Performance

Report

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| Name of service: | Estia Health Victoria Heights |
| Service address: | 41-47 Victoria Street IRONBARK VIC 3550 |
| Commission ID: | 4061 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 25 November 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 Victoria Heights (**the service**) has been prepared by G.Hope-Simpson, 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 11 November 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 | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

* Requirement 3(3)(a): The service ensures sufficient staff are deployed to ensure toileting and continence care is attended to in a timely manner; pressure injuries are identified, and wound care and charting is consistently completed in a timely manner.
* Requirement 7(3)(a): The service ensures the number and mix of care staff deployed enables the delivery and management of safe and quality care and services.

# 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

Consumers said they were treated with dignity and respect, staff knew and valued their cultural backgrounds and encouraged their diversity. Staff described how they respect consumers, including by knowing sensitive conversation topics and embracing consumers' identities and cultures. Care planning documents included information on consumers' identity, backgrounds, preferred names and topics to avoid. One consumer however, expressed concerns staff were addressing them by an incorrect name. Management gave an immediate undertaking to address the matter.

Care planning documents identified the service collaborated with consumers and representatives to identify and record their cultural preferences and the cultural activities each consumer wanted to maintain.

Consumers said they were supported to exercise choice and independence regarding who was involved in their care and how services were delivered. Consumer also said they were encouraged to make and maintain relationships. The service supported married consumers to maintain their relationship by sharing rooms and spending time together. Consumers were observed engaging with family members and other consumers during the Site Audit.

The service supported consumers to take risks to live their best lives. Staff were aware of the consumers who took risks and supported their rights to do so. Risk assessments were conducted in consultation with the consumer and documented in care plans. Dignity of risk forms, policies and procedures were in place to support risk management and informed decision-making.

Consumers said they were provided with timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how information was provided to consumers. Menus, activity calendars and notices, in large print, were displayed throughout the service.

Consumers reported their privacy and confidentiality was respected and described staff practices such as knocking on doors prior to entry. Staff were observed closing doors when providing care. Consumers’ confidential information was stored securely.

# 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

Assessment and planning considered risks to consumers’ health and well-being. Care planning documents identified a comprehensive assessment and care planning process which considered risks, and strategies to reduce or eliminate them.

Consumers and most representatives said they were consulted in relation to the needs, goals and preferences of the consumers’ care and staff had spoken to them about advance care and end of life planning. Care planning documents detailed the needs, goals, and preferences, including advance care planning and of end of life care wishes, of sampled consumers.

Care planning documents reflected involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and most representatives confirmed assessments and planning is based on partnership with them and included others they had chosen to be involved in consumer care. Staff described the process for referral to allied health professionals.

Outcomes of assessment and planning were communicated to consumers and representatives and documented in care plans. Progress notes showed staff updated representatives on care outcomes. Most representatives confirmed the service communicated with them about the outcomes of assessment and planning, though one representative considered the service fell short in that regard. Documentation showed the service had made attempts to communicate with the consumers’ family and steps were taken during the audit to rectify the concerns.

Care planning documents evidenced care and services were reviewed for effectiveness every 3 months and when circumstances changed or when incidents impacted the needs, goals, and preferences of consumers.

# 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

The Assessment Team recommended the following requirement was not met:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being.

To support the ‘not met’ recommendation, the team brought forward mixed feedback from representatives and staff regarding personal care. Specifically, two representatives of one consumer raised concerns regarding incontinence and insufficient staff to attend to the consumer’s continence aids in a timely manner. The team also relied on concerns initially brought to the Commission’s attention through two complaints process in 2021, regarding consumers in general, and one named consumer, who were reportedly left in wet continence aids as staff did not check them frequently enough. The site audit report also brought forward interview evidence from care staff who said they try to prioritise personal and continence care when shifts were short staffed but, on those occasions, were not able to attend to consumers’ continence and personal care in a timely manner. Regarding wound care, the Assessment Team also brought forward the example of a second consumer with a chronic wound, whose wound charting indicated it had not be attended to on several days during the month prior to site audit. Management feedback during the audit characterised this as a documentation error. Finally, elsewhere in the audit report, the Assessment Team cited documentary evidence of a third consumer who had a pressure injury to their scarum, which was not identified until it had progressed to stage 2.

Other evidence was brought forward to support the ‘not met’ recommendation, however those examples were either not relevant, or were successfully refuted by the Approved Provider’s response. I have not relied on that evidence in reaching my finding of non-compliance for Requirement 3(3)(a).

In their response of 11 November 2022, the provider disputed the Assessment’s Teams recommendations and provided additional context and supporting evidence to refute several of the team’s examples. Other examples, which were not overturned by the response, are outlined as follows.

The response outlined clinical evidence, including ongoing monitoring of consumers’ clinical needs and making of referrals, which they considered positively demonstrated the service provides safe and effective care. While I do not dispute this evidence, it did not effectively demonstrate that effective personal care, particularly continence care, was consistently provided.

Regarding the first named consumer whose representatives held concerns about incontinence, the response emphasized favourable evidence in the audit report, including that a referral to a continence specialist and alternative continence aids had been arranged prior to site audit. It included evidence to show the consumer had other medical conditions, a newly developing medical condition and behaviors which contributed to the incontinence. Lastly, it included evidence to show other aspects of the consumer’s clinical care were effective. While I acknowledge the response and the evidence it contained, it did not include evidence to show that the consumer’s toileting and continence care needs were consistently attended to in line with their continence care plan and toileting schedule. Therefore, on balance, I find the example demonstrates non-compliance.

Regarding the complaints from 2021, about consumers left in wet continence aids for extended periods, the provider’s response noted one complaint lacked information about a specific consumer, and for the consumer subject of the second complaint, the service had subsequently arranged a continence re-assessment. The response also noted the Commission had taken no further action in relation to either complaint. While I acknowledge the provider’s position, I find the complaints, when considered alongside the first named consumer’s example, reflects an ongoing trend of concerns about the effectiveness of continence care at the service, which is a relevant consideration for performance and re-accreditation purposes.

Regarding the consumer whose wound charts indicated several missed dressings, the response stated the dressings had occurred, but provided no evidence of this. It also provided evidence a wound consultant had reviewed the chronic wound after the issue was identified through an internal audit. While I accept the service had identified the deficit prior to site audit, the response did not contain sufficient evidence to demonstrate the chronic wound had been attended to in line with the consumer’s assessed needs. The failure to consistently complete wound charts creates risk to consumer well-being as it impedes review of wound status and healing.

Regarding the third consumer’s care planning documentation which showed they had a pressure injury that was not diagnosed until it reached stage 2, the Approved Provider’s response did not acknowledge or address this example, which was presented elsewhere in the report. I have taken this example into consideration in finding non-compliance with Requirement 3(3)(a).

Regarding care staff evidence they are not able to attend to personal and continence care when shifts are short-staffed, the provider disagreed with care staff feedback that there were staff shortages and argued that if there were, the service’s clinical indicator data would reflect it. Other evidence relating to staffing is considered in Requirement 7(3)(a). While I acknowledge the provider’s position, I do not consider it wholly displaces care staff’s direct interview evidence that they cannot, at times, attend to continence care of consumers. While clinical data may not reflect increased urinary tract infections or dermatitis, I am satisfied that when considered together, the representative interview evidence, previous complaints about continence care and staff interview evidence, on balance, reflects that continence care at the service was not consistently effective during the period of accreditation. Therefore, I find Requirement 3(3)(a) is Non-compliant.

Regarding the remaining requirements, care planning documents identified high impact and high prevalence risks were adequately managed. Staff were aware of their responsibilities in managing risks and described mitigation strategies used. Most consumers and their representatives considered staff managed risks effectively.

Most consumers and representatives said they had discussed advanced care planning and end of life needs. Staff described the way care delivery changed for consumers nearing end of life and ways to maximise a consumer’s comfort. Care planning documents showed recently deceased consumers had received appropriate pain management, monitoring and comfort care throughout their palliation periods and had received care in line their advanced care directives.

Consumers and representatives expressed confidence that changes in consumer care needs would be identified and addressed. Care planning documents showed identification of, response to, deterioration or changes in consumers’ conditions and health status.

Information about consumers’ conditions, needs and preferences was documented and effectively communicated with those involved in the care of the consumers. Staff confirmed changes in consumer care and needs were communicated through handovers, meetings, care plans, task reports and electronic notifications. Care planning documents provided adequate information to support effective and safe consumer care.

Care plans documented involvement of external medical officers and allied health professionals. Staff described the process for referring consumers to other health professionals, guided by organisational procedures for internal and external referrals.

Consumers and representatives were satisfied with infection control practices, and staff confirmed they had received training on infection minimisation strategies, personal protective equipment use and outbreak management processes. The service had policies and procedures on antimicrobial stewardship and infection control, which guided staff practice.

# 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

Consumers and representatives said they were supported to participate in activities they like and were provided with appropriate supports to optimise their independence and quality of life. Staff outlined how consumer needs, and preferences were identified on entry to the service and used to inform care and support for daily living. Observations showed consumers engaged in various group activities, tailored to meet varying levels of function.

Consumers said their emotional, spiritual, and psychological well-being were supported. Staff provided examples of how they identified a change in a consumer’s mood or emotions, and how they supported consumers to engage with their families during the COVID‑19 lockdowns.

Consumers and representatives said they were supported to stay connected with people that were important to them and confirmed they participated in activities within and outside the service. Staff said consumers were supported to enjoy social leave with family and friends at times of their choosing, and outlined steps taken by clinical staff to ensure consumers could safely spend time with family members outside the service.

Consumers and representatives felt information regarding consumer’s daily living choices and preferences were effectively communicated between all members of the workforce. Care planning documents provided adequate information on consumer’s condition, needs and preferences and staff described the ways in which they accessed this information.

Care planning documents identified that consumers received care from a variety of lifestyle and allied health services including but not limited to volunteer services, audiology, optometry, and pastoral care. Staff explained the process of referring consumers to relevant services and were guided by policies and procedures for the referral process.

Consumers and representatives considered meals to be of suitable quality and quantity. Dietary needs and preferences were reflected in care planning documents and hospitality staff confirmed menus changed between seasons and consumers and representatives provided feedback and made suggestions to inform the menu.

Consumers said the equipment they used was safe, clean, well-maintained and suitable for their needs. Staff said they had access to equipment, and they were adequately trained to use it. Maintenance staff said they attended to regular equipment audits to ensure equipment used for personal care was 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

Consumers said they had the opportunity to furnish their room and surroundings with personal items which made the service feel like home. Representatives said they were welcomed and utilised common areas to spend time with their loved ones. Staff said although the service was their workplace, it was the consumers’ home. The Assessment Team observed handrailed internal corridors and clear, safe outdoor pathways with adequate shelter and shaded areas, to support consumer comfort, independence and function.

Overall, consumers said the service environment was safe, clean, comfortable, and well maintained. Consumers were able to move around freely both indoors and outdoors, with staff assistance when required. Staff confirmed they assisted consumers to access all areas of the service.

Consumers generally confirmed the equipment they used was tailored to their needs, was not shared with other consumers, and was maintained and cleaned by the service. The Assessment Team observed equipment used for personal care was functional, maintained, cleaned, and stored appropriately.

# Standard 6

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

Findings

The Assessment Team recommended the following requirement was not met:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I have considered the evidence documented in the Site Audit Report and the Approved Provider’s response, however I have disagreed with the Assessment Team, instead finding the service is compliant with the Requirement.

The site audit report brought forward mixed feedback from some consumers, representatives, and staff regarding the lack of timely appropriate action undertaken by the service in response to their concerns. Although some consumers were satisfied that management was responsive to any matters they raised, and staff demonstrated an understanding of the underlying principles of open disclosure, some evidence brought forward by the Assessment Team indicated the service was not taking appropriate action in response to complaints. Examples given included: one staff member’s feedback form from March 2022 that was found in a drop box, a care staff member raising concerns with management about lack of staffing, and two consumers’ representatives who expressed concerns regarding poor incontinence management and hygiene care, respectively. The report also brought forward evidence that feedback forms had been moved out of reach of consumers, and some written and verbal feedback from three consumers/ representatives that they were not confident complaints would be addressed by management.

In their response of 11 November 2022, the Approved Provider disputed the Assessment’s Teams recommendations and provided additional information that demonstrated appropriate action was undertaken in response to the feedback and complaints outlined above. Further context was also provided, to show feedback forms had remained available to consumer.

Regarding the named consumer whose representative had concerns relating to poor incontinence management, the actions undertaken by the service have been outlined previously in Requirement 3(3)(a) and showed the service had taken steps to address the representative’s concerns and commentary from the Site Audit report identified the representative felt the service acknowledged concerns. Regarding the second representative’s concerns about a consumer’s hygiene and grooming, the response contained evidence the service attempted to communicate with the representative and addressed the concerns within the limits of the consumer’s consent. As there was evidence to show the service attempted to address concerns, I find the examples do not reflect non-compliance.

Regarding the staff member feedback form from March 2022, the provider noted the feedback form was inadvertently stuck in the drop box, the matter was not a complaint and the suggestion had been actioned prior to site audit. I acknowledge this aspect of the response and consider the example does not reflect non-compliance.

Regarding the staff member who raised concerns with management about lack of staff, the provider gave a fuller account of the response given at the time of the complaint. I acknowledge this aspect of the response and consider the example does not reflect non-compliance. Concerning the verbal and written consumer and representative feedback, the response noted these were not evidence of complaints that were not responded to. I am persuaded by this aspect of the provider’s response and consider the examples do not reflect non-compliance.

The response also drew attention to other evidence included in the site audit report which reflected complaints being properly managed and responded to. I was persuaded by this aspect of the response. Additionally, the site audit report did not bring forward sufficient evidence of specific complaints the service had not responded to, and several examples relied on were more relevant to other Requirements. The provider’s response satisfied me that on balance, the service generally took appropriate action in response to complaints and had effective systems in place to support this. Therefore, I find Requirement 6(3)(c) Compliant.

Regarding the remaining requirements, consumers and representatives said they understood how to provide feedback or make a complaint and were comfortable approaching staff directly. The service had processes and systems in place for consumers to raise concerns about their care and services, including weekly consumer surveys and regular consumer meetings.

Most consumers were satisfied they could raise concerns and make complaints, and any matters raised were dealt with appropriately. Although at the time of the audit, language services were not required by anyone in the consumer cohort, the team observed multilingual contact information about language and advocacy services displayed at common meeting points in the service. Staff confirmed they supported consumers to complete feedback on request.

Most interviewed consumers said feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team identified examples of service level improvements made following consumer complaints. Review of the service’s complaint register, and continuous improvement log reflected that feedback, complaints and incidents were recorded, actioned, resolved, and used to inform continuous improvement.

# 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

The Assessment Team recommended the following requirement was not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the provider’s response and find the service non-compliant with this requirement.

The team brought forward mixed feedback from consumers/representatives. Although most consumers and representatives acknowledged staff were good and responsive to their needs and were satisfied with the quality of care and services, representatives of one consumer raised concerns regarding inadequate continence care owing to short staffing, as outlined in Requirement 3(3)(a). The report also cited audit observations of consumers left unattended and sleeping in communal areas for extended periods of time, and a named consumer attempting to self- mobilise repeatedly with no care staff able to be located to assist.

The report also brought forward interview evidence from one clinical staff member and four care staff members concerning inadequate staff numbers to provide safe and effective care. Care staff reported the service had an increasing level of high-dependency consumers requiring 2 and 3 person assists and this had impacted on their ability to complete their duties in the mornings. Staff said personnel numbers in the two weeks prior to audit had been particularly limited and staff were working back-to-back shifts to cover unplanned leave. The ‘not met’ recommendation also relied upon complaints made to the Commission in 2021, which were previously outlined in Requirement 3(3)(a).

The provider’s response of 11 November 2022 disagreed with the Assessment Team’s recommendation and findings. The response included information and some evidence to refute several examples relied on by the team. Those examples have not been considered in reaching my decision. The examples, and elements of the response, which were relevant to my decision are outlined below.

Regarding representative interview evidence that continence care for one named consumer was not adequate, the response was previously described in Requirement 3(3)(a). As outlined, the response did not include evidence of regular continence care and toileting according to the consumer’s assessed needs. I find this example reflects ineffective personal care which, when considered in conjunction with care staff feedback regarding periods of understaffing, reflects non-compliance with Requirement 7(3)(a).

Regarding Assessment Team observations of consumers left unattended and sleeping in communal areas for extended periods, and the consumer repeatedly attempting to self-mobilise without care staff available to assist, the response disagreed with the team’s interpretation of those events and disputed the accuracy of the observations. However, I was not persuaded by the provider’s response and consider the direct observations during the site audit hold more weight. I consider the observations reflect that consumers were at times not attended to by care staff for extended periods and for the named consumer, when assistance was needed to mobilise. When considered together with care staff feedback regarding inadequate staffing, I find the examples demonstrate non-compliance with Requirement 7(3)(a).

Regarding feedback from one clinical staff member and 4 care staff regarding staffing pressures and increasing levels of high-care consumers, the provider’s response disputed the findings, contending that staff had not raised concerns during staff meetings and the number of sampled care staff expressing concern was insufficient to support the ‘not met’ recommendation. I was not persuaded by this aspect of the response, as a majority of interviewed care staff reported concerns to the Assessment Team. The response also disagreed with staff feedback that the service had an increasing number of high-acuity consumers, however evidence provided with the response did not reflect this. I have therefore placed considerable weight on the care staff interview evidence, and find it reflects non-compliance with Requirement 7(3)(a).

The response also noted that clinical indicators do not reflect inadequate staff and the service has not been at full-occupancy, but the roster is developed and filled according to full occupancy. The response contained call bell data, allocation sheets and information about the rostering process to support their position. I have carefully considered this information. I find although it demonstrates the service has a planned approach to rostering, it does not displace the evidence from care staff, who reported working back to back shifts and having inadequate time to attend to increased needs of consumers, particularly when unplanned leave occurred.

Finally, the provider’s response to complaints lodged with the Commission in 2021 have been outlined previously in Requirement 3(3)(a). I was not persuaded by that aspect of the response, and consider the complaints information, when considered alongside care staff interview evidence in particular, reflects that the mix of staff deployed at the service did not consistently enable the delivery of quality care and services.

Regarding the remaining requirements, most consumers and representatives said staff engaged with consumers in a kind and caring manner. Staff engaged with consumers in a respectful manner, mostly addressed consumers by their preferred name, and exercised patience when delivering care and services.

Consumers said staff were competent and had the necessary qualifications and knowledge to perform their roles. Management described how they determined staff were competent and capable in their roles. The service had position descriptions outlining the responsibilities, qualifications, registration, skills and abilities required for each role.

The service had systems and processes to ensure appropriately trained and skilled staff were recruited and supported to deliver quality care and services. Consumers said staff knew what they were doing and were doing their best to work in a timely manner. Staff said they had access to training to support their roles and ongoing development. Training completion was monitored and reviewed, although some gaps in training completion were identified.

The service had performance appraisal processes in place, and while the Assessment Team found most staff annual performance reviews had been completed, some were overdue, owing to a transition to online appraisals. Other methods of performance review were described by management, including direct observation and supervision of staff practice. Sampled staff described how performance appraisals occurred and confirmed they received performance feedback in other ways.

# 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

The organisation had effective systems to engage and support consumers in the development, delivery, and evaluation of care and services. Documentation review and consumer feedback identified examples of consumer input to the design and delivery of care and services.

Consumers and representatives expressed feeling safe at the service and said they lived in an environment with access to quality care and services. The organisation’s ‘Inclusion Policy’ supported consumers’ differences including and not limited to gender, age, language, ethnicity, culture, ability and religion/spirituality. The governing body monitored the service’s performance through reporting, audits, monitoring of feedback and complaints and incident reporting.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Examples of recent expenditure to meet changing consumer need were provided. The Assessment Team reviewed policies and procedures relating to open disclosure, restrictive practice, complaints management, clinical risk management, and clinical governance policy. All reflected the relevant legislative requirements.

The organisational risk management systems were implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated, and reviewed by management at the service level and by the governing body.

The service had a clinical governance framework that included antimicrobial stewardship, minimising use of restraint and open disclosure, though it was noted the antimicrobial stewardship policy was outdated. Staff understood ways to minimise the use of restraints, but some did not understand open disclosure principles.

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)