Performance

Report

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| Name of service: | HammondCare - Cardiff |
| Service address: | 158 Macquarie Road Cardiff NSW 2285 |
| Commission ID: | 0607 |
| Approved provider: | HammondCare |
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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 **HammondCare Cardiff** (**the service**) has been prepared by M Wyborn, 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; and
* the provider’s response to the assessment team’s report received 27 September 2022.

# 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)(a)**

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

The service should:

* Provide ongoing education and training to staff to ensure consumers are provided with comprehensive monitoring and evaluation of psychotropic medication usage and chemical restraint.
* Ensure consistent processes that all consumers who exhibit behaviours requiring support and/or has a restrictive practice used as part of their care that reviews are completed in accordance with legislative requirements. This includes on a regular basis and as soon as practicable after any change in a consumer’s circumstances.
* Ensure all consumers who require a behaviour support plan as part of their care, that the plan is informed by comprehensive person-centred assessments, including behaviour assessments. This includes information about the consumer to understand them such as life stories, their care needs and behaviours.

**Requirement 3(3)(b)**

Effective management of high impact or high prevalence risks associated with the care of each consumer.

The service should:

* Ensure that management of consumer risk is consistently managed and that policies are consistently applied for consumers who experience falls.
* Ensure that risk assessments are consistently completed and contain accurate detail.

**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.

The service should:

* Ensure consumer care plans contain updated information regarding consumers’ condition, needs and preferences and that progress notes and information is available to all staff.

**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.

The service should:

* Ensure that consumers who have experienced deterioration or a change are recognised and responded to in a timely manner.

**Requirement 3(3)(e)**

Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

The service should

* Provide staff education and training on following instructions contained in a consumer’s care planning documentation.

**Requirement 8(3)(d)**

Effective risk management systems and practices, including but not limited to the following:

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

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

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

The service should:

* Provide education and training to staff on the risk management policies, on managing consumer risk and how to complete a risk assessment.
* Ensure that consumer’s care plans for those that experience repeated incidents contain individual consumer risk assessment strategies.
* Ensure that consumer deterioration is monitored and responded to in a timely manner.

**Requirement 8(3)(e)**

Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

The service should:

* Provide education and training to management and staff in the use of psychotropic medications and chemical restraint.
* Ensure accurate clinical governance records of the use of psychotropic medication and chemical restraint.
* Ensure governance processes are in place for restrictive practices including how restrictive practices are overseen and monitored in the service.
* Ensure the clinical governance monitoring tools contain accurate information regarding consumers who are being chemically restrained.

# 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 interviewed by the Assessment Team said staff recognise the consumer’s individual needs and choices and make the consumer feel respected and safe. Consumers and representatives said they feel supported by the service to exercise choice and independence to be involved in making decisions about the care they receive and how it is delivered. They feel they can make decisions about their family and friends and who is involved in their care and communicate these decisions. Consumers said staff are respectful and provided examples how staff are maintaining their privacy.

The Assessment Team observed staff interacting with consumers respectfully, greeting consumers and their family members with familiarity and interacting with consumers in a dignified and respectful manner during personal care.

Staff demonstrated they are familiar with consumer’s backgrounds and described the ways they enable and support consumer’s spiritual needs, lifestyle choices and preferences on a day-to-day basis. Staff were able to describe how each consumer’s culture and background influences the delivery of their care and services. The service supports consumers to take risks to enable them to live the best life they can. The service supports consumers to make their own decisions by ensuring consumers and their family and representatives understand risks associated with the activity they wish to undertake which is evidenced in consumer care plans.

The service demonstrated an effective delivery of information in a range of ways and the information is clear, easy to understand and enables consumers to exercise choice. Representatives confirmed they receive information regarding COVID-19 and other health updates and documents and posters in relation to the service and other aged care initiatives were observed at the reception area of the service. These included the internal and external complaints mechanisms, information about advocacy services, the Commission’s notice advising consumers and representatives of the site audit and the daily menu and meal options is available in each cottage. A weekly activity calendar is available to consumers and representatives.

The service demonstrated effective processes to maintain consumer privacy and the Assessment team observed staff ensuring that consumers’ privacy is respected and their personal information is kept confidential. Representatives confirmed that consumer personal privacy is respected and advised that they were confident their personal information is kept confidential. Staff were observed by the Assessment Team to deliver care and services to consumers in a manner respectful of consumers’ privacy by knocking on the doors to consumers’ rooms and talking quietly to individual consumers in communal areas.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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 interviewed by the Assessment Team said they were involved in the assessment and planning of their care and services. Consumers interviewed did not recall being aware of the availability of their care plans or the overall outcomes of their assessments, however no consumers expressed concern in this regard. Representatives interviewed indicated they are aware of the consumers’ care plans and the clinical staff keep them up to date regarding any consumer care changes.

The service demonstrated they have a partnership with consumers and representatives in the care assessment and planning for the consumer. Assessment and planning includes other organisations, individuals and providers of care and services that are involved in the care of the consumer.

Care planning and assessment documentation for consumers considered risks to the consumer’s health and well-being, to inform the delivery of safe and effective care and services. The service has an effective process to guide nursing staff in completing assessments for consumers on entry to the service. However, care planning documentation for some consumers sampled did not identify high impact risks to consumer health and safety such as risks associated with smoking and choking. This has been considered under Standard 3.

Care plans are developed to include consumer needs and preferences and documented consumer goals are individualised to the consumer. For the consumers sampled, care planning documents included advance care planning and end of life planning if the consumer or representative has agreed to completing this.

The Assessment team identified that some care plans did not demonstrate that regular reviews of care and services for consumers is occurring when consumer’s circumstances change, including strategies to minimise the risk of falls and deterioration of a consumer. The service explained that they have procedures to review care plans every 3 months and when circumstances change. While this is occurring for some consumers, the Assessment Team observed that not all consumers’ care plans have undergone review following a change in circumstances.

In their response to the Assessment Team Report, the Approved Provider clarified action to review and ensure their consumer care plan tracking tool is up to date and to continue to work with staff to ensure they update consumer care plans when a consumer’s needs change. This includes ensuring handover discussions are recorded appropriately.

The service also highlighted implementation of a weekly physiotherapy report that will be used as a strategy to identify and minimise the risk of falls and deterioration of a consumer at the service. In their response, the Approved Provider also highlighted their organisational implementation of a digital care program that is designed to remove duplication as observed in the current paper-based system. The Approved Provider demonstrated that these activities remain as a focus in the service’s Plan for Continuous Improvement.

While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling. The Approved Provider’s response showed that the service has appropriate processes to review care and services for effectiveness, including when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. With the above evidence and considerations, I find the service compliant in Requirement 2(3)(e).

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

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

Findings

The service demonstrated systems for identifying best practice and best practice underpins clinical policies and procedures, however, the Assessment Team observed that not each consumer’s care and services are consistently tailored to their needs and therefore the service is not optimising their health and well-being. The Assessment Team identified some areas for improvement in medication management.

The service did not demonstrate comprehensive monitoring of psychotropic medication usage and chemical restraint. Monitoring tools report contradictory information about whether consumers’ psychotropic medications are considered to be chemical restraint and chemical restraints are not managed in line with legislated requirements. Management acknowledged the service has gaps in the organisational process to conduct 3 monthly registered nurse reviews of consumers who are identified as receiving chemical restraint. As such, the service did not demonstrate evidence of chemical restraint being reviewed regularly in accordance with legislative requirements.

The service does not demonstrate effective reporting and management of physical restraint. The Assessment Team observed that the service reports 5 consumers as having physical restraint consented to by their representatives and reviewed by their medical officers and this is to manage the consumer’s personal hygiene. The restraint includes staff holding the hands of the consumer while staff attend personal care. The Assessment Team did not identify records of assessment or strategies to support these consumers and to minimise the use of restraint. The Assessment team did not locate information in these consumers behaviour support plans to address the behaviour.

Management said all consumers have behaviour support plans in place and the service is moving to a new format for behaviour support plans. The Assessment Team observed that behaviour support plans did not include consumer’s life stories and things of importance to them or documented incidents of changed behaviours. In addition, consumer behaviour support plans were not all available to the specialised dementia carer working in the cottages.

The service does not demonstrate best practice is incorporated in the care of consumers regarding fall’s management and medication management and the Assessment Team identified consumers’ pain is not always assessed and managed appropriately.

The service demonstrated compliance in relation to its safe and effective clinical care in skin integrity, pressure injury prevention and wound management practices.

The organisation demonstrated appropriate policies and procedures outlining management of high impact high prevalence risk. The service has systems for identifying high impact high relevance risks associated with the care of each consumer. The electronic risk and incident documentation system captures incidents which are then collated and analysed monthly. Management said consumers’ risks are discussed at the care managers’ huddle daily with the registered nurses and team leaders. A living with risk matrix is an ongoing document which identifies consumers’ risks. However, the Assessment Team observed that management of consumer risk is not consistently managed effectively, policies are not consistently applied for consumers who experience falls and risk assessments are not always completed.

The service demonstrated appropriate policies and procedures to guide staff on end of life care provision and details of consumer needs, goals and preferences regarding end of life care and services were observed in consumers’ clinical files.

The service demonstrated appropriate policies and procedures to guide staff in managing consumers who experience deterioration or change. The electronic incident reporting system alerts management to incidents, an early recognition of a deteriorating resident form is completed by staff and escalated to the registered nurse. The Assessment Team observed however that consumers who have experienced deterioration or change have not been consistently recognised and responded to in a timely manner. Staff have not followed instruction in consumer’s care planning documentation, appropriate interventions have not been put in place following the deterioration of consumers.

The Assessment Team observed that consumer care plans are paper based and that some key information about consumers’ condition, needs and preferences is not always available to staff. The Assessment Team also identified some consumers’ files contained gaps in progress notes and information in consumer behaviour support plans is not always available to staff.

The service demonstrated appropriate and timely referrals to specialist organisations and individuals to provide the consumer the care they need in consultation with consumers and their representatives. Consumer representatives confirmed the involvement of other health care providers and that suitable referrals to external services are arranged if needed by the consumer and that they were consulted. Consumer care notes show evidence of referral to and input by specialist services including allied health professionals and wound specialist.

The service demonstrates precautionary infection control processes are in place to minimise infection related risks and to support appropriate use of antibiotics to reduce the risk of increasing resistance to antibiotics. Consumer representatives advised that the service keep them informed about COVID-19 health updates and provides regular information on how to minimise their risk of contracting infections. Staff demonstrated effective understanding of how they minimise the spread of infection and the use of antibiotics and ensuring they are used appropriately. The service demonstrated good hand hygiene practices when delivering care to consumers, correctly using appropriate personal protective equipment (PPE), cleaning equipment before and after use between consumers and encouraging fluid intake for consumers to minimise urinary tract infections. Staff training records reflect that all staff are up to date with infection control training.

The Quality Standard is assessed as Non-compliant as five of the seven specific requirements have been assessed as Non-compliant.

# 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 and representatives advised consumers receive safe and effective services and support for daily living and that the staff support their well-being and quality of life. The Assessment team’s review of consumer care documentation reinforced that staff are assessing and identifying consumers’ needs, goals and preferences and optimising their health and well-being.

Consumers and representatives advised that the service promotes and supports their emotional, spiritual and psychological well-being. The service demonstrated they are providing appropriate religious and spiritual services for consumers by supporting the pastoral care staff to visit consumers regularly throughout the week. Consumers advised of their satisfaction and said they can also attend the church service held in the chapel at the service each week.

Management advised that the service can facilitate referrals to psycho-geriatricians and the older persons mental health team as required.

The Assessment Team observed ongoing and appropriate engagement between consumers, staff and management within the service. The service demonstrated individualised consumer care tailored to suit their needs. Some consumers have volunteers come to support them with activities of interest to them and some like to go on regular bus outings. Representatives interviewed advised they are very happy with the care and engagement activities their family member receives.

The service demonstrated effective processes to document and share information about consumers’ needs and preferences regarding lifestyle services and supports, both within the organisation and with others when required. The information is up to date and accurate and staff can describe ways that the service effectively manages review, delivery and application of this information in relation to services and support for daily living.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. Staff explained that regular referrals are made to the pastoral care team, volunteer coordinator for volunteers to conduct one to one visits or group activities, the hairdresser and pet therapy. The manager also explained that referrals are made to National Disability Insurance Scheme (NDIS), Dementia Support Australia, older persons mental health team and geriatricians.

Consumers advised of their satisfaction with the meals provided. Representatives and consumers advised there is a good variety of meals offered and a sufficient quantity served. Consumer care plans reflected their dietary requirements.

Through consumer, management and staff interviews and observations the service demonstrated equipment that the used to support consumer lifestyle was safe, suitable and clean. This includes lifters, lifter slings and activity equipment. The equipment was suitable for the consumer, clean and in good condition. The service has an effective system for ensuring equipment is cleaned by staff following use.

In addition, staff advised they have access to the equipment and resources they need to support consumers. Staff said if there are issues with the equipment they report this to maintenance or directly to management and discuss opportunities for replacement or replenishment.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 5

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

Findings

The Assessment Team observed a welcoming service environment that effectively incorporated key principles of dementia enabling design. The environment optimises each consumer’s sense of belonging, independence, interaction and function. The cottages are located around a large, well-lit, landscaped courtyard garden area, with a creek running through the middle. The consumer meeting and recreation building is positioned at the centre of the courtyard and the service provided suitable consumer seating and tables on the patio and inside for consumers, their families and friends to relax and spend time together.

The service demonstrated individualism by supporting memory boxes in the hallways next to consumers’ doors with memorabilia to assist consumer recognition, wayfinding and personalisation. All rooms have ensuites that were observed to be clean and tidy, adorned with personal decorations and keepsakes. The service provides suitable navigational aids throughout the environment and walls were uncluttered, thus preventing overstimulation for people living with dementia. There were small displays in the lounge area with household photos of consumers enjoying activities, fostering a sense of belonging and familiarity.

The open-plan area including the kitchen, lounge and dining sections is spacious, but not so large that it loses intimacy or inhibits wayfinding. Consumers were observed sitting in kitchen areas chatting with staff while having their meals, as well as in other shared areas for consumers to interact, watch television or spend quiet time. Consumers advised the Assessment Team that they feel at home in the environment.

Furniture is not cluttered, reducing risk of trips/falls and doors to the outside fenced garden are unlocked. The Assessment Team observed staff assisting consumers to traverse the network of pathways around the service. The service environment provides opportunities for engagement with ordinary way of life, the kitchen area is open to residents to help themselves or to assist with housekeeping and cooking tasks.

The gardens are well maintained and the maintenance manager demonstrated an up to date risk management system that ensures timely and appropriate action is taken to ensure consumer safety and well-being.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers individual needs. A review of the preventive and reactive maintenance logs showed that preventive maintenance tasks are up to date and reactive maintenance tasks are logged in an electronic system and allocated a priority to meet consumer needs and safety first. Equipment such as wheel chairs, lifting hoists and tub chairs were observed to be clean and in working order. Kitchens within the cottages, the centralised kitchen and food stores area were observed to be clean and tidy. Consumers advised the furniture and equipment was clean and well maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# 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

Representatives advised they are encouraged and supported to provide feedback and make complaints on behalf of their consumers. They said their consumers are unable to offer feedback or make complaints as they are living with dementia. The representatives said they would speak directly to the house leader, the specialised dementia carers, registered nurses or management. The service and staff demonstrated how they encourage and appropriately respond to consumer feedback. Consumer and representative meetings are held regularly and meeting minutes show that they provide a forum for consumers and representatives to raise and discuss issues or concerns and that appropriate action is taken by management in response.

Representatives advised they know how to access advocacy services and other methods for raising and resolving complaints. Staff were aware of how to access language services for consumers or representatives from a cultural and linguistically diverse background if required however the service does not currently have any consumers or representatives needing this service. Staff were aware of external complaint methods and there are advocacy brochures available at reception for the Older Persons Advocacy Service (OPAN) and for the Seniors Rights Service.

Representatives explained they were satisfied that management is responsive to any matter they raise within the service and the service demonstrated it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. The specialised dementia carers could explain the complaints process which is in line with the open disclosure process the service uses to resolve complaints. The service’s feedback register showed that feedback and complaints are managed in accordance with the organisation’s policies and procedures.

The service has an effective continuous improvement process and, the Assessment team observed that feedback and complaints provide key data for identifying areas for improvement. For example, management and the pastoral care staff advised that as a result of feedback from representatives with regard to a lack of social engagement, the service introduced additional consumer engagement and activities. These included tai chi classes, pet therapy and regular lolly/ice-cream cart visits to the cottages.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

# 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 service demonstrated a workforce that is planned and the number and mix of staff deployed enables the delivery and management of safe and effective care and services to consumers. Although the Assessment Team received feedback from some representatives about insufficient staff at the service, overall the management team was able to demonstrate a range of staff coverage options, and support strategies, to ensure there are enough staff to provide safe quality care and services.

The call bell/sensor mat response report includes sensor alarms for service doors (in addition to consumers’ rooms and mats) that had been accidentally/unknowingly left open. This data significantly skewed the total number of response times over 10 minutes. Hence the Assessment Team did not regard this as an accurate measure for considering staffing/response issues. However, the service is looking at how to address this discrepancy.

The Assessment Team observed staff were kind, caring and respectful in their interactions with consumers and demonstrated respect for individual consumers identity, culture and diversity. The service has a policy that outlines what it means to treat consumers with dignity and respect including their cultural diversity that was demonstrated by all staff

Overall the service demonstrated the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Some representatives interviewed said staff are very caring and kind and they felt most of the staff are well skilled for the position they hold, but some would benefit from more dementia specific training. The service provides all care and clinical staff with an orientation program and training in dementia care and behavioural management training.

The organisation has documented core competencies and capabilities for different roles and a range of mandatory training programs include practical competency-based assessments. Professional registration documentation showed that all clinical and care staff registrations are current.

The service demonstrated that staff are recruited, educated, equipped and supported to deliver the outcomes required by the quality standards. Records showed that all staff have completed the service’s orientation program covering infection control, PPE donning and doffing and handwashing competencies, as well as training around key clinical tasks, legislative requirements and compliance with the Quality Standards.

Staff complete mandatory training modules annually, which are tracked on the learning management system. Non-completions are escalated to the director of nursing who said that staff are stood down if they are not compliant. Review of training completion records showed that annual mandatory training is up to date. The service has 2 onsite workplace coaches who provide on-the-job coaching on mandatory training programs and as required where staff performance or development needs are identified.

The service demonstrated that assessment, monitoring and review of the performance of each staff member is effective. Management said staff and their supervisors have an annual staff development meeting that focuses on development. The director of nursing said that the service focuses on ‘enabling’ staff through training and coaching. Staff can be buddied with more experienced specialised dementia carers to support development. The director of nursing said staff talk to pastoral care team when they feel lacking in skills and that the pastoral care team inform management to ensure ongoing support for staff.

The service demonstrated effective investigation and management of serious incidents, including review and management of staff performance issues that may have contributed to the incident.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

# 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. | Non-compliant |

Findings

The service demonstrated that consumers are supported to engage in the development, delivery and evaluation of care and services. The organisation’s quality safety and risk (QSR) team conduct regular consumer and representative feedback surveys and trends and recommendations for action are provided to the board.

The service demonstrated its governing body promotes a culture of safe, inclusive quality care and services and is accountable for their delivery. Management said the Board has invested heavily on building the QSR team which includes the risk committee on safety, risk and compliance issues. Recent initiatives sponsored by the Board were the ‘Mission in Action’ awards and an internal social media platform established to recognise staff who have contributed to a safe culture and inclusive quality care.

The Board monitors key themes around diversity such as being part of a partnership with LGBTIQ plus Health Australia that monitors the effectiveness and safety of services for diverse groups. The CEO presents service news and information on legislative and policy changes, consumer feedback and service improvements in a video format to staff.

The service demonstrated overall effective governance systems, however, the Assessment Team observed gaps in its information management, including consumer clinical files at the cottages lacking assessment and planning information required for safe care and service delivery. The impact of this on consumers was detailed in the compliance outcome for Standard 3.

The organisation has a documented risk management framework, including policies on management and prevention of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers and incident prevention and management. However, there are gaps in the effectiveness of the service’s risk management in areas such as recognition and response to consumer deterioration and falls management. Risk systems, policies and procedures are not consistently applied by staff resulting in a significant decline in the health, safety and wellbeing of some consumers.

The organisation demonstrated that management and the Board have access to a live risk dashboard on their electronic risk management system that profiles the top risks for the organisation at any point in time. Board members, the CEO and executive managers attend the Board advisory sub-committee that report to the Board on incidents and risks to the health, safety and wellbeing of consumers, staff, quality of clinical care and services. It also reports on compliance issues and advises the Board on risk mitigation strategies. The clinical governance committee reports to the Quality Safety Committee on clinical care, incident and complaint trends and advises significant clinical risks and mitigation strategies.

However, at the service level, the Assessment Team observed that consumer risks have not been consistently managed effectively, policy is not consistently followed for consumers who experience falls and risk assessments are not consistently completed at the service, therefore placing consumers’ health safety and wellbeing at risk.

Review of the service’s serious incident response (SIRS) notification report showed that the service made SIRS reports in relation to fifty-five incidents from 1 April to 31 July 2022. Regarding the high number of SIRS reports, management said that the service over reported SIRS incidents and that many of their consumers live with a dual diagnosis of advanced dementia, complex mental health conditions and behaviours for which the service provides specialised dementia care. The service demonstrated that it makes SIRS reports regarding suspected cases of neglect of consumer care by staff.

Staff demonstrated their practical application on how to support consumers to live the best life they can. The service’s incident reporting system alerts management to incidents and there is a form completed by staff to prompt early recognition of a deteriorating consumer that is escalated to the registered nurse. The Assessment Team observed that for some consumers who had repeated falls incidents, their care plans did not contain details of strategies outlined in their falls risk assessment. The Assessment Team also observed that other incidents resulting from deterioration were not always responded to in a timely manner.

The organisation provided a documented clinical governance framework that included policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff advised they had received education about the policies and were able to discuss the relevance to their roles. However, the Assessment Team observed inaccuracies in the clinical governance of the use of psychotropic medications at the service level, that potentially undermine the accuracy of data used at the organisational governance level to assess overall compliance with legislative requirements regarding psychotropic medication use and chemical restraint. The service’s clinical governance monitoring tools contained contradictory information regarding which consumers are being chemically restrained. The risk matrix indicates thirty-six consumers are receiving chemical restraints, yet the psychotropic medication tracking tool indicates 7 consumers are receiving chemical restraints. This discrepancy impacts clinical oversight at the service and organisational governance levels in terms of accuracy of reporting on National Aged Care Mandatory Quality Indicator Program and effectively managing and minimising chemical restraint according to legislative requirements and Quality of Care Principles 2014. The Assessment Team also observed that the service has gaps in its 3 monthly registered nurse reviews of consumers who are receiving chemical restraint and this impacts on opportunities to consider gradual reduction or cessation in psychotropic use for consumers where possible.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

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)