Performance

Report

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| Name of service: | Gallipoli Home |
| Service address: | 11 Gelibolu Parade Auburn NSW 2144 |
| Commission ID: | 1071 |
| Approved provider: | Gallipoli Health Services Limited |
| Activity type: | Site Audit |
| Activity date: | 30 November 2022 to 2 December 2022 |
| Performance report date: | 25 January 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 Gallipoli Home (**the service**) has been prepared by S. Hicks, 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 18 January 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-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.

Of note, the Approved Provider should complete all improvement actions that they identified in their written submission to the Commissioner.

**Standard 1:**

* **Requirement 1(3)d**
* Ensure all identified risks have strategies in place to minimise or eliminate the risk. This should be done in conjunction with consumers/representatives consistently.
* Ensure that all risks to consumers and the associated risk mitigations are recorded and updated consistently.

**Standard 2:**

* **Requirement 2(3)a**
* Review how risks are considered in assessment and planning process and how they are used to inform the delivery of safe and effective care to each consumer. Implement improvements based on this review.
* Ensure consumer reassessment occur consistently following incidents.
* Review and ensure that assessment processes are consistent for all consumers.
* Ensure actions are taken is a timely manner so that plans informing care reflect current consumer needs/preferences.
* **Requirement 2(3)b**
* Review and improve planning and assessment in relation to consumers current needs including behaviour management and care requirements.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)c**
* Develop a clear robust process to partner with consumer’s in their ongoing care. This should focus specifically on when changes occur to consumer care/preferences.
* Ensure any barriers to this occurring are removed so that consumers/representatives have multiple avenues to in partnership with the Approved Provider.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)d**
* Review and improve processes for informing consumers/representatives once a care plan has been updated to ensure that they are effectively communicated.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)e**
* Improve the process for capturing and recording information when circumstances change or when incidents occur to enable effective care and services for consumers.
* Ensure analysis is completed to determine strategies to mitigate the risk and ensure the consumer safety.
* Ensure these are recorded accurately and in a timely manner.

**Standard 3:**

* **Requirement 3(3)a**
* Review, improve and deliver safe and effective personal care. This relates specifically to restrictive practices, behaviour management, wound care and pain management.
* Review behavioural management processes to ensure they capture triggers and strategies to manage the behaviours are documented and reviewed regularly for effectiveness.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 3(3)b**
* Develop and implement a robust system for the effective management of high impact and high prevalence risk which improves the links between recording risks and actioning mitigation of those risks.
* Risks associated with behaviour management need to be addressed as a matter of priority both to the consumer exhibiting the behaviour and the impacts to other consumers.
* **Requirement 3(3)e**
* Complete a review of the communication across the organisation in relation to consumer’s condition, needs and preferences. This should be recorded accurately and reviewed.
* Ensure that all documentation is improved in its accuracy and timeliness.

**Standard 4:**

* **Requirement 4(3)c**
* Review and improve lifestyle activities ensuring they are directly related to consumer interests and preferences.
* Ensure that consumer interests and preferences are recorded accurately and are reviewed regularly.
* **Requirement 4(3)d**
* Improve the documentation process so that information is better able to be shared regarding consumer condition, needs and preferences.
* Ensure information is accurate and timely.
* Build stronger working relationships with others involved in consumer care.
* **Requirement 4(3)f**
* Provide staff training in relation to the dining experience.
* Review current dining experiences and look to improve these for consumers to make meal times more pleasant and social.

**Standard 6:**

* **Requirement 6(3)c**
* Ensure that the service is recording the appropriate action or investigation that is taken in response to all feedback and complaints.
* Ensure consumers are fully aware of the complaints procedure.
* **Requirement 6(3)d**
* Continue to develop and implement methods for capturing both internal and external feedback and complaints so they can be used for improving the quality of care.
* Look at ways to ensure that there is a systematic, consistent, functioning avenue to ensure that feedback/complaints are used for improving the quality of care and services provided to consumers.

**Standard 8:**

* **Requirement 8(3)a**
* Seek feedback from consumers/representatives on how best to engage with them to allow them to have input into their care and services.
* Develop and implement ways to engage with consumers/representatives and ensure that these are effective.
* Ensure all actions are documented including actions taken and incorporated as part of continuous improvement.
* Ensure all engagement is recorded accurately and effectively.
* **Requirement 8(3)b**
* Ensure the Board is analysing the clinical data reported and discussions and outcomes are recorded and actioned.
* Look for active ways for the governing body to be to accountable for their delivery of inclusive and culturally safe care and services and ensure these are consistent, recorded, evaluated and improved.
* **Requirement 8(3)c**
* Ensure as a matter of importance that governance systems are developed and improved for information management, continuous improvement, regulatory compliance and feedback and complaints.
* **Requirement 8(3)d**
* The Approved Provider needs to continue to implement improvements for risk management systems and practices. This includes ensuring the systems are proven to be timely, accurate and result is risk limitation or elimination.
* **Requirement 8(3)e**
* Improve and commence training for staff on minimising restraint and open disclosure.
* Continue improvements to clinical governance framework focusing on consistency, timeliness and improvement to the clinical oversight at the service.

# 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. | Non-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 Non-Compliant as one of the six specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Some issues were identified by the Assessment Team that the team felt impacted the dignity and respect of consumers. This included issues relating to privacy, personal care and some staff interactions. In addition, a review of documentation was conducted of consumers who management stated take risks was conducted. Although the Assessment Team found that risk had been considered for some consumers the service could not demonstrate the consistent measures to mitigate and manage these risks involved in partnership with consumers.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. Firstly, some of the evidence supplied did provide some additional substantiation for requirement 1(3)(a) and included actions the service had taken to ensure that there is compliance with this requirement. After considering this and upon reviewing the evidence provided by the Assessment Team I am satisfied that the issues identified by the Assessment Team are not systemic in nature and therefore I find the service is compliant with requirement 1(3)(a). However, in relation to requirement 1(3)(d) I have determined that there has not been enough compelling evidence from the Approved Provider to substantiate compliance with this requirement. Whist it is acknowledged that the Approved Provider has identified risks for consumers it has not consistently worked with consumers to mitigate these risks and where this may have been done it has not been effectively recorded so it can be used in the ongoing care of consumers. Therefore, the Approved Provider has been unable to effectively substantiate compliance with requirement 1(3)(d).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 1(3)(d)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The Assessment Team noted that the environment, care and services supported cultural safety. The service supports the religious beliefs of all consumers to meet consumer individual religious practices. The Service also supports married couples to spend time together and have assisted consumers navigate building relationships even where the family may have been opposed.

The Assessment Team also saw evidence that information provided consumers is current, accurate and timely. Consumers interviewed also stated that they are provided with clear information that they can understand. In addition, the service has methods in place to ensure consumer confidentiality and privacy is maintained. One example of this was for consumers who wish to have access to keys can obtain them allowing them to lock their rooms allowing them to manage their privacy.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(e)

Requirement 1(3)(f)

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

The Quality Standard is assessed as Non-Compliant as five of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with any of the requirements for this Quality Standard.

The consumer care documentation, as viewed by the Assessment Team, showed deficits in recording and reviewing of consumer needs and preferences. It was noted however that most consumers did have advance care planning and end of life planning if the consumer wished.

Although general risks are considered during the assessment process, The Assessment Team found that specific risks relating to each consumer are not identified and documented. This included inconsistent and/or limited reassessment of consumers risks following incidents, including identifying triggers that contribute to behavioural management care. Therefore, the consumer care documentation is not consistently informing the accurate delivery of safe and effective consumer care and services.

Furthermore, the Assessment Team found care planning required improvement as care and service documentation showed that the comprehensive review of care plans is not conducted for effectiveness when circumstances change or incidents of behaviour that impact consumers. The Assessment Team did however find evidence of input from other services and providers that care for consumers, but the service did not demonstrate the assessment and planning process is undertaken consistently in partnership with consumers/representatives.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. Most of the evidence centred around care plans and consumer needs and preferences. Whilst it is acknowledged that the Service does have a functional system for ensuring each consumer has a care plan there are a range of inconsistencies in relation to regular, timely and consistent updates and review of effectiveness for the plans in place. The Approved Provider was also unable to provide enough evidence to dispel that care plans are consistently done in partnership with consumers/representatives. Whilst there may be some issues with consumers understanding terminology relating to care planning I am not compelled that this is a strong enough reason for the consumer care partnerships not to occur as it is the responsibility of the Approved Provider to ensure this occurs regardless of language and/or staffing barriers. It has been noted that the Approved Provider does have care plans available should the consumer/representative ask for them as per part of requirement 2(3)(d) however I was still not convinced that the communication of these was effective and consistent for all consumers/representatives. Lastly, whilst trying to preserve their compliance to Standard 2 the Approved Provider did offer lists of actions that will be undertaken as a result of the Site Audit Report and although these actions could rectify the findings they do not reflect the state of care planning and assessment at the service as seen by the Assessment Team on the day of the site audit.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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. | 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. | Non-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 Non-Compliant as three of the seven specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The service was unable to demonstrate that consumers consistently get safe, effective and best practice personal care or clinical care tailored to their needs and preferences. Observations and documentation reviewed by the Assessment Team showed shortfalls in clinical or personal care concerning behaviour management, pain management, restrictive practices and wound care.

The Assessment Team found that consumers/representatives mostly provided positive feedback about their clinical care and management of individual risk to consumers. However, observations and documentation reviewed for sampled consumers showed high impact, high prevalence risks related to their behaviours, pressure injury and wounds were not being effectively managed. In addition, the Assessment Team after reviewing consumer records, found communication relating to consumer current care needs were not completed or not had not been updated. Incident reports are not routinely completed and investigated to determine a cause. Moreover, most consumers/representatives sampled felt communication at the service has been an ongoing issue.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. After considering the evidence as submitted by the Assessment Team in conjunction with the Approved Provider response there does not seem to be enough evidence that the Approved Provider can demonstrate compliance in relation to both the clinical and personal care of consumers. This predominantly relates to shortfalls in consistent care in relation to consumer needs. In relation to high prevalence and high impact risks the Service does have protocols in place to capture these. However, Standard 3 relates directly to the care of the consumers and whilst they may be recorded, what is done with this information to consistently improve the care of consumers remains unsubstantiated especially in relation to behavioural management. This is also one of the contributing factors to Assessment Team finding that the information relating to consumer conditions, needs and preferences is inconsistently documented and communicated within the organisation, and/or with others involved in shared care. There is also evidence of shortfalls in communication relating to pain management.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(e)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service demonstrated a process for recognising and addressing consumer’s needs, goals and preferences for those nearing the end of life. Care and service records reflected that consumer comfort and dignity was preserved when receiving end-of-life care and consumer directives were incorporated into care documents.

The service was also able to demonstrate timely recognition and response to consumer deterioration/change in condition. This was evident through sampled care planning documentation and positive consumer feedback. In addition, care planning documents confirmed timely referrals to allied health professionals, medical specialists, and others with consumer/representative preferences considered in the process.

Lastly, staff effectively demonstrated their knowledge to the Assessment Team in relation to infection prevention measures and antimicrobial stewardship and how these both work in practice when providing consumer care.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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. | Non-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. | Non-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. | Non-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 Non-Compliant as three of the seven specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The service does support consumers to participate in their community inside and outside the service and to have personal and social relationships. However, there were shortfalls in the supports for consumers to do things of interest to them. The Assessment Team found that although some consumers were satisfied with the lifestyle program the majority of consumers interviewed said there were no or limited activities provided that were of interest to them. More specifically, consumers who do not wish to, or are unable to participate in group activities, are provided with minimal alternative lifestyle options leading to boredom.

The Assessment Team found that the service does not have effective processes to ensure that information about each consumer’s condition, needs and preferences in relation to daily living are communicated within the organisation and to others sharing consumer care responsibility. Overall, from the documents sampled, the Assessment Team found there was limited information to support consumer needs and this information was found to be minimal, inaccurate and/or outdated.

In relation to meals some consumers indicated to the Assessment Team that the meals provided at the service are satisfactory, whilst others were not satisfied. The Assessment Team also observed that the service does not provide a conducive dining experience for some consumers so that mealtimes are an enjoyable social time.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. After considering the Assessment Team evidence and the Approved Provider response the evidence provided by the Assessment Team was very compelling in showing that that service is having issues relating to the provision of lifestyle activities for consumers which is not providing the supports for daily living for all consumers. In addition, whilst it is acknowledged that the service does have processes in place to capture consumer information the evidence shows that the quality, accuracy and timeliness of this information is lacking, and this is turn affects the ability of the service to be able to communicate effectively to deliver the best possible care to consumers. In relation to the provision of meals I agree with the Approved Provider that despite some negative feedback from consumers the evidence does not suggest that meal provision is overall poor in quality or quantity or lacking variety. However, largely the dining experience including the level of care provided by some staff during meal times does require further improvement and this cannot be overlooked when considering compliance with the requirement.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(f)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The Assessment Team found that the service ensures each consumer gets safe and effective services and supports for daily living. Most consumers/representatives provided positive feedback with living at the service saying they feel at home. This also included their satisfaction with how they are treated by staff, the respect for their culture and the support provided in relation to their spiritual needs. The Assessment Team also found referrals to other medical practitioners and support organisations to assist in the provision of consumer care that related to the physical, spiritual and emotional wellbeing. Furthermore, the Assessment Team confirmed that mobility equipment is readily available and is well maintained with staff confirming there is enough, well maintained equipment available for them to assist consumers.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(e)

Requirement 4(3)(g)

# 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 three of the three specific requirements have been assessed as Compliant.

The Assessment Team heard consumers/representatives consistently report that consumers feel at home in the service and that the service environment is comfortable. The Assessment Team also observed that the environment is comfortably furnished with multiple areas for consumers to meet including quiet areas. In addition, consumers can move freely through the service and access courtyard and outdoor areas around the service.

All furniture, fittings and equipment were observed be safe, clean, well maintained and to meet the needs of consumers. The Assessment Team reviewed the reactive maintenance log that showed that repairs are completed promptly with staff also confirming that equipment is well maintained and available for them to use as required. The service also has a cleaning program in place with the Assessment Team observing the service to be clean, safe and well maintained.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-Compliant as two of the four specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The service was not able to demonstrate that appropriate action was taken in response to complaints and that an open disclosure process was used when things go wrong. Consumers and their representatives stated that appropriate action was not taken in a timely manner or sometimes at all when they raised complaints. The service is also not utilising their complaints register effectively to track and record complaints and outcomes. This is turn meant they could not demonstrate that feedback and complaints are used to improve care and services. In addition, the service was unable to demonstrate any changes made to care and services as a result of complaints raised.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. Although some arguments were presented in relation to management on leave and system issues. However, this does not account for the Assessment Team findings. All operations should be consistent for consumers regardless of if particular staff are away and I do not agree with the Approved Provider that the Assessment Team were highlighting system capability issues. This was not the case, the Assessment Team looked at consumer impact; how consumer care is conducted, and the systems used to do this is largely up to the individual Approve Provider as long as it meets the requirements of the Quality Standards. In this case the Approved Provider was unable to demonstrate that complaints and outcomes are consistently and effectively tracked and used to improve the care for consumers.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 6(3)(c)

Requirement 6(3)(d)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Consumers provided feedback that they are aware of various ways of making complaints with the Assessment Team observing a range of information for consumers on how to provide feedback and raise complaints. Management was also able to demonstrate different ways that consumers and their representatives can raise feedback and make complaints. In addition, Assessment Team observations confirmed that the service was actively assisting consumers to understand what external services they can access to assist them in raising and resolving complaints.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

# 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 five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The Assessment Team found evidence that the workforce is not was planned to enable the delivery and management of safe quality care and services. This was in relation to clarity or role duties and responsibilities and the appropriate workforce being available in the lifestyle activity provision.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. After considering this and upon reviewing the evidence provided by the Assessment Team I am satisfied that the issues identified by the Assessment Team are not systemic in nature and are predominately reflective of staff recruitment which has already been remedied by the Approved Provider and was ongoing at the time of the site audit. I have concluded that even though the Approved Provider is facing some challenges in recruiting the appropriate staff, there is no compelling evidence to suggest that the Approved Provider is not planning its workforce that is impacting consumers. Therefore, I find the service is compliant with requirement 7(3)(a).

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Most consumer interviews supported that staff were kind and respectful. The Service was also able to demonstrate that staff are competent and have the qualifications and knowledge to effectivity perform their roles. Staff provided feedback to the Assessment Team about the training and education they receive and the competencies that they are required to complete which included understanding the Quality Standards. Furthermore, management were able to confirm that the organisation ensures that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-Compliant as five of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The organisation has not implemented any processes to engage consumers in the development, delivery and evaluation of care and services. Nor is there any indication that the organisation is committed to the development processes to involve consumers in its continuous improvement plan or strategic plan. In addition, the Assessment Team found that did not have consistent measures in place to ensure the organisation has sustainable systems for the provision of safe, inclusive and quality care and services and is accountable for their delivery. For example, the Board having the ability to adequately show how they have directly recently consistently contributed and been accountable for care and service improvements.

The Assessment Team found that the organisation has effective financial governance systems. However, effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints are not effectively and consistently in place. Additionally, the organisation has policies to guide staff in relation to effective risk management systems however, the Assessment Team discovered that there were inconsistencies with implementation, documentation and particularly in relation to managing high prevalence high impact risks and managing incidents.

The same inconsistencies were also seen by the Assessment Team in clinical governance. In relation to overall clinical oversight the Assessment Team noted that clinical indicator information is collected through the organisation's participation in a benchmarking program. Whilst this provides the organisation with trending and benchmarking information measures to improve clinical indicators are not undertaken. Furthermore, whilst antimicrobial stewardship is understood and adopted within the clinical framework the Assessment Team also found inconsistencies with the clinical governance of the use of restrictive practices and open disclosure.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. Firstly, although the Approved Provider disputed that they did partner with consumers there was very little evidence supplied to support this. Whilst it was argued that the care planning and assessment process encompasses this, it does not go far enough to produce evidence of how this process has directly correlated to the development, delivery and evaluation of care and services in conjunction with consumers on an individual level and as a cohort.

Secondly, it is acknowledged that the intent of the service is to provide a culture of safe, inclusive and quality care and services and the Board is supportive of this. The other consideration for this requirement is, are the Board accountable for the delivery of this intent? Whilst there are a couple of examples where they have been accountable there is not enough evidence supplied to show that it is consistent, timely and adequately recorded. Furthermore, the organisation governance systems whilst in place must also be effective and although there is evidence to support that this is happening for financial, and I have concluded workforce as well, the service has been unable to substantiate this in the other areas. Lastly, the evidence concludes that the same issues are present for risk management and clinical governance with the Approved Provider unable to substantiate consistent and effective governance.

Based on this evidence and additional information from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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