Performance

Report

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| Name of service: | Performance report date: |
| Green Hills Residential Care Service | 13 September 2022 |
| Commission ID: | Activity type: |
| 2729 | Site Audit |
| Approved provider: | Activity date: |
| The Churches of Christ Property Trust | 12 July 2022 to 14 July 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 Green Hills Residential Care Service (**the service**) has been considered by James Howard, 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 conducted from 12 July 2022 to 14 July 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 Approved Provider’s response to the site audit report, received on 11 August 2022.
* Other information and intelligence held by the Commission in relation to this service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

This Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as compliant.

Consumers and representatives said staff treated consumers with dignity, respect and demonstrated an understanding of their individual backgrounds and identities. They provided positive feedback and gave examples of how the service supported consumers to be independent, take risks, exercise choice and make decisions about care and services provided, while respecting consumers’ personal privacy.

The service had policies and training in place which guided staff in their engagement with consumers. Staff were observed interacting with consumers respectfully and they described consumers’ cultural backgrounds and individual preferences and explained how that knowledge assisted them to meet consumers’ specific care needs

Care planning documents showed the service understood and supported consumer choice in cultural, spiritual and activity preferences. Consumers were supported to exercise choice and independence and encouraged to maintain relationships with people inside and outside of the service. Consumers’ relationships were acknowledged and supported. Consultation occurred to ensure staff were aware of matters important to consumers, to support consumers to live their best lives.

Staff encouraged consumers to be independent and respected their choices. Staff and management demonstrated respect and an understanding of consumers’ identities, life journey and personal circumstances.

Care planning documentation was individualised to consumers’ backgrounds, personal needs and preferences, identity, and cultural practices, obtained through consumer interviews and questionnaires. Staff described the various ways in which they supported consumers’ choices on a day-to-day basis, as documented in care plans.

Consumers confirmed their privacy and confidentiality was respected. Staff outlined the practical ways they respected the personal privacy of consumers, such as knocking on consumers’ doors prior to entry and closing their doors while providing care. Staff also demonstrated an understanding of consumers’ relationships inside and outside the service and explained how they supported consumers to maintain those relationships by utilising video calls and activities designed to form and maintain friendships.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and representatives said they were involved with assessment and care planning on entry to the service and then during periodic reviews and they felt like partners in the ongoing assessment and planning of their care and services. Staff described how they used assessment and planning processes to guide how they provided care that was safe and effective. Care plans detailed consumers’ needs, goals and preferences, including advance care planning and end-of-life preferences.

Care planning documents included information from consumers, representatives and other organisations and services and captured recommendations or directives from health professionals, including external providers of care such as dietitians, speech pathologists, medical officers and other specialist services. Care plan assessments included information on individual needs, goals and preferences and included specific risks to each consumer’s health and well-being, such as falls, pain and skin integrity.

Staff and management demonstrated their awareness of the importance of notifying consumers’ representatives about new care information and said they routinely discussed these matters with consumers and representatives. Access to care planning documentation was available to consumers and their representatives.

Care planning documents reflected reviews occurred regularly or following any change of circumstances or condition of the consumer. Representatives confirmed the service advised them of any changes.

# Standard 3

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

## Findings

This Quality Standard is assessed as compliant as seven of the seven specific requirements were assessed as compliant.

*Requirement 3(3)(a):*

The Assessment Team considered this Requirement as Not Met, as it considered the service was not able to adequately demonstrate effective management of high impact or high prevalence risks for some consumers, particularly risks related to environmental and chemical restraint, psychotropic medications and fluid restriction.

However, having considered the evidence in the site audit report and the Approved Provider’s response, I reached a different conclusion and decided the service was compliant with this Requirement.

The Assessment Team identified the following issues:

* Two consumers were on fluid-restricted diets; however, the Team noted their records did not reflect fluid intake monitoring nor strategies to supervise fluid intake. Care staff were apparently unaware of one consumer with restricted fluid intake.
* The service’s environmental restraint policy stated reviews would occur every six months, or sooner if care needs changed; however, the Assessment Team found the service’s environmental restraint register showed annual reviews, instead of 6-monthly reviews.
* Examination of the restrictive practices register showed that, for two consumers, environmental restraint was applied before the service obtained informed consent.
* A review of the psychotropic medication register showed the service had not accurately identified consumers who were at risk of chemical restraint. The service did not demonstrate evidence of informed consent was sought before use of ‘as needed’ psychotropic medications and potential chemical restraint for two consumers.
* In addition, the service had not undertaken a three-monthly review/evaluation of the effectiveness of antipsychotic medication for both consumers following the Organisation’s policy and best practice guidelines.

In its response, the Approved Provider explained both consumers on restricted fluid intakes had no cognitive issues, and each had self-managed their fluid intakes for significant periods of time without any issues. Both residents were medically stable, indicated to the Assessment Team they were aware of the fluid restriction and were satisfied with the care provided. The Approved Provider argued the consumers’ self-management of their fluid intake was an example of best practice in the encouragement of self-management of a chronic disease and a good example of choice and independence. The response included a copy of an alert placed on the consumer’s clinical and care record to ensure staff were aware of the fluid restriction.

The Approved Provider explained that restrictive practices were reviewed every six months, or more frequently as required, via the care plan review process and provided evidence of this.

The Approved Provider explained the consumers were not environmentally restrained and were able to walk around the grounds of the facility as they wished.

The Approved Provider’s response contained evidence which showed psychotropic medication was used to treat recognised medical conditions and were prescribed by the consumers’ GPs. As a consequence, the use of psychotropic medication was not a form of chemical restraint and the last two points raised by the Assessment Team did not apply.

Having considered the material provided by the Approved Provider in its response, I am satisfied that its actions are satisfactory and, at the time of the site audit, it was compliant with Requirement 3(3)(a).

*The other Requirements:*

Consumers and representatives considered consumers received personal and clinical care that was safe and right for them. Consumers confirmed they had access to medical officers or other health professional when needed. Consumer feedback and documentation confirmed timely and appropriate recognition and responses to deterioration in consumers’ health.

Staff described consumers’ individual care requirements and how they used this knowledge to deliver personal and clinical care aligned to meet their needs. Staff demonstrated an understanding of precautions to prevent and control infection and steps to minimise the need for antibiotics. They also described an understanding of risks involved with consumers’ conditions and used strategies to maximise their well-being and comfort. Staff reported they felt well -equipped and supported to provide consumer care that was tailored to consumers’ needs, was best practice and optimised consumers’ health and wellbeing.

Care documentation demonstrated frequent and timely referrals and input from a range of allied health professionals. Care plans showed consumers received effective care for skin integrity, wound, pain, and behaviour management. Documents also showed the service recorded consumers’ advanced care planning and end-of-life care preferences. Staff were also guided by the service’s policies and procedures that directed how staff managed end-of-life care, including pain management and comfort care.

The service had a range of policies and guidelines in place which supported the delivery of care in relation to restrictive practices, skin integrity and pain management. The service identified and tracked trends, analyses and responses to high-impact and high-prevalence risks. The service had a documented risk management clinical governance framework which guided how risk was identified, managed, and recorded.

The service conducted clinical audits and analysed risks such as falls, medication incidents, pressure injuries and weight loss. The service had an incident reporting system which assessed all incidents and flagged incidents for the Serious Incident Reporting System (SIRS) when required.

# 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

This Quality Standard is assessed as compliant, as seven of the seven specific requirements were assessed as compliant.

*Requirement 4(3)(f):*

The Assessment Team considered the meals provided by the service were of suitable quantity; however, consumers were not satisfied with the quality or variety of meals and so it found this Requirement was Not Met.

However, having considered the evidence in the site audit report and the Approved Provider’s response, I reached a different conclusion and decided the service was compliant with this Requirement.

Examples in the site audit report included:

* One consumer stated they would prefer more Asian-style meals but that, when she requested Asian meals, she was only offered fried rice. She described the food as being all the same flavour.
* Another consumer said they were unhappy with the lack of variety because they have various dietary restrictions. The consumer advised they get bacon, eggs and salad but stated ‘I don’t like salad’. They also stated one night they asked for bacon and eggs, but the kitchen staff provided them with eggs on toast and advised staff were not ‘qualified to cook bacon’.
* Three consumers advised the food was not hot enough, there were too many frozen snack/party meals and too many frozen, not fresh, vegetables.
* Finally, one consumer stated they liked to make their own drinks as they like using coffee sachets; however, the thermos of hot water was not hot and there were no kettles for use at the service.

During the site audit, the Assessment Team discussed some of these issues with management, which advised it consulted with the first consumer to incorporate their preferences into the menu. Management also advised it had purchased a new hotbox to keep the meals at a hotter temperature. Due to weather events, management explained it was more difficult to procure dependable supplies of fresh vegetables and so the service was using more frozen produce.

In its response, the Approved Provider provided further information:

* The service’s catering supervisor spoke with the first consumer about preferred dishes; these were incorporated into the consumer’s dietary needs assessment form and also provided to kitchen staff.
* The second consumer was reviewed by a dietitian in November 2021 and, at that time, advised the dietitian they did not like bacon. The consumer is on a restricted diet for health reasons; however, the consumer had not reported any concerns to staff about the quality or range of food. The chef consults with the consumer daily to discuss the consumer’s food for the day, and the facility manager delivers breakfast and lunch to the consumer at least three days per week to ensure the consumer is happy with the food.
* As already noted by management, the Approved Provider explained recent weather events made it more difficult to procure dependable supplies of fresh vegetables, so it was using a larger than usual amount of frozen vegetables at present. A copy of the menu showed little in the way of frozen snack/party foods.
* The response included a copy of the service’s “Daily Production and Temperature Check” records for food, which showed the food was served at appropriate temperatures, in accordance with Food Safe standards and practice. The service also had a NSW Food Authority audit in February 2022 and received an “A” rating.
* Hot water is always available in the main kitchen for residents to use if they would like to prepare their own hot drink, and staff reminded the consumer of the availability of hot water in the kitchen.

Having considered the information in the Approved Provider’s response, I reached a different conclusion to the Assessment Team. The response showed the service took consumers’ dietary needs and preferences into consideration, consulted with consumers in developing the menu, and worked to ensure consumers were happy with both the variety and quality of food available.

As a consequence, I decided the service was compliant with Requirement 4(3)(f).

*Requirement 4(3)(g):*

In its consideration of Requirement 5(3)(c) in the site audit report, the Assessment Team noted a consumer’s wheelchair footplate was removed at breakfast to allow the consumer to sit closer to the table. One footplate was left on the dining table until lunchtime, thus the consumer was wheeled around with only one footplate on their chair.

I considered it was more appropriate to deal with this issue under Requirement 4(3)(g), which is concerned with equipment provided to consumers for personal use, such as wheelchairs.

Ideally, a wheelchair should not be used without both footplates, as it may be difficult to move the wheelchair around and could also be uncomfortable for the person using the wheelchair, as their feet may not be supported. However, all available evidence indicates this was a one-off incident, it was rectified after a short period, and it had no discernible impact upon the consumer in question.

Therefore, I decided the service was compliant with Requirement 4(3)(g).

*The other Requirements:*

Consumers said they felt supported by the service to do things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spending time on independent activities of choice. Consumers and representatives said staff supported consumers to participate in activities that were of interest to them, and the service supported consumers to be independent as much as possible. Consumers were satisfied that services and supports for daily living promoted their emotional, spiritual, and psychological well-being.

Consumers and their representatives spoke positively about the ways the service supported them to participate in the service’s environment, access the wider community, and do things they liked to do, which included involvement in community services, visits with family and sporting activities.

Care documents reflected information was shared within and outside the service, as appropriate, to enable a shared understanding of consumers’ needs and preferences. Care plans showed referrals were made to other services and organisations to support consumers to engage in activities and care services to enhance their well-being.

Staff advised how they recognised a consumer was feeling low by their expression, body language and appetite and implemented various strategies to cheer the consumer up, which could include reassurance and distraction. Staff described how they were guided by knowledge of consumers’ likes and preferences in such situations, as outlined in consumers’ care planning documentation.

Review of the monthly activity calendar and discussions with staff demonstrated the service offered a variety of activities which met the different needs and preferences of consumers.

# 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

This Quality Standard is assessed as compliant as three of the three specific requirements were assessed as compliant.

*Requirement 5(3)(b):*

The Assessment Team considered the service did not provide an environment that was safe, well-maintained and comfortable, nor were all consumers able to move freely indoors or access the outdoors.

However, having considered the evidence in the site audit report and the Approved Provider’s response, I reached a different conclusion and decided the service was compliant with this Requirement.

Examples provided in the site audit report included:

* Supplies were stored in a storage room located under an external stairwell. Due to recent rain, water was trickling down the internal wall of the room and the room had a strong smell of mould. Management advised the service was not originally built with storage areas and so ‘we have to make do’.
* All consumer rooms had garden access or a small balcony with roll-down blinds; however, the roll-down blinds were covered in black mould.
* The concrete flooring in the service’s communal outdoor area was covered in ‘algae’.
* Laundry bags and trolleys were stored on a consumer's balcony, blocking the walkway.
* A large collection of shared equipment such as lifters, comfort chairs, hoists were stored in the loungeroom.

The Assessment Team noted the minutes for the service’s June 2022 governance committee meeting included requesting maintenance staff pressure-clean the paths and areas outside and investigating whether a small extension can be built to provide additional storage room for laundry.

In its response, the Approved Provider noted many areas of NSW had experienced exceptionally high amounts of rainfall in the months prior to the site audit and so it was not unusual for there to be a damp or “mouldy” smell. The response included a photo of the storage area and the Approved Provider stated there was a “small area of dampness” visible in the photo.

The Approved Provider disputed the Assessment Team’s findings about the storage room and the blinds. The response noted clinical supplies were not stored in the storage room and the blinds were quite old but did not have mould on them. The response included a photo of the blinds and of an external concrete path.

The response explained the consumer with the laundry bags outside her room did not mind the laundry bags and did not use her balcony; however, following the site audit, the service had moved the bags away from the balcony and was investigating whether it could construct a small extension to house the laundry bags.

The response also explained that, although equipment such as lifters, hoists and comfort chairs was stored in the lounge area, the equipment was against one wall and did not impede consumer and staff access to, or use of, the lounge area.

The evidence provided in the Approved Provider’s response showed there was some water leakage in a corner of the storage room; however, as noted by the Approved Provider, this is not unusual given the heavy rain over the months prior to the audit. It is not clear whether the storage room or the blinds were mouldy, or whether the darker colouration was simply age- related or, in the case of the storage room, water stains but not mould.

The Approved Provider’s response demonstrated that, although the service had little storage space and although a storage area had some minor water damage, there was no impact to consumers. Consumer feedback was positive, with consumers advising the service was cleaned to their satisfaction and the facilities were safe and well-maintained.

As the evidence in the Approved Provider’s response effectively refuted the Assessment Team’s considerations, and as there is no demonstrated impact to consumers, I reached a different conclusion to the Assessment Team and instead decided the service was compliant with Requirement 5(3)(b).

*Requirement 5(3)(c):*

In relation to Requirement 5(3)(c), the Assessment Team considered the Requirement was Not Met. However, after reviewing the information in the site audit report and the Approved Provider’s response, I found the service is compliant with the Requirement.

During the site audit, the Assessment Team observed:

* A consumer’s wheelchair footplate had been removed at breakfast to allow the consumer to sit closer to the table. One footplate was left on the dining table until lunchtime, thus the consumer was being wheeled around with only one footplate on their chair.
* A downstairs storeroom, which was an external staircase that had been closed off, had a strong smell of mould, and water was observed trickling down the walls.

Having considered the material in the site audit report, I decided the issue concerning the wheelchair was more properly considered under Requirement 4(3)(g) and the issue concerning the storeroom was more appropriately considered under Requirement 5(3)(b). Please see those Requirements for consideration of the above issues.

There were no other concerns within this Requirement. Therefore, I decided the service was compliant with Requirement 5(3)(c).

*The other Requirements:*

Consumers described feeling at home, safe and comfortable in the service and environment, and said it was an enjoyable place to live. The service had a welcoming environment for consumers that optimised their sense of safety and wellbeing. The service had indoor and outdoor areas that were designed to support consumer interactions and independence and were easy to navigate. Consumers were observed relaxing in the service’s common areas and enjoying the gardens around the service. Consumers’ rooms were personalised with photographs, artwork and other personal decorations.

Maintenance staff provided recent examples of when maintenance was needed at the service and demonstrated, through the completed maintenance log, that maintenance issues were resolved in a timely manner.

Maintenance, care and kitchen staff described the process for logging maintenance issues by logging an issue via the electronic terminal located in the front foyer. Maintenance staff demonstrated how they were contacted via alerts on their phone and electronic system in their office.

A review of the programmed maintenance books demonstrated regular maintenance of equipment was completed according to a schedule. The Assessment Team noted a couple of gaps in the schedule; however, maintenance staff provided evidence maintenance was completed but not updated in the schedule. Staff advised they had sufficient supplies to do their jobs, the service was generally clean and well-maintained, and issues were dealt with promptly.

**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

This Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as compliant.

Consumers were encouraged and supported to provide feedback and make complaints, and appropriate action was taken afterwards. Consumers and representatives confirmed they felt safe and supported to make complaints and provide feedback and knew of the various avenues for doing so.

Consumers and representatives were aware of the internal and external feedback and complaints mechanisms available to them, including advocacy support and language services, and said that when they raised issues, management acknowledged complaints, addressed the issues and resolved them to the consumers’ or representatives’ satisfaction.

Consumers and representatives felt confident the feedback they provided was considered by the service, and suggestions were implemented as far as reasonably practicable. Consumers confirmed the service responded and promptly addressed the issues to their satisfaction.

The service had processes to promote and support consumers and representatives to provide feedback and make complaints, including through the internet, the customer service hub, directly with management, or through feedback forms and a locked feedback drop box located at the entry to the service.

Feedback and complaints were used to continually improve the care and services provided to consumers. Consumers and representatives were involved in evaluating and implementing improvement actions. Staff received open disclosure training and had a shared understanding of the principles of open disclosure, understood when open disclosure processes should be applied, errors should be acknowledged and an apology provided.

**Standard 7**

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| Human resources | | 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. | 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

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and representatives confirmed staff were kind, caring and respectful of their identities, culture and diversity. They provided examples about the care and services, and participation in events of social significance.

A review of service staff documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties. Position descriptions included key competencies and registrations that were either desired or required for each role.

Training records indicated the service consistently oriented new staff, provided mandatory annual training and monitored training to check it was completed within timelines, which ensured the workforce had the skills to perform their roles effectively. The service had policies and procedures which monitored and guided staff on performance management, with regular performance appraisals built into the performance management system.

Management said recruiting and maintaining staff was challenging at times due to COVID-19 pressures and recent environmental events; however, staff were supportive, and some staff worked double shifts. The service added more staff recently and was going to review the staffing changes to ensure the service had sufficient staff.

Staff reported they sometimes felt under pressure; however, they were nonetheless able to properly attend to consumers’ needs and ensure they were met. Staff advised they received training and support from management and they were able to consistently meet the care needs of consumers.

The Assessment Team reviewed rosters and other documents which showed staffing levels were sufficient for staff to complete their duties and respond to consumer needs in a timely manner, and that staff received training and support from management in the discharge of their duties.

**Standard 8**

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| Organisational governance | | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

*Requirement 8(3)(c):*

The Assessment Team considered the service had effective, organisation-wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints in place. The service has a comprehensive suite of frameworks, committees and polices that cover the governance of service provision. However, the Assessment Team considered that, while the polices were all comprehensive, not all were followed, as the Team considered documentation and staff knowledge did not consistently reflect the policy relating to restrictive practices.

The Assessment Team raised issues relating to restrictive practices in Requirement 3(3)(a) of the site audit report and I considered them under that Requirement above.

As noted above, the evidence in the Approved Provider’s response showed restrictive practices were reviewed every six months. Further, although the Assessment Team considered some consumers were subject to environmental or chemical restraint, this was not the case and the Approved Provider’s response contained evidence which refuted the Assessment Team’s finding. Having considered all relevant evidence, I reached a different conclusion to the Assessment Team and decided the service was compliant with Requirement 3(3)(a).

It therefore follows that, as the service was compliant with Requirement 3(3)(a), there are no issues with documentation and policies concerning restrictive practices and the service is compliant with Requirement 8(3)(c).

*The remaining Requirements:*

Consumers considered the organisation was well run and they felt like partners in the delivery of care and services through participating in Resident and Representative Committee meetings, consumer surveys, and providing feedback to staff and management. They confirmed the service communicated with them regularly and kept them informed of upcoming changes. Consumers reported the management team was approachable and they were supported by staff to partner in the development of care and services.

Management advised it had a Continuous Improvement Plan which was updated frequently and discussed in monthly meetings. The service’s continuous improvement process was informed by a variety of sources, including consumer/representative feedback, consumer survey results, discussions at consumer meetings and analysis of clinical and incident data.

The service’s complaints management recently changed to an online system, which correlates each complaint to the relevant Aged Care Standard. This system enables the service to detect trends and develop targeted training for staff.

The organisation’s governing body had processes which ensured it promoted a culture of inclusive, quality, safe care and services and was accountable for their delivery.

The service had effective governance systems and risk management systems and practices that were supported by a clinical governance framework, which included antimicrobial stewardship, minimising the use of restraint, and open disclosure processes.

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-2)