Performance

Report

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| Name of service: | Hakea Grove Aged Care |
| Service address: | 102 Louisiana Road HAMLYN TERRACE NSW 2259 |
| Commission ID: | 1036 |
| Approved provider: | Hakea Grove Aged Care Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 28 September 2022 to 28 September 2022 and 11 October 2022 to 12 October 2022 |
| Performance report date: | 18 November 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 Hakea Grove Aged Care (**the service**) has been prepared by M. Nassif, 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 on 2 November 2022.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 2(3)(a) - The service ensures assessments and plans are completed and accurate in line with the organisation’s procedures, including for risk assessments when changes occur.
* Requirement 2(3)(e) - The service ensures assessments and care plans are reviewed regularly for effectiveness, including when incidents or changes occur, and that appropriate updates are made to the plans to ensure consumers changed needs are met.
* Requirement 3(3)(b) - The service ensures effective management of high impact high prevalence risks associated with the care of each consumer.
* Requirement 3(3)(d) - The service ensures deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* Requirement 3(3)(f) – The service ensures timely and appropriate referrals to individuals, other organisations and providers of care and services.

# 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

The Assessment Team recommended Requirement 1(3)(a) was not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 1(3)(d), the Assessment team identified the following deficiencies:

* One consumer requesting multiple times for toileting assistance which was recorded by a staff member as ‘attention seeking’ behaviour. The consumer later found incontinent on the ground.
* Another consumer said they had requested additional catheter equipment with certain features to make them feel more comfortable. The consumer said they attempted to empty/fix the equipment, spilling its contents on the floor, and feeling embarrassed. Management said they provided the consumer with the equipment they needed but there was delay in ordering more.

The provider’s response provided clarifying information:

* In relation to the first consumer, the provider’s response noted that it was only one staff member who wrote an inappropriate comment about the consumer’s request for toileting assistance as ‘attention seeking’ behaviour and all staff know consumers well and are kind and caring.
* In relation to the second consumer, the provider’s response reiterated management’s response in the Site Audit report. The response stated the consumer’s catheter preference, though not in line with usual practices, was delivered as soon as supplies were available.

The Site Audit report, in relation to the first consumer, provided comments from the consumer’s representative that staff respected the consumer. The representative did not raise any concerns in relation to the consumer not being treated with dignity. I consider the incident mentioned above, where the consumer was found on the floor incontinent, highlights deficits in relation to other requirements, such as 2(3)(a) and 3(3)(b) where the information has been considered and supports a finding of non-compliance.

The evidence provided by the Assessment Team in this requirement does not sufficiently support a finding of non-compliant. Overall, I am satisfied each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Therefore, based on the evidence before me, I find Requirement 1(3)(a) compliant.

I am satisfied the remaining 5 requirements in Quality Standard 1 are compliant.

Consumers said they received care and services that is culturally safe. Staff explained how consumers’ culture influenced how they deliver care on a daily basis such as menu planning according to cultural preferences. Care planning documents included information on consumers’ cultural needs and preferences.

Consumers provided examples of how they are supported to maintain independence and make choices. Staff identified couples residing in the service and described their needs and preferences for care and the maintenance of their relationships. Care planning documents demonstrated consumers’ choice for care and support needed to remain independent.

Consumers and representatives said consumers are supported to take risks and live the best life they can. Staff described areas in which consumers want to take risks, and how consumers are supported to understand the benefits and possible harms, when they make decisions about taking risks. Information on dignity of risks were observed displayed in the foyer.

Consumers said they are kept well-informed on all matters relating to the service. Staff described the various communication channels through which relevant information is provided to the consumers. Lifestyle activities programs, daily menu and other notices of interest to consumers were observed posted around the service.

Consumers reported that their privacy and confidentiality is respected and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. This was consistent with staff feedback and observations. Nurse’s stations were observed to be locked by an electronic key card system and no documentation was left out unattended.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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. | Non-compliant |

Findings

The Assessment Team recommended Requirements 2(3)(a) and 2(3)(e) were not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 2(3)(a), the Site Audit report identified several deficiencies. I consider the following deficiencies relevant to this Requirement:

* Three consumers with history of frequent falls, did not have an appropriate risk assessment of the causes and therefore no appropriate planning to mitigate those risks was undertaken.
* Two consumers, one with an unstageable pressure injury and another at medium risk of pressure injuries, did not have appropriate risk mitigating strategies documented to inform delivery of safe and effective pressure injury care.
* Two consumers who experience pain, did not have appropriate monitoring and assessment of pain and pain relief provided, to evaluate the effectiveness of pain management.
* For one consumer with diabetes, there was insufficient information in their care planning documents to effectively manage their diabetes, for example, strategies if the consumer had low blood sugar levels.
* One consumer with significant faecal impaction exacerbated by increased use of analgesic medication, did not identify this risk in their incontinence risk assessment.

The Site Audit report noted management’s response to some of the above deficits indicating that due to staff shortages, care delivery is prioritised before documentation.

The provider’s response did not address all the specific deficits identified above. However, the provider’s response acknowledged the deficits identified under Requirement 2(3)(a) and indicated that the service has implemented strategies to reduce and eliminate these deficits.

While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. The service did not demonstrate assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. Therefore, based on the evidence before me, I find Requirement 2(3)(a) non-compliant.

Regarding Requirement 2(3)(e), the Site Audit report identified several deficiencies. I consider the following deficiencies relevant to this Requirement:

* The service produced a ‘schedule’ for assessment and care planning review by the end of the site audit, however this schedule did not previously exist and was created at the time of site audit.
* There were several examples where consumers’ care plans were not reviewed when circumstances changed, or when incidents impacted on the needs of consumers. For example, one consumer who required delirium screening, was not screened and no subsequent review occurred, and no medication risk review occurred for another consumer’s multiple and frequent refusal of medication.

The provider’s response acknowledged the deficits in regularly reviewing the care plans, which they said was due to COVID-19 outbreaks and outlined how the service will adhere to the care plan review schedule. The response did not accept the care planning documents were not updated as a change in consumer’s needs was identified, however the response did not address the specific deficits identified above.

While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I also acknowledge that the service’s ability to meet this Requirement has been impacted by COVID-19. However, the service did not demonstrate 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. Therefore, based on the evidence before me, I find Requirement 2(3)(e) is non-compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 2 are compliant.

Representatives said they are consulted on the care needs of consumers, including advance care or end of life planning. Staff said they have access to advance care plans and consumers’ end of life wishes are available to refer to, when required. Advanced health directives were observed to be in place for consumers who wish to have one.

Representatives confirmed they partner with the service in relation to assessment and care planning. Staff reported regularly liaising with consumers and representatives to ensure a partnership throughout the assessment and care planning process.

Representatives said outcomes of assessment and planning are effectively communicated and documented in care planning documents which also reflected communication with consumers/representatives.

# 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. | Non-compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Assessment Team recommended Requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(f) were not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), the Site Audit report identified the following:

* One consumer with a diabetic management plan, requires their blood sugar levels to be tested whenever they are unwell, however their plan did not include management for low blood sugar levels. I have considered this under Requirement 2(3)(a) as it relates to a deficit in assessment and planning of the consumer’s diabetes management care needs. Additionally, the Site Audit report did not bring forward any evidence where the service did not check the consumer’s blood sugar levels whenever they were unwell, in line with their care plan.
* Multiple consumers having frequent falls did not have appropriate interventions in place to minimise the risk of falls, due to lack of review, assessment and planning. Neurological observations were also not consistently recorded. This has been considered under Requirement 2(3)(e), in relation to regular review of care and services when an incident impacts on consumers’ needs, and Requirement 3(3)(b) in relation to management of high impact or high prevalence risks.
* No medication risk review occurred for one consumer who refused medication frequently. This has been considered under Requirement 2(3)(e) where it is relevant.

Despite the deficiencies identified in the Site Audi report, the report also provided examples of where the service was providing safe and effective clinical care that was best practice and tailored to the needs of consumers. The Site Audit report also provided feedback from consumers that were happy with the care they had received, or they did not raise any concerns or adverse impacts.

The provider’s response disputed the recommendation of the Site Audit report on the basis that not all information was considered. As the deficits identified above are relevant to other requirements, and have resulted in non-compliance in those requirements, the evidence presented under this Requirement is insufficient alone to support that the service does not provide safe and effective personal and clinical care to each consumer that is best practice, tailored to their needs and optimises their health and well-being. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) compliant.

Regarding Requirement 3(3)(b), the Site Audit Report identified the following deficiencies:

One consumer at risk of constipation due to increasing pain relief medication did not have appropriate risk mitigation strategies in their care plan, and only one instance of staff taking pre-emptive actions to mitigate the risk of constipation was identified. The consumer required transfer to hospital and assessments at the hospital found the consumer was suffering pain due to constipation.

Post fall investigations were not adequately completed which resulted in the service not identifying causes of falls, and not implementing strategies to prevent falls. For example:

Investigations into two consumers falls found the consumers required a regular toilet schedule as their falls occurred when they needed to go to the toilet. However, there was no evidence that a toileting schedule was discussed with staff or implemented to reduce their risk of falls.

One consumer had 3 falls over 3 days and neurological observations were not consistently recorded following each fall. There was also no investigation conducted into the cause of the fall on the first day after the consumer missed a medication.

One consumer missed a medication as staff were unable to wake up the consumer. Progress notes documented that clinical staff were notified of the missed medication however, there is no evidence of a follow up clinical assessment as to why the consumer could not be woken up for their medication. The consumer had a fall later that day.

* One consumer with an unstageable pressure injury did not have a risk assessment or risk mitigation strategies identified in their care planning documents.

The provider’s response provided clarifying information in relation to some of the deficiencies identified in the Site Audit report and acknowledged some of the other deficits:

For the consumer at risk of constipation, the response disputes that steps were not taken to prevent constipation. The consumer was given medication to manage their risk of constipation, and there was regular monitoring of their bowel and action taken when bowels were not opened.

For the two consumers whose falls were investigated and regular toileting schedules was required but not implemented into care planning documents, the response disputed a continence assessment was not completed for one consumer. The response evidenced that the consumer had inconsistent scheduled toileting, with some days only have one or two scheduled toilets and all other times the consumer had continence aids. The response did not address why a documented toileting schedule was not included in the consumer’s care plan. For the other consumer, the response accepted their continence assessment was not updated when a toileting schedule commenced.

For the consumer who had 3 falls in 3 days, the response accepted that further investigation into antecedents should have been conducted. The response also accepted that neurological observations were not completed as per the service’s requirements.

For the consumer who missed a medication, the response noted it is usual for the consumer to be asleep and medication to be withheld during this time. The response accepted the progress notes but considered further assessment of potential deterioration was not required.

For the consumer with an unstageable pressure injury and no documented risk management strategies, the response accepted the consumer’s skin assessment was incomplete.

While I acknowledge the response adequately addressed the management of a consumer’s risk of constipation, all other deficiencies identified were not adequately addressed.

The provider’s response outlined several strategies to improve compliance with this Requirement. While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. The service did not demonstrate effective management of high impact or high prevalence risks, particularly in relation to consumers at risk of falls and pressure injuries. Therefore, based on the evidence before me, I find Requirement 3(3)(b) non-compliant.

Regarding Requirement 3(3)(d), the Site Audit Report identified the following deficiencies:

* The service did not identify and respond to the deterioration in a consumer’s health after multiple falls despite exhibiting changes in mobility and pain level. The consumer was eventually reviewed at the hospital where they underwent surgery for a fracture that was suspected to have occurred 3 weeks prior to the surgery.
* A named consumer who had multiple falls and consistent refusal of medications did not have appropriate clinical screening conducted and timely and appropriate interventions were not undertaken.
* A consumer with co-morbidities had a significant deterioration in their wounds which was identified by their representative. Despite concerns being raised, timely and appropriate interventions were not undertaken.

The provider’s response disputed the deficiencies identified under this Requirement however did not address, or adequately address all deficiencies:

* In relation to the consumer who was found to have a 3 week old fracture, the response evidenced that the consumer’s pain was regularly assessed and effectively managed after a few falls in early September. An assessment for potential hip injury was also conducted and resulted in request for a scan due to increased consistent reporting of pain by the consumer. This assessment occurred 11 days after the consumer’s last fall and the consumer had complained of pain on at least 3 occasions during this period. Six days after the assessment the consumer was taken for scans by their family. While the service did eventually respond to the consumer’s complaint of pain, the response was not timely.
* In relation to the consumer who did not have appropriate screening conducted, the response stated the screening was only partially completed, however no evidence of this was provided.
* The response did not address the consumer with deteriorating wounds.

The provider’s response outlined several strategies to improve compliance with this Requirement. While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. The service did not demonstrate deterioration of consumer’s health was recognised and responded to in a timely manner. Therefore, based on the evidence before me, I find Requirement 3(3)(d) non-compliant.

Regarding Requirement 3(3)(f), the Site Audit Report identified the following deficiencies:

* One consumer was reviewed by a physiotherapist 9 days post fall. Another consumer had no evidence of a review by a physiotherapist post fall.
* Dietitian review following unplanned weight loss did not occur for a consumer with an identified 4 kg weight loss.
* Wound review for a consumer with unstageable pressure injury, was not evidenced and while management confirmed they have a nurse practitioner in place to review the wound, no evidence was provided to show this had occurred. There was also no evidence external wound treatment services had been engaged.
* Progress notes for one consumer showed their representative raised concerns in September 2022 around the length of time until a formal specialist review was convened. Progress notes indicated that, after discussion with the consumer’s representative, the consumer was transferred to hospital for assessment. After the hospital assessment was conducted, an alternative specialist was booked for the consumer in November 2022.

The provider’s response acknowledged the deficits and while they provided examples of other appropriate referrals, they did not address all the specific deficits identified above. The provider’s response outlined several strategies to improve compliance with this Requirement. While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. The service did not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. Therefore, based on the evidence before me, I find Requirement 3(3)(f) non-compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 3 are compliant.

Care planning documents for a recently deceased consumer evidenced their dignity was preserved and care was provided in accordance with their needs and preferences. Staff described the way care delivery changed for consumers nearing end of life, with increased monitoring and observations.

Consumers and representatives said they are satisfied the consumer’s condition, needs and preferences are generally documented and communicated with relevant staff. However, there were areas of care planning documentation with deficits considered in other Requirements of this report, such as Requirement 2(3)(a). Staff reported that information relating to consumer’s conditions, needs and preferences is documented in the electronic care planning system and communicated via staff handover, messaging platform and face to face at staff meetings and case conferences.

The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics.

# 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/representatives said they were satisfied the services and supports for daily living meet the consumer’s needs, goals, and preferences. Care planning documents reflected what is important to consumers and included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence. Staff demonstrated awareness of consumer’s interests, needs, goals and preferences.

Care planning documents contained information about emotional, spiritual and psychological well-being needs of consumers and how staff should support them. Staff provided examples of supporting consumers’ emotional and psychological well-being in line with care planning documents.

Consumers described being able to participate in their community, have social and personal relationships or do things that interests to them. Staff described individual consumers interests and the relevant opportunities the service provides for consumers. Consumers were observed, participating in group and individual activities.

Consumers said staff are well informed on their conditions, needs and preferences. Staff confirmed they are informed of changes to consumer needs via handover processes. Care planning documents provided adequate information to support the delivery of effective and safe care.

Consumers said they can be connected and referred to other organisations if they wish. Lifestyle staff reported that they work with external organisations and volunteers to supplement the lifestyle activities offered. Care planning documents demonstrated referrals to individuals outside the organisation to support the lifestyle needs of consumers.

Consumers expressed satisfaction with the variety, quality and quantity of the meals provided. The service had processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided. Observations confirmed there were minimal complaints about food and any identified complaints had been directly resolved with consumers.

Consumers said equipment was well-maintained, clean and fit for purpose. All lifestyle equipment was observed to be safe suitable and well maintained for use. Maintenance documents reflected a comprehensive preventative maintenance schedule.

# 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 said the service was comfortable and welcoming. The service environment was observed to have a dementia friendly design.

Consumers stated the service environment was clean and comfortable. The service environment was observed to be well-maintained with consumers moving freely both indoors and outdoors.

Furniture, fittings and equipment were observed to be clean and well maintained. Equipment for daily living activities was observed to be readily available and in working order and suitable for the needs of the consumer. Staff were able to describe maintenance procedures including reporting of equipment issues.

# 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 felt supported to provide feedback and make complaints noting that management had an open-door policy and were happy to listen to everyone. Staff confirmed that they assist consumers/representatives with making complaints and are also comfortable and supported to provide feedback and make complaints.

Information on access to advocates, language services and other methods for raising and resolving feedback was observed to be available in the welcome pack for consumers. Consumers/representatives stated that staff assist consumers with language and other communication difficulties through the use of cue cards.

A review of the complaints register and incident reports demonstrated that appropriate action is taken, and open disclosure practiced. Consumers and representatives confirmed this to be the case. Staff were aware of the open disclosure process.

The service had a system to manage feedback and complaints which management utilised to inform continuous improvement. A complaint is not closed out until the consumer is happy. The quality manager explained a monthly report includes data on closed/open complaints and associated trends for review by the organisation.

# 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

Consumers/representatives said that despite staffing pressures, staff do the very best and have been providing effective care. Consumers said they have not been adversely impacted by lack of staff. Staff commented that staffing levels had improved recently. Management stated that staff worked extended hours to cover shortfalls and maintain care. While review of staff roster evidenced understaffing, call bell data also evidenced there was minimal impact on timely responses.

Consumers/representatives stated staff were kind, caring and respectful. Staff were aware of the cultural identities of consumers and provided an example of supporting the consumers with what is important to them.

Consumers/representatives stated staff were well-trained and competent. Management described the recruitment processes and checking procedures for qualifications and registrations, which must be completed before making an offer of employment.

Staff stated they are trained and supported to do their roles. A review of training records evidenced 100% compliance for all mandatory training. The provider’s response additionally outlines a skill matrix analysis to further inform the service’s education needs.

Staff confirmed they have annual appraisals which includes a self-assessment and a management assessment. Documentation confirmed that staff are regularly assessed, monitored and their performance reviewed. Management stated all performance appraisals are tracked in the electronic system and alerts are sent to managers about the appraisals due in the next couple of months.

# 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. | 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

The Assessment Team recommended Requirements 8(3)(c) and 8(3)(d) were not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report found the service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. However, the Site Audit report found that at management level, workforce governance, including the mix of staff and assignment of clear responsibilities and accountabilities was not effective in meeting consumer needs. The Site Audit report did not bring forward specific examples of consumers whose needs were not being met as a result of ineffective workforce governance. As discussed under Requirement 7(3)(a), though the service appears to have staffing pressures, this has had minimal to no impact on consumers.

The evidence presented under this Requirement is insufficient alone to support that the service does not have effective workforce governance systems. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) compliant.

Regarding Requirement 8(3)(d), the Site Audit Report identified deficits with management of high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents. The evidence and information relied on for those deficits are the same as those relied on for deficits identified under Requirements 2(3)(a), 2(3)(e) and 3(3)(b). This evidence and information has been considered under those requirements where they are more relevant to my findings of non-compliance.

The Site Audit report noted the service had a suite of policies and procedures in relation to the management of high impact or high prevalence risks. The Board, management and staff were all able to describe how to respond to abuse and neglect and ways in which they support consumers to live the best life they can. Management and staff were able to describe policies and procedures for preventing incidents and how to report incidents.

The evidence presented under this Requirement is insufficient alone to support that the service does not have effective risk management of high impact and high prevalence risks. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(d) compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 8 are compliant.

Consumers and representatives said the CEO’s office door is always open and they have no issue talking to them directly. Staff and management confirmed, and documentation evidenced, the service engaged consumers/representatives in the development, delivery and evaluation of care and services.

A Board of management described how the Board meet monthly to monitor the performance of the service and to ensure they are accountable for the delivery of safe, inclusive and quality care and services.

The service had a clinical governance framework that included antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated knowledge and their responsibilities in these areas.

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)