Performance

Report

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| Name of service: | Performance report date: |
| Estia Health Epping – The Poplars | 07 September 2022 |
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| Estia Investments Pty Ltd | 20 – 22 July 2022 |

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

**This performance report**

This performance report for Estia Health Epping – The Poplars (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site audit conducted on 20 - 22 July 2022, 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 30 August 2022 and 1 September 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **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.

* The outcomes of assessment and planning are effectively communicated to consumers and representatives and documented in a care and services plan that is readily available to consumers/representatives.
* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* The service environment is safe, clean, well maintained and comfortable.
* The number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider consumers are treated with dignity and respect, can maintain identity, generally make informed choices and are supported to take risks of their choice. The service demonstrated support for consumers relating to independence; exercising choice in care and service delivery; when others should be involved, and in the development/maintaining of relationships.

Most consumers consider care and services are delivered demonstrating respect and safety of their culture, diversity, background and life experience. They said staff discuss risks associated with individual choices and gave examples of how cultural needs are met and support they receive to safely participate in activities of choice. Consumers/representatives consider consumers have a say in what they do and are encouraged/supported to maintain independence.

Most consumers and representatives said they are kept informed of changes to care and services, generally receive information to enable informed decision making and expressed satisfaction of processes to ensure confidentiality/privacy of personal details. Information relating to the service is detailed in newsletters, handbooks and documentation provided to consumers upon admission, plus an ongoing basis. Relevant documentation was observed displayed throughout the service. The assessment team noted concerns from a consumer and representative in relation to specific details of isolation processes relating to Covid-19 pandemic requirements. Management immediately responded when advised of their concerns and in their response, the approved provider demonstrated communication processes which occurred with consumers based on public health protocols. On balance, I have considered the volume of positive feedback expressed by consumers/representatives relating to information received and communication methods utilised. I find requirement 1(3)(e) is compliant.

Staff were observed generally offering privacy to consumers and interaction/engagement between staff and consumers was dignified and respectful. Staff demonstrated knowledge of consumers cultural, religious and personal preferences; an understanding of their background/life story and how these aspects influence day-to-day care delivery. Staff gave examples of how they interact with consumers experiencing communication difficulties, language barriers and/or living with cognitive impairment. Staff gave examples of supporting consumers to make personal choices, maintaining consumers’ confidentiality and privacy in care provision and communicating with others.

Documentation includes individualised details of consumer’s needs, and assessment processes gather relevant information relating to life history and identity. Documentation demonstrates consumer’s choice to participate in activities with an element of risk, engagement in decision making, medical officer/allied health professional involved and agreement of risk minimisation strategies. Documentation is securely stored, and electronic records password protected.

I find all requirements within this Standard are compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | 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. | Compliant |

## Findings

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

Most interviewed consumer’s consider staff provide appropriate care and they, plus representatives, believe consumers clinical needs are generally met. Representatives said they are contacted when consumer’s needs change and/or they experience an incident. However, not all interviewed consumers recalled being included in assessment and care planning processes and most representatives said they are not. Some said they were not aware of care plan availability and/or the process for them to obtain access.

Most sampled care plans reflected consumers needs and staff demonstrated knowledge of consumers needs and individual preferences. Staff said they are informed of changes to consumers’ needs (including associated risks) and access electronic documentation if need be. Via review of assessment and care planning documentation, the assessment team bought forward some discrepancies in documentation. They noted incomplete assessment documentation and inconsistencies in relation complex clinical needs, pain and medication management. Documentation to guide staff in providing appropriate pain management/palliative care was not consistently evident for a consumer requiring palliative care. In their response the approved provider acknowledged comprehensive assessments had not occurred for a consumer in the process of transitioning from respite to permanent care however demonstrated interim documentation available to guide staff in providing appropriate care. They acknowledged differing documentation in relation to a consumer’s complex needs however furnished evidence the variance did not adversely affect the consumer’s needs. In addition, they provided evidence to contradict some issues noted by the assessment team, including communication relating to advance health care/palliative care directives, complex care, pain/medication management; and evidenced assessment/care planning documentation for those consumers referred to by the assessment team.

Clinical staff described initial and ongoing assessment and planning processes and guidance documentation. The assessment team noted conflicting documentation relating to a consumer’s pain management feedback. In their response the approved provider furnished evidence to negate issues noted by the assessment team and demonstrated pain monitoring processes resulting in medications being administered when required.

Clinical staff demonstrated knowledge of the processes to capture consumers wishes relating to advance care planning and end of life care including encouragement for consumers/representatives to complete this directive on entry to the service. Via review of documentation the assessment team noted the service did not demonstrate a process to consistently document discussion and/or consumers choices related to advanced care planning. In their response the approved provider demonstrated some communication with consumers/representatives referred to by the assessment team and supported processes in place via evidencing communication with several other consumers.

The service demonstrated a partnership approach with medical officers, specialists and other allied health professionals and a process of regular review, including when circumstances change/incidents occur. Representatives said they are contacted when consumer’s needs change and/or they experience an incident. Staff gave examples, and documentation generally reflects involvement by medical officers, specialists and other allied health professionals. Outcomes of assessment and planning are generally effectively communicated to staff. Interviewed staff detailed communication processes between registered and care staff to transfer information relating to consumers current care needs.

Documentation review detailed the service’s process of monitoring trends and clinical indicators. The organisation has written materials to support staff in undertaking assessment and care planning including policy/procedural documentation and assessment tools however the assessment team noted staff do not consistently adhere to guidance and/or utilise assessment tools. In their response the approved provider demonstrated the needs of consumers referred to by the assessment team are identified and documented to guide staff.

I find requirements 2(3)(a),(b),(c) and (e) are compliant.

Management said outcomes of care planning are offered to consumers and representatives however a process to demonstrate this consistently occurs was not evident. In their response the approved provider furnished evidence to demonstrate some consumer/representative involvement and noted forward planning communication methods to ensure all consumers/representatives have awareness of care plan involvement and availability. While I acknowledge the approved provider can demonstrate this occurs for some consumers/representatives I am persuaded by the volume of consumers/representatives who said they were not aware of access and the service’s self-monitoring systems were not effective in identifying non-compliance with this requirement.

I find requirement 2(3)(d) is non-compliant.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | 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

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

Sampled consumers and representatives provided mixed feedback in relation to clinical and personal care; some consumers expressed dissatisfaction relating to complex care, pain and continence management, lack of discussion re end of life needs and lack of staff support relating to emotional needs. Some consumers/representatives expressed positive feedback in relation to care provided including responsiveness when consumers condition changed; plus, satisfaction with access to medical practitioners and other professionals/specialists as required. They consider consumers’ needs and preferences are generally communicated to those involved in care delivery however some gave feedback they need to advise non-permanent staff of consumer’s needs.

Documentation review indicates staff are mostly responsive to changes in consumers’ condition by identifying and ensuring appropriate care to changes. However, the assessment team bought forward evidence of deficits relating to skin integrity, diabetes, pain, falls, wound management; a lack of consistent documentation to demonstrate monitoring of care required.

A minimisation policy guides staff in considering alternatives prior to implementation of restrictive practices and management staff discussed actions taken to minimise the use of psychotropic medications. Review of documentation demonstrated trialling of alternative strategies prior to administering medications. The assessment team bought forward evidence not all documentation contained signatures to demonstrate informed consent in relation to environmental restraint however management staff advised of processes to obtain consent and the approved provider’s response detailed all in place.

In their response the approved provider refutes the accuracy of some evidence in the site audit report, furnishing evidenced to support compliance with some aspects. While they acknowledged some gaps in staff completion of monitoring processes they contend deficits in care provision did not negatively impact consumers. While I acknowledge this perspective, including respecting consumer choice, the service did not demonstrate medical directives and consumer’s care needs as identified by the services’ own assessment and care planning processes were consistently being implemented by staff. The approved provider is accountable for delivering safe, quality care and services and meeting consumer’s needs.

I find requirement 3(3)(a) is non-compliant.

The service demonstrated implementation of complimentary therapies prior to administration of psychotropic and some pain medications. Staff and management described the high impact and high prevalence risks for consumers, including falls, pressure injuries, and risks associated with diagnoses or decline. Staff described communication/information received, and the escalation process when consumers experience a change in condition, including medical practitioner/specialist review. Strategies to minimise high impact/prevalence risks were observed. There is a process for analysing clinical risks including discussion at clinical review meetings and action plans implemented when required.

Policies and procedures guide staff in relation to end of life care focusing on maximising comfort and preserving dignity. The assessment team bought forward deficits in relation to end of life care however the approved provider’s response detailed consumer’s wishes were respected, and pain management occurred as per medical directives. While the assessment team bought forward deficits in relation to lack of timely response to changes in consumer’s condition the approved provider demonstrated appropriate action generally occurred. Interviewed staff demonstrated knowledge of managing care for consumers nearing end of life including practical methods to ensure comfort is maximised. Staff said they have access to policy and procedural documentation and data to guide care; changes in consumer care is transferred between staff and medical practitioners and education and training is provided to them. Documentation review demonstrated medical/allied health practitioner, clinical staff and representatives are advised when changes (including incidents) occur. Staff are trained in the process for reporting incidents, including legislative requirements of externally reporting to the Serious Incident Response Scheme.

The service demonstrated timely and appropriate referrals to medical officers, other organisations and providers of care. Documentation detailed appropriate referrals as per consumers identified need and medical directives for staff. Management staff demonstrated the processes to engage specialists and other organisations including alternative communication methods when restrictions prevent visitation to the service.

In consideration of the approved provider’s response, on balance, I find the service demonstrates compliance with requirements 3(3)(b),(c),(d),(e) and (f).

The service generally demonstrates effective implementation and promotion of appropriate antibiotic use. Consumers and representatives generally expressed positive feedback about infection control practices. Organisational policy and procedures guide staff in the management of infection prevention and control. Interviewed staff demonstrated knowledge of standard and transmission-based precautions, including appropriate use of antibiotics. A system of recording/analysing infection data was evident, antimicrobial stewardship is discussed at medication meetings. Documentation review detailed processes for minimising infections, staff training, outbreak management guidance. The assessment team observed rooms designated to accommodate consumers who require isolation due to experiencing Covid-19 symptoms lacked appropriate personal protective equipment (PPE), supplies/signage and waste receptacles, however management immediately addressed this issue. Interviewed staff said supplies of PPE are available. The assessment team observed some staff not appropriately wearing PPE and a process to ensure visitors wear masks and maintain appropriate distance from others was not consistently evident. In their response the approved provider advised of some staff exemptions relating to specific PPE and advised of alternative PPE requirements, process to monitor/address PPE breaches by staff and single use of equipment in consumer care.

On balance I find the requirement 3(3)(g) is compliant.

Policy, procedural tools and flow charts are available to guide staff in relation to this Standard.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated consumers receive services and supports for daily living that meet their needs/preferences, and optimises independence, health, well-being and quality of life. Consumers and representatives consider consumers are supported to engage in activities of interest, within the service and the external community if they choose. Lifestyle activity programs are varied, the service seeks consumer involvement in determining activities and other organisations are engaged. Consumers said staff know them well and expressed satisfaction staff support them when needed, including maintaining personal/social relationships and remain in contact with those of importance.

Most consumers consider emotional, social, spiritual and psychological needs are met and expressed positive feedback relating to meals, noting at times, meal temperature concerns. Consumers were observed to be engaged in meal service and participating in group activities.

Interviewed staff demonstrate knowledge of consumer’s needs, what is important to them, including activities of choice, and referenced processes to inform of changes in consumers’ needs. Staff gave examples of services and supports to promote consumers emotional/spiritual and psychological wellbeing, and how some consumers are supported to attend activities with external provider involvement. Assessment processes obtain consumer choice relating to lifestyle programs, meal preferences, those they wish to remain connected to, and/or have input into care delivery. Monitoring processes ensure continued satisfaction. Staff advised of processes for consumers who prefer individual activities, however via documentation review the assessment team noted limited completion of documentation to demonstrate one-on-one activity participation.

Documentation details consumer’s needs and preferences are effectively communicated within the organisation and with others, and timely/appropriate referrals are made to other providers. Most documentation detailed information relating to spiritual/emotional/ psychological needs, plus dietary preferences/needs, however the assessment team noted gaps in some documentation to demonstrate emotional support provided to consumers during Covid-19 isolation. In their response, the approved provider detailed alternative options for recording activity attendance and various communication methods relating to pandemic requirements. I am persuaded by the volume of consumer/representative positive feedback regarding communication.

I find requirement 4(3)(d) is compliant.

The service demonstrated equipment is safe, suitable, clean, and well maintained with staff describing the process for maintenance/repair/replacement and consumers and representatives expressed satisfaction with the suitability and cleanliness of equipment provided.

I find all requirements in this Standard are compliant.

**Standard 5**

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

## Findings

The Quality Standard is assessed as Non-compliant as one of the three specific requirements has been assessed as Non-compliant.

Sampled consumers consider the service is generally clean, comfortable, welcoming and most feel safe in the environment and when staff are assisting them. They expressed satisfaction relating to a welcoming environment for visitors, seating areas to engage with others and personalised rooms. Consumers generally consider the environment enables their independence and generally meets their needs.

I find requirements 5(3)(a) and (c) are compliant.

Navigational aids direct consumers and management described features to support consumers with cognitive deficits, raised garden beds assist consumers who which to participate in gardening activities. The assessment team noted elevators require a code for access to some areas however staff were observed assisting consumers to access elevators to community areas and external areas. The assessment team observed some new furniture and some furniture requiring replacement due to damage and age-related condition; they observed the environment to be mostly clean, While there is a process for pro-active and reactionary maintenance management staff advised this has not consistently occurred due to pandemic restrictions. They noted some rooms have recently been recarpeted.

Management described the process for ensuring consumer satisfaction. Staff consider availability of required equipment to meet consumer’s needs and described processes for reporting repair work. Maintenance staff demonstrated knowledge of reactive maintenance reporting/rectification processes for most preventative maintenance however the assessment team noted documentation to monitor/ensure completion of preventative maintenance was not evident.

In relation to requirement 5(3)(b) - the assessment team noted some areas of the living environment required additional cleaning/painting and/or repair work. Via documentation review they noted cleaning was not consistently completed and repair work remained outstanding for an extended period. Management demonstrated the service had identified some areas required painting/maintenance/repair work and aged-related furniture required replacement. They advised of delays owing to supply and/or contractor availability due to Covid-19 restrictions.

In their response, the approved provider acknowledged gaps in documentation relating to cleaning processes, plus assert recent focus related to responding to outbreak management activities and evidenced immediate completion of actions to issues bought forward by the assessment team. In addition, they advised of seeking feedback from consumers/representatives for further environmental improvement suggestions and updating of monitoring documentation to ensure all items are included in future.

I acknowledge the approved provider demonstrated their self-monitoring system identified some issues, furniture orders have occurred, plus additional hours for cleaning staff. However, I note monitoring/responsive actions to ensure cleaning consistently occurs to address issues observed by the assessment team were lacking.

I find requirement 5(3)(b) is non-compliant.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider they are encouraged and supported to give feedback/complaints, and appropriate, timely action is taken. Consumers expressed confidence they could safely provide feedback if needed; are familiar methods to do so and gave examples of responses received. Some consumers consider they are supported to participate in meetings and advised of other forums to provide feedback.

Staff gave examples of how they respond when approached by consumers/representatives, including escalating issues to management. Staff were observed communicating with consumers. Documentation detailed actions taken in response to complaints and feedback to consumers/representatives. Management and staff explained mechanisms to ensure consumers receive documented advice regarding complaints processes, including methods used to support diverse/vulnerable consumers.

Management provided examples of system and process improvements resulting from consumer feedback. Regular monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication generally occurs to ensure ongoing satisfaction. Information regarding complaints/feedback processes is provided to consumers and on display.

**Standard 7**

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

Consumers provided conflicting feedback in relation to staff sufficiency, some expressing satisfaction their requests for assistance are met, however others said they expressed experience delays in assistance due to staff being busy; citing hygiene and clinical needs not being met in a timely manner.

Interviewed staff acknowledged recent employment of additional staff, however said unplanned leave absences are not consistently replaced which impacts care delivery, for example not meeting consumer’s hygiene needs. Management staff acknowledged gaps in ensuring staff availability for all required shifts however note an ongoing recruitment process in place.

In their response the approved provider acknowledged comments received from consumers/representatives, cited difficulty in replacing staff due to pandemic related issues, however, assert they attempt to do so to meet consumer’s needs. They purport some feedback relates to historical experiences and advised of meet with consumers/representatives who expressed dissatisfaction. They advised of a daily working roster to ensure staff coverage plus review of planned rostering for a 3month period to ensure appropriate staff coverage. In addition, they introduced a new process to monitor staff response times to consumer’s requests for assistance.

I acknowledge the approved provider’s perspective, however not withstanding their expressed difficulty in procurement/replacement of staff they have a responsibility to ensure compliance with requirements of this Standard. In addition, I am persuaded by staff feedback and volume of expressed consumer/representative dissatisfaction.

I find requirement 7(3)(a) is non-compliant.

Consumers consider most staff are knowledgeable, capable, caring, kind and gentle when providing care, know them well and make them feel safe when staff are assisting them. The assessment team observed most staff interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity.

I find requirements 7(3)(b) and (c) are compliant.

Staff said they are provided with equipment and supports to carry out duties of their role and receive ongoing support, training, supervision and feedback to enable them to perform their responsibilities.

The service demonstrated effective processes to ensure competency, knowledge and skills of the workforce including supporting staff training requests. Management and staff advised of required competencies for specific roles and a monitoring process to ensure currency/completion. They advised of training provided to staff and demonstrated the process for monitoring staff attendance/completion of training. The assessment team reviewed topics relating to the Aged Care Quality Standards however noted some records identified incompletion by all staff. Management staff said education and training is closely monitored including the process to identify additional training to improve staff knowledge. In their response the approved provider detailed training provided to staff and asserted their monitoring processes demonstrated the workforce is recruited, trained, equipped and supported to deliver outcomes required by the Quality Standards. I am persuaded by the evidence of topics detailed by the assessment team and the approved providers response.

The assessment team noted inconsistent processes for regular assessment/review of staff performance. Some staff advised this had not yet occurred for them and while management demonstrated a new monitoring process they acknowledged review had not occurred for some staff. In their response the approved provider assert self-monitoring processes had identified outstanding appraisals, contend a discrepancy in the outstanding number reported by the assessment team; attribute delays due to legislative requirements to furlough staff throughout the pandemic and claim alternative methods exist to review/address lack of performance and provide feedback to staff. I acknowledge alternative methods to monitor/review staff performance and am persuaded by feedback from staff in relation to their knowledge and experience of the formal process.

I find requirements 7(3)(d) and (e) are compliant

**Standard 8**

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| Organisational governance | | Compliant |
| 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.

A variety of methods support consumers and representatives in providing feedback and engagement in improvement processes. Most sampled consumers/representatives consider the organisation is well run, they can partner in improving delivery of care/services and management and staff are responsive to feedback. Some expressed dissatisfaction of not being involved in care planning and some communication deficiencies (consideration is given in Standard 2).

Management staff demonstrated methods of engaging consumers/representatives in the development of delivery of care and services and gave recent examples of this. Documentation detailed input from consumers/representatives, responsiveness of management and board involvement in implementing continuous improvement processes. The organisations governing body and clinical governance framework was demonstrated and effective systems relating to most aspects of continuous improvement, finance, feedback and complaints, workforce governance and regulatory compliance. However, the assessment team bought forward deficits in clinical care (consideration is given in Standard 3) and sufficiency of workforce (consideration is given in Standard 7).

Management staff advised of overarching organisational systems in relation to management of high impact/high prevalence risks and staff generally demonstrated knowledge of consumer risks and associated care needs. Staff generally demonstrate knowledge relation to reporting and managing most incidents. While the assessment team bought forward some deficiencies in relation to reporting of serious incidents, management and staff demonstrated knowledge of requirements and documentation detailed staff training. The service appropriately responded to feedback provided by the assessment team in relation to a consumer incident and immediately communicated with relevant authorities.

Management staff provided examples of implementation and evaluation of the clinical framework and their accountabilities and responsibilities. While the assessment team noted some staff did not clearly articulate their role in antimicrobial stewardship or open disclosure practices, the service demonstrated appropriate systems, processes and outcomes. Policies, procedure and workflow directives guide staff in most requirements. Staff generally demonstrate knowledge of the complaint/continuous improvement, regulatory responsibilities, minimising restraint use and actions to minimise spread of infection.

While effective systems are not demonstrated in one requirement within each of Standards 2, 3, 5 and 7, overarching organisational systems were demonstrated in most requirements. On balance I find all requirements of this Standard are compliant.

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