Performance

Report

**1800 951 822**

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| Name: | Estia Health Melton South |
| Commission ID: | 3598 |
| Address: | 34-42 Brooklyn Road, MELTON SOUTH, Victoria, 3338 |
| Activity type: | Site Audit |
| Activity date: | 21 February 2024 to 23 February 2024 |
| Performance report date: | 8 April 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2343 Estia Health Melton South |

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 Melton South (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 26 March 2024.
* other information held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated consumers with dignity and respect and make them feel valued as an individual. Staff spoke about consumers in a respectful manner and were familiar with their individual backgrounds and preferences. Care planning documentation contained information specific to consumers’ backgrounds and cultures. The service has written policies and procedures to ensure consumer diversity and inclusion was supported.

Consumers and representatives described how staff valued their cultural background and provided culturally safe care. Staff described how consumers’ culture influenced how they delivered daily care and services. Care planning documents recorded the specific cultural needs and preferences of consumers.

Consumers and representatives said they were supported to maintain relationships of choice, and could choose how their care is provided, and by whom. Staff described how they supported consumers to make choices, maintain their independence and engage in relationships of their choosing. Care planning documents identified consumers’ individual care choices, who else is involved in their care, and how their relationships are supported.

Consumers described how the service supported them to take risks, such as administering medication independently. Care planning documents evidenced a risk assessment or documented discussions with consumers about risks prior to engaging with the risk. Staff were aware of the risks taken by consumers, and said they supported them to take risks to live the way they chose but were also committed to putting in place risk mitigation strategies.

Consumers and representatives confirmed they were kept informed through written information and verbal reminders. Management and staff described various ways information was provided to consumers in line with their needs and preferences. Clear and current information about activities was displayed on notice boards in communal areas.

Consumers said the service respected their privacy and kept their personal information confidential Management and staff could describe the practical ways they respected the personal privacy of consumers and secured their personal information. The service had policies and protocols in place to protect consumers’ privacy and confidentiality and staff practices aligned with these protocols.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 2(3)(a) was Not Met. While most care planning documents showed comprehensive assessment and care planning informed the delivery of safe and effective care, the Site Audit found the service had not assessed some consumers as being potentially subject to environmental restrictive practice. Evidence brought forward included:

* The Site Audit found consumers had not been assessed for potential restrictive practice in relation to the doors being secured at night for safety and security reasons. Management did not consider securing the service at night to be environmental restrictive practice.
* No adverse impacts to consumers were identified and consumers and representatives had no concerns regarding the doors being locked.
* Consumers’ and representatives expressed satisfaction with the assessment and care planning and processes at the service.
* Management described the care planning processes in detail, and how it informed the delivery of care and services. The service had documented staff guidelines about ongoing assessment and care planning with consumers and their representatives.
* The admission checklist outlined a comprehensive range of assessments required to be completed over the first 30 days.

The provider’s response received 26 March 2024, disputed the finding and provided additional clarifying information and evidence in relation to the assessment and planning of care. The provider advised:

* Consumers undergo a comprehensive suite of assessments which consider their cognitive and functional capacity. All consumers are assessed for all forms of restrictive practice including environmental restraint.
* The service adheres to the organisation’s Minimising the Use of Restrictive Practices Policy which is informed by the Quality of Care Principles 2014, resources produced by the Aged Care Quality and Safety Commission, legal advice and research publications. Records confirm management and staff have received education on the policy.
* If a consumer is assessed as being limited from freely accessing their environment, inside or outside the service, an environmental restrictive practices assessment is completed, and informed consent is obtained, irrespective of whether they exhibit exit seeking behaviour.
* There are no discrepancies between the environmental practices register and the care practices applied to consumers. All consumers that were subject to restraint were assessed and documented correctly in accordance with the organisation’s policy.
* The service considers securing the external doors at night for safety is the same as locking the front/back doors at home. Consumers that have capacity to safely leave the service can still freely exit the service using a keypad, a fob or with staff assistance. This is consistent with consumers’ expectations and the organisational policy.

I note the additional information and evidence provided by the service in relation to the assessment and care planning process, including the individual assessment of all consumers for potential restrictive practices. I am satisfied the assessment and planning process, considers risks to consumers’ health and well-being, and informs the delivery of safe and effective care and services. Therefore, on the balance of the evidence before me, I find Requirement 2(3)(a) Compliant.

I am satisfied the remaining 4 Requirements in Standard 2 are Compliant.

Representatives said assessment and planning identified and addressed consumer’s current needs, goals and preferences and their end of life wishes. Staff described how assessment and planning captured consumers' current needs and preferences and how they approached conversations around advance care and end of life care planning. The service had various policies and procedures around the assessment and planning of consumer’s care, including their end of life care.

Consumers and representatives confirmed they were involved in the assessment and planning of care along with other internal and external healthcare providers they chose. Care planning documents evidenced ongoing partnership with consumers, representatives and other healthcare professionals in the assessment, planning and review of consumers’ care and services. The service has documented procedures to guide staff in partnering with consumers, representatives, and other health care professionals in the assessment and planning of care.

Consumers and representatives expressed satisfaction with the service’s regular and clear updates on consumers’ health status and care, and they confirmed being offered a copy of consumers’ care plan. Care planning documents confirmed the outcomes of assessment and planning were documented and communicated to consumers, representatives and others who were involved providing care.

Consumers and representatives said clinical staff regularly discussed consumers’ condition and care, and any changes requested were addressed in a timely manner. Management and clinical staff described the processes in place for the review of care plans regularly, and when circumstances changed. Care planning documents showed review on both a regular basis and when there was a deterioration in condition or an incident such as a fall.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 3(3)(a) was Not Met. While most consumers and representatives said the personal and clinical care was safe, effective and tailored to their individual needs, the Site Audit identified gaps in relation to the management of restrictive practices. Evidence brought forward included:

* Discrepancies were identified in the documented assessment of consumers potentially subject to environmental and chemical restrictive practices.
* Consumers had not been assessed for potential restrictive practice in relation to the doors being secured at night for safety and security reasons. Management did not consider securing the service at night to be environmental restrictive practice.
* Four consumers prescribed psychotropic medication did not have clear diagnosis or indications for use recorded on the service’s psychotropic register.
* Ten of 11 consumers and representatives interviewed expressed satisfaction with the personal and clinical care provided.
* One representative for a consumer that had experienced falls said they would like more information on the cause of the falls. Clinical staff advised the exact cause had not been identified however investigation was still ongoing.
* One representative expressed concern about the service expecting a family member to assist in providing care for a consumer with behavioural and psychological symptoms of dementia. The representative also expressed concern about the consumer being locked in their room as a behaviour management strategy.
* Care planning documentation evidenced safe and effective care, tailored to the specific needs and preferences of consumers.
* Staff demonstrated a strong understanding of specific consumer’s care needs and described how they provided safe and quality care.

The provider’s response received 26 March 2024, disputed the finding and provided additional clarifying information and evidence in relation to the delivery of safe and effective personal and clinical care. The provider advised:

* The psychotropic register reflected a clear diagnosis for the relevant consumers. A minor inconsistency was identified between a progress note and the medication chart for one consumer due to a typing error. The error has been corrected and there was no impact on the consumer.
* There are no discrepancies between the environmental practices register and the care practices applied to consumers. All consumers that were subject to restraint were assessed and documented correctly in accordance with the organisation’s policy.
* The service considers securing the external doors at night for safety is the same as locking the front/back doors at home. Consumers that have capacity to safely leave the service can still freely exit the service using a keypad, a fob or with staff assistance. This is consistent with consumers’ expectations and the organisation’s policy.
* The service acknowledges a family member(s) were involved in the entry transition of a consumer with complex care needs and behaviours. The service sought the input of family to understand the triggers to their behaviours and develop effective management strategies. This information is recorded on a comprehensive Behaviour Support Plan to guide staff in caring for the consumer. The reliance on family members has diminished following the settling in period.
* In relation to the representative believing a consumer had been locked in their bedroom. The consumer was not restrained in their room. The door may have been accidently snibbed locked however, it is important to note while the door handle is locked on the outside, it can be opened by the person inside by simply turning the handle which automatically disengages the lock. The lock has been removed from this door following consultation with the representative.

I have further considered issues related to the assessment of restrictive practices under Requirement 2(3)(a). I note the additional information and evidence provided by the service in relation to the delivery of personal and clinical care, including the management of restrictive practices. I am satisfied the evidence demonstrates each consumer gets safe and effective personal and clinical care. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) Compliant.

The Assessment Team recommended Requirement 3(3)(g) was Not Met. Whilst the service demonstrated appropriate practices in relation to infection prevention control and antibiotic use, the Site Audit found the service did not have a qualified infection prevention and control lead around the time of the audit.

The provider’s response received 26 March 2024, provided additional clarifying information and evidence in relation to the provision of infection prevention and control. The provider advised:

* At the time of the site audit, the service was transitioning to a different infection prevention and control lead. Two staff were fulfilling the infection prevention and control lead functions however, one staff member undergoing final training did not attain the qualification, so another staff member was enrolled.
* Both staff were coached and supported by the organisation’s Clinical Risk Manager and Covid Response Coordinator to fulfil the infection prevention and control lead role with extensive professional development provided.
* There is extensive other evidence, including in the Site Audit report, demonstrating the service operates an effective infection prevention and control program and implements sound antimicrobial stewardship.

I acknowledge the service’s nominated infection prevention and control lead(s) had not yet attained yet attained their formal qualification however, I accept they had received suitable training and support and were fulfilling the functions of the infection prevention and control lead. Given the provider’s improvement actions taken during, and since, the site audit, I am satisfied they understand the importance of having a qualified infection prevention and control lead in the role. I consider there is evidence the service implements appropriate infection prevention and control measures and reduces the risk of increasing antimicrobial resistance through appropriate clinical practices. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(g) Compliant.

I am satisfied the remaining 5 Requirements in Standard 3 are Compliant.

Representatives expressed satisfaction with how high-impact and high-prevalence risks were managed by the service. While the representative for one consumer said they would like an explanation for the cause of fall, clinical staff advised no exact cause had yet been identified. Management and staff explained how high-impact and high-prevalence risks were effectively managed through monitoring and implementing individualised risk mitigation strategies in consultation with medical officers, allied health professionals and others. Staff described the various mitigation strategies used to manage these risks which aligned with consumers’ care plans.

Representatives confirmed discussions around advanced care planning and expressed satisfaction with the end of life care provided by the service. Staff described how they provided dignity and comfort to consumers’ nearing end of life, and provided emotional support to family members. The service had written policies and procedures around palliative and end of life care to guide staff practice. Care planning documents included an advance care plan and evidenced discussions with consumers and representatives regarding palliative care.

Representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Care planning documents recorded deterioration or changes in consumers’ condition and detailed appropriate responses. Staff described how they monitored vital signs and promptly identified changes or deterioration in consumers’ condition.

Consumers and representatives indicated staff communicated effectively and they did not have to repeat their needs and preferences to different staff. Staff described how information about consumers’ needs, condition, and preferences was documented and communicated within the service, and to others involved in providing care. Care planning documents contained sufficient information to support safe and effective care.

Representatives said referrals to other medical services were timely and appropriate. Care planning documents showed timely referrals to appropriate clinical and medical specialists and allied health professionals, when needed. Management and staff described the service’s referral processes. The service had documented policies and procedures guiding the referral of consumers to other health professionals.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 4(3)(f) was Not Met. The Site Audit found consumers did not consider meals to be of a suitable quality. Evidence brought forward included:

* Multiple consumers and representatives had expressed dissatisfaction with the quality of the food with some stating they had complained in the past but no action had been taken.
* Two consumers reported the food had previously been an issue but had recently improved.
* One consumer considered the weekday food to now be of good quality and size, but they were dissatisfied with the quality of food provided by the weekend chef.
* One consumer said they had advised management they did not want tomato in their food, but this had not been actioned by management. The consumer’s care planning documents noted they were allergic to raw tomato.
* Staff explained there are various ways consumers can provide feedback about the food including the food focus meeting which is held every two months.
* The menu was observed to offer a variety of hot and cold meals as well as non-vegetarian and vegetarian options.
* The food focus meeting minutes for the 23 January 2024 meeting highlighted a number of food items consumers did and did not enjoy.
* Care planning documents reflected the dietary needs and preferences expressed by consumers at interview.
* Staff could explain the specific dietary needs or preferences of consumers, and described how they ensure consumers enjoyed the food and get enough of it.
* Management acknowledged the general feedback in relation to food quality and advised there was a Continuous Improvement Plan action in place relating to hydration, nutrition, and the dining experience.

The provider’s response received 26 March 2024, provided additional clarifying information and evidence in relation to the provision of culturally safe care. The provider advised:

* The service has followed up with consumers mentioned in the report who all indicate they are satisfied with the actions taken by the service in relation to food, including the opportunity to provide input into the menu via the food focus forum.
* The service received multiple compliments from previously dissatisfied consumers in January.
* The service accepts there will be variation in consumers’ satisfaction with different meals.

I acknowledge consumers had been dissatisfied with the quality of the food provided however, the evidence indicates the service has taken a range of improvement actions which appear to be making a difference. The recent appointment of a new chef and the creation of the food focus group appear to have coincided with a decrease in food related complaints and increase in compliments. Given the provider’s improvement actions taken during, and since, the site audit, I am satisfied they have taken appropriate steps to address the issues identified and ensure the meals provided meet the needs and preferences of consumers. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(f) Compliant.

I am satisfied the remaining 6 Requirements in Standard 4 are Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals and preferences, and optimised their independence, health, well-being and quality of life. Care planning documents confirmed consumers got the services and supports for daily living they needed, and staff knew what was important to them and what they liked to do.

Consumers and representatives stated consumers’ emotional, spiritual and psychological needs were supported. Care planning documents contained specific information regarding consumers’ social, emotional and spiritual needs and preferences. Staff described how they supported consumers when they were feeling low and provided practical examples of how they supported consumers’ emotional, spiritual or psychological well-being.

Consumers said they were supported to participate in the community, within and outside the service environment, keep in touch with people they chose, and do things of interest to them. Staff provided examples of how they supported consumers’ important relationships and helped them do things they enjoyed. Care planning documents noted consumers’ interests, people that were important to them, and activities they participated in.

Consumers and representatives said information about consumers’ condition, needs, and preferences was communicated effectively within the service and with others responsible for providing care. Staff described ways current information about consumers’ condition and needs was communicated between staff and other service providers. Care planning documents contained sufficient information to provide suitable services and supports for daily living.

Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documents identified timely and appropriate referrals to other organisations and services. Staff described other individuals, organisations and service providers, involved in the delivery of services and supports for daily living.

Consumers said the equipment provided was safe, suitable, clean and well maintained. Staff described effective documented processes for the cleaning and maintenance of equipment. Equipment throughout the service was observed to be safe, clean and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming and easy to understand. Management and staff could describe the features of the service that helped each consumer to feel welcome, and optimise their sense of belonging, independence, interaction, and function. Staff explained how they made consumers feel welcome and encouraged consumers to personalise their rooms. The service had adequate lighting, handrails and consumers’ rooms were clean and personally decorated.

Most consumers and representatives said the service was clean and well maintained, and they could move around freely around, both indoors and outdoors. Cleaning and maintenance staff explained they had schedules in place to ensure the service was clean and well maintained. Consumers were observed accessing areas inside and outside of the service.

Consumers confirmed the equipment, furniture and fittings were suitable for use, and were cleaned and maintained regularly. Staff described the processes in place for cleaning and maintaining personal equipment, furniture, and fittings in the service. The furniture, fittings and equipment were observed to be safe, clean and well maintained.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 6(3)(d) was Not Met. While some consumers and representatives said their feedback was used to improve care and services, the Site Audit found some consumers and representatives expressed ongoing dissatisfaction with the quality of food after complaints had been made. Evidence brought forward included:

* One representative described their complaint being satisfactorily resolved, receiving an apology and staff making ongoing improvements as a result.
* Management described the main areas of complaints and the processes for collecting and reviewing feedback and adding actions to the Continuous Improvement Plan. Management and staff described how specific complaints were communicated and addressed, including the actions taken or proposed.
* While management advised the main trend in complaints was about food quality however, the food related actions on the Continuous Improvement Plan addressed adequate hydration and nutrition rather than the quality of food.
* Management advised they had recently hired a new chef and have been working with the chef to respond to food suggestions through the bi-monthly food focus forum, as well as the feedback and complaints mechanisms. Management acknowledged that there is a CIP in place in relation to food standards and is continuing to work on the dining experience.
* The service has various documented policies and systems related to managing feedback and complaints, open disclosure and continuous improvement.

The provider’s response received 26 March 2024, provided additional clarifying information and evidence that feedback and complaints were reviewed and used to improve the quality of care and services. The provider advised:

* The Site Audit report contained multiple examples of the service actively engaging with consumers and representatives and using their input to inform improvements to the care and services provided.
* The service has employed a new chef prior to the site audit and was working with consumers and the chef through the food focus meetings to improve the quality of meals. The service’s food focus meetings have been successful in capturing consumers’ suggestions and additional menu options have been added to the menu as a result.
* Multiple consumers who had previously expressed concerns about the food reported the food had improved recently. Some recent consumer feedback about the food had been in the form of compliments.

I have further considered issues related to the meals provided under Requirement 4(3)(f). While some consumers expressed dissatisfaction with the food on more than one occasion, these complaints were encouraged and captured by the service, and were being addressed in consultation with consumers and the recently appointed chef. I consider there is evidence the service fosters and reviews feedback and complaints and uses them to improve the quality of care and services, where appropriate. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) Compliant.

I am satisfied the remaining 3 Requirements in Standard 6 are Compliant.

Consumers and representatives said they felt safe and comfortable to provide feedback and make complaints and described the various avenues available to do so. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. The service had policies, procedures and systems in place to ensure consumers and representatives were encouraged and supported to provide feedback and make complaints.

Consumers and representatives described the external complaints mechanisms and advocacy services available to them. Management and staff described how the service actively promoted access to these services. Documentation and observations confirmed the service was actively promoting external complaint avenues, translation and advocacy services, with relevant information displayed throughout the service.

All consumers and representatives interviewed expressed satisfaction with how the service addressed and resolved their complaints and used open disclosure. Management and staff described the underlying principles of open disclosure, and documented complaints and the Continuous Improvement Plan showed appropriate action was taken using open disclosure to acknowledge the concern, apologise, and resolving the issue whilst keeping consumers and representatives regularly involved. The service had written policies and procedures to guide staff in complaints management and use of open disclosure.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Most consumers and representatives expressed overall satisfaction with the number of staff and/or the speed at which call bells were responded to. Two representatives expressed the view that there were not enough staff in the Memory Support Unit however, they could not identify any adverse impacts and said they not raised this with management previously. Management described how the workforce was planned to address the needs of consumers with effective strategies to manage unplanned leave and recruit staff to meet legislative requirements. Staff interviewed expressed satisfaction with the service’s workforce strategy and confirmed staffing levels were adequate. Records showed that call bell response times were monitored regularly to investigate any outliers to the expected response time. Staff responded to call bells in a timely manner and did not appear to be rushed when delivering care to consumers.

Consumers said staff were kind, caring and always gentle when providing care and services. Staff said they are kind and caring to consumers and always treat them with respect. Staff were always observed interacting with consumers in a positive, caring, and respectful manner. The service had various policies, procedures, and guidelines to guide staff practice and behaviour.

Consumers and representatives said staff were competent and performed their duties effectively. Management described how they determined if staff were competent and had the necessary qualifications and knowledge during the recruitment process. Staff could describe their responsibilities, and the competencies and qualifications set out in their documented position descriptions. Records showed workforce security and registration checks were completed.

Consumers and representatives said staff were well trained and had the knowledge and skills to meet their care needs. Management described how they supported and trained staff to ensure they could perform their roles in line with the Quality Standards. Staff said the service provided the training and support to deliver quality care.

Management described how the performance of staff was monitored and reviewed through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management. Staff said they were supported by management through regular performance reviews and provided with opportunities for improvement. Documents confirmed staff performance was regularly monitored and reviewed in line with the service’s policy.

# Standard 8

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(e) was Not Met. The service had a clinical governance framework which included antimicrobial stewardship, minimising restraint and open disclosure however, the Site Audit found gaps in relation to the identification of consumers subject to chemical and environmental restrictive practices. Evidence brought forward included:

* Management and staff detailed how policies and procedures around open disclosure, antimicrobial stewardship and restrictive practices were applied in the delivery of care and services.
* Management described how the clinical governance committee and the medical advisory committee (MAC) promote clinical practices in line with best practice.
* The Site Audit found gaps in relation to the assessment of consumers subject to environmental restrictive practices due to the doors being secured at night. Four consumers prescribed psychotropic medication did not have clear diagnosis or indications for use recorded on the service’s psychotropic register.

The provider’s response received 26 March 2024, disputed the finding and provided additional clarifying information and evidence in relation to the assessment and management of restrictive practices.

I have further considered issues related to the assessment and application of restrictive practices under Requirement 2(3)(a) and Requirement 3(3)(a). I note the provider’s additional information and evidence in relation to the assessment and management of restrictive practices. I am satisfied the service has a clinical governance framework which addresses antimicrobial stewardship, minimising the use of restraint, and the use of open disclosure. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(e) Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives said they were invited to provide feedback on the operations of the service and constantly evaluate the care and services provided. Management described a variety of mechanisms in place to ensure consumers and representatives provided input into their care and services. Documents confirmed consumers were involved in the design and delivery of care and services.

Management described the organisational and governance structures which ensured the delivery of quality care and services, in line with the Quality Standards. Documents showed the Board was kept informed and was accountable for the culture and performance of the service and the delivery of quality inclusive care.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management described how they monitored the governance systems to ensure they were effective in supporting compliance with the Quality Standards.

The service demonstrated effective risk management systems were in place for managing high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Management explained how these systems were applied and assessed for effectiveness. Staff had received training and displayed knowledge of their role in risk management and responding to incidents.

The organisation had a clear clinical governance framework in place including policies, procedures, and training requirements across a range of areas including antimicrobial stewardship, restrictive practices and open disclosure. Management and staff demonstrated a practical knowledge of their roles within the clinical governance framework including their reporting requirements.

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