Performance

Report

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| Georges Estate Health & Aged Care | 05 August 2022 |
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| Kogarah Health, Aged and Community Care (NSW) Pty Ltd | 17 May 2022 to 19 May 2022 |

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

**This Performance Report**

This Performance Report for Georges Estate Health & Aged Care (**the service**) has been considered by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 17 May 2022 to 19 May 2022 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 on 28 June 2022, including the continuous improvement plan dated 22 June 2022 and training plan for June 2022 to October 2022.

# 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(a) – the approved provider ensures each consumer is treated with dignity and respect, with their identity, culture and diversity valued to ensure they feel heard as individuals and their individual needs recognised and supported.
* Requirement 1(3)(b) – the approved provider ensures each consumer receives care and services that are culturally safe and recognise the diversity of each consumer’s own life experience and provide and encourage activities to support their ongoing engagement with their culture.
* Requirement 1(3)(c) – the approved provider ensures each consumer is supported to exercise choice and independence and can make choices about their own care and how care and services are delivered, including making choices about their own personal care needs.
* Requirement 1(3)(d) – the approved provider ensures each consumer is supported to take risks to enable them to live they best life they can including being able to take more walks and eat the foods they would like to and be supported in decision-making related to taking risks.
* Requirement 2(3)(a) – the approved provider considers all risks to consumer health and well-being when undertaking care and services assessment and planning and this informs the safe and effective delivery of care and services to all consumers.
* Requirement 2(3)(b) – the approved provider ensures each consumer’s needs, goals and preferences are identified and addressed through a comprehensive assessment and planning process that records accurate and complete information.
* Requirement 2(3)(c) – the approved provider ensures assessment and planning is based on partnership with the consumer and others the consumer wants involved in their care, the service should ensure the consumer and/or the consumer representatives are always informed or consulted when assessment and planning occurs.
* Requirement 2(3)(d) – the approved provider ensures the outcomes of assessment and planning are effectively communicated to each consumer and/or the consumer representative and documented in a care and services plan that is readily available to the consumer in a way they understand and encourages ownership of their care and services, and where care and services are provided.
* Requirement 2(3)(e) – the approved provider ensures care and services are reviewed both through the service’s routine regular review process of each consumer’s care and services and when consumer circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to the needs of the consumer and optimises the health and well-being of the consumer.
* Requirement 3(3)(b) – the approved provider ensures effective management of high-impact or high-prevalence risks associated with the care of each consumer.
* Requirement 3(3)(d) – the approved provider ensures 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.
* Requirement 3(3)(e) – the approved provider ensures 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.
* Requirement 3(3)(g) – the approved provider ensures minimisation of infection-related risks through implementation of standard and transmission-based precautions to prevent and control infection and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* Requirement 7(3)(a) – the approved provider ensures 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.
* Requirement 7(3)(b) – the approved provider ensures workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity which builds trusting relationships and values the consumer as an individual with their own unique life experiences, preferences, needs and abilities.
* Requirement 7(3)(d) – the approved provider ensures the workforce is recruited, training, equipped and supported to deliver the outcomes required by these standards to protect consumers against risk and improve the care outcomes for consumers.
* Requirement 8(3)(c) – the approved provider ensures effective governance systems for information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints are in place.
* Requirement 8(3)(d) – the approved provider ensures effective risk management systems and practices are in place for, including but limited to, managing high-risk or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.
* Requirement 8(3)(e) – the approved provider ensures where clinical care is provided, a clinical governance framework is in place for, including but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following four requirements are non-compliant:

Requirement 1(3)(a) – Each consumer is treated with dignity and respect, with their identity, culture and diversity valued

Requirement 1(3)(b) – Care and services are culturally safe

Requirement 1(3)(c) – Each consumer is supported to exercise choice and independence, including to:

make decisions about their own care and the way care and services are delivered; and

make decisions about when family, friends, carers or other should be involved in their care; and

communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

Requirement 1(3)(d) – Each consumer is supported to take risks to enable them to live the best life they can

The Assessment Team found most consumers and consumer representatives interviewed considered they are treated with dignity and respect, with their identity, culture and diversity valued. Some consumers and consumer representatives sampled described feeling like they were not respected and valued, feeling they were a burden. Another consumer described not feeling valued and respected as an individual, discussing how the service was unable to understand his individual needs. Staff interviewed were unable to describe supporting consumers to feel valued and respected and were unable to align the provision of care and services to the dignity and respect policy.

Most consumers and consumer representatives interviewed by the Assessment Team described staff are respectful, with some consumers and consumer representatives expressing the staff do not know who they are and have limited knowledge about their backgrounds. Consumers and consumer representatives sampled described a variety of culturally diverse activities important to them including attending church, reading overseas newspapers, enjoying culturally specific food and beverages and musical activities and engaging in the local community.

Staff interviewed were unable to describe the backgrounds of some consumers and the activities that are important to them and management acknowledged the gaps in staff knowledge and care planning and assessment for consumers. The Assessment Team observed the comprehensive ‘about me’ assessments had not been completed for all consumers, were inconsistent for others and did not align with consumer feedback and the ‘culturally safe care and services’ policy.

The Assessment Team found most consumers and consumer representatives interviewed could maintain contact with family, friends and others as they choose and were able to connect with their family and friends by telephone during COVID-19. Most consumers discussed being able to make decisions about their care and the way care and services are delivered and described making decisions about their personal care needs and meal choices. One consumer sampled felt unheard about care and services delivery and did not feel they were making decisions about their own personal care needs including when to rise in the morning and when to shower.

The Assessment Team observed the consumer choice and independence policy in place and found care plans for some consumers lacked information relating to choice and decisions made by the consumer, and if required, the role of their representatives in decision-making. Legal documents required to support consumer decision-making, including Power of Attorney and Enduring Guardianship, were not identified in some circumstances.

The Assessment Team found most consumers interviewed said they were able to do the things they want to do, with some consumers sampled describing they would like to walk more and eat food they choose to. Staff interviewed were able to provide examples of supporting consumers take risks, including not wearing personal limb protectors and braces. Staff commented they had not received training in risk management.

Management advised the Assessment Team that dignity of risk for consumers was under review and the Assessment Team observed risk identification for consumers being undertaken and relevant risk forms and risk matrix completed. Dignity of risk forms were not completed for some consumers with identified risks, incomplete for some consumers and for others had incorrect information captured, or no information captured at all.

The approved provider responded to the site audit report and provided a copy of a continuous improvement plan which detailed remedial actions taken and those underway to address the areas of non-compliance related to this Standard. The actions include an audit of all consumer lifestyle assessments and lifestyle care plans to capture consumer cultural preferences, background and lifestyle goals and reviews to ensure all consumers have identified and documented Power of Attorney and Enduring Guardianship as required and completion of Dignity of Risk forms for consumers at risk.

The continuous improvement plan identified increased education for staff in a range of areas including consumer cultural safety, dignity, choice and independence and person-centred care, as well as code of conduct. The training schedule supplied by the approved provider complimented the education noted in the continuous improvement plan and identified face-to-face training and additional tools for staff on consumer cultural safety, consumer dignity choice and independence, person centred care and customer service.

I consider the improvements and training described by the approved provider in the continuous improvement plan and training plan will take time to demonstrate effectiveness. I was not provided sufficient evidence in the approved provider’s response to be satisfied the service has addressed all of the deficiencies identified in the site audit, including providing an environment where all consumers were treated with dignity and respect and where identity, culture and diversity were valued.

Accordingly, I am satisfied that requirements 1(3)(a), 1(3)(b), 1(3)(c) and 1(3)(d) are non-compliant.

I am satisfied the remaining two requirements of Quality Standard 1 Consumer choice and dignity are compliant.

Consumers sampled confirmed they attend consumer/relative meetings and feel comfortable raising issues and contributing. Consumers confirmed they were provided with information in many ways including verbally at meetings and through newsletters and felt comfortable engaging with staff and management for further information if required. Consumers and consumer representatives are informed about the activity and lifestyle calendar through individual handouts, noticeboards, meetings, newsletters and email correspondence and menus are displayed to inform consumer choice at meal times.

Consumers stated privacy is respected, staff knock on their doors before entering and close the doors when attending to personal care needs. Staff were observed to be respectful and discrete and described how electronic consumer information was stored securely. A privacy and confidentiality policy was observed by the Assessment Team.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following five requirements are non-compliant:

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.

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.

Requirement 2(3)(c) – The organisation demonstrates that assessment and planning:

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

includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

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.

* Requirement 2(3)(e) – Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

Most consumers and consumers representatives interviewed discussed they were aware of and involved in assessment and care planning. For one sampled consumer, however, the care plan documented involvement of their representative in care planning but did not support the consumer had been involved in making decisions about their care despite their preference to do so.

The Assessment Team found most care plans reflected instructions for staff rather than the needs, goals and preferences of consumers and interventions required for risk mitigation. Care plans lacked comprehensive assessment and care planning for consumers at risk of falls and consumers with psychological and behavioural needs and pressure injuries. Management acknowledged care plans for some consumers were incomplete and inaccurate. Detailed care plans for consumers requiring pain management and wound management were not demonstrated, with associated pain assessments and wound assessments not conducted. The use of restrictive practices, including chemical restraint, were not identified in consumer care plans. Consumers and consumer representatives confirmed they had communicated their end of life care wishes with staff.

Staff interviewed were able to provide examples of the personal and clinical care important to consumers and awareness of advanced care planning and end of life planning processes. The Assessment Team observed written material was available to support staff with end of life assessment and planning and review of the care planning and assessment review scheduled which showed advanced care planning had not been discussed with all consumers.

The Assessment Team observed care plans for sampled consumers reflected the involvement of others in care planning, including physiotherapists and wound specialists. Management confirmed other multidisciplinary team members including dieticians, podiatrists and speech pathologists were involved in consumer care and planning when required, with monthly quality indicator reports also utilised to identify additional assessment and planning requirements for high-risk consumers.

The Assessment Team found most consumers and consumer representatives were aware of their care plan and the information it contained, they did not have a copy of their care plan and were not offered a copy. For sampled consumers, case conferencing documentation confirmed outcomes of assessment and care planning were communicated to consumers and consumer representatives and care plans were easy for consumers to understand and accessible to all staff delivering care.

Staff interviewed confirmed the outcomes from consumer care planning were communicated to consumers and consumer representatives by the Executive Director or Clinical Nurse Manager, with written material available to support staff to undertake care assessment and planning. Management advised consumers and consumer representatives were provided with a copy of their care plan if they want one.

Consumers and consumer representatives interviewed generally confirmed staff made contact after a change in the condition of a consumer. The Assessment Team found care and services plans did not always demonstrate comprehensive review had occurred when circumstances changed, when incidents occurred or when the needs, goals or preferences of consumers changed. For example, change in consumer conditions related to wound management, diet management and risks of absconding were not updated in care and services plans. Review of the care planning and assessment review schedule provided by management demonstrated the review of care plans had not been completed for all consumers.

The approved provider responded to the site audit report and provided a copy of a continuous improvement plan which detailed remedial actions taken and those underway to address the areas of non-compliance related to this Standard. These actions include clinical meetings to discuss improvements in clinical care documentation, education for staff and review of care plans for all consumers, scheduling of case conferences with consumers and consumer representatives, establishment of ‘resident of the day’ process for auditing and regular monitoring of consumer needs, goals and preferences.

The approved provider has developed a training plan which identifies training for staff in undertaking clinical assessments and care planning, working in partnership with consumers and person-centred goal setting and care planning.

I acknowledge the actions taken by the approved provider to address the issues identified in the assessment team report and the continuous improvement plan and training plan now in place. The improvements identified will take time to implement and as such, I find there is insufficient evidence to satisfy me the service has addressed all the deficiencies identified in the site audit.

Accordingly, I am satisfied that requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are non-compliant.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high-impact or high-prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following five requirements are non-compliant:

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.

Requirement 3(3)(b) – Effective management of high impact or high prevalence risks associated with the care of each consumer.

Requirement 3(3)(d) – Deterioration or changes of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

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.

Requirement 3(3)(g) – Minimisation of infection related risks through implementing:

standard and transmission-based precautions to prevent and control infection; and

practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Most consumers and consumer representatives interviewed by the Assessment Team confirmed they were happy with the personal care and clinical care they receive. Staff interviewed described the clinical and personal care for sampled consumers and demonstrated awareness of consumers who required support with behaviour management, wound dressings and infections. Staff explained they know best practice was being provided due to the training and guidance received and through clarification from the Executive Director of Care and the Clinical Nurse Manager.

Review of care plans and extended care plans by the Assessment Team identified best practice was not demonstrated for wound management, behaviour management and management of restrictive practices. Whilst consumers were receiving adequate pain relief, pain assessments and pain management plans were not completed for all consumers with identified chronic pain issues. For consumers with identified skin integrity issues, wound checks and dressing changes were not occurring regularly, wound measurements were not captured during dressing changes and photographs were not always taken in accordance with the written policy. Some consumers experienced unstageable pressure injuries which were subsequently reported under the Serious Incident Reporting Scheme (SIRS).

The Assessment Team reviewed the restrictive practices register and observed only consumers under environmental restraint were captured, with consumers under mechanical restraint and chemical restraint not identified. Best practice for consumers with challenging behaviours were not observed, with chemical restraints not identified in care plans and consents not in place. The psychotropics register was also reviewed and listed medications twice, contained misspelt consumer names for several consumers and incorrectly noted the number of consumers requiring chemical restraint.

Management acknowledged review of the restrictive practice register was required to capture consumers under mechanical and chemical restraint. Management also acknowledged gaps in information in the psychotropic register. Appropriate and complete consent forms were not demonstrated for all consumers with restrictive practices in place, for example consumers in the memory support unit under environmental restraint. Some consents were predated and incorrect and were recognised by management as not best practice.

Most consumers and consumer representatives interviewed provided positive feedback about management of their high impact or high prevalence risks, with some observations raised with the Assessment Team concerning swallowing risks not being adequately addressed. Consumers with dysphasia or high-choking risks were not assessed in accordance with policies and procedures, with dignity of risk forms also not completed and signed.

For consumers with unplanned weight loss, the Assessment Team observed dietician recommendations were not detailed in care plans and corresponding nutrition and hydration care plans for consumers were not in place. Weekly weight reviews were not completed for some consumers. Consumers presenting with high falls risks were not managed in accordance with policies and procedures, with neurological observations not occurring in line with the post-falls management procedural guideline.

Staff interviewed demonstrated awareness of high-impact and high-prevalence risks and could describe appropriate care interventions for consumers including use of bed and crash mats. Management identified skin integrity, falls, swallowing risks and unplanned weight loss of the high-impact and high-prevalence risks for consumers and described several strategies used for risk mitigation. The Assessment Team observed the personal safety and clinical risk domain on consumer care plans was not completed for all consumers and a medication trolley was left unattended and unlocked.

Most consumers and consumer representatives interviewed said their needs and preferences were effectively communicated between staff and consumer representatives said they were generally informed in a timely manner about changes in the condition of their consumer. Staff reported receiving information about consumers during handover and shift reports and through review of progress notes in the electronic care planning system. Communication with medical officers and team members were reported to occur face-to-face, via telephone or email communication.

Staff interviewed were aware of the escalation process for consumer deterioration and were supported by a suite of policies and procedures to recognise deterioration in consumers, with links to external organisations and peak bodies for additional best practice guidance. Referrals were noted to occur for changes in consumer condition or deterioration including to mental health services, dieticians and speech pathologists. However, some consumers with changes in cognitive behaviours experienced delays in assessment and referrals for appropriate specialist review and some consumers experienced delays in transfer to hospital for further treatment.

Consumers and consumer representatives confirmed staff wear personal protective equipment (PPE) and practice appropriate hand hygiene. Staff interviewed discussed the importance of infection control through wearing appropriate PPE and practicing good hand hygiene. The Assessment Team observed, however, staff were not following correct practices for mask wearing, when undertaking rapid antigen tests and for cleaning of shared staff equipment.

Staff interviewed demonstrated a good understanding of the principles of antimicrobial stewardship and were able to access information relevant to the expectations set by the service, including the policies relating to infection control and antimicrobial stewardship. Staff discussed the importance of encouraging fluid consumption for consumers to minimise infection and use of antibiotics.

In response to the Assessment Team report, the approved provider acknowledged consumers were not receiving safe and effective care that was best practice. The continuous improvement plan identified education for staff on the use and management of psychotropic medications and psychotropic audit including review of assessments and consent forms. Chemical restraint forms will be reviewed, and the restrictive practices register updated accordingly. Review of environmental restraints will be undertaken. Education for all clinical staff on wound care assessment and management, pain management assessment and charting, medication management, behaviour management, best practice in clinical and personal care and personal care for well-being were detailed in the training plan provided by the approved provider.

Accordingly, I am satisfied that requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(g) are non-compliant.

I am satisfied the remaining two requirements of Quality Standard 3 Personal care and clinical care are compliant.

Overall consumer representatives interviewed provided positive feedback about the palliative care provided to their consumers. On review of end of life and palliative care documentation, the Assessment Team found evidence of maximisation of consumer comfort with appropriate medications and care provided in accordance with end of life pathways. Staff interviewed described comfort measures provided including pressure area care, mouth care, pain management and bowel care. Management discussed consultation with consumers and their families, engagement of the palliative care team when required, guidance from end of life pathways, availability of palliative care kits and syringe drivers for provision of continuous medications.

Consumers and consumer representatives interviewed confirmed they have access to medical practitioners and other health professionals when required. Staff were familiar with directions provided by health professionals for sampled consumers and this information was consistent with consumer feedback and care planning documentation for each consumer. Policy documentation for clinical referrals were in place, with allied health professionals including physiotherapists and dieticians confirming engagement by telephone or online.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Overall, the Assessment Team found most consumers and consumer representatives interviewed considered they get the care and services for daily living that are important for their health and well-being and felt supported to do the things they want to do.

Consumers and consumer representatives discussed being supported to complete activities of daily living, with consumer lifestyle care plans confirming support for mobility, independence and social needs which reflected the needs, goals and preferences of the consumer. Staff interviewed described activities provided to engage consumers with functional and cognitive impairments, consumers at risk of social isolation and development of individual exercise programs. The Assessment Team observed consumer meeting minutes, activities calendars and newsletters documented social supports for consumers and increased opportunities for social interaction.

Consumers and consumer representatives confirmed they received support and services which promote their emotional, spiritual and psychological well-being, with care planning documentation observed by the Assessment Team to include a consumer’s history and life experiences and activities designed to promote individual cultural, spiritual, emotional and psychological well-being. Staff interviewed described services and supports for daily living provided to consumers including religious and spiritual services, cultural activities, face-to-face communication supports to remain connected with families and additional psychological support for new consumers entering the service and assistance for consumers during family crisis.

The Assessment Team found consumers and consumer representatives sampled described being able to participate in community, maintain social and personal relationships important to them and do things that interest them. Examples provided included participation in exercise classes, music and art therapy and social and cultural events in the service and local community and this information was documented in individual consumer profiles. Staff interviewed described supporting consumers attend various social activities in the community, to undertake bus trips and other outdoor activities.

Consumers and consumer representatives interviewed felt their condition, needs and preferences are generally communicated within the service, community services and other health professionals. The Assessment Team observed information about a consumer’s needs and preferences and daily routines was readily available and communicated to staff, including allied health professionals. Staff described getting to know consumers by reading their consumer profiles as it relates to their roles and profiles are updated when the condition, needs or preferences of a consumer changed.

Timely and appropriate referrals to individuals, other organisations and providers of other care and services were apparent, including referrals to external dementia support services and providers of assistive equipment. Staff interviewed described engagement of volunteers and religious/spiritual services to supplement lifestyle activities offered within the service including monthly pet therapy, specific denominational visits and collaboration with a local Masonic club.

Generally, consumers interviewed by the Assessment Team provided positive feedback about meal choice and service and described meal selection availability on all three main meals and alternatives including salads and sandwiches. The Assessment Team observed consumers were supported by staff to exercise meal choice, with portion sizes and modified-texture meals served in accordance with consumer preference and assessed needs. Consultation with consumers on meal services was demonstrated in minutes from consumer meetings, menu choice forms and food focus group discussions and by direct feedback to the onsite chef.

The Assessment Team observed equipment provided to consumers for daily support needs was clean, safe and suitable for consumer use. Equipment and resources such as special chairs, pressure-relieving equipment, mobility aids, transferring equipment and fall safety/sensor mats were available for consumers, and adaptive and assisted equipment and personal call bell pendants were observed to be used by consumers. Risk assessments by allied health professionals were conducted to ensure the safe and effective use of equipment by consumers. Equipment was subject to preventative and corrective maintenance.

The Quality Standard is found to be Compliant as seven of the seven specific requirements have been found Compliant.

# Standard 5

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

## Findings

Consumers and consumer representatives interviewed by the Assessment Team described an environment which encourages a sense of belonging and is welcoming to them, their friends, family and other visitors. Consumers and consumer representatives sampled felt the design of furniture and fittings encouraged independence and added to the comfort of the service, with the service environment easy to navigate and access. Consumers and consumer representatives reported the service was safe, clean and well-maintained and rooms are clean, comfortable and private.

The Assessment Team found the service environment was welcoming and optimised the consumer’s sense of belonging and interactions and embraced dementia enabling principles of design for consumers in the Memory Support Unit. Communal areas were observed to be spacious, homely, warm and welcoming and were complimented by modern living and dining areas. Consumers were observed to move freely around the service, with access to indoor communal areas and outdoor areas. External areas included large courtyards and landscaped gardens equipped with outdoor furniture. Amenities include a wellness centre and hairdressing salon.

The Assessment Team observed staff cleaning and maintaining equipment and fittings furniture and cleaning staff described their allocated work included touch point sanitisation. Staff interviewed confirmed equipment faults were reported and maintenance and cleaning programs were in place to ensure furniture, fittings and equipment are safe and well maintained. Maintenance staff confirmed furniture, fittings and equipment are subject to preventative and corrective maintenance.

The Quality Standard is found to be Compliant as three of the three specific requirements have been found Compliant.

# Standard 6

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

## Findings

The Assessment Team found most consumers and consumer representatives interviewed felt safe to raise concerns, provide feedback and make complaints directly to staff or management. Whilst consumers and consumer representatives sampled could not provide the Assessment Team with specific examples of improvements on the quality of care and services received from feedback and complaints, they expressed no specific concerns and described complaints were acted upon when raised.

Staff interviewed discussed resolving issues with consumers directly and escalating to management if required. Staff described supporting consumers to make complaints by providing feedback forms and contacting representatives for consumers with cognitive impairment or language barriers. Staff demonstrated an awareness of the open disclosure policy and management described using the open disclosure processes for complaints made to the Aged Care Quality and Safety Commission and incident notifications to the Serious Incident Reporting Scheme (SIRS).

The Assessment Team observed brochures available on entry to the service for complaints and advocacy services and comments, complaints and suggestion boxes to be throughout all areas of the service. Review of the complaints and feedback register identified several actions taken from the register to improve care and services for consumers including improvements in meal choice and suggestions for better scheduling and communication of lifestyle activities.

The Quality Standard is found to be Compliant as four of the four specific requirements have been found Compliant.

# Standard 7

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| Human resources | | Non-compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following three requirements are non-compliant:

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.

Requirement 7(3)(b) – Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Requirement 7(3)(d) – The workforce is recruited, training, equipped and supported to deliver the outcomes required by these standards.

Consumers and consumer representatives interviewed discussed waiting extended times for staff to respond to call bell requests which has impacted on their personal care needs like toileting. Some consumers described how staff shortages impact their needs and preferences, as staff are unavailable to assist them mobilise around the service and outdoors. Consumers discussed communication difficulties with staff due to language differences.

Staff interviewed described difficulties at times getting all tasks completed during their shift, felt generally supported by management and expressed they could raise staffing issues with management. Management advised some difficulties in recruiting a suitable workforce and discussed roster reviews based on admissions and allocate staff according to complexity of needs.

The call bell reports reviewed by the Assessment Team demonstrated call bell response times were often outside the expected times set by the service, with some consumers waiting more than twenty minutes for assistance. The Assessment Team observed delayed support provided to consumers at meal time and staff were not always visible for consumers requiring assistance in the common areas or for consumers not utilising their call bells. The Assessment Team also observed some call bells to be out of reach for some consumers interviewed in their rooms.

The Assessment Team found consumers and consumer representatives described some staff as kind and caring. Some consumers and consumer representatives expressed that sometimes they felt they were a burden when requesting assistance or making enquiries.

Staff interviewed demonstrated a sound understanding of care provision which is caring and respectful and discussed examples of the lives of consumers and their histories. The Assessment Team found care plans demonstrated caring and respectful language. Staff were observed interacting with consumers during meal time, and on one occasion there was an extended delay in providing one consumer with their meal and staff were observed to stand over the consumer on two occasions while assisting the consumer with their meal.

Consumers interviewed generally felt confident staff provided them with safe and effective care. Some consumers and consumer representatives expressed staff would benefit from additional training in mobility support, dining etiquette and meal service, communication and understanding the needs, goals and preferences of consumers. Staff confirmed training was received on the new Quality Standards and identification of serious incidents and reporting under the Serious Incident Reporting Scheme (SIRS). Training needs are discussed at staff meetings, during performance appraisals and through staff surveys.

Management advised staff are regularly informed of training information, with training needs identified through observation, key performance indicators of the service and feedback from staff, consumers and consumer representative. The Assessment Team noted staff training was completed for cultural diversity, deterioration, feedback and complaints, antimicrobial stewardship, outbreak management and end of life. The Assessment Team determined training deficits were evident in clinical care including wound management, pain management and restrictive practices and managing high-risk and high-prevalence risks including falls management and changes in consumer behaviour.

The approved provider responded to the site audit report and provided a copy of a continuous improvement plan which detailed remedial actions taken and those underway to address the areas of non-compliance related to this Standard. Actions include a full review of staff rosters, review of consumer acuity and occupancy changes, monitoring of call bell times, staff response and report reviews. Additional education and training was also identified for clinical care including medication management, behaviour management, restrictive practices, assessment and care planning and best practice in clinical and personal care.

Accordingly, I am satisfied that requirements 7(3)(a), 7(3)(b) and 7(3)(d) are non-compliant.

I am satisfied the remaining two requirements of Quality Standard 7 Human resources are compliant.

Consumers interviewed by the Assessment Team were satisfied staff have the qualifications to meet their care needs and staff are regularly assessed for competencies to carry out their roles. Staff confirmed they have the knowledge and qualifications to effectively perform their roles and discussed being guided to provide care and services to consumers through information contained in the care and services plans.

The Assessment Team found annual competencies and training were completed on an employment anniversary cycle, with most staff noted to have completed competencies in medication administration, manual handling, the Serious Incident Reporting Scheme (SIRS), Quality Standards and handwashing. All staff completed training in hand hygiene and correct use of personal protective equipment including donning and doffing competencies. Systems were observed to be in place to ensure regular assessment, monitoring and review of staff performance, with all staff appraisals completed and evaluated annually.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following three requirements are non-compliant:

Requirement 8(3)(c) – Effective organisation wide governance systems relating to the following:

information management;

continuous improvement;

financial governance;

workforce governance, including the assignment of clear responsibilities and accountabilities;

regulatory compliance;

feedback and complaints.

Requirement 8(3)(d) – Effective risk management systems and practices, including but not limited to the following:

managing high impact or high prevalence risks associated with the care of consumers;

identifying and responding to abuse and neglect of consumers;

supporting consumers to live the best life they can;

managing and preventing incidents, including the use of an incident management system.

Requirement 8(3)(e) – Where clinical care is provided – a clinical governance framework, including but not limed to the following:

antimicrobial stewardship;

minimising the use of restraint;

open disclosure.

The Assessment Team found effective organisation wide governance systems in place for continuous improvement, regularly compliance, financial governance and feedback and complaints. Effective governance systems for information management were not demonstrated, with inconsistencies noted in consumer care information across the paper-based and electronic care systems for consumer goals, strategies, needs and preferences. For example, nutrition and hydration information used for catering purposes were not documented in the electronic systems for use in care and services planning for weight monitoring and hydration levels.

Workforce governance frameworks, including assigning clear responsibilities and accountabilities, were not demonstrated. The organisation’s workforce governance system was not effective in identifying and rectifying deficits in the safety and quality of care and services. As noted in Standard 3, the Assessment Team found deficiencies in clinical care provision including for wound management, pain management and restrictive practices and managing high-risk and high-prevalence risks including falls management and changes in consumer behaviour. As outlined in Standard 7, staff were not consistently trained, equipped and supported to deliver the outcomes required by these Standards which affects their ability to understand their roles and responsibilities when delivering care and services to consumers.

The Assessment Team observed risk management systems and policies in place for managing high-impact and high-prevalence risk, identifying and responding to abuse and neglect of consumers, supporting consumers live the best life they can and managing and preventing incidents. Staff interviewed confirmed education was provided on high-impact and high-prevalence risks, however could not describe practical application of this knowledge in performing their duties.

The Assessment Team found consistent risk management strategies were not in place to mitigate or manage risk for some consumers, with deficits noted in care and services provided to consumers in wound management, falls management and risks of choking.

The organisation has a documented clinical governance framework. The Assessment Team found staff demonstrated awareness of antimicrobial stewardship and discussed practical application of key strategies to minimise the use of antibiotics including consumer hydration, handwashing and appropriate use of personal protective equipment. Staff discussed the principles of the open disclosure policy, the expectations of the service in application of the policy and examples of policy use. Staff provided examples of application of the open disclosure principles in performing their duties.

However, in minimising the use of restraint the Assessment Team identified there were deficits in recording and following organisational protocols at the service. The Assessment Team observed staff were not confident in their understanding of restrictive practices and could not clearly identify the difference in mechanical and physical restraint. As noted by the Assessment Team in the assessment of Standard 3, clinical policy documentation, including for minimising the use of restrictive practices, provided minimal information to guide staff, which were advised by management to be under review. Minimal information was also noted in policies for pressure injury management, pain management and skin integrity.

The approved provider responded to the site audit report and provided a copy of a continuous improvement plan which detailed remedial actions taken and those underway to address the areas of non-compliance related to this Standard. Actions include establishment of a remediation meeting to review the continuous improvement plan, discussions at policy working group meetings and ongoing review of feedback.

Accordingly, I am satisfied that requirements 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

I am satisfied the remaining two requirements of Quality Standard 8 Organisational governance are compliant.

The Assessment Team found consumers were engaged in the development and delivery of care and services, with resident meeting minutes confirming consumers and consumer representatives were encouraged to provide feedback and input about changes to the service. Consumers were engaged through consumer satisfaction surveys, active feedback processes and informal meetings and issues and concerns raised by consumers were captured on the continuous improvement plan for further development. Consumer engagement has resulted in improvements to their dining experience.

The Board promotes a culture of safe, inclusive and quality care and services through oversight of key performance indicators and review of clinical data and clinical indicators at a regional and state level to ensure application of best practice in the provision of consumer care and services. Clear escalation and reporting pathways were demonstrated between the service level and the Board and were complimented by regular communication with consumers and staff through emailed correspondence and newsletters. The Assessment Team noted the response to a COVID-19 outbreak demonstrated engagement by the Board in risk management and allocation of additional financial resources to enable consumers maintain contact through a range of different mediums including social media and video calls.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)