3)(a)

The Assessment Team found that the service was unable to demonstrate that all consumers are treated with dignity and respect.

The site audit report included negative feedback from four consumers and representatives who were not satisfied they are treated with dignity and respect in relation to staff practice, personal care and hygiene; and identified some deficits in consumer documentation.

Staff discussed consumers in a respectful manner and demonstrated understanding of individual consumers backgrounds, needs and preferences. Most documentation reflected consumers’ needs and preferences. During the site audit staff were observed to engage with consumers in a positive and respectful manner. The service demonstrated it has a diversity and inclusion policy in place to guide staff practice.

The response from the Approved Provider refutes the Assessment Team’s findings. The Approved Provider submitted a written response with clarifying information and supporting documentation including progress notes, care plan, and a sample of its plan for continuous improvement with corrective actions.

The Approved Provider’s response demonstrated follow up consultations with named consumers following the site audit and a commitment to address issues in staff practice, personal care and hygiene. Quality activities in place include ongoing consultations, staff training and review of agency orientation guidelines. Named consumer’s care documentation have been updated to include relevant strategies to support dignity and respect, and relevant support garments have been purchased.

I have considered the information in the site audit report and the Approved Providers response. While I acknowledge the negative consumer and representative feedback under this requirement, I have placed weight on the Approved Providers response and subsequent implementation of improvement actions to address the feedback. I encourage the Approved Provider to continue implementing, embedding and evaluating its continuous improvement actions to ensure all consumers are treated with dignity and respect, with their identity, culture and diversity valued. On the balance of evidence available, summarised above, I have come to a different view to the Assessment Team and find Requirement 1(3)(a) is Compliant.

I am satisfied the remaining five requirements of Standard 1 Consumer dignity and choice are Compliant:

Consumers and representatives described how staff value the consumer’s background and deliver care that is consistent with their cultural preferences. Staff demonstrated understanding of the cultural needs of consumers. Care planning documentation reflected specific cultural needs for consumers including the religious practices they wish to maintain.

Consumers and representatives were satisfied they are supported to exercise choice and make decisions about how their care and services are delivered. Staff described how they support consumers to make informed decisions, maintain independence and engage in relationships of choice, including intimate relationships. Consumer documentation reflected individualised needs and preferences, including relationships of importance.

Consumers were satisfied they are supported to take risks that enable them to live the best life they can. Care planning documentation reflected discussion of risks and dignity of risk documentation with recorded risk mitigation strategies. Staff demonstrated understanding of the risks taken by consumers, and described the individualised strategies in place to support consumers to engage in activities of choice with an element of risk.

The service demonstrated processes are in place to effectively provide consumers and representatives with timely, clear and easy to understand information. Consumers and representatives confirmed they are kept informed through written information and verbal reminders. Information about menus and activities was clearly displayed on notice boards in communal areas and reflective of the services offered on the day.

Most consumers and representatives were satisfied the consumer’s privacy is respected, and information is kept confidential. Staff and management described how they respect the personal privacy of consumers at the service. The service has consumer privacy and confidentiality policies and protocols in place to guide staff practice.

# 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

Care planning documentation reflected consideration of individual risks and mitigation strategies. Management and staff described the admissions process that incorporates the timely completion of assessments and interim care plans. The service has policies and procedures in place to guide staff practice in assessment and care planning.

Consumers and representatives were satisfied assessment and care planning information is reflective of the consumers current needs, goals and preferences, including end of life wishes. Management and staff described the service’s approach to advance care planning upon admission and ongoing. Care planning documents reflected each consumer’s individual goals, current needs and preferences for care, including end of life wishes, which are considered during the assessment and care planning process.

Consumers and representatives expressed satisfaction with their involvement in the assessment, care planning and review process. Management and staff described the involvement of other organisations and individuals the consumer wishes to involve in their care, including representatives, medical officers, allied health professionals and other health specialists. Care files reflected ongoing partnership and a multidisciplinary team approach to assessment and planning, during the development of assessments, care plans and ongoing subsequent reviews.

Consumers and representatives were satisfied that outcomes of assessment and planning are effectively communicated to them in a care and services plan that is readily available. Staff described their roles and responsibilities in communicating care planning outcomes to consumers and representatives, confirming they offer copies of care plans to consumers, and email care plans to representatives for review every 3 months. Care planning documents reflected ongoing communication with consumers and representatives.

Consumers and representatives described how care and services are reviewed when circumstances change, or incidents impact a consumer’s needs, goals, or preferences. Management and staff demonstrated understanding of review processes. Care planning documentation reflected regular review as part of the services Resident of the Day process, and following a change in health status.

# 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

Most consumers and representatives were satisfied they receive safe and effective clinical and personal care that meets their needs and optimises their well-being. The site audit report includes two reports of negative feedback relating to personal care and hygiene however, I have considered that feedback under Standard 1, Requirement 1(3)(a) where I consider it more relevant to dignity and respect. Consumers identified as subject to chemical and environmental restrictive practices had behaviour support plans in place that included current assessments, evidence of informed consent and documented authorisations in consultation with representatives and medical practitioners with regular medical review. Skin integrity, wounds and pain are managed through a multidisciplinary approach with access to a wound consultant. Care documents reflected skin integrity, wounds and pain are effectively managed with evidence of assessment, monitoring and review. Staff demonstrated understanding of each consumer’s individualised clinical care needs and associated strategies.

Consumers and representatives were satisfied that risks are effectively managed, specifically in relation to falls. Staff demonstrated understanding of the high impact and high prevalence risks associated with each consumer and the assessed strategies to manage and minimise risk to the consumer. Care planning documents demonstrated risks are identified, assessed and include personalised strategies with review and monitoring in place to minimise and manage the risks.

Consumers and representatives expressed satisfaction with the palliative care approach provided by the service. Care documents reflected end of life needs, goals and preferences are met in accordance with the consumer’s wishes, dignity is preserved, and comfort is maximised. The service has policies and procedures in place to guide the provision of palliative care.

Consumers and representatives were satisfied with the service’s response to a change or deterioration in consumer health status. Care planning documentation and progress notes record the identification of, and response to, deterioration or changes in the consumer’s condition. Staff described how they recognise changes or deterioration in consumers, and how the changes are communicated to clinical staff for further assessment and action.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Consumers and representatives were satisfied information about consumer needs and preferences are communicated effectively, reporting that they do not have to repeat themselves. Staff described how information is documented in the electronic case management system, and shared through huddles, handover and care documentation. Care planning documents reflected sufficient information regarding the consumer’s condition, needs and preferences is recorded and accessible to those involved in the consumer’s care.

Consumers and representatives expressed satisfaction with the access and referral to their medical officer and allied health professionals, when required. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Management and staff described the service’s referral processes.

Consumers and representatives reported satisfaction with the service’s management of infection-related risks, including those associated with COVID-19. The service demonstrated it has an outbreak management plan in place supported by infection control and antimicrobial stewardship policies and procedures to guide staff practice. Clinical staff described antimicrobial stewardship and the steps the service takes to promote the appropriate use of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(f) was not met, however I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

Requirement 4(3)(f)

The site audit report included mixed feedback from consumers and representatives, with some consumers and representatives expressing dissatisfaction with the meals provided and feedback mechanisms.

Staff described how the menu is developed with review from a dietitian. The menu includes a variety of meal options for consumers to choose from. Staff described how they support consumer choice and arrange alternative meals upon request.

The response from the Approved Provider refutes the Assessment Team’s findings. The Approved Provider submitted a written response with clarifying information and supporting documentation including progress notes, food focus and resident and representative meeting minutes.

The Approved Provider’s response demonstrated follow up consultations with named consumers following the site audit who reported satisfaction with the meals, and that consumers with a mince moist diet are regularly reviewed by the dietitian to support a nutritious diet. The Approved Provider acknowledged complaints had been raised about food at a March 2024 Food Focus meeting and described the corrective actions in place to address the feedback. Food satisfaction was discussed at an April 2024 Resident and Representative forum with consumers and representatives providing positive feedback about the improvements.

I have considered the information in the site audit report and the Approved Provider’s response. I acknowledge the mixed feedback from consumers and representatives in relation to food however, I have placed weight on the Approved Providers response that demonstrates corrective actions have been taken in relation to food feedback and complaints. Based on the evidence available, summarised above, I have come to a different view to the Assessment Team’s and find Requirement 4(3)(f) is Compliant.

I am satisfied the remaining six requirements of Standard 4 Services and supports for daily living are Compliant:

Consumers and representatives expressed satisfaction with the supports of daily living the consumer receives to meet their needs, goals, and preferences and to optimise their quality of life. Staff demonstrated understanding of consumers individual needs and preferences, providing examples of what is important to them and what they liked to do, which aligned with consumer care plans. Management described how the lifestyle program is informed by consumer feedback. During the site audit consumers were observed engaging in group activities and the lifestyle calendar was on display.

Most consumers and representatives were satisfied their emotional, spiritual, and psychological needs are supported. Staff described the services and supports of daily living in place to promote the consumer’s emotional, social and psychological needs including facilitating connections with people important to them, one on one support and religious services. The lifestyle calendar reflected one on one sessions and monthly religious services are available for consumers.

Consumers described how they are supported to participate in the community within and outside the service environment, maintain relationships with people they choose, and do things that are of interest to them. Care planning documents contained information about the consumer’s significant relationships, and information about their participation in activities of interest at the service and within the local community. Staff described how consumers are supported with individual pursuits and personal relationships that are important to them. The Assessment Team observed several visitors at the service during the site audit, as well as consumers entering and exiting the service, independently or accompanied by family or friends.

The service demonstrated it has systems and processes for communicating information about consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. Consumers and representatives expressed satisfaction with the level of communication from the service. Staff described how information is shared and documented in the electronic care management system, and changes communicated through meetings and handover. Care planning documentation recorded sufficient information to support effective and safe care for consumers, as it related to services and supports for daily living.

Consumers reported they are supported by other organisations, support services and providers of other care and services. Care planning documentation identified timely and appropriate referrals to other organisations and services. Staff described referral processes and provided examples of organisations regularly accessed to provide additional support to consumers.

The service demonstrated the equipment provided to consumers is safe, suitable, clean, and well maintained. Consumers reported having access to clean and well-maintained equipment to assist them with their daily living activities. Staff confirmed they have access to sufficient equipment when they need it. Equipment was observed to be clean and well-maintained and suitable to meet the needs of the consumers.

# 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 said the service feels like home and were satisfied the service environment was welcoming and easy to understand. Management and staff described the features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. Consumers reported being encouraged to personalise their rooms which was supported by observations of consumer rooms personalised with photos and items of importance. The Assessment Team observed handrails and clear signage to support navigation of the service environment. The service’s induction handbook encourages consumers to bring their own furniture and belongings to personalise their rooms.

Consumers expressed satisfaction the service environment is clean, well-maintained and that they can move freely, both indoors and outdoors. Cleaning staff described the cleaning schedule and processes. Maintenance staff explained the services maintenance processes including how hazards are managed. Maintenance documentation reflected maintenance requests were actioned within a timely manner The Assessment Team observed consumers accessing areas inside and outside of the service. Consumers were observed accessing areas inside and outside of the service.

Consumers reported feeling safe using equipment provided by the service. Staff described their role and the cleaning and maintenance processes for shared equipment, furniture, and fittings in the service and how they are suitable for each consumer. Maintenance documentation demonstrated that furniture, fittings and equipment are routinely maintained, and preventative maintenance is up to date. The Assessment Team observed shared equipment such as hoists were clean.

# Standard 6

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

Findings

The Assessment Team recommended Requirements 6(3)(c) and 6(3)(d) were not met, however I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

Requirement 6(3)(c)

Conflicting evidence from the Assessment Team and the Approved Provider was submitted regarding this requirement.

The Assessment Team found that the service was unable to demonstrate appropriate action is taken in response to complaints, or that open disclosure is used when things go wrong.

The site audit report included negative feedback from three consumers and representatives who expressed dissatisfaction with the resolution of their complaints, complaint documentation deficits, that staff interviewed were unable to describe the principles of open disclosure, or that they had received open disclosure training.

I do not accept the Assessment Team’s evidence that open disclosure is not practiced at the service. The site audit report included consumer and management interviews and complaints documentation that reflected open disclosure is applied and documented. I have also considered information in Requirement 6(3)(a) that demonstrated open disclosure is practiced by management as part of the complaints process. Training documentation provided by Management during the site audit demonstrated staff have completed training in open disclosure. While staff interviewed may not have described the principles of open disclosure, I am satisfied that it is applied in practice.

The response from the Approved Provider refutes the Assessment Team’s findings. Evidence submitted by the Approved Provider provides clarifying information and supporting documentation for consideration including progress notes, food focus and resident and relative meeting minutes. I am satisfied the evidence submitted by the Approved Provider demonstrates that ongoing consultation, open disclosure and review of strategies are being undertaken and that since the site audit consumers have reported being satisfied with the improvement actions implemented.

While I note the documentation deficits identified in the site audit report, specifically that a complaint had not been recorded in the feedback register, I have considered information in Requirement 6(3)(a) and the Approved Provider’s response that supports systems are in place to ensure feedback and complaints are recorded and that this was an isolated event caused by human error.

I have considered the information in the site audit report and the Approved Provider’s response. I acknowledge the negative feedback from consumers and representatives in relation to complaints handling however, I have placed weight on the Approved Providers response, consumers feedback in relation to open disclosure, management feedback and complaints documentation that demonstrates the service has a system in place to ensure complaints are appropriately actioned and open disclosure is practiced. Based on the evidence available, summarised above, I have come to a different view to the Assessment Team’s and find Requirement 6(3)(c) is Compliant.

Requirement 6(3)(d)

The Assessment Team found that that the service was unable to demonstrate feedback and complaints are reviewed and used to improve quality of care and services.

The site audit report included negative feedback from three consumers and representatives and some documentation deficits. I have considered this feedback, the associated documentation deficits and the Approved Providers response under Requirements 6(3)(c) and 4(3)(f) where I consider it more relevant to appropriate and timely response to complaints and food.

Management and staff described the services main complaint trends as relating to food and laundry and provided examples of actions taken to address complaints including food focus meetings, and changes in menus. Service documentation including the plan for continuous improvement recorded examples of continuous improvement actions that have been informed by consumer feedback.

I have considered the information in the site audit report and the Approved Provider’s response. Based on the evidence available, summarised above, I have come to a different view to the Assessment Team’s and find Requirement 6(3)(d) is Compliant.

I am satisfied the remaining two requirements of Standard 6 Feedback and complaints are Compliant:

Consumers and representatives were satisfied they are supported to provide feedback and make complaints and were aware of advocacy and external complaint services. Management described the methods for consumers and representatives to raise complaints or feedback including meetings, committees, surveys, feedback forms and care plan reviews. Management and staff described the external advocacy and language services available to consumers and how they access these services. The Assessment Team observed feedback forms, advocacy and external complaints information readily accessible and on display in the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team recommended Requirement 7(3)(a) was not met, however I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

Requirement 7(3)(a)

The site audit report included negative feedback from consumers, representatives and staff relating to staffing levels and wait times for care.

Management described how they develop the roster and the strategies in place to manage unplanned leave. The roster reviewed during the site audit demonstrated a registered nurse is rostered on every shift. Management described how call bell reports are reviewed and monitored, and the investigation process for call bell responses that exceed the services benchmark of 10 minutes. Call bell data demonstrated that most call bells are responded to in a timely manner.

The response from the Approved Provider refutes the Assessment Team’s findings. The Approved Provider submitted a written response with clarifying information and supporting documentation including consumer and staff surveys that show high satisfaction levels, care minute graphs that demonstrate increased care minutes, quality indicator benchmark report, call bell reports for named consumers and progress notes.

The Approved Provider submits that were the workforce not planned or deployed to enable the delivery of safe and quality care and services, negative impacts would have been identified in other standards, specifically Standard 3 and Standard 4, and provided several examples of positive care included in the site audit report. In relation to vacant shifts in the roster, the Approved Provider submits this is an intentional management plan to adjust for the home occupancy levels.

The Approved Provider demonstrated it has completed follow up discussion with the named consumers who provided negative feedback and provided evidence of the consumers reporting no current concerns with staffing. I note that conflicting evidence from the Assessment Team and the Approved Provider has been submitted in relation to this feedback. Call bell reports for the named consumers demonstrated the average call bell time is within the services benchmark.

I have considered the information in the site audit report and the Approved Providers response. While I acknowledge the negative consumer and staff feedback under this requirement, I have placed weight on the Approved Providers response and the positive care outcomes including consumer and staff feedback in other Standards in the site audit report, specifically Standards 3 and 4. On the balance of evidence available, summarised above, I have come to a different view to the Assessment Team and find Requirement 7(3)(a) is Compliant.

I am satisfied the remaining four requirements of Standard 7 Human resources are Compliant:

Most consumers and representatives were satisfied that staff are kind and caring, and always gentle when providing care and services. Staff were observed to be interacting with consumers in a positive, caring, and respectful manner throughout the site audit. The service has policies and procedures that guide staff practice in the delivery of person-centred care that is respectful of consumers identity, culture and diversity.

Management described how they ensure staff are competent and capable to perform their roles through orientations, mandatory and ad hoc trainings and annual competencies relevant to their position. An orientation process is in place with support for new staff through buddy shifts. Staff described their roles and responsibilities, and the competencies and qualifications required, in line with documented position descriptions. Service documentation reflected legislative checks and registrations for all staff were current.

Consumers and representatives were satisfied that staff are trained and have the knowledge and skills required to deliver safe and quality care and services. Staff were satisfied with the level of training and support available and were confident they could request additional training, when needed. Training records showed a high rate of completion of mandatory training by staff.

The service demonstrated that processes are in place to regularly assess, monitor and review the performance of the workforce. Staff described the annual performance appraisal process, with most staff confirmed participating in annual performance appraisals. Documentation reflected that most staff have completed their annual performance appraisals with a plan in place to complete the remaining appraisals. Policies and procedures in relation to workforce performance are in place to guide staff practice.

# 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 described how they are involved in the development, delivery and evaluation of care and services. Management described the methods available to engage consumers such as consumer and representative meetings, surveys, and feedback mechanisms and care plan reviews. Consumer and representative and food focus meeting minutes confirmed consumers attend and actively participate.

Management described how the Board is involved in and accountable for the delivery of care and services. Reporting processes are in place to ensure the Board is regularly informed of the services performance. Management provided examples of recent Board driven improvements to care and services including a registered nursing supervision model to upskill junior clinicians. Meeting documents and reports demonstrated the Board is supported by established committees to ensure accountability in the delivery of quality care and services.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance. Each system is supported by relevant frameworks, policies and procedures. Staff confirmed they can easily access the information they need to perform their roles. Changes in regulatory compliance are monitored by the organisations quality and risk team and communicated to the workforce and consumers. Continuous improvement opportunities are identified through feedback processes, audits, meetings, clinical indicators and trends which informs the Plan for Continuous Improvement. The Board has oversight of feedback and complaints through regular reports. Management and staff demonstrated understanding of the policies and processes that supported each of the governance systems. Deficits in relation to feedback and complaints and workforce have been considered under Standard 6 and Standard 7 where it is more relevant to service level practices.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are reported, escalated and reviewed. Management and staff demonstrated understanding of the service’s incident management system and described their responsibilities based on their position. Management described how incidents and SIRS are monitored at an organisational level, including by the Board, through meetings and monthly reports. A review of SIRS incident reports demonstrated incidents are identified, investigated, responded to in a timely manner. Training documentation confirmed staff have completed SIRS training.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Staff demonstrated understanding and practical application of the policies and procedures and provided examples of the relevance to their work. Deficits in relation to staff understanding of open disclosure have been considered under Standard 6, Requirement 6(3)(c) as it is more relevant to service level practices.

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)