Performance

Report

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| Name of service: | Goodhew Gardens |
| Service address: | 2 - 28 Alexander Avenue TAREN POINT NSW 2229 |
| Commission ID: | 0697 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 24 April 2023 to 28 April 2023 |
| Performance report date: | 26 June 2023 |

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

**This performance report**

This performance report for Goodhew Gardens (**the service**) has been prepared by G-M. Cain, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* The provider’s response to the assessment team’s report received 19 June 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **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 3(3)(b): Effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to medication management.
* Requirement 8(3)(d): Ensures effective risk management systems and practices are in place.

# 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

Consumers and representatives said most staff treat consumers with dignity and respect. Staff described what was important to consumers and demonstrated an understanding of each consumer's needs and preferences. Observations showed kind and respectful interactions between staff and consumers with care plans detailing individual consumers' backgrounds, personal preferences, identity and cultural practices. Two consumers raised feedback regarding their disappointment with the Anzac Day celebrations and that the service did not discuss what Anzac Day meant to Australians. As a result of this feedback, lifestyle staff at the service followed up with both consumers to discuss how the service celebrated Anzac Day with them and how they could make the day more inclusive.

Most consumers and representatives said they felt the service valued consumers' culture, values and backgrounds. Two consumers raised feedback that the service needed to ensure services and support were provided to consumers aligned with their beliefs and religion. On raising this, management advised that they would approach the Catholic church to support the Catholic consumers living at the service.

Staff described how they ensure care and services respect consumers' cultural and religious backgrounds, such as celebrating cultural and special religious days. An organisational diversity policy guides staff.

Overall, consumers confirmed they were supported to maintain the relationships they wished, decide who was involved in their care and are given a choice about when care is provided, which is respected. Care documentation included consumer preferences, who is involved in their care and how the service supports them in maintaining relationships of choice.

Consumers are supported to make choices and take risks that enable them to live their best lives. Staff described processes for supporting consumers who wish to take risks, including discussing the benefits and potential harms associated. Consumer documentation contained signed risk assessments and mitigation strategies for consumers' chosen risks.

Consumers and representatives said the service regularly communicated about consumers' care and provided current, accurate and timely information. They spoke of being informed through printed information, verbal reminders, and email and text correspondence. Observations showed consumers being provided information to support decision-making, such as menu choice, and involved in the monthly consumer meeting where upcoming events and activities were discussed.

Consumers and representatives said privacy is respected and information is kept confidential. Care staff confirmed they receive privacy and confidentiality training as part of their orientation and annual training requirements. Observations showed staff knocking and announcing themselves before entering consumers' rooms, handling consumer information with an awareness of confidentiality, and using credentials to access care documentation in the electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed being actively involved in developing consumers' care plans, including discussions regarding potential risks to consumers' health and well-being to ensure the safe and effective delivery of care and services. Registered Nurses described the service's assessment and planning processes, including the assessment checklist, which guided the clinical assessment to be completed for consumers upon entry to the service and over the first 28 days. Care documents demonstrate consideration of potential risks to consumers' health and well-being, and strategies to minimise risks were included in care plans.

Consumers and representatives confirmed that the assessment and care planning process included consumers' current needs, goals, and preferences, including end-of-life wishes, evidenced in care documentation. Staff described how end-of-life planning was discussed with consumers on entry to the service, at 3 monthly care plan reviews and ongoing, including if there were changes to consumers' health and well-being.

Consumers and representatives confirmed they are involved in assessing, planning and reviewing consumers' care and services. Staff described how the service facilitates the involvement of consumers and others as required, including when there is a change in the consumer's health condition. Care documentation reflected the involvement of consumers, representatives, various health professionals, and providers in assessing and planning consumers' care.

Overall, consumers and representatives said they were regularly updated regarding outcomes of assessments and care planning and were provided with a copy of the consumer care plan. Care documentation identified the outcomes of assessment and planning for each consumer, changes, reviews, updates, and communication with consumers and representatives.

Care documentation demonstrated that the regular review and update of care plans occur every 3 months or earlier if there are changes in a consumer's health or condition or when an incident occurs. Staff described how an incident may trigger a reassessment or review of consumers' care plans. Incidents are recorded on the service's incident management system and form part of the clinical indicators, which are trended and analysed monthly.

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

Findings

Overall, consumers and representatives said consumers received care which was safe, right for them and met their needs and preferences. However, some representatives raised feedback that the staff shortage impacted consumers' hygiene care; one consumer representative spoke of their mother not receiving a shower due to insufficient staff. I have considered this information under Requirement 7(3)(a). Staff described individual consumers' needs and preferences in relation to their personal and clinical care and how these were delivered in alignment with care documentation. Care documentation reflects the consumer's needs and preferences, and personal care and clinical care are tailored to the needs of the individual. Staff are guided by service policies related to clinical care. The service maintains a psychotropic register for consumers prescribed psychotropic medications; care documentation confirmed that consumers prescribed psychotropic medications evidenced informed consent from their representatives, had a behaviour support care plan, and are regularly monitored and reviewed by the medical officer.

The Site Audit report contained information that while the service effectively managed some high-impact and high-prevalence risks to consumers, such as pain, pressure injuries and restrictive practices, several consumers and representatives raised concerns regarding medication management at the service.

* One named consumer said they had been prescribed daily urinary alkaline medication by the urologist. However, this was not administered as the service had no stock for 3 days. They said this was not the first time the service had run out of their medications. A review of the care documentation confirmed the consumer had also not been administered for 5 days (20 April 2023 to 25 April 2023) as no stock was available. Management advised that the service holds a stock of urinary alkaline medication which could be given to the consumer while awaiting supplies from the pharmacy.
* A second named consumer's diabetic management plan identified the directive for weekly blood glucose monitoring and administering a weekly antidiabetic injection. Medication charting recorded that the weekly antidiabetic injection was not administered on 5 April 2023 due to no stock available. Clinical staff confirmed the processes for ordering medications; however, they said there was a constant delay in the delivery of medications from the pharmacy.
* The representative for a third-name consumer said they had experienced a delay in the commencement of prescribed antibiotics due to a delivery not being received from the pharmacy. On raising this feedback, management advised that the service was looking to expand the existing approved list of ward stock antibiotics to minimise supply delays.
* Some medication-endorsed staff said the lack of staff impacted their ability to provide safe and effective medication delivery to consumers, as they often had to assist other staff with duties such as transfers. I have considered this information under Requirement 7(3)(a).
* Observations during the site audit showed:
  + Medications were observed in 3 consumers' rooms, and a review of medication charts identified that the medications found in 2 of the consumers' rooms were not prescribed for them. Management confirmed that all 3 consumers require staff assistance with their medications and have not been assessed as safe to self-administer medications. As a result of this feedback, medication incident reports were completed for the 3 incidents, and the service undertook an audit of all consumer's rooms and found medications in a further 2 other consumers' rooms.
  + The medication trolley in one area was observed to be left open in the nurses' station, making medications accessible to all staff regardless of whether they were authorised to access medications. Management stated that the medication trolley's locking mechanism was reported as being broken on 26 April 2023, and they were waiting for the maintenance officer to fix it. The medication trolley was observed to be fixed on 28 April 2023.
* Review of service documentation identified:
  + The service recorded 11 medication incidents since September 2022, including 5 of the 11 related to medications found in consumers' rooms; and 3 of the 5 related to the same consumer (a fourth named consumer). One of the incidents was notified under the Serious Incident Response Scheme after staff found 80 tablets in the consumer's unlocked bedside drawer and another 50 medication tablets in their handbag. The consumer had a documented history of refusing their medications, and medication staff were expected to ensure they swallowed their medications. A review of medication records identified that staff had signed that all medications found in the consumers' room were administered.
  + Medication Advisory Committee meeting minutes dated 14 April 2023 recorded missed doses and storage errors as the main medication errors at the service.
  + The service's medication management policy sets out the requirements for consumers wishing to self-administer their medications. Consumers and representatives were required to advise the service if consumers wished to manage their medication and complete a self-medication assessment with relevant staff.
* The site audit report contained information on actions taken by the service at the time of the site audit, including:
  + An email was sent to all consumers and representatives about the medication processes, including the requirements if consumers wish to self-medicate or use any over-the-counter medications.
  + Management acknowledged there had been ongoing concerns with medication management. Previous internal audits had identified that staff did not always follow medication procedures to ensure effective medication delivery to consumers.
  + Management advised that they had already recorded corrective actions on their Plan for Continuous Improvement to include corrective actions related to the medication incidents, including contracting a pharmacy consultant on 17 March 2023 to address the medication incidents related to the fourth-named consumer.
  + The approved provider's response included clarifying information, clinical record extracts and a plan for continuous improvements detailing actions undertaken and planned to address the deficiencies contained in the site audit report, including:
  + The service has identified and continues addressing gaps in its medication management practices since October 2022. The service improvement actions included enhancing education, competency, and auditing procedures, to support safe and effective medication management.
  + The service further reviewed the ward stock process to ensure nurse-initiated, and emergency medications are available at all times, especially after hours and weekends. A weekly scheduled checklist ensures that stock is maintained.
  + The organisation had initiated an independent review of the service's medication management through an external clinical pharmacist before the site audit.
  + The organisation's Clinical Nurse Educator has trained registered staff to assess the competency of medication-endorsed care staff. All registered nurses and all medication-endorsed staff have completed the medication competency.
  + The clinical team has been undertaking observation audits to ensure consumers are being observed by staff when administering medications and to ensure any medications that families may bring in are identified. This process is now included in the services 'Resident of the Day' schedule.
  + Performance management has been commenced for the staff not adhering to the documented medication administration procedures.
  + The organisation has initiated a tender process for a new supply pharmacy contract, including new medication management and administration software.
  + The service investigated the specific medication incidents contained within the site audit report and confirmed that no negative impacts to consumers were identified.

While I acknowledge the service had previously self-identified gaps related to medication management and included corrective actions in their plan for continuous improvement, there were ongoing issues identified at the time of the Site Audit. I have placed weight on the plan for continuous improvement included as part of the response submission which identified the completion of improvement actions related to medication management to be 1 August 2023. The service will require time to demonstrate the sustainability and effectiveness of the implemented improvements. It is my decision that Requirement 3(3)(b) is Non-compliant.

Consumers and representatives confirmed that end-of-life care had been discussed and documented in an advance care plan. Clinical staff explained how they supported consumers nearing the end of life to be pain-free, have those they wanted around, and have their preferences respected. The service had documented policies and procedures guiding the delivery of palliative and end-of-life care.

Consumers and representatives said staff recognised the signs of deterioration in consumers' health and took prompt action. Care documentation showed deterioration or changes to consumers' health, cognitive or physical function, or condition was recognised and responded to in a timely manner. Staff confirmed how they identified and monitored consumers experiencing deterioration in health and used charting and assessment tools. The service had a registered nurse onsite 24 hours daily, and staff could access a medical officer and other health professionals if required.

Consumers and representatives confirmed that consumers' conditions, needs, and preferences were documented and communicated with staff. Staff knew consumers' care needs and preferences and confirmed they received up-to-date information during shift handovers. Two staff members raised feedback that the current handover process was ineffective due to lack of overlap; however, management advised that the shift handover process allowed all staff to receive a briefing before the commencement of their shift. Care documentation contained adequate and current information to support safe and effective care and services. Observations showed staff being informed about the latest changes in individual consumers' conditions at shift handovers.

Consumers and representatives confirmed that timely and appropriate referrals occur when required, and consumers had access to the necessary health care support. Clinical staff described the process for referring consumers to their medical officers and other healthcare professionals and explained how this informed the care and services provided to consumers. Documentation confirmed that referrals had been made to various health professionals, including dieticians, urologists, physiotherapists, and medical officers.

Consumers and representatives stated they were happy with the service's infection prevention and control practices, including for COVID-19. The organisation had a documented outbreak management plan, antimicrobial stewardship policy and infection control guidelines. The service had an infection prevention and control lead who conducted monthly audits and regular spot checks of staff practices. Management said they monitored infection trends and reviewed prescribed antimicrobials monthly. Staff confirmed they had received training in infection prevention and control strategies, hand hygiene, personal protective equipment, antimicrobial stewardship and managing COVID-19.

**Standard 4**

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were satisfied receiving services and support that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Consumers spoke of staff assisting them to participate in activities of interest. Staff demonstrated knowledge of consumers' needs and preferences, and care planning documentation outlined consumers' preferences and strategies to support consumers to do the things they choose. Observations showed consumers participating in activities including singalong with a band, Zumba, an Anzac Day memorial, and exercise. Most activities were well attended, with consumers actively involved and encouraged by staff to engage in the activity.

Consumers described how the service promoted their emotional, psychological, and spiritual well-being through one-to-one time with staff, support from spiritual providers and engaging in things of interest. Care documentation contained information to guide staff in supporting consumers' psychological, spiritual, and emotional needs and was consistent with consumer feedback.

Consumers and representatives said consumers were supported to participate in activities, engage in social interactions, and do things of interest to them. They confirmed that the initial assessment process includes asking consumers about activities of interest. Lifestyle staff schedule one-on-one visits for consumers at least twice a month, and bus outings are scheduled weekly.

Staff described various ways they communicate information regarding the consumer's condition, needs and preferences, including staff meetings, case conferences and review of care documentation. Consumers and representatives felt information about consumers' daily living choices and preferences, and they were confident these were communicated to staff and other services providing care and support to them. Care documentation included information regarding changing consumer needs and preferences.

Consumers and representatives said consumers enjoyed the meals provided, could request alternative options, and had input into the menu development through a food focus group and meetings. Documentation demonstrated that the service had processes to provide suitable, quality meals that met consumers' dietary requirements and preferences.

Consumers and representatives were aware of the reporting process, and most equipment, such as walking aids and wheelchairs, was observed to be clean and maintained. Cleaning schedules were in place for some equipment, and a review of daily cleaning logs confirmed they were up to date. Staff said all shared equipment is cleaned by staff before use, and slings are sent to the laundry for washing before being used again.

# 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

Consumers and representatives said the service was welcoming and easy to navigate, and staff members were friendly and welcoming. The corridors were spacious with handrails, wheelchair access, appropriate lighting, and signage to optimise the consumer’s sense of belonging and independence. Consumers were observed independently accessing communal indoor and outdoor areas and participating in activities. Each wing had a kitchenette, dining room and several lounge areas where consumers and their families could meet. The Memory Support Unit featured signage, wall decorations and pictures identifying consumers’ rooms.

The site audit report contained information that consumers and representatives raised feedback related to the cleanliness of the service environment, including:

* Seven consumers and representatives expressed concerns about the cleanliness of the service, including stained carpets and furniture, uncleaned bathrooms and an outdoor area with a wasps nest. Observations showed bins containing personal protective equipment had lids open, a consumer’s room had dirty linen and other items on the floor, lifestyle activity equipment in drawers had dirty tissues and used serviettes amongst the items, the kitchenettes in one building of the service were uncleaned with refrigerators and microwaves with food spillages and dining areas had uncleaned tables from the previous meal service and floors had food spillage.
* A representative for one consumer advised that there was a wasp nest on the balcony of the consumer’s room, and they had reported it to management, and no one had followed up with them to advise when the nest was to be removed. The representative advised that they contacted the pest control service to organise the nest removal. In response, management clarified that the pest control service was unavailable, and the consumer’s family had been notified.

In response to the feedback raised:

* Management said care staff were responsible for cleaning the kitchenettes; however, there was no evidence that cleaning of the kitchenettes was being consistently performed and monitored to ensure a hygienic standard.
* Management organised education and cleaning of the kitchenettes during the Site Audit.

The provider’s response included a copy of the plan for continuous improvement, which detailed actions that have, and will be, undertaken to address the gaps identified in the site audit report including:

* The service addressed the cleaning deficits identified with the relevant cleaning staff and initiated increased spot checks by the leadership team. The carpet and all furniture on both levels of the home were cleaned.
* Concerning the wasp nest, the service confirmed and evidenced that a pest control service had been arranged to remove the nest.
* Implementing guidelines with specific responsibilities and duties for cleaning staff, contract cleaners and care staff.
* Signs will be placed in each consumer’s room, showing the day of the week the room receives a full clean.
* Toolbox talks have been completed by the care manager and cleaning contractor to ensure all carers and cleaners were aware of their cleaning responsibilities.
* Implementing of procedures, including carpet shampooing is every three months and as needed. A furniture shampoo machine has been allocated permanently to the home.
* As needed, cleaning procedures have been initiated for cleaning furniture or furnishings identified as requiring it.

In coming to my decision, I acknowledge the actions taken by the service to improve its performance and as detailed in the response submission. I have placed weight on the immediate actions taken by the service since the site audit, and I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies identified and will ensure ongoing evaluations through 3 monthly cleaning schedules. I am satisfied that Requirement 5(3)(b) will be compliant through implementing these actions.

The site audit report contained information that consumers and representatives raised feedback related to the cleanliness of the furniture fittings and fixtures in the service, including:

* Five consumers and representatives raised feedback regarding the cleanliness of the equipment, furniture, and fittings at the service.
* Observations showed that couches and cushions in the communal areas of the Memory Support Unit appeared to be stained with faeces, body fluids and food. Management said they would ask the staff to clean the furniture and find the cushions; however, this had not been done after 3 days. In addition, several holes were observed in the walls; maintenance staff said the holes related to flooding in March 2023 and testing was undertaken to identify the cause of the flooding before repairs occurred. Maintenance staff said the potential impacts of the issue and any associated hazards prioritised maintenance jobs.
* While a cleaning schedule was in place for cleaning consumers’ rooms and common areas, there were no cleaning schedules for equipment, furniture and carpets.
* External contractors were used to clean equipment, furniture and carpets, and management advised that the cleaning tender was under review.
* Courtyard areas, including the barbeques, were observed to be covered with rust, dirt and grease. Management confirmed that the staff cooking the barbeque were responsible for cleaning the barbecue, and they advised that the barbeques are being replaced.
* Concerning cleaning furniture fittings and fixtures (including equipment), maintenance staff said cleaning is reactive and is instigated by the maintenance staff or management. Maintenance staff said cleaning shared consumer equipment was the responsibility of clinical staff.

The provider’s response submission included a copy of the plan for continuous improvement, which detailed actions taken and planned to address the deficiencies identified in the site audit report including:

* The service addressed the cleaning deficits identified with the relevant cleaning staff and initiated increased spot checks by the leadership team.
* Senior management has undertaken a comprehensive review and tendered for a new cleaning contractor to ensure consumers receive the highest standards of cleanliness.
* The service has clarified which team is responsible for the cleanliness of the barbeques, and this has been documented in the cleaning schedule and procedure. The barbeques have been removed, and evidence was provided demonstrating new barbeques and covers will be purchased and installed.
* High-pressure cleaning for external areas, including furniture, will be conducted every 6 months. High-pressure cleaning of all concrete balcony areas and furniture will also be conducted twice weekly.
* Schedules are now in place with new contract cleaners for cleaning carpets and soft furniture every 6 months.

In coming to my decision, I acknowledge the actions taken by the service to improve its performance and as detailed in the response submission. I have considered the feedback from consumers and representatives during the site audit, with 5 of 26 raising feedback about the cleanliness of furniture fittings and fixtures. I have placed weight on the immediate actions taken by the service since the site audit. I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies identified and ensure the ongoing evaluations through spot checks, weekly and 6 monthly cleaning schedules, and evidence of the implementation of improvement actions into the cleaning and maintenance schedules. I am satisfied that Requirement 5(3)(c) will be compliant through implementing these actions.

# 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

Consumers and representatives said they were encouraged to provide feedback and complaints. Staff described how they supported consumers and representatives to provide feedback and complaints through feedback forms, email and telephone calls, and directly to staff members.

Consumers and representatives said they were aware of advocacy and language services and explained how they would provide feedback or make a complaint within the service and through alternative pathways. Management and staff were aware of advocacy and language services available for consumers. Information was observed throughout the service environment to inform consumers of ways to raise feedback and complaints.

Consumers and representatives said the service promptly addresses and resolves their concerns and complaints, including apologising when things go wrong. Staff and management described the process followed when feedback or a complaint is received and demonstrated knowledge and application of open disclosure principles. The service has policies and procedures to guide staff in complaints management and open disclosure.

*In relation to Requirement 6(3)(d):*

The site audit report contained information that consumers and representatives were not confident their feedback or complaints are used to ensure improvements are made to care and services for consumers, including 3 consumers/representatives who said they had yet to be provided with an update in relation to complaints they had raised from December 2022, March 2023, and April 2023. Including:

* The cleanliness of the service environment, missing jewellery, bath towels not being replaced after morning showers bed linen not regularly changed and observed to be soiled. One of the consumer representatives also spoke of their mother not receiving a shower due to insufficient staff. I have considered this information under Requirement 7(3)(a). A fourth consumer representative advised that a wasp nest was on the consumer's balcony and had raised this feedback with the service; however, no one had followed up with the representative about the removal of the nest. I have considered this under my decision for Requirement 5(3)(b).
* Staff said they had raised concerns about staffing levels; however, their concerns were not addressed. One staff member said their complaint from 2023 had not been acknowledged or followed up. Documentation did not demonstrate that staff members' complaints were acknowledged and addressed to inform continuous improvement, which was not in line with the organisation's procedure. Management explained that they do not log feedback and complaints raised by staff. I have considered staff complaints about workforce levels relevant under Requirement 7(3)(a).

The approved provider's response submission, including a copy of the service's plan for continuous improvement, which detailed actions taken and planned. The response submission included clarifying information that I have considered in my decision:

* The service had an established audit system; through the planned monthly audits and surveys program, opportunities for improvement were identified. In addition, the service reviews quality indicators, consumer and staff surveys, environmental audits, incidents, feedback, and complaints information; and as stated in the response submission 44 improvement initiatives at the service have stemmed directly from feedback and complaints.
* In relation to feedback received from the 3 representatives and the consumer, the response submission evidenced that the consumer and representatives had been contacted, with actions put into place to address their concerns. Including correspondence dated before the site audit, evidencing that discussions and feedback had been provided to the consumer representatives. Concerning the missing jewellery, the response submission evidenced ongoing communications from the service to the consumer representative over the past 4 months and actions taken, including engaging a private investigator.
* Consumer meeting minutes dated February 2023 and March 2023 evidence feedback raised by consumers included the cleanliness of the service environment and towels needing to be replaced. Whilst I acknowledge that consumers raised this feedback during the site audit, I have placed weight on the immediate actions taken by the service since the site audit. The response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies relating to the cleanliness of the service environment.

I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 6(3)(d) is Compliant. While I acknowledge 3 consumers/representatives raised feedback, I am satisfied that the evidence and information in the response submission under this and other Requirements demonstrated that feedback is utilised to inform improvements to care and services. I have placed weight on the immediate actions taken by the service since the site audit, and I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies raised.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The site audit report contained information that consumers and representatives raised feedback that the service had insufficient staffing levels, which resulted in a lack of weekend activities, consumers not being assisted with meals, delays in answering call bells and medication management.

Consumers and representatives spoke of 'not enough staff' and staff responding to call bells and informing the consumer they will return; however, they never do. Most staff said there was not enough staff and they felt rushed when providing care, and that some consumers' care needs had increased, and they did not always have sufficient time to complete their duties. Medication-endorsed staff reported feeling rushed and unable to provide consumers with safe and effective medication delivery. The site audit report identified ineffective medication management, with 11 medication incidents documented since September 2022. I have considered this under my decision for Requirement 3(3)(b).

A review of service documentation identified in the fortnight before the site audit showed that the service reported 19 vacant shifts, which had all been filled with casual and agency staff.

Management advised that they were currently recruiting 6 additional staff and said they would be reviewing the adequacy of the current roster after analysing the feedback received from consumers and representatives.

The provider's response acknowledged the issues raised in the site audit report and provided a copy of the service's plan for continuous improvement, which detailed actions taken and planned to address the gaps identified. The response submission included clarifying information that I have considered in my decision:

* The provider detailed how the workforce was planned at the service and organisational level to ensure the number and mix of staff enabled the delivery and management of safe and quality care and services. The service used various metrics to benchmark their staff resourcing to ensure the acuity needs and choices of consumers were able to be met.
* The service regularly reviews the number and skills mix of the workforce in relation to the changing needs and circumstances of consumers, including the employment of additional 'floating' staff to shifts in late 2022 to address the increasing care needs of some consumers. The service is satisfied; staff numbers and skills align with the consumers' care, needs, and preferences.
* In October 2022, the service identified actions on the plan for continuous improvement relating to medication management, and this is being monitored at the service and organisational levels. I have considered this under my decision for Requirement 3(3)(a).
* Extensive staff recruitment has taken place before the site audit and is ongoing. Since the end of 2022, over 30 new staff have been to the service.
* Care minutes reporting identified the above target minutes for care and registered staff last quarter.
* The provider recognises that rapid response to call bells is important for consumers' well-being, and the service regularly monitors and investigates call bell response times. The service's overall call-bell response time is less than 3 minutes.

While I acknowledge the feedback from consumers, representatives and staff, I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 7(3)(a) is Compliant. This was based on insufficient evidence of the adverse impacts staffing levels had on consumers and the care and services they received. This requirement expects organisations to have a system to work out workforce numbers and the range of skills they need to meet consumers' needs and deliver safe and quality care and services at all times. I am satisfied that the response submission explained some of the specific examples provided and demonstrated ongoing recruitment, planning and monitoring of the sufficiency of the workforce detailed by the provider. Therefore, based on the evidence before me, I find Requirement 7(3)(a) compliant.

The service demonstrated that staff interactions with consumers were mostly kind, caring and respectful. However, the service had multiple complaints about a staff member who had recently stood down due to allegations of rough handling and disrespecting two consumers and a representative. Management advised that the staff member had been suspended whilst investigating the incident. Staff were familiar with consumers, including their needs and preferences. All staff and management were always observed to greet consumers and use their preferred names. Staff were observed engaging with consumers respectfully and genuinely caringly, conversing with them and undertaking activities. The service had written policies, procedures, and training to guide staff in dealing with consumers courteously and respectfully.

Consumers and representatives said most staff performed their duties effectively and were confident that they were sufficiently skilled to meet their care needs. Management described how they ensured staff met their roles' minimum qualification and registration requirements. Staff had criminal history checks and received orientation and ongoing training in line with their roles.

Consumers and representatives said staff were well trained and supported in delivering safe, quality care and services. Staff were confident the training provided had equipped them with the skills and knowledge to care for consumers. Management described how staff were recruited, trained, and equipped to deliver safe, quality care and services. Management advised that there was an annual capability training and an online training portal that supports training needs. Records showed upcoming staff training in areas such as medication management, and most training was current. Staff received orientation and annual mandatory training and completed annual capability assessments aligned with their roles, such as first aid, manual handling, fire and evacuation training, restrictive practices, and infection control practices. Staff confirmed receiving training and demonstrated knowledge of the Serious Incident Response Scheme and incident management.

Management explained how the service regularly assessed, monitored and reviewed the performance of each workforce member. Management detailed ways staff performance was monitored and assessed through regular performance appraisals, observations, surveys, and feedback. Two representatives expressed concerns regarding staff oversight on the floor, and the feedback register recorded medication management incidents. I have considered this under my decision for Requirement 3(3)(b). Staff detailed their involvement in the regular performance appraisal process and how consumer feedback was considered in this process. Records showed routine performance appraisals were mostly up to date.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives considered they are partners in improving care delivery and services. Management described how they seek engagement opportunities that informed service design, delivery and evaluation, including regular case conferences, consumer and representative meetings and via monthly consumer surveys.

Management and staff explained how the governing body promoted a culture of safe, inclusive, quality care and services accountable for delivery through an organisational strategic plan and monitoring through reporting mechanisms, including clinical indicators and benchmarking across all services in the organisation to identify and address wider trends. This data is fed into the organisation's governing committees and to the Board to drive improvements.

*In relation to Requirement 8(3)(c):*

The site audit report contained information that the service was unable to demonstrate effective organisational-wide systems relating to:

Information management: Documentation did not demonstrate clear discussion, follow-up, or evaluation of matters raised during service-wide meetings with consumers and representatives.

* Continuous improvement: identified deficiencies regarding continuous improvement monitoring and evaluation at the service delivery level. I have considered this under my decision for Requirement 3(3)(b) concerning medication management. The service demonstrated organisational-wide systems for continuous improvement, as evidenced by the service's monthly audit and survey program and the detailed actions in the plan for continuous improvement to address the deficiencies contained in the site audit report.
* Workforce governance: identified deficiencies regarding the effective planning and management of the workforce. I have considered this under my decision for Requirement 7(3)(a). This requirement expects organisations to have organisation-wide governance in relation to the workforce and demonstrate how the organisation applies and controls authority below the level of the governing body. I am satisfied that the service demonstrated workforce numbers and the range of skills they need to meet consumers' needs and deliver safe and quality care and services at all times.
* Regulatory compliance: identified deficiencies in the management and reporting of notifications under the Serious Incident Response Scheme. I have considered this under my decision for Requirement 8(3)(d).
* Feedback and complaints: identified deficiencies in evaluating and monitoring feedback and complaints to improve the quality of care and services. I have considered this under my decision for Requirement 6(3)(d). I am satisfied that the evidence and information in the response submission under this and other Requirements demonstrated effective organisational-wide systems for complaints and feedback and that consumer feedback is utilised to inform improvements to care and services.

The provider's response submission, including a copy of the service's plan for continuous improvement, which detailed actions taken and planned to address the gaps identified. The response submission included clarifying information that I have considered in my decision:

* Information management: education was provided to staff in the documentation of meeting minutes, with documents to be quality checked and advised that a copy of meeting minutes were provided to consumers and representatives.
* Advised staffing levels have been reviewed, and an increase for weekend shifts have been implemented.
* Confirmed staff feedback about workforce planning and management has been raised as a continuous improvement item.
* In relation to regulatory compliance, feedback and complaints: acknowledged one complaint identified by the Assessment Team was not identified as a Serious Incident Response Scheme. An internal audit was conducted to identify potential Serious Incident Response Scheme notifications and further education provided to staff.

I am satisfied that the service has demonstrated that effective organisation-wide governance systems were in place, supported by internal audits, meetings, and organisational reports. I find Requirement 8(3)(c) Compliant.

*In relation to Requirement 8(3)(d):*

The site audit report contained information that the service was unable to demonstrate the effective management of high-impact, high-prevalence risks concerning medication management; and that the identification of and response to abuse and neglect of consumers through inconsistent notifications under the Serious Incident Response Scheme.

In relation to medication management, medications (some not prescribed) were found in 3 named consumers' rooms. At the time of the site audit, medications were found in an additional 2 consumers' rooms. I have considered this under my decision for Requirement 3(3)(b).

In relation to notifications under the Serious Incident Response Scheme, the site audit report contained information that the service had not made notifications as required:

* The first named consumer advised that staff had treated them roughly whilst receiving assistance in January 2023. Management advised the complaint had been investigated internally only; however, no notification was made under the Serious Incident Response Scheme.
* The second named consumer advised that they were physically assaulted by 2 consumers in 2022 and had raised it with staff at the time. However, no evidence demonstrated that staff followed the service's incident management protocol. A complaint was filed, and a notification was made under the Serious Incident Response Scheme during the site audit.
* The representative of the third-named consumer said they had not been provided with an update in relation to a Serious Incident Response Scheme notification that had been made in April 2023. They advised that a staff member had informed the representative of another staff member roughly handling the consumer whilst being assisted with showering, causing a bruise and skin tear. The representative advised that they observed the same staff member looking after the consumer 2 days after reporting the incident to management.

The approved provider's response submission, including a copy of the service's plan for continuous improvement, which detailed actions taken and planned to address the gaps identified. The response submission included clarifying information that I have considered in my decision:

* Explained that policies, procedures, education and training, competency assessments, review and monitoring processes, continuous quality improvement initiatives, and committees were in place to support the risk management framework.
* Acknowledged the medication management incidents and included evidence of continuous improvement actions created in October 2022. In addition, the response acknowledged the incidents raised during the site audit. As a continuous improvement activity, staff will be provided further training and education about managing incidents, including Serious Incident Response Scheme responsibilities.
* Advised the Serious Incident Response Scheme incidents raised during the site audit had been investigated and reported, with the education provided to staff.
* Regarding the third named consumer, it was advised that the skin tear occurred due to the staff member's keys falling onto the consumer whilst assisting with care. Documentation confirmed that the matter was notified under the Serious Incident Response Scheme.

I acknowledge the immediate actions taken by the service and the planned strategies as outlined in the response submission to address the identified deficiencies. However, I have placed weight on the several identified deficiencies in relation to medication management and the inconsistent notifications of incidents under the Serious Incident Response Scheme. The service will require time to demonstrate the sustainability and effectiveness of the implemented improvements. It is my decision that Requirement 8(3)(d) Non-compliant.

The service's clinical governance framework was supported by policies, procedures, and training relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff confirmed they received education about these policies and provided examples relevant to their role.

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