Performance

Report

**1800 951 822**

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| Name of service: | Estia Health Figtree |
| Service address: | 12 Suttor Place FIGTREE NSW 2525 |
| Commission ID: | 2684 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 13 March 2023 |

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 Figtree (**the service**) has been prepared by J. Howard, 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 conducted from 6 December 2022 to 8 December 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 Approved Provider’s response to the Assessment Team’s report, received on 20 January 2023.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

# Areas for improvement

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

* *Requirement 1(3)(a)* – The service must ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* *Requirement 3(3)(a)* – The service must ensure each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being.
* *Requirement 6(3)(d)* – The service must ensure feedback and complaints were reviewed and used to improve the quality of care and services.
* *Requirement 7(3)(a)* – The service must ensure 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.
* *Requirement 8(3)(c)* – The service must ensure effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

# 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. | 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

*Requirement 1(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

The site audit report noted:

* A consumer provided feedback that some staff were sometimes rough and careless. The Assessment Team were unable to determine the reason as to why the consumer expressed this feedback.
* A consumer reported their incontinence aid had not been changed since the previous night and advised they placed a towel under their bed as their urine was dripping off the bed. The consumer expressed a similar concern for a fellow consumer, who was in agreeance with the consumer. The consumer further indicated this issue was a common occurrence over the previous three weeks and attributed the issue to staff shortages. The Assessment Team informed management of this issue and management indicated they would review the consumer’s feedback.
* A consumer indicated they were recently washed in bed and left for an extended period of time with towels rolled up underneath them, during which time the consumer experienced faecal incontinence. The consumer stated it was not until the afternoon shift that staff discovered their situation, and the consumer advised no one attended to their needs when they pressed the call bell for assistance. The consumer advised they found this experience to be distressing.
* A consumer indicated they were not provided with personal care in line with their preferences, nor in accordance with their care plan, of showering three times per week. The consumer further indicated they had multiple discussions with management regarding this issue; however, the issue persisted and at the time of the site audit, they were still not receiving care in line with their preferences. The consumer advised they found the situation undignified. A review of care planning documentation showed the consumer did not receive showering assistance in line with their preferences.
* The Assessment Team noted a strong malodour coming from a consumer’s room and found a consumer experiencing incontinence and lying on a wet sheet. The consumer later expressed they felt embarrassed and described the situation as demeaning.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer that advised some staff were rough and careless – the service indicated it conducted an investigation and discussed the alleged incident with the consumer who indicated there had not been any occasions where staff had caused them injury or harm. The service commenced an awareness campaign to reiterate its expectation concerning the provision of compassionate care.
* Concerning the consumer who reported their incontinence aid had not been changed since the previous night – the service acknowledged the consumer’s care experience and advised these issues were isolated and have since been rectified.
* Concerning the consumer who indicated they were left in bed after receiving showering assistance – the service indicated this incident had not been raised with management and have since met with the consumer and their representative to discuss and apologise for the incident. A Serious Incident Response Scheme, priority two incident was lodged, the service commenced working with the consumer regarding their feedback, and management was committed to formally meeting with the consumer to ensure corrective action was effective and sustained.
* Concerning the consumer who indicated they did not receive personal care in line with their preferences – the service acknowledged the consumer’s comments and outlined staff offered the consumer trolley baths, which were often declined. On these occasions a bed wash was provided; however, the response acknowledged this was not well documented in the consumer’s care planning documentation. Since the site audit, the consumer reiterated their showering preferences to staff, and the service noted the consumer was receiving assistance in accordance with their preferences.
* Concerning the malodour noted by the Assessment Team – the service acknowledged and apologised to the consumer for their experience. The service noted the consumer sometimes declined assistance with personal hygiene and continence care, and staff respected their wishes. The service commenced a four-hourly toileting regime and checks on the consumer’s well-being and dignity. The service changed from paper-based charts to electronic charting for continence recording for the consumer.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, due to the feedback provided by consumers, and observations made by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued. Further, although the service has taken action to rectify issues, some of the solutions are still being implemented and it will take time to ensure they successfully address the situations.

Therefore, I decided the service is non-compliant with Requirement 1(3)(a).

*Requirement 1(3)(c):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer was supported to exercise choice and independence.

The site audit report noted:

* A consumer provided feedback they did not feel safe within the service and preferred to move to another service which was closer to friends and family. The consumer indicated they did not see any progress with the transfer to a service in their preferred area and did not think it will happen.
* Two consumers indicated they did not receive personal hygiene care in line with their preferences.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer that expressed a desire to move to another service within a different location – the service indicated they have been aware of the consumer’s preference to move to a different location since February 2022, however, it is the choice of the consumer’s enduring power of attorney to lead this process. The service has consulted with four aged care services in the consumer’s desired location; however, all of these services indicated they had no vacancies at present. The service will continue to support the consumer to meet their goal.
* Concerning the consumers’ feedback regarding their hygiene care – the service has since apologised to the consumers. The response emphasised this occurred for a shortened period due to staffing challenges, during which time management were actively implementing strategies to address this.

In reaching my conclusion, I considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge consumers’ feedback indicating their decisions regarding their care preferences were not being appropriately followed, on the balance of all evidence brought forward by the Assessment Team, these examples were insufficient to demonstrate overall non-compliance with this Requirement, and are more appropriately addressed under Requirement 3(3)(a).

Therefore, I decided the service is compliant with Requirement 1(3)(c).

*The other Requirements:*

Care planning documentation captured information regarding the consumers’ cultural needs and preferences. Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received care that aligned with their care plan.

Consumers advised they were supported by staff to take risks and live the best lives possible. Staff identified consumers who were engaged in activities that contained an element of risk and described the implemented strategies to manage these risks.

The service demonstrated information provided to consumers and representatives concerning care and services was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled them to exercise choice. Consumers and representatives reported they were kept updated by management and staff when changes occurred via phone and email contact.

The Assessment Team sighted the service’s privacy policy which outlined how the service maintained and respected the privacy of personal information. Staff described how they supported consumers to communicate their privacy preferences and provided practical examples how they maintained the privacy of consumers in the delivery of care and services.

# 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

Consumers and representatives expressed satisfaction with the assessment and care planning processes and the care and services they received. The service had an electronic care management system that included a range of assessment tools for areas such as skin integrity, behaviour management, continence and falls.

Care planning documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Consumers and representatives advised they had been provided the opportunity to discuss their current needs, goals and preferences, including advance care planning.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives considered they were actively involved in the assessment, planning and review process of their care and services.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff described the processes for documenting and communicating assessment outcomes.

Consumers and representatives advised the service regularly communicated with them about changes to their care and services. The service had a range of policies and procedures which guided the regular review of care and services.

# 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. | 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

*Requirement 3(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer received safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being.

The site audit report noted there were ten consumers and their representatives who advised personal care was not provided in accordance with the consumer’s care planning documentation and preferences, including:

* A consumer’s representative indicated they had requested on multiple occasions for the consumer to be supported in a water chair; however, due to staff shortages the consumer could not be assisted with a chair. In addition, the consumer’s continence aids were infrequently changed and this resulted in urinary tract infections and subsequent hospital admissions.
* A consumer indicated they had not received a shower for 15 months, only bed washes. A review of the consumer’s care planning documentation was consistent with the consumer’s feedback. It was also noted the consumer had four urinary tract infections throughout 2022.
* A consumer provided feedback they were waiting multiple hours for staff to empty their urine bottle. The consumer attributed this issue to a lack of staff within the service.
* A consumer indicated they did not receive personal care according to their care plan. The consumer explained there were instances where they had been left in bed for up to 7 days without a shower or bath, and was told this was due to insufficient staff to attend to their needs. The consumer indicated it had been a week since they were last showered, and as they have an in-dwelling catheter, they believe a basic bed wash is not sufficient for hygiene needs and could lead to an infection.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service acknowledged the impact that sector wide staffing shortages had on consumers’ experiences associated with personal hygiene; however, it was confident this had not impacted in the clinical outcomes for consumers. The service referred to its clinical indicators including wounds and infections which were monitored weekly, trended and analysed. The service noted there was no evidence consumers’ clinical care was impacted as a result of showering preferences not being consistently met.
* Concerning the feedback received by a consumer’s representative regarding the request for a water chair – the service indicated the representative had not previously raised this request with them, nor was it raised in a recent family case conference. The service confirmed that since the completion of the site audit, a physiotherapist review has been conducted and the consumer is now supported into a comfort chair every second day as per the recommendations.
* Concerning the consumer who advised they had not received a shower for an extended period of time – the service indicated they have since apologised to the consumer regarding their showering preferences not being met, and highlighted this occurred for a shortened period of time and was due to staffing challenges.
* Concerning the consumer’s feedback regarding waiting multiple hours for assistance – the service acknowledged the consumer’s comments and have followed up this issue with them.
* Concerning the consumer who advised they did not receive personal care in accordance with their care plan - the service acknowledged the consumer’s comments and advised that staff offered the consumer trolley baths, which were often declined. On the occasions a trolley bath was declined, a bed wash is provided; however, the service acknowledged this was not well documented within care planning documentation. Since the site audit, the consumer reiterated their showering preferences, and the service noted the consumer is now receiving assistance in accordance with their preferences. The service has also outlined there is no evidence to show the absence of regular baths impacted the consumer’s clinical well-being.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider.

I acknowledge the actions taken by the Approved Provider to address the identified issues. However, at the time of the site audit, a significant number of consumers and representatives advised their personal care needs were not being met. Due to the feedback provided to, and care planning documentation reviewed by, the Assessment Team I consider that at the time of the site audit, the service did not demonstrate that each consumer received safe and effective clinical and personal care that was best practice, tailored to their needs and optimised their health and well-being.

Therefore, I decided the service is non-compliant with Requirement 3(3)(a).

*The other Requirements:*

Consumers and representatives confirmed high impact or high prevalence risks, such as falls, pressure injuries, weight loss and infection were effectively managed. The service had policies and procedures in place which guided the management of high impact or high prevalence risks associated with the care of each consumer.

The service demonstrated consumers who were nearing end of life had their dignity preserved and care was provided in accordance with their needs and preferences. The care planning documentation for a recently deceased consumer evidenced the consumer received end of life care in accordance with their needs and preferences.

Consumers and representatives provided positive feedback regarding the service’s approach to respond to changes or deterioration in consumers’ well-being. Deterioration or changes in consumers’ health was recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team.

The service demonstrated how information relating to consumers’ condition, needs and preferences was documented in handover documentation, and communicated where the responsibility for care is shared. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports.

Staff demonstrated an understanding of how they minimised the spread of infection and the use of antibiotics and ensured they were used appropriately. The service had a COVID-19 outbreak management plan, antibiotic stewardship guidelines, a staff and consumer vaccination program and records were maintained for influenza and COIVD-19 vaccinations.

# 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

*Requirement 4(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being.

The site audit report noted:

* A consumer provided feedback they did not feel safe within the service and preferred to move to another service which was closer to friends and family. The consumer indicated they did not see any progress with the transfer to a service in their preferred area and did not think it will happen.
* A consumer expressed they were unable to attend their preferred activities as there are not enough staff to assist them out of bed.
* A consumer indicated they were not often assisted to get out of bed, which negatively impacted their ability to engage in their activity of choice. The consumer’s representative noted this has contributed to the consumer’s emotional deterioration.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer that expressed they preferred to move to another service within a different location – the service indicated they have been aware of the consumer’s preference to move to a different location since February 2022; however, it is the choice of the consumer’s enduring power of attorney to lead this process. The service has consulted with four aged care services in the consumer’s desired location; however, all of these services indicated they had no vacancies at present. The service will continue to support the consumer to meet their goal.
* Concerning the consumer that expressed they were unable to attend their preferred activities – the service acknowledged the consumer’s feedback and noted the consumer had attended 22 activities in November 2022 and 32 activities in December 2022, which indicated the consumer is receiving the necessary supports to participate in activities of their choice. A family case conference was held on 16 January 2023, and the consumer confirmed they were satisfied with the how the service responded to their care needs.
* Concerning the consumer’s feedback regarding staff not often being assisting the consumer to get out of bed – the service acknowledged the consumer’s feedback and indicated they were committed to working with them to address their feedback. The service contended staff were aware of the consumer’s interest of participating in activities. With the exception of the occasion when the mobility aid was awaiting repair, the service indicated their records showed the consumer participated in 264 activities within a recent 5 month period.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there were deficits in the service’s ability to provide services and supports, and this constituted a departure from best practice, the response outlined by the Approved Provider addressed the concerns raised by the Assessment Team.

Therefore, having considered all relevant information, I decided the service was Compliant with this requirement.

*Requirement 4(3)(f):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate where meals were provided, they were varied and of suitable quality and quantity.

The site audit report noted multiple consumers that expressed dissatisfaction with the dining experience, including:

* A consumer advised the meals provided were often cold, inedible and the service does not properly cater to their dietary requirements.
* A consumer indicated the service’s new meal system was ineffective as they received incorrect meals, and the meals were mostly cold. The consumer advised they requested the same meal every day for breakfast for the past four years; however, to the frustration of the consumer, they often received the incorrect meal.
* A consumer expressed dissatisfaction with the meals provided and indicated the meals often contained too much salt. The Assessment Team observed the consumer not eating lunch for two days, and the consumer stated it was because the food was too salty.
* A recent consumer satisfaction survey outlined that of the 36 consumers who responded, 44% of respondents indicated they were either satisfied ‘some of the time’ or ‘never’ with the meals provided.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer who advised the meals were cold and inedible – the service acknowledged the consumer’s feedback and indicated they were committed to working with them until their concerns were resolved. The cold temperatures of the meals were attributed to the implementation of a new dining experience, which was implemented in the weeks prior to the site audit, and the service is confident this will be resolved. The service indicated the consumer’s dietary needs and preferences are accommodated, the chef regularly meets with the consumer to understand and accommodate their needs.
* Concerning the consumer who advised the meals were too salty – the service acknowledged the consumer’s feedback and indicated they were committed to resolving their concern. As described by the service, a recent dietetic review outlined the taste of saltiness may indicate a dental review is required, this is in progress.
* The service noted the meals provided were not always to the consumer’s preferred taste, however it is difficult to cater for all consumer’s preferences on all occasions. During June, August and October 2022, a food focus meeting was held as an additional opportunity for consumers to provide input into the menu and provide feedback. This feedback was used to inform the development of the service’s new dining experience.

I considered the information provided by the Assessment Team and the Approved Provider.

Whilst I acknowledge the service has demonstrated discrepancies with the quality of meals provided at the services, on the balance of all evidence brought forward by the Assessment Team, these examples were insufficient to indicate overall non-compliance with the Requirement.

Therefore, having considered all relevant information, I find the service is compliant with Requirement 4(3)(f).

*The other Requirements:*

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Care planning documentation accurately identified consumers’ needs goals and preferences.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how they supported consumers to engage in the community, maintain social and personal connections that were important to them, and do things of interest to them.

Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded on the electronic care management system. Consumers indicated information regarding their daily living choices and preferences was effectively communicated to staff and others where responsibility for care was shared.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation identified the involvement of other organisations and providers of care and services.

Management described how the service planned and followed maintenance and cleaning routines for equipment. The Assessment Team observed mobility equipment was safe, clean, well maintained and sufficiently stocked.

# 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 Assessment Team observed the service’s entrance was bright and welcoming, and the service environment contained directional signage which assisted consumers and visitors to navigate the service. Consumers advised they could personalise their rooms, including decorating their rooms with personal furniture and possessions of choice.

Staff provided the Assessment Team with the service’s cleaning schedules, preventative maintenance schedules and reactive maintenance processes that ensured a safe, clean and well-maintained service. The Assessment Team observed consumers and representatives moving freely throughout the service, both indoors and outdoors.

The service demonstrated furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Staff outlined the process for reporting maintenance issues and advised these issues were promptly addressed.

# 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. | Non-compliant |

Findings

*Requirement 6(3)(d):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate feedback and complaints were reviewed and used to improve the quality of care and services.

The site audit report noted:

* Three consumers indicated they provided feedback on various matters, such as the temperature of meals, during consumer meetings; however, their feedback did not result in any improvements.
* Following a review of the compliments, comments and complaints log for November and October 2022, the Assessment Team noted the log did not contain any matters related to meals or the temperature of food, despite this being a common issue discussed by consumers.
* A logged complaint reviewed by the Assessment Team related to a consumer’s personal hygiene care and was raised by their representative. The entry outlined the consumer’s care plan was updated to the satisfaction of the representative and consumer; however, feedback provided by the consumer during the site audit, and a review of their care planning documentation, showed personal care was still not being delivered in accordance with the consumer’s preferences.
* A consumer’s representative provided feedback they did not have confidence in management to provide care for the consumer. The representative considered management reacted to issues which resulted in short term improvements; however, the improvements do not last. The representative outlined they were seeking alternative accommodation for the consumer.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning feedback regarding the temperature of meals – the service indicated the meal temperatures were attributed to the implementation of a new dining experience, which was implemented in the weeks prior to the site audit, and the service is confident this will be resolved.
* Concerning the logged complaint regarding a consumer’s personal hygiene care – the service indicated prior to the site audit, management met with the consumer and their representative to acknowledge their feedback relating to hygiene preferences and were committed to working with the consumer until the concerns were resolved.
* Concerning the feedback provided by a representative – the service indicated the consumer’s admission to the service was always an interim decision until more suitable accommodation was sourced. In addition, the representative’s choice to relocate the consumer was not related to their care experience, and management spoke to the representative on multiple occasions following the site audit and confirmed they were satisfied with the care being provided to the consumer.

I considered the information presented by the Assessment Team and the Approved Provider.

Whilst I acknowledge the actions taken by the Approved Provider to address the issues with the review feedback and complaints, as evidenced by feedback received by consumers and representatives, and a review of care planning documentation conducted by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate that feedback and complaints were used to improve the quality of care and services.

Therefore, I have decided the service is non-compliant with Requirement 6(3)(d).

*The other Requirements:*

Consumers and representatives stated they felt comfortable and understood how to provide feedback or make complaints. Management described a range of strategies by which feedback is encouraged and outlined the complaints management process.

The Assessment Team observed information regarding advocacy services displayed in the service’s foyer and throughout the service. Management outlined the process for accessing interpreter services, and most consumers demonstrated an awareness of advocacy services.

Staff demonstrated an understanding of open disclosure practices including reporting incidents to the appropriate individual, keeping the consumer and representatives informed and providing an apology. Consumers and representatives provided examples of management responding to and resolving their complaints and concerns.

# 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. | 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

*Requirement 7(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services.

The site audit report noted:

* Twelve consumers and representatives stated their care was impacted due to insufficient staffing. Common issues described by consumers and their representatives related to insufficient staffing, and included a lack of assistance with personal hygiene and continence care, inability to attend social activities and being left in bed for extended periods.
* A number of staff members outlined they were exhausted and provided their personal experiences where a lack of staffing had impacted on the care of consumers. Staff indicated there was insufficient time to provide personal care to consumers, and consumers were not receiving hygiene care in accordance with their preferences.
* A consumer indicated they were dissatisfied with the call bell response times, which they attributed to insufficient staffing. A review of call bell data by the Assessment Team for November indicated there were 10,314 calls in total with 1,753 (17%) of responses over the desired response duration of 10 minutes and 236 (2%) of these were over 30 minutes in duration.
* A review of recent staff rosters by the Assessment Team confirmed there were several days in the fortnight prior when shifts were understaffed. Management confirmed that despite their best efforts, including offering incentives to staff to take extra shifts, they had been unable to fill several shifts.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning feedback from consumers, representatives and staff - the service acknowledged the feedback provided, and advised the governing body was actively working to resolve the workforce shortages and to minimise the impact on consumer care. The service further highlighted the additional COVID-19 pressures placed on the workforce which has significantly increased unplanned leave. The service indicated current feedback from staff members was that they were well-staffed and were able to provide personal care for consumers as per their preferences.
* Concerning roster vacancies – the service indicated these vacancies related to assistant nursing positions only, and the service has a full complement of registered nursing staff. Strategies are in place to increase the workforce numbers included active recruitment, both locally and state wide to fill permanent vacancies, and offering additional hours to staff.
* Concerning call bell response times – the service outlined the average call bell response time in November 2022 was between 5-7 minutes, under the desired response of 10 minutes. The service accepted that some response times were outside of the desired range set out in policy documents; however, this was a small percentage. The service will continue to work with the team to ensure response times are actively reduced.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider.

I acknowledge the actions taken by the Approved Provider to address the identified issues. However, based on the feedback received by consumers, representatives and staff, and documents reviewed by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. I acknowledge the current difficulties in recruiting aged care workers and the pressures placed on services by COVID-19; however, the actions taken by the service to rectify staffing issues are still ongoing and the situation will take time to fully resolve.

Therefore, I decided the service is non-compliant with Requirement 7(3)(a).

*Requirement 7(3)(e):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The site audit report noted:

* Management described a range of strategies by which staff performance was assessed, monitored and reviewed; however, it could not provide evidence these strategies were followed for each member of the workforce.
* A review of staff performance assessments, known as success conversations, demonstrated 38% of conversations were overdue. Management advised the organisation was transitioning from a paper-based system to an online system for managing success conversations and therefore the available data may not be entirely accurate.
* Management outlined several other strategies for reviewing and monitoring the performance of staff including spot checks, handwashing and infection control competencies and medication assessments but did not demonstrate these checks had been conducted for each member of the workforce.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the overdue success conversations – the service indicated their approach to assessment, monitoring and review of the performance of each member of the workforce is multifactorial and not solely limited to success conversations. The service continuously monitors staff performance through governance processes including their internal audit program, collecting, analysing and reporting on trends or patterns, meetings, and feedback processes.
* Following a review of the service’s performance appraisal process, the service made several changes, including:
  + the staff appraisal has an increased focus on both “how” and “what” occurs in the course of staff duties
  + staff appraisals are stored electronically, and reminders are sent when a staff member is due for review
  + an increased goal setting period (12 months and 3-5 years)
  + greater visibility and reporting capabilities
  + the system will allow the extrapolation of data for further training needs analysis.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider.

Whilst I acknowledge the service has demonstrated discrepancies with the staff review process, these examples alone were insufficient to determine significant overall deficits in the effectiveness of the regular assessment, monitoring and review of the performance of each member of the workforce.

Therefore, I decided the service is compliant with Requirement 7(3)(e).

*The other Requirements:*

Consumers and representatives stated staff were respectful, kind, caring and gentle when providing care. Staff demonstrated knowledge and understanding of consumers’ characteristics, needs, preferences, culture and diversity.

Staff advised they had the necessary qualifications and knowledge to perform their roles, and management described various strategies to ensure the workforce was competent. Consumers and representatives indicated staff performed their duties effectively and felt staff when staff attended to their care needs.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management described a robust recruitment and training program including reactive training in response to incidents, clinical indicators and feedback from consumers and staff.

# Standard 8

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

Findings

*Requirement 8(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the organisation’s governing body promoted a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The site audit report noted:

* Consumers and representatives provided feedback that personal care was not always delivered in a manner that met consumers’ care needs and preferences. It was not evident the governing body had identified the gaps in the provision of quality personal care that enabled the service to be accountable for the delivery of care and services. The issues, and Approved Provider’s response relating to personal care needs not being met were discussed under Requirements 1(3)(a), 1(3)(c) and 3(3)(a).
* Whilst management stated the governing body was aware of the difficulties with staffing at the service, the Assessment Team found the governing body had not implemented strategies to address the immediate impact of staff shortages.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the governing body’s awareness of staffing issues – the service contended the governing body was aware of the staffing challenges, and their internal monitoring and escalation processes were effective. The governing body had a specific regional workforce strategy, which included:
  + The appointment of a Talent Acquisition business partner in July 2022, to focus on candidate sourcing through known talent pools, attending career job fairs and scouting.
  + The implementation of a refer a friend campaign to support recruitment throughout the organisation.
  + Refreshed advertising of job advertisements to increase potential staff attraction.
  + A biannual reach out to ex-employees as a sourcing strategy.
* The service further outlined additional improvements made by the governing body to increase their oversight and support to the service. These improvements were targeted to areas which included leadership and supervision, clinical monitoring, team building, staff morale and capability building.

I considered the information provided by the Assessment Team and the Approved Provider.

Whilst I acknowledge the service had demonstrated discrepancies with governing body’s delivery of safe, inclusive and quality care and services, on the balance of all evidence brought forward by the Assessment Team, these examples were insufficient to indicate a systemic organisational governance failure of the governing body.

Therefore, I decided the service was Compliant with this Requirement.

*Requirement 8(3)(c):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate effective, organisation-wide governance systems relating to continuous improvement, workforce governance and feedback and complaints.

The site audit report noted:

* In relation to the service’s governance system relating to continuous improvement and feedback and complaints:
  + The Assessment Team observed there were some gaps within the service’s Plan for Continuous Improvement (PCI). Two entries in September 2022 had no entry for planned action, person responsible, planned completion date or outcomes. Several entries did not note the source of the item or the related standard. It is noted that although the PCI is reviewed by a governance level quality team, these omissions had not been identified.
  + Management described and demonstrated how critical incidents were analysed and opportunities for improvement identified. However, it was not always evident that these improvements were consistently implemented. The issues, and Approved Provider’s response relating to continuous improvements resulting from feedback and complaints was discussed under Requirement 6(3)(d).
* In relation to the service’s governance system relating to workforce governance:
  + The service did not demonstrate staff performance was monitored in line with the requirements of the Quality Standards.
  + Multiple consumers and representatives advised consumers did not receive care in line with their preferences due to insufficient staffing levels. Feedback received by staff confirmed they did not have an adequate amount of time to meet the personal needs and preferences of consumers.
  + The issues, and Approved Provider’s response relating to workforce management, were discussed under Requirements 7(3)(a) and 7(3)(e).

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the service’s governance system relating to continuous improvement – the service advised its PCI is the responsibility of the Executive Director and was monitored by the Quality team. The two entries references by the Assessment Team were erroneous information and required deletion and was attributed to a human error rather than a failure of the governing body.
* Concerning the service’s governance system relating to feedback and complaints – the service advised the enhanced dining experience was initiated in response to consumer’s comments at the food focus meetings. Whilst at the time of the site audit the service was still experiencing some initial challenges, the service was confident these issues would be resolved.

I have considered the information presented by the Assessment Team and the Approved Provider.

I acknowledge the Approved Provider has adequately addressed the Assessment Team’s concerns regarding their PCI. However, as evidenced by feedback received by consumers, representatives and staff, and a review of care planning documentation conducted by the Assessment Team, at the time of the Site Audit I do not consider the service demonstrated it had effective, organisation-wide governance systems relating to workforce governance and feedback and complaints.

Therefore, I decided the service is non-compliant with Requirement 8(3)(c).

*The other Requirements:*

Consumers and representatives stated they were encouraged to be involved in the evaluation of their care and services. Management described a range of strategies for engaging consumers in the development, delivery and evaluation of care and services.

The service’s documented risk management framework guided staff in identifying and managing risks to consumers, including the abuse and neglect of consumers and preventing incidents. Care planning documentation confirmed assessments were conducted and risk minimisation strategies are documented.

The service demonstrated it had a clinical governance framework and supporting polices in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff and management demonstrated an understanding of these policies and were able to provide examples of their relevance to their work.

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