Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Estia Health Twin Waters | 15 August 2022 |
| Commission ID: | Activity type: |
| 5814 | Site audit |
| Approved provider: | Activity date: |
| Estia Investments Pty Ltd | 8 June 2022 to 10 June 2022 |

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

**This performance report**

This performance report for Estia Health Twin Waters (**the service**) has been considered by Alice Redden, 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; 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 6 July 2022.
* 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 | 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 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 3(3)(a) – The service ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.
* Requirement 6(3)(a) – The service ensures consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Requirement 6(3)(c) – The service ensures appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Requirement 7(3)(a) – The service ensures 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 ensures there are effective organisation wide governance systems relating to the following:
  + regulatory compliance;
  + feedback and complaints.

**Standard 1**

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

**Findings**

Most consumers said staff are kind, treat consumers with dignity and respect their choices and independence. They confirmed staff support them with multilingual information, to attend religious services and celebrate significant days. Staff said they ensure dignity and respect by getting to know consumer preferences. Observations confirmed staff are courteous and respectful toward consumers.

Consumers said they are supported to take risks they want to take to enhance their quality of life. Documentation review demonstrated consumers are supported to understand risks and identify appropriate management strategies.

Consumers and representatives said the service informs them of daily activities and menus, including in languages other than English. Staff described how they convey information to consumers with communication barriers.

Consumers said most staff uphold consumer privacy. Staff said they protect consumer privacy during care and when discussing consumer care. Consumers’ personal information was observed to be securely stored.

**Standard 2**

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

**Findings**

Care planning commences on admission and is informed by the outcomes of assessments. Consumers and representatives provided mixed feedback about involvement in planning processes, however, staff and care plans indicated partnership with consumers, representatives and others. Reviewed care plans evidenced end of life planning and documented consumers’ risks, needs, goals and preferences. Staff described how end of life discussions are managed.

Care plans documented the outcomes of assessment and were available to staff where services are delivered. Consumers said staff explain their care and while some were not aware they could request their care plan, they stated there hasn’t been a need to see the care plan. Staff outlined how changes in care requirements are communicated through handovers, progress notes and alerts. The service reviews care and services following incidents and changes in consumer condition.

**Standard 3**

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

**Findings**

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

The Site Audit Report brought forward several staff, consumer and representative feedback indicating delays in personal care resulting in poor outcomes to consumers. The Approved Provider responded on 6 July 2022 and included clarifying information and clinical record extracts. Relevant examples supporting non-compliance throughout the report, included:

* Two consumers who reported waiting for assistance, with one reporting showers are normally very rushed and stressful as a result. The Approved Provider’s response argued one of the consumers is independent in most care needs while the other consumer has since informed the service they are satisfied with their care. However, I have placed weight on the direct interview evidence provided to the Assessment Team and as a result, consider the two examples reflects personal care that does not optimise well-being.
* Two consumers said they wait for personal care and at times will complete tasks of daily living independently as a result. The written response did not directly address this evidence, so I find the examples reflect personal care that is not delivered in a timely manner, resulting in safety risks to consumers.
* A consumer reported they do not receive a shower on days when staff cannot assist them by their preferred time. The response noted the consumer had not previously complained, however this does not displace the consumer’s direct interview evidence and I am satisfied the example reflects personal care that does not optimise well-being.
* A representative reported staff do not communicate per care plan instructions with their relative and as a result, the consumer is disengaging. The response argued the consumer themselves had not complained about this, however, I am not persuaded by that argument as at issue is the consumer’s capacity to communicate. I find the example reflects personal care that is not tailored and does not optimise well-being
* The same representative said their relative had been told to use their continence aid when staff are too busy to provide support, which the consumer found distressing. The response provided further context about management of the consumer’s continence and noted that staff were not able to predict when the consumer would require the use of the bathroom after administration of aperients. I am not persuaded by the argument, as the consumer is able to identify when they need assistance and request it. I am satisfied the example reflects personal care that does not optimise wellbeing, causing consumer distress.
* The same representative raised concerns about lengthy delays in accessing a dermatologist to review a lesion. The Approved Provider argued they approached the representative to arrange an external dermatologist, however, did not include evidence to demonstrate the service followed up the initial enquiry for several months, or evidence of steps taken to monitor the lesion in that time. Consequently, I find the example reflects ineffective care.
* Staff confirmed frequent shortages of carers, with nurses diverted from non-urgent clinical tasks to support care staff. Most staff said this adds to their workload and stress, and conditions are ‘very hard’ most days. They expressed concerns that consumers were negatively impacted by the delays. The response noted the service takes a planned approach to rostering and workforce management but acknowledged there are sometimes unfilled shifts resulting from unplanned leave. The response argued that consumer outcomes are monitored daily and incidents investigated. While I acknowledge the efforts taken to address workforce pressures and the steps taken to monitor its impact on consumers, I find the staff interview evidence of shortages in care staff reflects non-compliance, as it corroborates consumer evidence that personal care is at times delayed, not tailored to need or optimising health and wellbeing.
* The Assessment Team observed signage urging staff to stop leaving consumers laying in wet bed sheets and instead change sheets when they changed continence aids. In their response, the Approved Provider argued management and registered staff had no knowledge of the sign. However, I prefer the direct observations of the Assessment Team and find the example reflects personal care that is not tailored and fails to optimise health and well-being.
* The Assessment Team observed a staff member attempting to use an underarm ‘hook’ lift to move a consumer up in the bed, which caused the consumer to call out in pain. The response disputed the observations and argued the consumer had been vocalising in their normal manner. I am not persuaded by this argument, however, as there was no evidence provided to support it, the care plan specified use of a slide sheet for bed mobility and because of the recognised risks in use of ‘hook’ lifts in general, I am satisfied this example demonstrates personal care that is not safe.
* The Site Audit Report reflected the service’s management of restrictive practices was not aligned with best practice. I have considered the Approved Provider’s written response in relation to restrictive practice information and consider the deficits do not reflect non-compliance in this requirement, as they amounted to documentation gaps which had no identified impact to any consumer. I have further considered these deficits under requirement 8(3)(c).
* I find the consumer, representative and staff interview evidence, and the direct observations of the Assessment Team outlined above, demonstrate that personal care of consumers is not always effective, safe, tailored and optimising of health and well-being, resulting in consumer distress as a result.
* Therefore, I find requirement 3(3)(a) is non-compliant.
* I am satisfied the remaining six requirements of Quality Standard 3 are compliant.
* Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified and interventions to minimise and manage these risks were documented. Staff understood key risks and how they are managed for specified consumers.

Care plans documented the needs, goals and preferences of consumers as outlined in advanced care plans. Staff outlined how care delivery changes when a consumer enters the palliative phase.

Care documentation showed the service uses validated tools to identify and respond to changes and deterioration in consumer condition. Staff described how they respond, describing escalation pathways to clinical staff and/or medical officers.

Care planning documentation and consumer files were readily accessed via the service’s electronic clinical management system. Care plans had adequate information about consumer needs, goals and preferences to support collaborative and consistent care. Information about changes in care, needs or condition are communicated via handovers and electronic alerts.

Care documentation showed the service generally makes appropriate and timely referrals to external services and professionals and their input is documented in care plans. Most consumers confirmed they have access to the medical officers and allied health professionals they need. Staff described the referrals process and how information is shared with external services.

Staff demonstrated understanding of antimicrobial stewardship and infection prevention and minimisation principles, which was consistent with the Assessment Team’s observations.

**Standard 4**

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

**Findings**

Consumers were happy with the activities and supports for daily living provided by the service and said the service organises meaningful and engaging activities. Staff described lifestyle activities catering to different functional abilities and confirmed consumers have input to the lifestyle program.

Consumers said they generally turn to family for emotional support and confirmed they have access to religious supports and a visiting psychologist. Care plans documented consumers’ religious requirements and staff outlined religious supports in place, including visiting ministers.

Consumers confirmed they are supported to pursue their interests, to socialise within the service and maintain connections outside the service. Staff outlined roles taken on by some consumers and described friendships between consumers.

Consumers and representatives said staff know them and their preferences. Care plans contained information needed to deliver safe and effective supports for daily living. Staff confirmed they are informed of changes or updates to care and services, including through shift handovers.

Consumers and representatives confirmed the involvement of external services and a volunteer program in the provision of lifestyle supports. Staff confirmed volunteer entertainers, a visiting psychologist and a chaplain are engaged.

Overall, consumers were content with the quality, quantity and variety of the meals provided at the service. Care plans contained dietary preferences. The service chef confirmed consumers provide input to the menus through a food focus group and through direct feedback.

Equipment used to support consumers’ lifestyle was observed to be clean, well-maintained and suitable. Staff and consumers confirmed equipment needed is available to them and kept clean and in good working order.

**Standard 5**

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

**Findings**

Consumers and representatives said the service is comfortable and an enjoyable place to live. Management outlined features of the service which promote independence and consumer function. Observations showed a spacious and welcoming service, with good light, high ceilings and communal areas to promote consumer interaction.

Wide corridors support consumer independence and mobility and consumers were observed using indoor and outdoor communal areas. Consumers mostly feel safe at the service and confirmed they can move about freely. However, it was identified that Memory Support Unit consumers required staff assistance to access their dedicated courtyard. The service has a preventative and corrective maintenance system. There is no electronic call bell tracking system in place.

Consumers and representatives said equipment and furniture are generally well-maintained. Consumers were observed using mobility aids suited to their needs and furniture, fittings, lifting equipment, kitchen and dining room equipment were observed to be safe, clean and well-maintained. **Standard 6**

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

**Findings**

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Regarding requirement 6(3)(a), relevant (summarised) evidence put forth by the Assessment Team included:

* A consumer who reported trying to raise a concern with staff said they were directed to management rather than supported to make a complaint. While the written response confirmed the consumer managed to raise a complaint, it did not demonstrate they were supported to do so. As a result, I am satisfied the example reflects non-compliance.
* Three consumers said they were fearful raising complaints would result in retaliation, with one stating when they had done so in the past they ‘got in trouble.’ Two others said they were fearful of retaliation. In the written response, the Approved Provider called the comments ‘unusual’ and said there was no basis for the remarks. I have given considerable weight to these consumers’ evidence provided to the Assessment Team and am satisfied it shows consumers feel unsupported and concerned about raising complaints.
* Staff interviews returned mixed feedback. Only some staff could describe complaint avenues and the process to follow when concerns were raised directly with them. The written response did not directly address this evidence. As a result, I am satisfied it reflects non-compliance.

Although the service informs consumers and staff about how to make complaints, this does not displace the poor consumer and staff interview evidence. Consequently, I am satisfied requirement 6(3)(a) is non-compliant.

Regarding requirement 6(3)(c), relevant (summarised) evidence included:

* While some interviewed staff were not able to recall open disclosure training, it was noted elsewhere in the report that the training is provided. I have not considered this evidence in determining my decision of compliance with this requirement.
* Two representatives reported making repeated complaints about personal and clinical care to management over previous years, which were not resolved. Steps had been taken by new management recently, however, resolution was achieved prior to Site Audit. A third representative was concerned it took the service several months to resolve a complaint about a consumer who was vocalising and disturbing their relative.
* In their written response, the Approved Provider described steps they had taken to manage one of the consumers’ mobility and physiotherapy needs, to refer them to a dermatologist and evidence the consumer had been reviewed by a speech pathologist prior to Site Audit. However, the evidence did not demonstrate the complaints were properly acknowledged, documented and specifically addressed by any of the actions described. No evidence of relevant complaint logs or progress notes were provided to show the complaints were documented and monitored to closure.
* Regarding the second representative complaint, the response confirmed previous management did not document consumer names in the complaints and feedback log, so they were unable to provide evidence the complaints had been documented and monitored through to closure.
* In relation to the third representative’s complaint, I accept the Approved Provider needed time to resolve the matter. However, the written response did not evidence the service acknowledged the complaint, or the steps taken to communicate with the complainant while the matter was being resolved. The response also confirmed complaints are documented in multiple locations and complaints from ‘conversational emails’ are not recorded in the complaints log.
* Overall, I find no evidence to show resolution and appropriate communication with all three complainants, which would be available if an effective complaint handling system were in place. I am satisfied the examples demonstrate appropriate action is not always taken in response to complaints.
* Staff did not know of any steps taken in response to complaints that had been made and staff meetings do not address complaints. The written response argued staff had been advised of complaints regarding call bell response times at a recent staff meeting, however evidence provided did not clearly prove this. As a result, I am satisfied the example reflects non-compliance.

For the reasons outlined above, I am satisfied the evidence shows requirement 6(3)(c) is non-compliant.

The Assessment Team recommended the following requirement as not met:

* Feedback and complaints are reviewed and used to improve the quality of care and services.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

The Site Audit Report brought forward information relating to staff being unaware of any changes because of consumer complaints and inconsistent recording of complaints. I have considered this evidence under requirement 6(3)(c). I accept that while staff may not be consistently informed of service level changes that occur following complaints, this does not show changes do not occur. The Approved Provider’s response contained specific examples of improvement efforts arising from consumer feedback. The remaining relevant evidence put forth by the Assessment Team was overturned by the response. As a result, I find requirement 6(3)(d) is compliant.

Regarding the remaining requirement, consumers confirmed they were familiar with internal and external complaints mechanisms and other avenues for making complaints. Staff generally understood the complaints handling system and knew how to access interpreters and advocacy services.

**Standard 7**

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

**Findings**

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

Regarding requirement 7(3)(a), the Assessment Team relied on consumer evidence previously considered in Standard 3. Other evidence which was relevant and not successfully refuted by the Approved Provider’s response is outlined below.

The Assessment Team presented interview evidence that consumers feel the service is short staffed. Some consumers had experienced poor outcomes as a result, including having long wait times, which one consumer found ‘distressing’ and ‘frustrating’. Another consumer said they had received one staff assistance when they require two staff assist. The same consumer and one other described independently completing tasks of daily living they are assessed as requiring assistance for. Another consumer said they forgo showers in the mornings when staff cannot support them at their preferred time and noted there was very short-staffing during lockdown periods. Consumers said staff are rushed and some were concerned about safety risks as a result. Some raised concerns about high staff turnover at the service. Two representatives said staff are too busy, have no time to attend to all requirements of their role and some days there are insufficient staff to meet consumers’ needs.

In their response, the Approved Provider took issue with most consumer and representative evidence, however I was not persuaded by their arguments or clarifications on behalf of consumers. I have placed greater weight on the direct accounts provided by consumers to the Assessment Team, and I consider the above examples reflect non-compliance with requirement 7(3)(a).

Representatives also raised concerns about short-staffing at the service resulting in poor consumer outcomes. One said they were informed that clinical incidents involving their family member, including falls owing to lacking supervision, were the result of staff shortages. In their response, the provider argued they had speculated this may have been the cause, but stated the subsequent investigation confirmed this was not the case. However, the response did not provide evidence of this investigation outcome and as a result, I find the representative’s interview evidence holds more weight. Consequently, I find the above example reflects non-compliance with requirement 7(3)(a).

Clinical staff stated they are often short staffed and there are not enough care personnel to meet daily care needs. Overall, staff said that preferences for personal care and showering were not able to be met during lockdowns and this continues to be an issue. Staff confirmed they do their best to respond to call bells promptly, particularly where a consumer has a known high falls risk, however, where there is not a known high falls risk, they can take longer to respond. The response did not successfully refute this evidence and consequently, I consider it reflects non-compliance with requirement 7(3)(a).

The Assessment Team also noted a recent consumer experience survey, where 37% of consumers suggested ‘more staff’ are needed at the service. In their response, the Approved Provider noted efforts are under way to improve this result. However, as the survey was taken shortly prior to Site Audit and given the response confirms efforts are still being made to recruit new staff, I find the example reflects non-compliance.

In their response, the Approved Provider also confirmed base roster shifts in the week prior to the audit were not always filled, but stated staff were deployed from other areas to meet consumer need. The response noted there were no identified incidents, near misses or examples of ineffective or unsafe care identified by the Assessment Team because of staffing numbers or mix. The response contended the service has a planned approach to rostering and workforce planning, confirmed recruitment efforts are ongoing, agency staff are used, and call bell studies indicate response times are generally less than 10 minutes. While this response was persuasive, I have given more weight to the consumer, representative and staff interview evidence outlined here and in relation to requirement 3(3)(a). I find there is sufficient evidence to indicate the mix of staff actually deployed, particularly care staff, does not enable the delivery of quality personal care and services. Consequently, I find requirement 7(3)(a) is non-compliant.

The Assessment Team recommended the following requirements as not met:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for these requirements.

Regarding requirement 7(3)(d), relevant evidence included one consumer saying that new and agency staff do not know them, so they have to repeat their preferences. The Assessment Team also relied on completion reports which showed numerous Quality Standards-linked training modules had not been completed by all staff. The written response conceded that not all staff had completed relevant training but noted they were not all overdue, as annual training is linked to commencement anniversaries. They also outlined a suite of other training that had been provided and completed by most staff. Finally, the response noted consumer and residents were satisfied with the competence and training of staff. I am persuaded by the response and consider staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards. Therefore, I find requirement 7(3)(d) is compliant.

Regarding requirement 7(3)(e), relevant evidence included several interviewed staff who said they had not received appraisals, and management evidence that appraisals were significantly behind schedule and had not generally been performed. In their written response, the Approved Provider clarified management’s advice and stated that their performance review process is not due until October 2022. I acknowledge their clarifications and find there is insufficient evidence to prove performance appraisals for the current year are overdue. I also note evidence that the service monitors staff performance in other ways, that there were no concerns raised regarding training and few concerns regarding competence of staff. I am satisfied there are mechanisms in place to monitor and review staff’s performance and the service have identified steps prior to the Site Audit to complete appraisals on time in 2022. Consequently, I am satisfied requirement 7(3)(e) is compliant.

Regarding the remaining requirements, consumers considered staff at the service are kind, caring and do their best by consumers, despite staffing shortages. Most staff knew sampled consumers’ needs and preferences, as described in their care plans. Management confirmed staff interactions with consumers are monitored and interactions observed by the Assessment Team were respectful and appropriate.

Consumers considered staff ‘know what they are doing’ and are competent in their roles, except for new staff. Management outlined the recruitment processes and documents that set out minimum qualifications and registrations required and confirmed systems are in place to monitor worker screening checks, registrations and vaccinations. Staff generally have relevant mandatory trainings and competencies which must be completed on commencement and annually. **Standard 8**

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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**

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

Regarding requirement 8(3)(c), the Assessment Team found the organisational governance systems regulating information management, workforce governance, regulatory compliance and feedback and complaints were not embedded and operating effectively at the service level.

I disagreed with the Assessment Team and find there is insufficient evidence to show information management governance systems are ineffective. The Site Audit Report also identified deficits in sufficiency of the workforce to provide safe and effective care to consumers. I have considered these deficits under requirement 7(3)(a). However, I do not consider these deficits as demonstrating ineffective workforce governance systems.

The Assessment Team presented evidence in requirement 3(3)(a) concerning repeated inconsistencies and gaps in restrictive practices documentation. While I found this did not equate to deficits in actual care and services delivered, I am satisfied oversight of regulatory compliance documentation either did not identify the deficits or did not address them prior to the Site Audit. Moreover, evidence presented in other parts of the report indicated the service did not demonstrate the service Infection Prevention and Control (IPC) Lead had completed required training. The Approved Provider’s written response did not address this. As a result, I find the governance of regulatory compliance matters is not effective.

Lastly, I find complaints and feedback handling at the service is ineffective. The response did not acknowledge any deficits or identify any opportunities for improvement in this area, despite multiple consumers feeling reluctant to raise complaints. I am satisfied the feedback and complaints governance system did not identify this or did and failed to address it.

Some of the organisation’s governance systems were not operating effectively during the Site Audit to pre-emptively identify and address deficiencies, specifically in relation to regulatory compliance and feedback and complaints. Consequently, I find requirement 8(3)(c) is non-compliant.

The Assessment Team recommended the following requirement as not met:

* Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement.

Some examples brought forward in the Site Audit report were not relevant to the requirement, while others were disproven by the Approved Provider’s response. Examples provided by anonymous interviewees was not considered. Consumer and representative interview evidence indicated dissatisfaction with how the service is run overall, and how the service facilitates consumer participation. However, no specific evidence was included to corroborate interviewee’s statements. Overall, the report and written response showed opportunities for engagement in development, delivery and evaluation of care and services are provided through case conferences, meetings, feedback forms, complaints and direct conversation. As a result, I find the service is compliant with requirement 8(3)(a).

Regarding the remaining requirements, the organisation’s governing body promotes a culture of safe, inclusive, quality care and services through weekly provision of information to the service about regulatory changes, projects and challenges. The governing body satisfies itself the Quality Standards are being met through the reporting structure, monthly clinical governance updates, quality reports, summaries of complaints, outbreaks and survey reports.

The service has a documented risk management framework, with policies concerning high impact and high prevalence risks, the identification of abuse and neglect, consumer quality of life and incident management. Staff understood the incident management system and the service has an effective process for identifying and responding to risks, using validated tools and risk management strategies.

The service has a clinical governance framework with policies governing antimicrobial stewardship, minimising use of restraint and open disclosure. Staff and management understood the relevance of those policies and concepts.

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)