

**Performance Report**

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| Name: | Garden View Nursing Home |
| Commission ID: | 2571 |
| Address: | 124 Paton Street, MERRYLANDS, New South Wales, 2160 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2024 to 27 September 2024 |
| Performance report date: | 20 November 2024 |
| Service included in this assessment: | Provider: 1480 Garden View Aged Care Pty Ltd Service: 942 Garden View Nursing Home |

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 Garden View Nursing Home (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives, and others
* the provider’s response to the assessment team’s report received 25 October 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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 system to ensure assessment/planning includes consideration of risk to inform delivery of safe/effective care, plus an effective self-identification system to identify/respond when deficits occur.
* Requirement 3(3)(a) – implement an effective system to ensure consumers receive safe/effective care reflective of best practice and tailored to individual needs, plus an effective self-identification system to respond when deficits occur.
* Requirement 3(3)(b) – implement an effective system of risk management associated with each consumers’ care, plus an effective self-identification system to respond when deficits occur.
* Requirement 3(3)(d) – implement an effective system to ensure deterioration/change of a consumer’s function, condition or capacity is recognised/responded to in a timely manner, plus an effective self-identification system to respond when deficits occur.
* Requirement 3(3)(f) – effective system to ensure appropriate and timely referral to individuals/other providers of care, plus an effective self-identification system to respond when deficits occur
* Requirement 4(3)(a) – implement an effective system to ensure each consumer receives safe/effective daily living services/supports to meet their needs, optimise independence, well-being, and quality of life, plus an effective self-identification system to identify/respond when deficits occur.
* Requirement 7(3)(d) – implement an effective system to ensure a trained/supported workforce equipped to deliver outcomes of the Quality Standards.
* Requirement 8(3)(b) – implement an effective system to ensure the governing body promotes and is accountable for the delivery of safe, inclusive quality care and services.
* Requirement 8(3)(c) – implement effective organisational governance systems relating to all aspects of this requirement (in particular - information management and regulatory compliance), plus an effective self-monitoring system to identify/respond when deficits occur.
* Requirement 8(3)(d) - implement an effective risk management system relating to all aspects of this requirement, plus a self-monitoring system to identify/respond when deficits occur.

# Other relevant matters:

Garden View is in Sydney’s western suburbs overlooking a large park. The service is owned by the Burmese community and many consumers are Burmese and/or Chinese. Interpreters were used to assist the assessment team to facilitate interviews with consumers who spoke Burmese, Cantonese, or Mandarin.

# 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

Effective processes ensure consumers are treated with dignity, respect and their identity, culture and diversity valued. Consumers from a range of diverse cultures and backgrounds live at the service and they (plus representatives) consider staff treat consumers in a respectful, kind, and caring manner. Policies/procedures detail requirements relating to diversity, respect and culture and staff receive education relating to this. Observations confirmed staff are respectful to consumers, and consumers culture identity and diversity are considered when providing care. Documents detail organisational requirements and consent is obtained regarding photography, assessment/planning and sharing information with other providers. Care plans include activities aligned with consumer’s culture needs.

The service demonstrates culturally safe care and service provision to a range of diverse cultures including Chinese, Burmese, Arabic, Vietnamese, Russian and English. Information/signage (translated into multiple languages) is displayed to support wayfinding and information regarding rights/responsibilities, complaints processes and advocacy services. Consumers rooms were observed to be decorated with culturally significant items. Staff receive education regarding cultural and religious needs which are considered when planning care, meal provision/cultural celebrations and use cue cards/translation applications to communicate with consumers.

Systems ensure information is current, accurate, clear/easy to understand and enables choice. Consumers and representatives’ express satisfaction Management and staff support independence via receipt of accurate/timely information and communication methods. Service agreements are translated, and signage includes symbols to support/facilitate understanding. Consumers express satisfaction their privacy is respected, and personal information confidentially maintained. Staff were observed maintaining privacy when providing personal care and electronic documentation systems require individualised access. Some rooms contain retractable gates to maintain privacy.

Requirement 1(3)(c) - Some sampled consumers expressed satisfaction on being supported with choice and decision making. Documents detail information of who consumers choose to be involved in care, and staff demonstrate awareness of who is involved for decision-making purposes, plus promotion of consumers independence. Examples include supporting communication with family via telephone and independence in visiting local/community establishments. However, one consumer expressed disappointment regarding living in the service and another expressed dissatisfaction of not being asked their choice of meals, and/or hygiene needs. Management committed to address/discuss care with both consumers. In their response, the provider supplied evidence of communication with both named consumers to achieve satisfactory outcomes, evidence includes involvement by medical officer, palliative care team, interpreter service, family, plus evidence demonstrating regular/ongoing communication to support choice/ascertain consumer wishes. In consideration of compliance, I am swayed by the volume of satisfactory consumer feedback, staff awareness of individualised consumer support, documentary evidence of consumer independence and Management’s responsiveness. I find the service demonstrates consumers are supported to exercise choice and independence, make decisions about care delivery, and maintain relationships of choice. I find requirement 1(3)(c) is compliant.

Requirement 1(3)(d) - The service demonstrates consumers are supported to take risks to enable them to live their best life they can. Management explained supporting consumers by discussing risks they wish to take, collaborating with them (and representatives) during case conference discussions/meetings. Consumers expressed satisfaction of support received and documents identify risks, strategies, and management processes. However, for one consumer mobilising via a wheelchair with footplates removed, a method of monitoring safety did not exist and a method to record when another consumer exited/returned to the service is not evident. The assessment team observed several consumers have retractable half-gates across their bedroom doors to maintain privacy (as per consumer choice). Documents detail this practice as a preventative measure from other consumers accessing rooms, however, pose a possible risk when exiting rooms. In their response, the provider supplied evidence of regular/ongoing monitoring of consumer safety/whereabouts, acknowledged inherent environmental risk plus an ongoing commitment to risk minimisation. In consideration of compliance, I am swayed by consumer feedback regarding support received to take risks enabling them to live the best life they can. I find requirement 1(3)(d) is compliant.

# 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. | Not 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

Requirement 2(3)(a) - The service did not demonstrate assessment and planning considers all risks to consumers health and well-being. The assessment team bought forward evidence the service does not have an effective process of recording consumers’ names/destination/expected and/or actual return time to enable accurate records, specifically in the event of an emergency. Management acknowledged an effective system did not exist for one consumer who has a diagnosis of chronic alcohol consumption and recently experienced a fall while out of the service. Strategies include nominated return time, however, do not address/reduce possibility of harm. Timely reassessment for another consumer did not occur resulting in increased discomfort/symptoms. Impact is considered in requirements 3(3)(a) and 3(3)(b).

The deputy director of nursing (DDN) explained registered nurses (RNs) complete initial reviews using validated assessment tools and a schedule nominates/used to ensure regular care plan review. Assessment and planning policies/procedures do not reference a need to include an independent interpreter to ensure initial and ongoing assessment accurately captures consumer input due to many consumers being linguistically diverse and English not their preferred language. In their response, the provider advised of implementing a register for documenting when consumer’s leave/return to the service, plus referral to appropriate health professionals for two named consumers. In consideration of compliance, while responding to issues bought forward by the assessment team, I find the service did not demonstrate an effective system to ensure assessment/planning includes consideration of risk to inform delivery of safe/effective care, nor an effective self-identification system to respond when deficits exist. I find requirement 2(3)(a) is not compliant.

I find the remaining requirements are compliant.

Sampled consumers and representatives’ express satisfaction of involvement in assessment/care planning and consider preferences/needs are met, including an opportunity to discuss end of life wishes. Documents detail current needs, goals and preferences, advance care, and end of life planning. One consumer’s documents demonstrate receipt of spiritual care, regular visits from people of their faith including Buddhist monks and participation in rituals when nearing end of life. A representative advised assessment/planning reflects current needs. Documents detail advanced care planning wishes and substitute decision maker’s legal responsibilities. The service demonstrates assessment/planning ensures consumer partnership and others’ they wish. Review of 7 consumer records include appropriate documentation including medical officer directives. Three representatives expressed satisfaction with consumer care and regular communication regarding care.

A system ensures outcomes of assessment/planning are effectively communicated to consumers/representatives and documented in a care plan readily accessible to them. Consumers/representatives express satisfaction with care and accessibility to care plans. Staff note access to care related information via shift handover notes and verbal communication from RNs, and senior clinicians. The service demonstrates regular review of care/services including when circumstances change and/or incidents occur. A schedule is used to guide regular review of care plans by RNs, with consumer/representatives’ consultation and review of documents demonstrate this process. Examples include review/amendment post hospitalisation using a suite of validated tools, daily clinical observations, medical officer/wound review resulting in successful wound healing.

# 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.
 | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not 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. | Not 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

Requirement 3(3)(a) - Most sampled consumers/representatives consider receipt of satisfactory personal/clinical care and documents, staff interview and observation of practices evidenced this for some consumers. However, the assessment team bought forward evidence not all consumers receive best practice tailored care, optimising health and well-being relating to personal care, skin integrity, falls and behavioural management. One consumer was observed to be unshaven and wearing soiled clothes and relevant documents detail periods of several days between hygiene care without strategies to guide alternate care provision. Policies and procedures guide care in relation to a fall, however analysis to determine cause and/or develop a prevention plan is not evident. Consideration of referral did not occur for a consumer with a diagnosis of chronic alcohol consumption who recently experienced a fall when out of the service. Another consumer was observed to be actively rubbing arms/legs in relation to a rash which documents detail exist for several months without referral to identify cause/manage symptoms. Management responded by seeking an urgent dermatology referral and submitted a Serious Incident Response Scheme (SIRS) notification. In their response, the provider advised of discussion with relevant consumers/representatives, referral to specialists and implementation of recording/monitoring processes. In consideration of compliance, while responding to issues bought forward, I find the service did not demonstrate an effective system to ensure consumers receive safe/effective care reflective of best practice/tailored to needs, nor an effective self-identification system to respond when deficits occur. I find requirement 3(3)(a) is not compliant.

Requirement 3(3)(b) - The service identified falls, unplanned weight loss and skin tears as high impact/prevalence risks. Documents reflect identification of some risk, however, do not demonstrate effective intervention/management to minimise/prevent further incidents. Some sampled consumers/representatives consider care is not appropriate/safe for individual needs. Risks relating to falls experienced by one consumer diagnosed with excessive alcohol consumption did not result in effective management strategies to minimise/manage risk. Another consumer’s prolonged symptoms/lack of skin care provision were not identified as a reportable risk due to lack of responsive management. The service did not demonstrate an effective monitoring system to identify unprescribed medications observed in one consumer’s room. In their response, the provider evidenced subsequent referrals for relevant consumers and implementation of a document requiring consumer’s signature when exiting/returning to the service. In consideration of compliance, while responding to issues bought forward, I find the service did not demonstrate an effective system of risk management associated with each consumers’ care, nor evidence an effective self-identification system to respond when deficits occur. I find requirement 3(3)(b) is not compliant.

Requirement 3(3)(d) – The service did not demonstrate an effective system of recognition/response to consumer needs occurs in a timely manner. Consumers and representatives expressed dissatisfaction in Management/staff response to deterioration/changes in condition. Documents did not reflect timely management/responsiveness nor appropriate actions to ensure care needs are met. Specialist referral to support emotional/psychological well-being has not occurred for one consumer nearing end of life and Management and staff did not respond/manage a prolonged lack of skin integrity for another. In their response, the provider evidenced subsequent referrals for both consumers. In consideration of compliance, while responding to issues bought forward, I find the service did not demonstrate an effective system to ensure consumer’s deterioration/change is responded to in a timely manner, nor evidence an effective self-identification system to respond when deficits occur. I find requirement 3(3)(d) is not compliant.

Requirement 3(3)(f) - The service did not demonstrate referrals to other providers or organisations occur in a timely manner for two consumers. Referral to specialist to support emotional/psychological well-being has not occurred for one consumer nearing end of life and Management/clinical staff did not identify/manage a prolonged rash/deterioration of skin integrity for another. In their response, the provider evidenced subsequent referrals for both named consumers. In consideration of compliance, while responding to issues bought forward, I find the service did not demonstrate an effective system to ensure appropriate and timely referral to individuals/other providers of care, nor an effective self-identification system to respond when deficits occur. I find requirement 3(3)(f) is not compliant.

I find requirements 3(3)(c), (e) and (g) are compliant.

A system ensures most consumers’ comfort and dignity when nearing the end of life. Consumers and representatives are invited to participate in initial/ongoing discussions to identify end of life wishes including preferred level of clinical intervention. Care plans guide care delivery. Regular liaison occurs with doctors, staff, representatives, and palliative care specialists. Staff described a range of interventions employed to ensure management of pain and comfort/dignity is maintained.

The service demonstrates information relating to consumer’s condition, needs/preferences is communicated within the organisation and others responsible for care. Consumers and representatives expressed satisfaction needs/preferences are known by others including medical officers and allied health. Staff described methods for information transfer including RN updates and allied health professions record directives and update RNs of changes.

Minimisation of infection related risks occur via implementing standard and transmission-based precautions/practices, antibiotic use and an infection prevention/control program. The service has a current infection outbreak management plan, and the DON is the infection prevention control lead. Pre-consents for COVID-19 antivirals are documented for most consumers and daily monitoring recording of temperature and symptom identification occurs. Immunisation programs exists and staff receive training relating to infection control/prevention. Personal protective equipment (PPE), spill kits, hand sanitising stations and safe waste disposal were observed. A medical officer (Board Director) oversees antimicrobial stewardship and clinical aspects.

# 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. | Not 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

Requirement 4(3)(a) – A process ensures lifestyle staff collect information relating to consumer’s history, interests, activities of enjoyment and organisations they participate in. Documents align with observations/consumer feedback regarding activities of interest. Staff demonstrate knowledge of consumers background/individualised choice and were observed engaging with them. A planned activities program exists, and consumers were observed participating in exercises with staff translating to enable involvement. Consumers attend online church services, or in-person and privately engage in religious practices. The assessment team observed 2 consumers living with cognitive impairment were not supported by staff to engage in meaningful activities. Both were observed unaccompanied and displaying unmet behaviours of wandering, agitation, calling out and/or in communal areas seated in front of a television. While staff promptly attended, they subsequently disengaged. Lifestyle staff advised of individualised equipment to support engagement however this was not used and interviewed staff advised they had not received training in relation to behaviour management/support. In their response, the provider advised of seeking support from volunteers and planned staff education/training in relation to supporting consumers unmet behaviours/engagement in meaningful activities. In addition, they advised of increasing lifestyle team numbers, extended activity program hours, plus appointed a lifestyle coordinator to oversee development of care plans/program activities. In consideration of compliance, while responding to issues bought forward, I find the service did not demonstrate an effective system to ensure each consumer receives safe/effective daily living services/supports to meet their needs, optimise independence, well-being, and quality of life. I find requirement 4(3)(a) is not compliant.

Requirement 4(3)(e) – Lifestyle staff offered consumers participation in an emotional wellbeing program. The assessment team observed staff attending a consumer (displaying agitated behaviours) however they did not engage in conversation nor support them in meaningful activities. Documents include guidance from dementia specialists regarding engagement to reduce unmet behaviours; however, staff did not provide care as per guidance/directives. Management stated a volunteer visitor scheme had recently ceased resulting in alternatives being sought. In their response, the provider evidenced seeking of volunteers to support consumer’s and planned staff education/training in relation to supporting unmet behaviours. In consideration of compliance, I have considered the lack of engagement in meaningful activities for a consumer within requirement 4(3)(a) as the service demonstrated referral did occur. I find requirement 4(3)(e) is compliant.

I find the remaining requirements are compliant.

Effective services and supports promote consumers’ emotional, spiritual, and psychological wellbeing. Staff demonstrate knowledge of needs and described methods of supporting individual consumers. Care plans detail well-being assessments and information to guide/direct care delivery, and consumers/representatives gave examples of satisfaction. Electronic streaming of regular church services occurs, or consumers attend in person. Volunteers from local churches visit to provide one-to-one spiritual support.

The service demonstrates consumers are supported to participate in their community, maintain social relationships and do things of interest. Consumers expressed satisfaction and were observed engaging in activities of choice. Family involvement is encouraged/promoted including staying overnight when required. Family members were observed engaging with consumers and staff. The activities program includes park outings, bus trips and engaging consumers in community events, book deliveries and consumers are supported to engage in gardening activities.

A system ensures consumer information is communicated within the organisation and others involved in care delivery. Consumers consider staff have awareness of their needs and assist participation in activities of choice. Staff demonstrate knowledge of individual needs/preferences and receive information from clinical staff regarding issues which may affect participation in activities. Information regarding consumers preferred engagement is accessible to staff and a process ensures catering staff are alerted to dietary needs. An effective system ensures meals are varied and of suitable quality and quantity. Meals are prepared on site, a dietitian reviewed menu contains traditional and Asian-style meals and consumers expressed satisfaction. A ‘café’ area adjacent to the dining room ensures availability of meals/drinks throughout the day. Dietary needs are considered and information at point of service ensures receipt of appropriate meals including textures/fluid consistency. While Management and staff advised completion of texture modified food/fluid consistency training, not all staff demonstrated knowledge of fluid requirements to obtain required consistency [considered in requirement 7(3)(d)].

# 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 service presents a welcoming environment optimising consumer’s sense of belonging and consumers/representatives consider the home-like environment suits needs. Recent improvements have occurred to both interior and exterior aimed to create a sense of warmth and belonging. Changes include wallpaper murals to assist in navigation, culturally specific posters/art, segregation of the café area and purchase of garden beds, pot plants and outdoor furniture. Improved signage in differing languages support diversity of background and room identification. Shared rooms have additional space to afford privacy and storage. The assessment team observed activities occurring in communal areas where television noise contributed to focus difficulties.

The service demonstrates a system to ensure a safe, clean, well maintained/comfortable environment supports free more throughout and accessibility to outdoor areas. Consumers/representatives consider the environment to be clean and comfortable, expressing satisfaction gates across bedroom doorways create a sense of safety. A process ensures secure storage of chemicals and regular preventative/reactive maintenance, plus a reporting process for timely rectification. Maintenance staff were observed attending issues. A process ensures appropriate assessment/documentation for consumers deemed as requiring environmental restrictive practices. The outdoor area is wheelchair accessible, clean, maintained and most unlocked doors enable access, however the assessment team noted some doors appeared difficult to open. Management advised a long-term plan to purchase surrounding property and rebuild, plus plans to upgrade the call-bell alert system.

The service demonstrates furniture, fittings and equipment are safe, clean, and well maintained via a system for repair/replacement and adaptions to ensure safety and suitability. Furniture was observed to be clean and comfortable, however, some equipment required repair which Management committed to address.

# 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

Requirement 6(3)(b) – Sampled consumers/representatives consider they are comfortable in raising concerns, however, were not aware of advocacy services, nor external complaints mechanisms including access to the Aged Care Quality and Safety Commission. Over 50 percent of consumers do not speak English however use of language/translation services is not evident. Staff speak the same language as consumers note advocating on their behalf and posters regarding advocacy services are displayed. In their response, the provider supplied evidence of a Senior Rights representative presenting at consumers meetings, details regarding external complaints processes communicated to consumers, and recent use of translation services to support one consumer. In consideration of compliance, I am swayed by the evidence submitted by the provider and find requirement 6(3)(b) is compliant.

I find the remaining requirements are compliant.

Consumers/representatives consider they understand how to give feedback and feel comfortable doing so. Staff described the process of attending to complaint resolution and/or escalating to RN/DON. Documents demonstrate concerns are discussed by DON and promptly addressed. Most consumers/representatives expressed satisfaction feedback/complaints are resolved and used to inform/improve quality of care and services. Documents detail action taken, use of open disclosure practices, and staff demonstrate use of open disclosure and/or incident response. Management gave examples of regular review, feedback, outcome and evaluation/analysis identifying most complaints relate to food and communication system to which they have responded.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement 7(3)(d) – Consumers/representatives consider most staff know what they are doing, and Management and staff acknowledge receipt of education/training relating to the Quality Standards, including Serious Incident Response Scheme (SIRS), open disclosure, restrictive practices/falls management, textured modified diets and thickened fluids (to name a few). Monitoring occurs to ensure completion and data such as clinical indicator/identification of risk is used to inform education/training. However, the assessment team bought forward evidence although training occurs, the service does not demonstrate effective oversight/staff application to ensure appropriate delivery of care. Examples included staff failure to identify one consumer’s deteriorating skin condition, lack of care resulting in a reportable SIRS incident, and preparation of thickened fluids. In their response, the provider advised of planned staff education/training and completion of competency assessments. In consideration of compliance, while responding to issues bought forward, I find the service did not demonstrate an effective system to ensure a trained workforce equipped to deliver outcomes required of the Quality Standards. I find requirement 7(3)(d) is not compliant.

I find the remaining requirements are compliant.

Most consumers/representatives consider sufficient staff to meet needs, including staff ability to communicate in consumer’s preferred language. Overall staff note enough to complete required tasks and Management demonstrate monitoring/adjustment to staffing levels when required. Consumers and representatives consider staff engage respectfully, in a kind/caring manner when providing care and staff demonstrate an understanding of individual consumers’ needs. The service demonstrates a system to ensure a competent and supported workforce. Documents demonstrate methods to ensure staff are appropriately qualified and currency of professional registrations. Staff were observed to demonstrate competence and consumers expressed satisfaction with care and services. Management explained the DON and DDON ensure staff competency assessments are conducted including infection control and use of PPE. Staff advised completion of regular performance appraisals and Management explained monitoring/review of staff performance via observation of practice, review of incidents, feedback and annual performance appraisals.

# 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. | Not 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.
 | Not 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.
 | Not 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**

Requirement 8(3)(b) – Board members are new to residential aged care and acquired organisational ownership in 2023 and training regarding the Quality Standards occurred. The governing body developed processes to ensure they are informed of risks and service performance. Documents demonstrate active governing body involvement/discussion regarding risk related issues. However, there is inconsistent documented evidence to demonstrate how the governing body is accountable for the delivery of safe, inclusive quality care/services. While corporate governance policies/procedures cite requirement for a strategic, diversity, risk management and continuous improvement plan, the assessment team were advised the strategic plan is in development and a diversity plan not evident. In their response the provider supplied evidence of further planned Board Governance education/workshops and completion of policies/procedural guidance. In consideration of compliance, I acknowledge the Governing Body demonstrates some completed and planned actions, however I consider an effective system to demonstrate the governing body promotes/is accountable for the delivery of safe inclusive quality care to be a work in progress. I find requirement 8(3)(b) is not compliant.

Requirement 8(3)(c) - Effective systems and processes exist for some aspects of this requirement. An active continuous improvement program exists and organisational monitoring, feedback systems, surveys/meeting forums identify improvement opportunities. The Board approved purchase of a new call bell/alert system to ensure effective response to consumer needs and management oversight. Appropriate organisational support is evident in relation budget, workforce governance and feedback/complaints systems. The organisation demonstrates effective systems regarding regulatory compliance, however some deficiencies relating to implementation of SIRS reporting mechanisms [considered in requirement 8(3)(d)]. The assessment team bought forward evidence of deficiencies relating to information management. A suite of policies/procedures guide staff in organisational expectations however regular review does not occur to ensure currency and/or specific tailoring to organisational needs. They note policies relating to assessment and planning are not current and do not guide in relation to all aspects of assessment/planning. Policies refer to CEO responsibilities, however this role does not exist. Consumer information does not provide guidance regarding behavioural and lifestyle requirements. In their response, the provider advised of a planned approach to ensure policy/procedure review/currency. I acknowledge responsive actions to evidence bought forward, however find requirement 8(3)(c) is not compliant as an effective governance systems relating to all aspects of this requirement do not exist.

Requirement 8(3)(d) - The organisation has a range of risk management systems/practices, including supporting consumers to live the best life they can, however an organisational system for monitoring implementation is not effective. The assessment team bought forward evidence of deficits in relation to management of high impact/prevalence risks associated with consumer care and implementation of the organisation’s incident management system. The high impact/prevalence policy does not include changed behaviour as an identified risk and changed behaviour management policy does not guide staff in behaviour management. An effective system is not evident relating to behaviour support for each consumer experiencing changed behaviours. The incident management system is not effective in capturing all incidents, including those involving lack of clinical care/responsiveness to changed needs. In their response the provider advised of amendments to policy guidance. While I accept responsiveness to evidence bought forward, I am swayed by the fact the service’s self-monitoring/identification system did not identify lack of effective processes. I consider it will take time for the provider to demonstrate effectiveness of risk management systems and practices. I find requirement 8(3)(d) is not compliant.

I find the remaining requirements are compliant.

Sampled consumers/representatives consider appropriate opportunity to be involved/engaged at the service and examples of support/engagement are evident. The DDN explained processes to ensure consumer engagement includes feedback mechanisms, complaints, surveys, and resident meetings. An organisational consumer advisory body consists of 2 consumers and 2 representatives. Documents detail promotion of the advisory body and a focus on consumer participation. The Board chair and director visit the service to engage/communicate with consumers and their representatives. Feedback provided to the Board via multiple forums is considered to identify/inform improvement areas.

An organisational clinical governance framework includes antimicrobial stewardship, restraint minimisation and principles of open disclosure. Policies and procedures guide staff in these aspects and staff demonstrate familiarity with concepts and practices to support appropriate anti-microbial use. The DON demonstrated minimisation of restrictive practices evident via a psychotropic medication register and consumer care plans. Open disclosure processes are evident in complaint/incident responses and staff demonstrate an understanding of how this applies to their role.

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)