Performance

Report

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| Name of service: | Fairlea Aged Care @ Rosehill |
| Service address: | 145 Good St ROSEHILL NSW 2142 |
| Commission ID: | 2177 |
| Approved provider: | Trinity Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 5 June 2023 |

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

**This performance report**

This performance report for Fairlea Aged Care @ Rosehill (**the service**) has been prepared by G Cherry, 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 27 May 2023
* Performance Reports dated 2 March 2022 and 2 December 2022

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **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 2(3)(a) – implement an effective assessment and planning process which considers and responds to risks to the consumer’s health and well-being to inform delivery of safe and effective care and services. In particular, risks associated with diabetic management, weight loss, bowel management, swallowing deficits, behaviour and falls management to guide staff in ensuring consumer’s needs are consistently met.
* Requirement 2(3)(e) – Implement an effective system of assessment and review when circumstances change, or incidents occur. In particular following incidents, following a fall, deterioration in swallowing, weight loss.
* Requirement 3(3)(a) – implement effective systems to ensure consumers receive best practice clinical care tailored to their needs and optimising health/well-being. In particular relating to managing unplanned weight loss, diabetes and incident management, bowel management, swallowing deficits, behaviour and falls management to ensure consumer’s needs are consistently met in a timely manner.
* Requirement 3(3)(b) – implement effective systems to ensure identification/timely management of high impact/prevalence risks, particularly in relation to management of swallowing deficits, unplanned weight loss, incident management (including falls), skin integrity/wound management/pressure injury care, diabetes, and continence management.
* Requirement 3(3)(d) – ensure effective systems to identify/respond in a timely manner to deterioration and changes in consumers’ mental health, cognitive or physical condition.
* Requirement 3(3)(f) – ensure effective systems to identify/manage and respond to ensure consumers are consistently referred to appropriate specialists/other providers of care in a timely manner.
* Requirement 3(3)(g) – Implement an effective system to ensure staff practices adhere to appropriate standard and transmission-based precautions, plus appropriate processes minimise risk of infection transfer in relation to Covid-19 practices and visitors to the service.
* Requirement 6(3)(c) – implement an effective system to ensure appropriate action is taken in response to complaints including open disclosure processes when things go wrong. Provide staff training in relation to practices/concept of open disclosure.
* Requirement 8(3)(a) – implement effective systems to advise consumers of support/engagement methods in the development, delivery and evaluation of care and services.
* Requirement 8(3)(b) – ensure organisational governing body promotes and demonstrates accountability of a culture of safe, inclusive, quality care and services.
* Requirement 8(3)(c) – ensure effective organisational wide governance systems.
* Requirement 8(3)(d) – ensure effective risk management practices and systems to manage high impact/prevalence risks associated with consumers care in supporting them to live their best life.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 1(3)(c)

Most interviewed consumers and representatives consider consumers are supported to do things that are important to them, and staff gave some examples of supporting consumers’ decisions relating to daily care and relationships of choice. Some consumers express satisfaction with level of privacy, respect, and support from staff in maintaining relationships and representative’s express satisfaction information provided to them enables informed decision making.

However, via review of documentation and staff interviews the assessment team note the service does not consistently demonstrate supporting all consumers in decision making/choice. For example, some consumers who choice to participate in bus outings are not consistently supported to do so [considered is given in requirement 4(3)(c)]. In addition, documentation relating to participating in activities demonstrate representative involvement in decision making however does not demonstrate consumers involvement.

In their response, the approved provider advised of recirculating documentation as a prompt in decision making responsibilities and commit to conduct reassessment to determine level of support/transport requirements for outings.

In coming to a decision on compliance I have given weight to the volume of satisfaction expressed by consumers and representatives (on their behalf) and the approved providers responsive actions.

I find requirement 1(3)(c) is compliant.

Requirement 1(3)(d)

Most interviewed consumers/representatives’ express satisfaction consumers are supported to do things of importance to them; and interviewed staff demonstrate knowledge of supporting individual consumers in taking risks. They gave examples of 3 consumers who regularly leave the facility to engage within the community and review of documentation demonstrates consent documentation detailing consumers understand related risks.

However, while assessment of clinical and/or lifestyle risks is evident, some consumers who exhibit changed behaviours are not supported to engage in activities which enhance quality of life. Feedback relates to some consumers who requested to participate in bus outings, the service did not demonstrate this occurred. Staff said while there is no expectation for representatives to accompany consumers, the service does not have sufficient staffing numbers to supervise consumers exhibiting challenging behaviours. In addition, interview with lifestyle/leisure staff the assessment team note consent to participate in activities of risk is sought from representatives without consumers consultation. While some consumers demonstrate cognitive decline, staff said they request consent from all representatives on behalf of consumers.

In their response, the approved provider advise of recirculating documentation to consumers/representatives as a prompt in decision making responsibilities and conduct reassessment to determine level of support and transportation requirements for outings. In addition, they contend respecting consumer choice to not participate in outings without family members accompanying them.

In coming to a decision on compliance I have given weight to the volume of satisfaction expressed by most consumers and representatives (on behalf of consumers) and the approved provider’s responsive actions.

I find requirement 1(3)(d) is compliant.

I find the remaining requirements are compliant.

The service demonstrate how they support consumer’s culture, dignity, and respect. Interviewed staff describe methods of maintaining/supporting these aspects in care delivery. Most consumers/representatives consider staff respect consumer’s dignity/diversity, they feel valued and express satisfaction care provision is conducted in a respectful manner. Consumers were observed communicating with staff in their preferred language, and staff adhering to appropriate privacy/respectful practices when entering consumers rooms and assisting them with meals.

The service demonstrate an effective system of culturally safe care provision. Care documentation captures information detailing consumers’ individual care/service preferences, cultural and religious beliefs. Staff demonstrate awareness of consumer’s cultural backgrounds, describing how this influences care delivery and gave examples of activities reflecting consumer’s culture. Consumers were observed participating in games significant to their culture. Information relating to consumers daily living, communication, complaints, and leisure resources were observed to be in predominant languages spoken at the service (Mandarin and Cantonese). It is noted several staff speak either language enabling communication with consumers and families in their preferred language.

The service demonstrate methods to provide consumers with current, accurate and timely information to enable choice. Consumers/representatives describe information received to assist decision making. Staff describe different methods information is provided, including to consumers living with a cognitive deficit and/or English not their preferred language. The assessment team observed information available in a clear, easily understand manner relating to catering, lifestyle preferences and recreational activities. Consumers and representatives consider they receive information in a variety of methods to enable participation and knowledge of happenings in the service.

The service demonstrate consumer’s privacy is respected, and personal information is kept confidential; interviewed consumers express satisfaction. Staff describe practical methods of maintaining privacy and policy guidance details organisational expectations. Representatives said discussion relating to individual consumers occurs in a private manner and the assessment team observe staff affording consumers privacy and documentation/information maintained in a confidential manner.

# 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. | Non-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. | Non-compliant |

Findings

This Quality Standard is non-compliant as 2 requirements have been assessed as non-compliant.

Requirement 2(3)(a)

The service did not demonstrate assessment and care planning consistently includes consideration of risk to inform delivery of safe/effective consumer care and services. Via documentation review, the assessment team note care plans in place, however assessments do not consistently/adequately address consumer risks and/or align with care plan details. Review of three consumers documentation detail inconsistencies relating to diabetic management, weight loss, bowel management, swallowing deficits, behaviour and falls management. Interviewed management personnel acknowledge deficits in use of paper-based systems which increase potential for error, noting organisational plans to implement an electronic clinical management system as a method of reducing discrepancies in documentation.

In their response, while acknowledging documentation discrepancies citing multiple contributing factors including a shortage of well-trained staff and use of current paper-based system, the approved provider claim most consumers assessments/interventions are accurate and legible citing deficits bought forward by the assessment team a result of human error. They consider planned implementation of an electronic software system will eliminate such discrepancies by streamlining management of information in real time format.

In coming to a decision on compliance I have given weight to the approved provider’s responsibility to ensuring assessment and planning processes result in safe/effective care and services. The services’ self-monitoring system is currently ineffective in identifying deficits impacting on consumer’s care (consideration if given in Standard 3). While I accept the approved provider plans to implement an electronic system I consider it will take some time for completion of planned actions to ensure sustainability in effective processes (including monitoring) to ensure consumers’ needs are met.

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

Requirement 2(3)(b)

The assessment team note assessment and planning does not consistently address consumers’ current needs, including advanced care directives (ACD) and end of life planning as per consumer wishes. Management explain processes for gathering information including ACD, end of life care, who consumers would like with them, or any religious/spiritual considerations. Interviewed consumers/representatives said they are involved in care planning however not all could recall discussing end of life planning.

Via review of 2 consumer’s files, the assessment team noted ACD’s contain minimal information, detailing wishes relating to cardiopulmonary resuscitation. Management acknowledge gaps in identifying individual consumers needs/goals and preferences relating to ACD and end of life wishes and plan training for registered nurses.

In their response, the approved provider cites adhering to consumer/representative wishes in relation to end of life discussions and advise annual case conference discussions are utilised as an opportunity to gain this information. In addition, will raise this issue at future consumer/representative meeting forums.

In coming to a decision on compliance I have given weight to the lack of evidence establishing a link between minimal information in ACD’s and inability to meet consumer’s end of life care need/preferences.

I find requirement 2(3)(b) is compliant.

Requirement 2(3)(e)

The service does not demonstrate care and services are regularly reviewed for effectiveness, when circumstances change, or incidents occur. Management explained the requirements for registered nurses to review care plans including on return from hospital when changes and/or referrals to other providers of care occur. While the assessment team note care plans are mostly reviewed on a quarterly basis, 3 sampled consumers care plans did not demonstrate review following incidents and/or changes such as experiencing a fall and/or deterioration in swallowing and subsequent weight loss. In addition, behaviour support strategies have not been reviewed following incidents of aggression towards another consumer. Not all incidents are recorded to enable investigation and identify if care and services require review.

The assessment team note changes identified through clinical monitoring does not result in review of consumers’ care and services. Two consumers who experienced weight loss and one consumer who requires daily blood pressure (BP) monitoring have not had review in a timely manner. Management said they would arrange for medical officer review and consider including reportable BP requirements in monitoring documentation.

In their response, the approved provider acknowledge a paper-based system may result in some delay in addressing/responding to clinical monitoring data and consider planned implementation of an electronic software system will eliminate such discrepancies/time delays by streamlining management of information in real time format. In addition, they advise referring 1 consumer to medical officer and 2 consumers for dietitian review.

In coming to a decision on compliance I have given weight to the approved provider’s responsibility to ensure care/services are regularly reviewed for effectiveness, including when circumstances change. The services’ self-monitoring system is currently ineffective in timely identification of changes impacting consumer’s care (consideration is given in Standard 3). While I accept plans to implement an electronic system, I consider it will take some time for completion of planned actions to ensure sustainability in effective processes (including monitoring) to ensure the service consistently meets consumer care needs.

I find requirement 2(3)(e) is non-complaint.

I find the remaining requirements are compliant.

The service demonstrate assessment and planning based on ongoing partnership with consumers (or those they wish to be involved) including other providers of care and services. Interviewed consumers/representatives consider they are partners in consumers care. Examples include representatives expressing satisfaction of regular discussions/responsiveness of management and staff including consultation when changes occur. Review of documentation demonstrate consumer/representative involvement in case conferencing and notification of changes.

Most sampled consumers/representatives said they discuss care plans with clinical staff. Representatives’ express satisfaction of planned discussions with the care manager and being informed of consumer’s changes/incidents.

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

This Quality Standard is non-compliant as 5 requirements have been assessed as non-compliant.

Requirement 3(3)(a)

The service does not demonstrate each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs or optimises their health and well-being.

Most sampled consumers/representative’s express satisfaction with clinical and personal care. However, via review of documentation and interview with management and staff the assessment team note the service does not demonstrate each consumer receives safe/effective personal and clinical care that is best practices, tailored to their needs and/or optimises health and well-being.

Via review of 11 consumer’s files the assessment team note deficits in relation to pain management, skin integrity/wound management/pressure injury care, diabetes, and continence/bowel management.

For example, consideration of pain as a contributing factor to unmet behavioural needs, nor evidence of appropriate pain management interventions. While the service demonstrate wound healing for 2 consumers, the assessment team note lack of classification relating to wound care for 1 consumer and staff completing documentation in relation to pressure injury care prior to provision of care.

For 1 consumer best practice relating to management of diabetes is not evident. Instructions/guidance for staff regarding diabetic management is inconsistently recorded, non-administration of insulin is recorded without noting reasons as to why and/or investigating possible subsequent risk. Management advise training planned for registered nurses relating to wound management/pressure injury classification and review of diabetic management plans to ensure relevant details are recorded.

Best practice is not consistently utilised for continence/bowel management; individualised plans of care are not evident, the service does not demonstrate least invasive care options are considered, medical officer directives are not consistently followed, nor reassessment consistently conducted when management strategies are ineffective.

In their response, while the approved provider acknowledge deficits in assessment processes result in a disconnect between care planning and care provision, they did not supply evidence to negate information bought forward by the assessment team. They consider planned implementation of an electronic software system will eliminate care deficits by streamlining management of information and requiring/directing staff completion of documentation in real time format. In addition, named consumers care is to be reviewed by senior clinical staff with involvement of consumers/representatives to ensure appropriate care provision. Guidance documentation is to be amended and education for registered nurses and care staff.

In coming to a decision on compliance I have given weight to the approved provider’s responsibility to ensure assessment and planning processes result in the provision of safe/effective care and services to meet consumer’s needs. Currently the services’ self-monitoring system is ineffective in identifying deficits which negatively impact consumers. While I accept the approved provider plans to implement an electronic system I consider it will take some time for completion of planned actions to ensure sustainability in effective processes (including monitoring) to ensure meeting consumers clinical care needs.

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

Requirement 3(3)(b)

Decisions were made on both 2 March 2022 and 2 December 2022 the service was non-compliant in requirement 3(3)(b) after site assessments conducted on 27 January 2022 and 3 November 2022. The service’s management of psychotropic medication used to manage behaviours was not recognised as a restrictive practice. Appropriate consents were not obtained, adequate review/evaluation of chemical restraint not completed nor psychotropic medication utilised as a last resort. Behaviour monitoring did not occur for consumers receiving chemical restraint.

At a site audit conducted 18 – 20 April 2023 the service demonstrate improvements. A review of all psychotropic medications resulted in cessation of medication usage for 8 consumers. Management and staff received training, behaviour support plans (BSP’s) have been developed for all consumers who have changed behaviours (including information from specialist dementia services) and cue cards available for staff to access key strategies in managing individual needs.

Interviewed consumers/representatives are generally satisfied appropriate care is provided to manage high risks associated with consumer care. However, via review of 6 files the assessment team note deficits in relation to effective management of high impact/prevalence risks such as swallowing deficits, unplanned weight loss, fall and incident management, skin integrity/wound management/pressure injury care, diabetes, and continence management.

In their response, the approved provider acknowledge deficits in assessment processes result in a disconnect between care planning and care provision, while querying accuracy of some information bought forward, they did not supply evidence to negate information bought forward by the assessment team. They consider planned implementation of an electronic software system will eliminate deficits in care provision. In addition, commit to review of named consumers by senior clinical staff with involvement of consumers/representatives to ensure appropriate care provision. Competency based education is to be provided to registered nurses and care staff, and an alert system to notify subsequent action required in response to weight loss.

In coming to a decision on compliance I have given weight to the approved provider’s responsibility to ensure assessment and planning processes result in the provision of safe/effective care and services to meet consumer’s needs. Currently the services’ self-monitoring system is ineffective in management of high impact/prevalence risks associated with each consumer’s care. While I accept the approved provider’s plans I consider it will take some time for completion of actions to ensure sustainability of effective processes (including monitoring) to ensure consumers clinical care needs are met.

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

Requirement 3(3)(c)

Documentation review demonstrate the service has processes to obtain advanced care directives (ACD) during admission, at yearly case conferences and when required. Sampled documentation detail ACD’s for active treatment at end of life. Management personnel note some difficulty in broaching discussions due to cultural aspects however aim to do so as consumers require palliative care. The approved provider note adherence to consumer/representative wishes in relation to discussions relating to end of life advising annual case conference discussions are utilised as an opportunity to gain additional information. In addition, will raise awareness at future consumer/representative meeting forums.

One consumer receiving palliative care express satisfaction in relation to care provision and pain management. The assessment team observe appropriate pressure relieving equipment however note directives for sheepskin boots had not been adhered to. Via review of another consumer’s file, they note contradictory directives resulted in possible unnecessary hospital transfer. In their response, the approved provider clarified senior clinician recommendations (including palliative care team) were superseded by family wishes.

In coming to a decision on compliance I am swayed by the approved providers response relating to named consumer.

I find requirement 3(3)(c) is compliant.

Requirement 3(3)(d)

Interviewed consumers/representatives are generally satisfied with personal and clinical care provision. Most representatives report they are consulted when consumer’s condition deteriorates, however one expressed concern of not being consulted when a consumer experienced a change in care.

The service does not demonstrate deterioration of consumers’ mental health, cognitive or physical condition is consistently recognised and responded to as the assessment team note monitoring processes are ineffective in identifying deteriorating circumstances in a timely manner. Via documentation review of 2 consumers files the assessment team note clinical staff do not appropriately assess and manage consumers’ deteriorating condition. One consumer was transferred to hospital without registered nurses conducting vital sign observations, pain and/or other assessments. Interview with registered nurses resulted in conflicting responses relating to monitoring processes. Review of another consumer’s file detail repeated episodes of coughing/experiencing swallowing difficulties did not result in referral to speech pathologist and/or medication review. In response to evidence bought forward management organised medical officer review resulting in a change of dietary consistency.

In their response, the approved provider acknowledge deficits in staff responsiveness, committing to conducting education/training. In addition, they commit to implementing monitoring processes to review documentation on a regular basis, plus planned implementation of an electronic software system to eliminate deficits in care provision.

In coming to a decision on compliance I have given weight to the approved provider’s responsibility for an effective process to ensure 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. Currently the services’ self-monitoring system is ineffective in doing so. While I accept the approved provider plans to implement an electronic system and provide education, I consider it will take some time for completion of planned actions to ensure sustainability in effective processes (including monitoring).

I find requirement 3(3)(d) is non-complaint.

Requirement 3(3)(f)

The service has processes for referral to individuals, other organisations and providers of care and services. Interviewed consumers/representatives said consumers are reviewed by providers of care, giving examples of satisfaction in timely referral to medical officers and physiotherapists. Staff demonstrate knowledge of how they communicate with providers of other services and the assessment team observe the process for referral by registered nurses.

However, via review of 3 consumer’s files, the assessment team note consumers are not consistently referred to appropriate specialists/providers in a timely manner. For example: two consumer’s experiencing unplanned weight loss and one experiencing swallowing difficulties were not referred to dietitian and/or speech pathologist. One consumer living with dementia and presenting with unmet behavioural needs experienced an incident in which staff were able to prevent injury. Responsive aggressive behaviour resulted in medical officer review however the consumer’s BSP does not indicate pain as a possible trigger for unmet behaviour despite a pain management plan noting acute pain. In response to evidence bought forward management organised medical officer review resulting in a change in dietary consistency for 2 consumers.

In their response, the approved provider commit to providing registered nurses and medical officers with an accurate listing to facilitate referrals in a timely manner. They advised of psychology services and the Geriatric Rapid Evaluation Assessment and Treatment (GREAT) hospital teams available to support consumers’ needs, noting 1 named consumer was offered (and refused) services and another is under geriatrician care.

In coming to a decision on compliance I have given weight to the approved provider’s responsibility to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services. Although responsive to evidence bought forward the service’s current self-monitoring system is ineffective in consistently identifying when consumers require referral. While I acknowledge the approved provider’s commitments I consider it will take some time for completion of planned actions to ensure sustainability in effective processes (including monitoring) to ensure meeting consumers clinical care needs.

I find requirement 3(3)(f) is non-complaint.

Requirement 3(3)(g)

Infection control and antimicrobial stewardship (AMS) policies are available to guide care however, staff demonstration of knowledge and observation of infection control practices were inconsistent. While clinical staff could discuss standard infection control practices, they were unclear about the concept of antimicrobial stewardship and its implication for care planning and delivery. Senior clinical interview note education recently provided, however interview with 2 registered nurses demonstrate limited knowledge/understanding of principles relating to antimicrobial stewardship. Interviewed staff provide contradictory details regarding current documented infection statistics.

Review of 1 consumer’s file demonstrates appropriate antibiotic use in response to test results. The service demonstrate appropriate management of Covid-19 testing for 1 consumer returning from hospital, including isolation in room, personal protective equipment (PPE) use by staff, however the service did not demonstrate processes to ensure visitors to the service conduct appropriate Covid-19 testing processes and/or PPE use.

Care for 1 consumer requires transmission-based precautions when attending to wound care. Interviewed staff said they do not use clinical waste receptacles when attending to wound care and the assessment team observe no clinical waste disposal facilities nearby, plus observed inappropriate staff practices relating to prevention of infection transfer. For example, unlabelled creams available for multiple use, wound care trolley not appropriate cleaned, unsealed wound care/dressing supplies.

In their response, the approved provider committed to review of wound care supplies/storage trolley, competency-based staff education relating to AMS and implementation of an electronic system to monitor visitors’ adherence to Covid-19 testing, appropriate hand hygiene and declaration relation to Covid-19 related symptoms.

In coming to a decision on compliance, although responsive to evidence bought forward by the assessment team the service’s current self-monitoring system is ineffective in identifying deficits in practices relating to minimisation of infection related risks. I consider it will take some time for completion of planned actions to ensure sustainability in effective processes.

I find requirement 3(3)(g) is non-complaint.

Most interviewed representatives consider they are informed of changes to consumers individual needs. Interviewed staff demonstrate knowledge of methods to obtain and demonstrate knowledge of consumers needs and wishes. Information about the consumer’s condition, needs and preferences is generally documented/communicated with those where responsibility for care is shared.

The service currently utilises a paper-based documentation system however plan to implement an electronic system. Consumer documentation (containing assessment/care plans/ progress and medical officer/allied health professional notes) is accessible by staff, medical officers/allied health professionals. Behaviour support plans (BSP) and cue cards contain easy access to individualised key behaviour strategies.

In coming to a decision on compliance, Information discrepancies relating to content of assessment/care planning documentation is considered in requirements 2(3)(a) and 3(3)(a).

I find requirement 3(3)(e) is compliant.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 4(3)(a)

While most consumers consider they have input into activities in which they wish to participate, and express satisfaction this optimises independence and well-being. Some representatives (on behalf of consumers unable to mobilise and/or living with cognitive decline) express dissatisfaction engagement is not consistently effective/optimal. Staff demonstrate knowledge of most consumers needs/preferred activities and staff support consumers in achieving these, however, were unable to describe how consumers with deteriorating mobility are supported to optimise their quality of life. Via documentation review, the assessment team note assessment and care planning directives are not individualised, and do not inform/guide staff relating to strategies/methods to optimise consumer well-being. They observed 3 consumers not engaged in meaningful activities.

Requirement 4(3)(c)

The service demonstrate they actively support consumers to develop/maintain social and personal relationships, and most interviewed consumers said they are encouraged to participate in activities of choice within the service. However, some consumers express not consistently being supported to participate outside the service environment to do things of interest and/or activities suited to their cultural background. Interviewed staff said they (and volunteers) encourage consumers to partake in all activities and promote formation of friendships.

Requirement 4(3)(d)

Interviewed staff demonstrate knowledge of most consumers needs/preferred activities and how they support consumers in achieving these. Via document review the assessment team note the service was not able to demonstrate it adequately and effectively documents/monitors consumers’ needs/preferences when consumer’s choice changes. While changes in clinical care condition are communicated, preferences relating to daily living are not consistently recorded to guide care provision. Consumer preferences in relation to services to support daily living and lifestyle activities have not been effectively assessed nor documented in an appropriate care and services plan.

Interviewed catering, cleaning and laundry staff said they are provided with updated information on consumers’ needs and preferences. However, the assessment team note multiple discrepancies in documentation relating to daily living care and services preferences. Inconsistencies are noted in handover documents, assessment, and care planning information for sampled consumers (refer to requirement 2(3)(a)).

In their response, the approved provider advise of consultation with named consumers/representatives to clarify feedback (noting variances received) and ascertain satisfaction. They commit to ensuring all lifestyle related assessments and care planning processes be reviewed, conduct research/consultation to determine the most appropriate format and communication with external organisations to develop partnerships in supporting consumers to participate in activities external to the service.

In coming to a decision on compliance, while I accept documentation completion is not optimal [impact is considered in requirement 2(3)(a)], I have given weight to the volume of satisfaction expressed by most consumers and representatives (on their behalf). In addition, note staff (including care, catering, cleaning, and laundry) demonstrate knowledge of most consumers needs/preferred activities and how they support consumers in achieving these. In addition, I am swayed by the immediate response with named consumers and commitment by the approved provider to review processes within a specified timeframe (with an aim for improvement).

I find requirements 4(3)(a), (4(3)(c) and 4(3)(d) are compliant.

I find the remaining requirements are compliant.

The service demonstrates effective supports for consumers emotional, spiritual, and psychological well-being. Interviewed consumers said they are provided with cultural and spiritual support to suit their needs. Examples include representatives stating staff are very gentle and nurturing and 1 consumer expressing enjoyment of volunteer and chaplain visits. Interviewed staff describe individual strategies to support sampled consumer’s emotional and psychological well-being including escalating concerns to registered nurses, and documentation detail strategies to support consumer’s emotional needs. While review of sampled consumers files note needs, goals, and preferences not consistently recorded in relation to emotional, spiritual, and psychological wellbeing, consumers express satisfaction with service provision.

Timely and appropriate referrals to other organisations, individuals and providers of care is evident. Review of documentation demonstrate evidence of collaboration with external providers to support consumers diverse needs. Consumers express satisfaction of referrals made and confident they would be appropriately referred to an external provider when needed. Interviewed staff gave examples of referral to other providers of care and services (for example chaplain) in the provision of lifestyle support. Four consumers have been referred to the volunteers who visit on a weekly basis.

The service demonstrates processes to plan and deliver nutrition/hydration and suitable meals aligned with consumers’ needs and preferences. Interviewed staff demonstrate knowledge of nutritional and hydration needs including monitor and/or escalation of any concerns. Consumers express satisfaction they receive a variety of well-proportioned meals, varied and of suitable quality and quantity. They express satisfaction of opportunities to give feedback relating to meals through meetings and/or directly communication during mealtimes. The chef regularly attends meal service to engage and ascertain consumer’s dining experience and menus are suitable/appropriate. They describe methods of individualising meals including ensuring they are culturally suitable. Modified diets/variations to meal consistency require a nutritional assessment completed by registered nurses. Meals are accessible to consumers outside of designated mealtimes.

Consumers consider appropriate availability of safe, suitable, clean, well-maintained equipment and feel comfortable in providing feedback relating to repair work. Staff demonstrate knowledge of processes to report equipment repair noting sufficient supplies for care provision and receipt of regular manual handling training to ensure safe use. Lifestyle staff have access to equipment and supplies to support the activities calendar. Staff were observed to be competently using equipment, which was generally clean, fit for purpose and well-maintained. The assessment team’s observe laundry and kitchen areas to contain safe, clean, modern equipment/machinery. Reactive and preventative maintenance programs include inspection, testing and maintenance; records detail completion as scheduled and prompt attention to issues reported.

# 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 compliant as all requirements have been assessed as compliant.

Interviewed consumers/representatives gave positive feedback in relation to the living environment, considering it to be clean, homely, well designed with wide uncluttered walkways enabling easy mobilisation and wheelchair access. Consideration of wayfinding aspects in the interior design ensure consumers living with reduced cognition and/or dementia related symptoms engage with the environment. Staff were mostly aware of consumers needs in relation to their environment. Consumers’ rooms have memorabilia to enable identification to assist in room recognition and wayfinding. Rooms were observed to be personalised with belongings/photographs, generally uncluttered as a measure of falls minimisation/prevention. Consumers were observed sitting in open plan dining areas and communal seating areas participating in meals, games, and activities.

Staff demonstrate knowledge of which areas of the environment consumers choose to engage and there are access points for outdoor activities and indoor spaces designed to provide safety and comfort. Consumers were observed self-mobilising with staff assisting when required including accessing lift to enable movement between levels. Consumers generally have access to courtyards and outdoor areas.

The service demonstrates effective systems to ensure furniture, fittings and equipment are safe, clean, and well maintained. Management and staff demonstrate effective systems for cleaning and regular maintenance. Interviewed consumers express satisfaction with cleaning and maintenance systems and were observed using suitable mobility aids, electric beds, and recliner chairs. Furniture in communal areas was observed to be clean, in good condition and plentiful supply. Maintenance programs ensure issues are promptly addressed and monitoring processes prevent deterioration.

# 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. | Non-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 non-compliant as 1 requirement has been assessed as non-compliant.

Requirement 6(3)(c)

While the service demonstrate action is generally taken in response to complaints, open disclosure processes, including open/transparent communication when something has gone wrong is not evident. Via review of complaints documentation, the assessment team note a lack of reference to open disclosure process being utilised as part of the resolution process. Senior clinical staff advise non-familiarity with the term open disclosure noting senior management’s responsibility for this process. Staff education records note customer service, including feedback and complaints processes however no component relating to open disclosure. The organisation has access to a suite of commercially developed aged care policies including details of open disclosure.

While incident reports detail offering an apology; no additional information was evident to determine if principle of using open disclosure had occurred, nor evidence of review to prevent recurrence and/or system change. Two consumers and 1 representative said feedback relating to issues had been raised however no response/action received, and 1 representative conveyed lack of confidence in raising concerns.

In their response, the approved provider acknowledge the practice of open disclosure has not been well promoted, adding details to existing complaint/feedback form, a link included on website, discussion at meeting forums, amendments to consumer handbook and planned staff training.

In coming to a decision on compliance, while I accept the responsive actions taken, I consider it will take some time to ensure actions are effective and sustainable in ensuring appropriate action is consistent in response to complaints and an open disclosure process utilised when things go wrong.

I find requirement 6(3)(c) is non-compliant.

I find the remaining requirements are compliant.

The service demonstrates consumers/representatives are encouraged/supported to provide feedback and make complaints. Most sampled consumers said they currently have no issues of concern however would communicate with family and staff. Management advise of several options available to provide feedback, including meeting forums, surveys, and direct contact with management team. Via document review the assessment team note limited meeting forums (one per year) since 2021. Interviewed staff demonstrate awareness of consumer feedback and noting visual signs to demonstrate consumers may have a concern. The assessment team observe complaints information (including external organisations) on display and in documentation provided to consumers.

Consumers who have language and/or cognitive deficits are supported to provide feedback and make complaints utilising advocacy and/or language services. Most sampled consumers said they preferred family members to act on their behalf if needed. Resources such as Older Persons Advocacy Network (OPAN), Seniors Rights Service, and interpreting service (TIS) are utilised, as are staff or family members who speak. Advocacy representatives provided information to consumers and staff and external complaints information is on display. Staff are available to communicate in each dialect spoken by the current consumer cohort.

The service analyses feedback/complaint data, communicating concerns/trends to senior organisational management team. Information from multiple sources are analysed by management to identify trends and improvement plans implemented where required. Management note recent meal services improvements as a result of feedback received.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 7(3)(a)

Most sampled consumers gave generally positive feedback regarding staff assistance however 1 representative express dissatisfaction. Senior management explained processes to replace planned and unplanned leave and documentation review demonstrate replacement generally occurs. While the assessment team note not all staff absences are replaced the approved providers response note care staff replacement by a registered nurse. With recent reopening of the service increases in staffing (registered nurses) occurred commensurate with increase in consumer admissions; ongoing recruitment is occurring.

The assessment team note some representative feedback in relation lack of staffing to enable consumers to participate in external outings however the approved provider’s response addresses these issues (refer to Standard 4).

In coming to a decision on compliance, I am swayed by the volume of satisfaction expressed by most consumers and representatives (on their behalf) noting lack of staff feedback relating to sufficiency to meet consumer’s needs and the approved providers demonstration of staff numbers as per identified need.

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

Requirement 7(3)(c)

Processes ensure staff have qualifications to effectively perform their role. An organisational on-line education system is utilised to provide/monitor completion of education topics relating to the Quality Standards; competency assessments are required to demonstrate staff understanding of some topics. Several education sessions aimed at registered (and enrolled) nursing responsibilities relating to aspects of clinical care are required for completion. A program of educational discussions is delivered by registered nurses during each shift. While the assessment team note some discrepancies relating to staff knowledge and/or adherence to appropriate clinical care the outcome of this is considered in Standards 2 and 3.

In their response the approved provider acknowledge unacceptable practices of completing documentation prior to care provision, responding with appropriate action. In addition, they contend a robust system exists to ensure staff competence and provision of additional education where required, however, commit to partnering with education providers to implement future training programs.

In coming to a decision on compliance, I am swayed by the evidence detailing the services processes to demonstrate members of the workforce have the qualifications/knowledge to perform their roles.

I find requirement 7(3)(c) is compliant

I find the remaining requirements are compliant.

Sampled consumers consider staff to be kind, caring and respectful in their interactions. They gave examples of how staff communicate and ensure privacy when attending to their needs, as observed by the assessment team. Some express satisfaction staff communicate in their preferred language. Interviewed staff demonstrate knowledge of consumers needs and communication methods. Staff were observed assisting consumers with activities and meal service.

Established processes manage new staff recruitment and orientation. Recruitment criteria assist in determining suitability of candidates, care staff are required to attain certificate III or IV in aged care. Senior management explain preference in recruiting staff with a genuine interest in aged care and demonstrating attributes appropriate to effective care provision. Systems ensure suitability and appropriate nursing registration requirements. An induction process covers mandatory education topics and new staff are teamed with experienced staff. Poor performance is managed, and further education provided when required.

A system ensures staff receive regular assessment, monitoring and review of their performance. Interviewed staff acknowledge they receive regular annual performance reviews including the opportunity to request additional training. Senior managers monitor completion of registered nurse appraisals and utilise discussions to identify additional training needs/staff requests. Some senior staff have undertaken training/education modules through external providers. Interviewed staff express satisfaction in the training program and review process and opportunity to request additional training.

# 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. | Non-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. | Non-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. | Non-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 non-compliant as 4 requirements have been assessed as non-compliant.

Interviewed senior management advise methods to involve consumers/representatives include meetings forums, annual discussions, annual and ad-hoc surveys conducted in response to complaints; meeting minutes are available for consumer/representative review. Via review the assessment team note 3 meeting forums in the past 3-year period: and survey results pertaining to 2021. Consumers express differing views, some could not advise how they provide input into service improvements, some were not aware of meeting forums, and some express a view of other’s responsibility.

In their response the approved provider contend consumer/representative choice relating to degree of involvement, however, commit to increasing methods of promoting meeting forums with the aim of increasing consumer/representative involvement.

Effective systems relating to financial governance, regulatory compliance, and workforce management were demonstrated. Management note receipt of information from a variety of sources in relation to legislative changes and demonstrate methods to monitor recently introduced requirements relating to aged care reforms in particular workforce requirements. They demonstrate processes to ensure sufficient staffing include progressively increasing numbers as consumers entered the service following building completion/re-opening and staff feedback. Purchase of items based on consumer needs occurs via management discussion. The organisation has a program to monitor service provision and identify areas for improvement. Management advise these results (plus feedback received) is reported to the board of management. Feedback relating to food quality resulted in revising the menu to incorporate more culturally appropriate cuisine. However, self-monitoring systems have not been effective in identifying deficiencies in Standards 2, 3, 6 and 8.

Some interviewed staff consider they have access to consumer information and are informed of needs by registered nurses. The assessment team bought forward evidence of discrepancies in documentation and lack of consistently communication relating to changes in consumers’ needs. The assessment team bought forward evidence relating to the role of the governing body, detailing some documented board engagement with consumers/representatives. However, the service did not demonstrate effectiveness in relation to the governing body’s overarching monitoring processes to ensure a culture of safe, inclusive quality care. The organisational clinical governance framework is not effective at a service level in ensuring consumers clinical needs are appropriately and promptly addressed. The self-monitoring systems lack effectiveness in ensuring compliance with all requirements/Standards of the Aged Care Quality Standards. In their response, the approved provider has demonstrated some responsive and planned actions aimed at addressing issues bought forward by the assessment team, however it has failed to persuade me the organisation meets its responsibilities under all requirements in Standard 8. I have found 12 requirements within the Quality Standards are non-compliant.

The organisation demonstrate effective systems relating to some aspects of requirement 8(3(c) such as continuous improvement, finance, feedback and complaints, workforce governance and regulatory compliance. However, it has not demonstrated a system in ensuring effective information management across all aspects of the service. Lack of appropriate information systems to ensure documentation currency and accuracy of consumer assessment and care planning documentation/information transfer has resulted in negative impact on consumers relating to personal and clinical care in Standards 2 and 3.

Management of high impact/high prevalence risks is not effectively evident. The incident management system is not effective in ensuring all incidents are reported/ appropriately managed. The service did not demonstrate an effective system to ensure high impact/high prevalence risks associated with unplanned weight loss, diabetic management, swallowing deficits and complex behavioural needs.

In their response, the approved provider acknowledge deficits result in a disconnect between care planning, care provision, information transfer and governance systems. They consider planned implementation of an electronic software system will eliminate deficits by streamlining management of information, requiring/directing staff completion of documentation in real time format. In addition, guidance documentation is to be amended and staff education provided.

In coming to a decision on compliance, while I acknowledge the approved providers opinion, the organisation has a responsibility to provide opportunities and inform those who wish to be involved of multiple avenues available to them. I place weight on the lack of evidence the approved provider demonstrates in seeking input from a wide range of consumers relating to their experience and quality of care and services they receive. While I accept the approved provider plans to implement an electronic system I consider it will take some time for completion of planned actions to ensure sustainability in effective processes (including monitoring) to ensure meeting consumers clinical care needs.

I find requirements 8(3)(a),(b),(c), and (d) are non-compliant.

A documented corporate governance program includes guidance and policies relating to restraint, antimicrobial stewardship, and open disclosure. While the assessment team note some deficits relating to infection related practices, information discrepancies and open disclosure deficits – these are considered in Standard 3. The approved provider demonstrate a reduction in restraint usage. Staff demonstrate awareness of the importance of offering an apology and management have responsibility to ensure open disclosure processes occur.

I find requirement 8(3)(e) is compliant.

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