Performance

Report

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| Name of service: | Fred Ward Gardens |
| Service address: | 38 Theodore Street CURTIN ACT 2605 |
| Commission ID: | 2986 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 3 February 2023 |
| Performance report date: | 10 March 2023 |

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

**This performance report**

This performance report for Fred Ward Gardens (**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 February 2023

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as compliant as all 6 requirements have been assessed as compliant.

Requirement 1(3)(a)

Documentation review noted staff reference consumers in a respectful manner and observations demonstrate respectful interactions between staff and consumers. However, the assessment team bought forward evidence some sampled consumers/representative’s express dissatisfaction the service does not consistently demonstrate effective methods to ensure each consumer is treated with dignity and respect.

Examples include two consumers who said staff speak to them in a belittling manner; one representative requested cleaning staff to vacate a consumer’s room to enable privacy of hygiene care and observed staff communicating with a consumer in a disrespectful/demeaning manner. One consumer said they feel rushed when staff attend their hygiene needs; experienced an injury due to staff not using appropriate manual handling equipment and staff not consistently attending continence needs in a timely manner. Management committed to reviewing feedback received.

The assessment team observed several staff attending to one consumer without affording privacy when conducting personal care. Management conducted immediate review noting clinical staff concede privacy could have been afforded in a more appropriate manner. The approved provider asserts some evidence bought forward by the assessment team to be incorrect and evidenced documentation detailing appropriate care provision.

In their response the approved provider advised of addition staff education/training relating to privacy, plus members of the senior management team to monitor/review and ensure consumer’s dignity and privacy is consistently respected. They noted issues of dissatisfaction had not been bought to management’s attention and sent reminder communication to consumers/representatives in relation to various methods to provide feedback. In relation to consumers stating they feel rushed and staff not responding in a timely manner; management conducted an immediate review with identified consumers/representatives to ascertain positive outcomes. They supplied evidence of communicating with consumers in relation to other issues bought to their attention, including planned actions to address issues raised and regular ongoing meetings to review/evaluate and progress to resolution.

I accept the approved providers notion consumer/representative dissatisfaction had not been communicated to management at the time to enable response/satisfactory outcomes. Evidence of their review of issues bought forward by the assessment team is noted, as is evidence of processes to monitor consumer satisfaction in relation to requirements of this standard. In forming a view about compliance, I am persuaded by the weight of evidence bought forward by the assessment team demonstrating consumer satisfaction, and the service’s immediate, responsive actions to investigate evidence bought forward by the team. For these reasons I find requirement 1(3)(a) is compliant.

I find the remaining requirements in this Quality Standard are compliant.

The service demonstrates provision of culturally safe care and services, noting days relating to specific cultural significance are observed and celebrated. Staff gave examples of supporting consumers cultural needs. Supports to enable consumers’ choice/independence and decision-making is demonstrated; as is methods to enable consumers to make connections/maintain relationships of choice and take risks supporting them to live their best life. Examples include use of equipment to independently exit the service, seating couples/friends together for meals/activities and married couples residing in adjoining rooms to support privacy of partnership/marital status. Interviewed staff demonstrate knowledge of consumer preferences and methods of support required. Sampled documentation reflect details of support provision.

The service demonstrates effective methods to ensure consumers have information to enable choice and informed decision making. Interviewed staff demonstrate knowledge of information provision and documentation reflects information communicated to consumers. The assessment team observed notices/information on display, reviewed documented methods of ensuring consumers have appropriate information and observed staff supporting consumers with information to enable choice.

Effective methods were demonstrated regarding maintaining/respecting consumer’s privacy and confidentially relating to personal information. Interviewed staff express knowledge of respecting privacy in care delivery and the assessment team observed most staff delivering care in a respectful manner to ensure privacy is maintained. Computers are password protected to support confidentiality. Most consumers said staff generally maintain their privacy.

# 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

The Quality Standard is assessed as compliant as all 5 requirements have been assessed as compliant.

Requirement 2(3)(a)

Most sampled consumers/representatives express positive feedback in relation to assessment and planning. Policy/procedural documentation is available to guide staff in relation to organisational expectations relating to assessment processes. Management personnel and clinical staff describe assessment and care planning processes. Interviewed care staff demonstrate knowledge of communication processes, including discussion with clinical staff and reference of care plan summary documentation to gain information relating to consumers’ needs.

The assessment team bought forward evidence some documentation did not consistently contain accurate or completed details. They noted minimal personalised information within summary care plans and management acknowledge the electronic documentation system does not automatically transpose completed assessment information to all care plan domains. Care documentation did not detail evidence of comprehensive assessment/care planning that consistently consider risks to consumer’s health, and some assessments/care plans contain incomplete information to guide care delivery. Documentation review of three consumers files noted inaccurate/incomplete recording of pressure injury/wound care and a lack of mobility reassessment following a fall for one consumer. Management acknowledge two consumers documentation contain incorrect details regarding pressure injury status.

In their response, the approved provider acknowledges timely reassessment did not occur for one consumer upon first identification of pressure injury, plus incorrect documentation regarding status of pressure injury citing use of agency staff due to experiencing dual infection related outbreaks. The approved provider advised planned provision of staff education regarding pressure injury identification. For a consumer who experienced a fall the approved provider evidenced while physio reassessment did occur, care planning documentation was not updated due to nil mobility changes. The approved provider acknowledges incorrect pressure injury classification for one consumer however assert the service’s internal escalation system would have resulted in identification by senior clinical staff review of incident report documentation.

The approved provider’s response acknowledges gaps in documentation primarily due to the clinical management system not transferring all assessment information to care plans; citing alternate formats for staff to gain information/knowledge of consumer’s current needs. They noted prompt, responsive actions to evidence bought forward by the assessment team, plus ongoing review/monitoring process to maintain compliance. They further note, opportunities for improvement within the assessment team’s report have been documented in the service’s plan for continuous improvement to ensure further actions are implemented.

In forming a view about compliance, I have placed weight on responsive and planned actions by the approved provider, staff’s feedback in relation to knowledge of ascertaining consumer’s current needs and supporting evidence in relation to care provision for nominated consumers. For these reasons I find requirement 2(3)(a) is compliant.

I find the remaining requirements in this Quality Standard are compliant.

Requirement 2(3)(b)

The service demonstrates most consumers’ ongoing assessments are reflective of current care needs/goals and preferences, including advance/end of life planning as per consumer’s wishes. A monitoring processes identifies when review is required, and clinical staff conducted a recent review of all consumers considered at risk. Interviewed staff demonstrate an understanding of most consumer’s needs and wishes relating to care delivery. Clinical staff explained involvement of consumers/representatives in advance care planning discussions. Clinical and care staff were observed communicating consumer’s current needs. Documentation review noted advance care and end of life plans for most sampled consumers, however the assessment team noted some care planning directives to be generic/not individualised. Management committed to review documentation to align with current care provision.

Requirement 2(3)(c)

The service demonstrates methods to ensure consumer and/or representative engagement in assessment/planning and involvement of other organisations/providers of care when needed. Documentation review and interviews with consumers/representatives and staff demonstrate multiple allied health providers involved in care delivery. Documentation details involvement in assessment/care planning (including when changes occur) and directives to guide staff in care delivery.

Requirement 2(3)(d)

The service demonstrates effective methods of communication to consumers and/or representatives in relation to planned care and services, including the provision of relevant information readily available to them. Interviewed representative’s express satisfaction of being involved in care delivery discussion and updated when changes occur. Interviewed staff demonstrate awareness of consumer’s needs, methods to ensure they have the most current information for care delivery and communication processes to ensure consumers/representatives (and others involved in care delivery) have access to required needs. Documentation demonstrates outcomes of consumer assessment and planning are communicated to most consumers/representatives.

Requirement 2(3)(e)

Consumers and representative’s express satisfaction of involvement and notification when consumers experience a change in condition and subsequent care needs. The service demonstrates most consumers’ care and services are reviewed when circumstances change and/or incidents impact care needs; an example includes when a consumer experienced a fall (requiring hospitalisation). Documentation demonstrates reassessment upon return from hospital. A monitoring process ensures regular review although the assessment team noted deficits in documented current care needs (refer requirement 2(3)(a)). Clinical staff conducted a recent review of all consumers considered at risk to ensure documentation alignment with current care provision. Interviewed clinical staff demonstrate knowledge of review process and were observed to be communicating consumers changed needs to care staff.

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

Findings

The Quality Standard is assessed as compliant as all 7 requirements have been assessed as compliant.

Requirement 3(3)(a)

The service demonstrates timely identification, assessment, management and evaluation of consumers’ pain and restrictive practices. Restrictive practice management includes assessment (including behaviour support plans), authorisation, consent, and ongoing monitoring to ensure currency. Details of some consumers psychotropic medications noted medical officer review required and management demonstrated the monitoring process.

Interviewed consumers/representative express satisfaction regarding clinical care and interviewed staff demonstrate knowledge of consumer’s individual needs. The assessment team noted some deficits relating to pressure injury/wound care and aspects relating to safe management for consumers who are self-medicating. While management advised the number of consumers currently experiencing pressure injury/wound care, it was noted by the assessment team accurate and/or timely identification (including origin of cause) was not evident for three consumers. Upon further review by clinical staff (after the assessment team bought forward evidence) it was acknowledged inaccurate details of pressure injury and subsequent wound management were documented.

The service did not demonstrate effective processes of ensuring appropriate pressure injury identification and subsequent wound care management for two consumers. Identification of pressure injury for one consumer was not conducted by appropriately skilled staff until significant wound deterioration had occurred. In addition, although a need was identified, provision of a pressure relieving mattress did not occur in a timely manner. For another consumer the assessment team noted inconsistent documentation evidencing preventative pressure injury care provision. Management advise self-identification of deficits relating to staff pressure injury/wound care practices, including a need for staff to complete competency assessments, however this had not yet occurred due to recent infection relation outbreaks.

The approved provider acknowledge delay in provision of a pressure relieving mattress for one consumer however contend lack of this equipment was not a contributing factor in wound deterioration. For another consumer, the approved provider evidenced supply of equipment and implementation of preventative wound care strategies resulted in refusal of care provision. They supplied evidence that reassessment had occurred and while staff endeavoured to provide preventative strategies/appropriate care provision, consideration of consumer choice and right of refusal relating to preventative pressure area care was recognised (after considerable consultation to alert the consumer to subsequent risk).

The assessment team note assessments to ensure consumer proficiency in self-medication did not consider risks for two consumers. The service’s process to identify consumers who are self-medicating are deemed competent and medications stored in an appropriately safe manner was not evident. In response, management committed to conducting review/reassessment and the approved provider contends appropriate review/consultation occurred to ensure one consumer’s capacity in relation to self-medication; however, this practice has now ceased. Medical officer review, consultation and discussions with both consumer and representative has resulted in clinical staff now administering medications for another consumer. In addition, the provider committed to review/reassess all consumers’ who self-medicate to ensure capacity and currency of relevant documentation.

I acknowledge the approved provider’s immediate response, planned actions and evidence in supporting consumer choice and safe medication management practices. I find requirement 3(3)(a) is compliant.

I find the remaining requirements in this Quality Standard are compliant.

Requirement 3(3)(b)

The service demonstrates identification of high impact/prevalence risks and effective monitoring processes/management of most risks associated with consumers’ care. Interviewed consumers/representative’s express satisfaction in relation to care, and staff demonstrate knowledge of relative risks and strategies to mitigate/minimise. Observations noted management of risk aligned with individualised documented strategies. Interviewed staff demonstrate awareness of risks such as complex clinical care needs, unplanned weight loss, clinical diagnoses which reduce mobility resulting in susceptibility to falls and restrictive practices including administration of psychotropic medications. Clinicians provide oversight and monitoring processes to ensure risks are identified/managed and mitigation strategies remain effective. Documentation demonstrates appropriate assessment and care planning result in effective risk management for most consumers; including referral to external service providers, medical officer and/or complex health care providers. The service demonstrates positive outcomes for some consumers as a result of preventative and responsive risk mitigation strategies. The assessment team noted issues relating to pressure injury/wound care and management of consumers who management their own medication (refer requirement 3(3)(a)).

Requirement 3(3)(c)

The service demonstrates consumer’s needs/goals and preferences nearing end of life are recognised and addressed. Interviewed consumers/representative’s express satisfaction with care provision. Sampled consumers documentation detail assessment/care plans reflect end of life need and advance care directives (ACD) to guide staff in ensuring consumer’s wishes are observed. Interviewed staff demonstrate understanding of processes to support consumers nearing end of life, including examples such as personal comfort cares and pain-relieving strategies/medication. Clinical staff note discussion relating to ACD occurs during care plan review and/or when deterioration occurs. Palliative care pathway directives guide staff in care provision, however it was noted previous care plans run concurrently. Management noted awareness and advised of discussions occurring at an organisational level relating to this.

Requirement 3(3)(d)

The service demonstrate deterioration or change in consumer’s health, cognitive function/ capacity is mostly recognised/responded to in a timely manner. Interviewed staff describe actions taken in response to changes, including escalating to clinical staff, doctor or health professional and/or transfer to hospital. Consumer’s wishes/choice is taken into consideration in relation to care requirements; in consultation with clinical staff and medical officer/specialists. Staff gave examples of responding to changes in individual consumer’s needs, such as reassessment and commencement of antibiotic medication.

Requirement 3(3)(e)

Overall, the service demonstrates information relating to consumers’ needs/goals and preferences is communicated to those responsible for care. However, management noted increased monitoring of assessment/care plans to ensure currency and review of the electronic documentation system is required. The assessment team observed (and documentation demonstrates) regular communication/transfer of information mostly occurs between staff, medical officer, allied health and other specialists to ensure care directives are incorporated into care planning/delivery for sampled consumers. Interviewed staff demonstrate knowledge of consumer’s needs and processes to ensure they have current information. Documentation review noted some gaps in documented assessment and care planning for some consumers (refer requirement 2(3)(a)), however overall, the service demonstrates consumer’s needs are effectively communicated. Staff were observed verbally sharing information and the assessment team observed comprehensive handover documentation to assist information transfer.

Requirement 3(3)(f)

The service demonstrates systems to ensure consumers are referred to appropriate organisations and providers of services in a timely manner. Interviewed consumers and representative’s express satisfaction regarding access to health care professionals. Interviewed staff demonstrate knowledge of escalating concerns to clinical staff and/or management personnel. Clinical staff conduct assessments resulting in appropriate referral. A monitoring and recording process enables communication to all involved. Documentation review detail timely and appropriate referrals generally occur, and directives followed to ensure appropriate care delivery.

Requirement 3(3)(g)

Organisational policy/procedure documentation guide staff practice regarding infection prevention and appropriate antibiotic use; incorporating links to external organisations for best practice guidelines. Consumers and representatives gave positive feedback regarding staff practices relating to prevention and management of infection. Interviewed staff describe strategies for mitigation and prevention of infection transfer and demonstrate knowledge/understanding of appropriate antibiotic use. Documentation and systems support management of outbreaks. Staff were observed to demonstrate appropriate infection control practices including use of personal protective equipment.

# 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

The Quality Standard is assessed as compliant as all 7 requirements have been assessed as compliant.

While some consumers express dissatisfaction with laundry services and meals, most gave positive feedback and the service demonstrates monitoring process to ensure satisfaction. Consumers gave examples of participation in activities of interest, involvement/engagement in spiritual activities, support to participate in other communities and maintain relationships. In addition, they consider the service would involve external providers in ensuring their needs are met. Most express satisfaction with meal provision and equipment, noting access to supplies/ equipment to assist with activities of daily living.

Requirement 4(3)(a)

While two consumers express dissatisfaction with previous laundry service processes, most expressed positive feedback relating to current service and monitoring process to ascertain satisfaction were demonstrated. Changes to feedback relating to laundry services has resulted in increased consumer satisfaction. Effective methods to ensure services/supports meet consumer’s needs and optimises independence/quality of life were evident. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities.

In their response, the approved provider advised in a recent review of laundry services management identified a need (and purchased) additional laundry equipment to improve management and return of laundry. They noted all issues relating to laundry services have been actioned. I find requirement 4(3)(a) is compliant.

I find the remaining requirements in the Standard are compliant.

The service demonstrates methods in supporting consumer’s emotional and spiritual well-being. Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities. Examples include purchase of newspapers and music from consumer’s country of origin.

The service demonstrates effective methods in supporting consumer participation to do things of interest and have personal/social relationships of choice. The assessment team observed consumer’s participating in activities of choice. Effective methods ensure consumers’ needs/preferences are communicated to those responsible for care provision.

Interviewed staff demonstrate awareness of consumer’s individual needs/preferred activities and gave examples of seeking volunteers and other providers of care to visit consumers to provide additional cultural and emotional support. Local entertainment groups visit to entertain consumers and bus outings support consumers who prefer to participate in activities outside the service environment.

Most consumers express satisfaction with quality/quantity of meal delivery, noting recent changes have increased satisfaction. Consumers are supported via a range of options in providing feedback relating to meal quality. Staff demonstrate awareness of consumers’ individual dietary needs and how requests are accommodated in menu provision. Dietician involvement in meal choices/consistency assists menu development.

The service demonstrates provision of suitable, safe, clean and well-maintained equipment. Interviewed staff express satisfaction of equipment availability to support consumer needs and demonstrate awareness of repair/replacement processes. The assessment team observed equipment to support mobilisation and engagement in lifestyle activities to be suitable, generally clean and well-maintained. The assessment team noted one consumer’s wheelchair to be ill-fitting; management advised an alternative is being sourced.

# Standard 5

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

Findings

The Quality Standard is assessed as compliant as all 3 requirements have been assessed as compliant.

Sampled consumers consider the environment to be safe, clean and well-maintained, with several indoor/outdoor private and communal areas accessible. They consider the environment is welcoming/home-like and easy to move throughout. They noted satisfaction furniture, fittings and equipment are safe, clean, well maintained and meet their needs. Consumers were observed independently accessing several areas and socialising with others in private and communal indoor and outdoor areas.

The service demonstrates processes to maintain safety within the living environment and the assessment team observed several indoor and outdoor communal areas illustrate a welcoming/comfortable atmosphere. Furniture is appropriately positioned; comfortable seating provides a home-like ambience and spacious corridors enable ease of movement including access to external areas. Consumers rooms contain personalised items/decorations reflective of their individuality.

Staff demonstrate knowledge of cleaning and preventative/reactionary maintenance systems relating to furniture, fittings and equipment. The assessment team noted furniture, fittings and equipment appear to be safe, clean, well-maintained and suitable for consumer use. Monitoring activities ensure ongoing satisfaction with cleaning and preventative/corrective maintenance processes, and documentation review note issues are addressed in a timely manner. Staff were observed attending to garden areas.

# 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 Quality Standard is assessed as compliant as all 4 requirements have been assessed as compliant.

Sampled consumers/representatives consider they are encouraged, supported and feel safe to communicate feedback and make complaints; providing examples of responses and improved outcomes. Management’s response to specific dietary requirements and clothing returned from laundry were cited as examples of responsive, positive actions. Most consumers consider appropriate avenues are available to them to provide feedback.

Interviewed staff demonstrate awareness of their role/responsibility in supporting consumers and how feedback is used for improvement. Management responded to feedback by providing additional education/staff training; documentation detail topics and attendance numbers. Documentation of issues enables trending leading to subsequent/responsive actions and improved outcomes. Management gave examples of recent improvements and documentation review note linkage/connection between complaints and improved outcomes.

Management demonstrate promotion and use of advocacy services as a method of communicating with diverse consumer cohorts; and promoting consumer/representative communication of concerns to clinical and/or management personnel. The assessment team observed information on display and within documentation given to consumers/representatives. Meeting forums enable consumers to raise issues of concern.

While management note actions taken in response to a range of feedback regarding meal delivery, evaluation of effectiveness has not yet occurred. However, staff demonstrate knowledge of open disclosure practices and the service’s documentation requirements. Documentation review and consumer/representative feedback note principles of open disclosure are utilised when things go wrong.

# 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

The Quality Standard is assessed as compliant as all 5 requirements have been assessed as compliant.

Sampled consumers consider sufficient staff numbers to meet needs/preferences, provide appropriate personal/clinical care including responding to requests for assistance generally in a timely manner. Examples of satisfaction include staff treating them with kindness, respecting identity, culture and diversity; knowledge of consumer’s needs and skills to perform their roles.

The service demonstrates effective systems to ensure the workforce includes appropriate staff numbers/skill mix for the delivery of safe quality care and services. Interviewed staff demonstrate awareness of their role/responsibility in meeting consumers’ needs. Management demonstrate monitoring and review methods to ensure enough staff to meet consumer current needs, including management of unplanned leave and allocation of new/agency personnel with experienced staff.

The service demonstrates workforce interactions with consumers to be kind, caring and respectful of each consumer’s identify, culture and diversity. Interviewed staff demonstrate awareness/understanding of individual consumers’ needs giving examples of considering these aspects during care delivery. Staff were observed to be interacting with consumers in a kind/caring/respectful manner and documentation details referencing consumers’ using respectful language. Management demonstrate monitoring and review methods to ensure consumer satisfaction and staff adherence to organisational policies and expectations.

Effective systems ensure staff have required qualifications and appropriate knowledge to perform their roles. Interviewed staff gave examples of regular assessment of skills/knowledge and supportive education. Management demonstrate monitoring and review methods to ensure staff competence/knowledge on a regular ongoing basis and documentation detail completion of education records, relevant qualifications and competency achievement. Documentation details identified and/or staff requests for additional training. The service’s self-monitoring system identified deficits in staff knowledge/skills relating to skin integrity/wound care management; responsive actions include wound care competency assessment to support staff skills in conducting role requirements; monitoring occurs to ensure completion for all clinical staff.

The service demonstrates staff training in topics relevant to aged care and systems to train and support a workforce to deliver outcomes required by the Quality Standards. Interviewed staff describe orientation/support received including access to a variety of training relevant to their role. Documentation demonstrates monitoring and review methods utilised to ensure staff attendance at required training. Policy documentation guides staff in organisational expectations. While the assessment team noted deficits in documentation relating to clinical management and incident reporting, the service demonstrates staff attendance at training related to these topics.

An effective system of regular assessment, monitoring and review of workforce performance is evident. Interviewed staff demonstrate awareness and satisfaction of support received via manager/supervisor performance review. Management demonstrate the framework to manage underperformance.

# 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 Quality Standard is assessed as compliant as all 5 requirements have been assessed as compliant.

Some consumers express satisfaction regarding their engagement in happenings at the service, referencing several methods their input/feedback is sought by the provider, plus examples of feedback utilised in improvement activities/positive outcomes.

The service demonstrates effective consumer/representative engagement and inclusion in development of care and services. Management outlined several mechanisms to engage consumers in development, delivery and evaluation of care and services, including analysis of suggestions/feedback through to Board level. Documentation view details examples of consumer engagement such as involvement in monitoring/auditing processes, feedback relating to the physical environment and supporting consumer involvement in meeting forums. Policy guidelines support staff in relation to organisational expectations and outcomes required in relation to the Quality Standards

The service demonstrates methods the governing body promotes (and is accountable) for safe quality care and services within a culture of inclusivity. Several management group meetings occur to inform members of the Board and governing body, including escalation of issues when board member involvement, decision making/solutions are required. Board members utilise information/data to evaluate risk, determine actions required in relation to Quality Standards and consumers’ needs and rights are met. Interviewed staff demonstrate knowledge of organisational expectations and values, noting provision of education/training promoting principles of quality consumer outcomes and how management team members model these values and support staff.

The service demonstrates effective governance systems utilising a corporate governance framework and policies and procedures to support implementation. Regular meeting forums are utilised to discuss issues, analyse data and determine appropriate strategies to enable effective solutions. Management demonstrate (and documentation detail) initiatives undertaken (and planned) to enhance aspects of organisation wide governance systems. Arrangements for information management, financial and workforce governance, continuous improvement, regulatory compliance, and the governing body’s ongoing oversight are evident. Changes/updates to regulatory requirements are communicated to staff and education/training sessions implemented to communicate current regulations.

It is noted an organisational risk management framework with supporting policies and procedural documentation is accessible to guide staff. Systems identify, assess, monitor improvement actions. Senior clinicians conduct regular monitoring/review processes to ensure currency of strategies to minimise/mitigate risk. Management and staff demonstrate understanding of risk management and mitigation strategies. Incidents are reported and analysed at an overarching organisational level to ensure appropriate action taken (including reporting to external organisations). Management note implementation (at an organisational level) of a planned process to test quality of care/service planning via review of the electronic documentation system.

An effective clinical governance framework regarding antimicrobial stewardship, open disclosure and minimising restrictive practices is evident. Policy and procedural documentation guide management and staff in adherence to this framework. Monitoring processes enable ongoing oversight of service performance in relation to clinical governance and provision of data to the board. Antimicrobial stewardship for example, is discussed at multiple meeting forums and promoted/supported by management and staff. Interviewed staff demonstrate knowledge of principles of antimicrobial stewardship, minimisation of restrictive practices and principles of open disclosure. Documentation detail appropriate information relating to restrictive practices and examples of open disclosure when things go wrong.

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)