Performance

Report

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| Name of service: | Hawkesbury Living Pty Limited |
| Service address: | 116 March Street RICHMOND NSW 2753 |
| Commission ID: | 2467 |
| Approved provider: | Hawkesbury Living Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 17 March 2023 |

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

**This performance report**

This performance report for Hawkesbury Living Pty Limited (**the service**) has been prepared by T Solomon, 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 6 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | |  |
| 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 Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives stated they are treated with respect and their identity, culture and diversity is valued. Care planning documentation, interviews with staff and observations of staff interactions with consumers corroborated this feedback. Care planning documentation included information about consumers individual preferences, identity, and culture. Organisational policies contained information about including diverse consumers, treating them with respect and maintaining their dignity.

Consumers and/or representatives described how staff respect their culture, values, and diversity. Staff interviewed were able to describe individual consumers’ cultural backgrounds and how this relates to the care they provide. Care planning documentation reviewed reflected consumers cultural needs, interests, and preferences. The organisation’s policies and procedures are underpinned by inclusive values.

Consumers and/or representatives expressed that consumers could exercise choice and make decisions about their care and services, while being supported to maintain relationships that are important to them.

The service mostly demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are able to do things they want to do. Some consumers who choose to take risks confirmed the service has initiated assessment and discussion about the risks with the consumers. While staff and the management team could explain how they support consumers to take risks they could only provide a few examples of consumers actually taking risks. Risk assessments completed for consumers were appropriate and contained risk mitigation strategies, consultation with family and are reviewed in line with service policy.

Consumers and/or representatives stated they receive activity calendars and newsletters, and staff will also inform them what is happening at the service. Various information brochures were displayed for consumers and representatives throughout the service.

Newsletters reviewed from October, November and December 2022 and January 2023 showed information regarding consumer meetings, religious programs and different outings and activities for example, the library service and bus trips.

Consumers and/or representatives described how their privacy is respected and their information is kept confidential. Staff reported they do not discuss consumers personal information in front of other consumers and described how they lock computers and keep office doors closed.

# 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

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

The service demonstrated assessment and planning took into consideration many risks to consumers health and wellbeing, such as wound care plans and diabetic management plans. However, there were some health care requirements being provided to consumers that were not captured on their care plan and did not have the relevant assessments completed. Each resident is reviewed monthly as part of the ‘resident of the day’ process however these omissions from their care plan had not been identified over a prolonged period even with multiple reviews.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a review of the organisation’s Oxygen Therapy Policy, provide education and guidance to staff on completing continence documentation, education provided to the physiotherapist on personalised falls management strategies, review of environmental restrictive practices documentation for all consumers.

The Approved Provider provided evidence to show assessment and planning is considering consumer health and wellbeing needs. Therefore, I am satisfied that requirement 2(3)(a) is Compliant.

Assessment and planning identify and addresses consumers’ current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes*.* The service has a folder that holds a copy of the advanced care directives for consumers.

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Overall, the service demonstrated they complete in partnership with consumers and their representatives care assessment and care planning. It was also evident that the service works with other organisations, individuals, and providers of care.

The service has a range of processes in place to review consumers care in conjunction with the consumer and/or their representative, including monthly resident of the day process, four monthly care plan reviews and case conferences occurring every eight to twelve months.

A review of documentation evidenced appropriate referral and involvement with other practitioners including but not limited to allied health professionals, medical officers and other services including Dementia Support Australia.

The service was able to demonstrate that outcomes of assessment and planning were communicated and documented in a care and service plan which is available for consumers and/or representatives should they choose to access it. Interviews with consumers and/or their representatives supported that the service was in regular communication with them in relation to their care and services.

The Assessment Team observed the service’s electronic care management system which contains the care and services plan for consumers, and which can be printed and accessed when required.

The service has systems and processes in place to ensure the review of consumer care and services on a scheduled basis, or when changes occur such as when a consumer goes to hospital or after an incident.

Consumer files demonstrated care plans are reviewed and updated regularly. Prompts within the electronic record system alert staff to upcoming or overdue interventions, reviews, and assessments.

# 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. | 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

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

The service was able to explain how they managed their high impact or high prevalence risks, however the risk register provided to the Assessment Team did not contain a column for pressure injuries and the summary page had not been updated.

The service maintains a restraint register and all consumers on a chemical restraint had a chemical restraint authorisation form completed and behaviour support plans in place. Wounds are documented on the wound care plan and contains a regular photograph and measurement of the wound, and complex wound healing is supported by the wound care specialist from the local hospital.

Most falls were managed effectively for consumers. Consumer weights are regularly monitored, and a dietician is utilised to assist with improving nutrition and recommend supplements as required.

The service has processes to manage high impact or high prevalence risks associated with the care of the consumer and staff were able to provide examples of these, however when reviewing consumer files there were various problems identified.

Clinical risk meetings are held monthly, however after a review of the meeting minutes it was unclear what decisions were made regarding the risk, if actions and interventions were planned, and if actions had been taken whether they were considered effective.

The Assessment Team identified numerous gaps and deficits in care documentation for consumers receiving catheter care, oxygen therapy, pressure area care, diabetes management, post fall management.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a review of the organisation’s Falls Management Policy, review and update to Clinical Risk Register, review of clinical risk meeting documentation, education provided to staff on diabetic management and documentation.

The Approved Provider provided evidence to show management of high impact and high prevalence risks is occurring for consumers. Therefore, I am satisfied that requirement 3(3)(b) is compliant.

The Assessment Team identified that the needs, goals, and preferences of consumers nearing end of life were inconsistently addressed although it was evident that staff endeavour to maximise consumer comfort and dignity. The service did not update the care plan for a palliating consumer to correctly identify his current needs, goals, and preferences.

The Approved Provider responded with a detailed description of their usual practice and procedure, highlighting that the service has systems in place for assessing and referring consumers to the required services.

The Approved Provider provided evidence to show while the consumer care plan for one consumer was not initially updated, palliative care process were occurring in consultation with the consumer, their representative, general practitioner and palliative care services involved. Therefore, I am satisfied that requirement 3(3)(c) is compliant.

The service demonstrated that consumers were receiving safe and effective personal and clinical care that was best practice, tailored to their needs and optimises their health and wellbeing. Documentation reviewed indicated that personal and clinical care provided to consumers was in line with their needs, goals, and preferences.

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated consumers who have experienced deterioration or a change in their mental health, cognitive or physical function have their needs recognised and responded to in a timely manner. Interviews with staff demonstrated that they were able to identify what signs and symptoms they would look for to constitute a change in a consumers’ condition.

Overall, the service was able to demonstrate that information about the consumers’ condition, needs and preferences are documented and communicated across the organisation. Care plans were in date, and consumers had their needs and preferences documented on admission and then updated again during assessment and care planning.

Care planning documents and progress notes reviewed by the Assessment team evidenced the input of others such as geriatrician, wound specialist, Dementia Support Australia, allied health professionals and other medical professionals within a timely and appropriate manner.

The Assessment Team reviewed a range of information to understand how the service minimises infection related risk including the precautions taken in relation to infection control and prevention and how the service promotes appropriate antibiotic use.

Staff interviewed were able to explain antimicrobial stewardship and infection control principles and how it was applied to their daily practice. Staff are provided with training on induction, including but not limited to personal protective equipment and hand hygiene. Staff receive continuous education during outbreaks with the registered nurses doing refreshers with their teams. The Assessment Team observed wall-mounted hand sanitiser dispensers around the service. The service had a screening process in place for visitors, as well as access to masks.

Requirement 3(3)(g) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

# 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

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

The majority of consumers and/or representatives expressed satisfaction with services and supports provided to meet consumer’s needs, goals, and preferences, and to optimise their independence, well-being, and quality of life.

However, some consumer representatives provided feedback that the service’s policy on visiting consumers in shared rooms and communal areas is inconsistent and does not meet consumers’ needs and preferences. Observations and documentation showed some consumers in the dementia support unit were not receiving effective services and supports that optimises their wellbeing and quality of life.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to collaborating with Dementia Services Australia to optimise the well-being for consumers in the Dementia Support Unit, provide education for staff on engagement with consumers, a review of consumers care and services plans and implementing individual engagement plans, creating individual activity boxes for consumers, reinforcing with care staff to engage with consumers residing in the Dementia Support Unit during the weekend.

The Approved Provider responded with an updated Visitors Policy, clearly identifying the requirements for all visitors, including visiting consumers currently residing in shared rooms. This policy was discussed with consumers and/or representatives at a meeting held on the 2nd of March 2023. I will encourage the Approved Provider to ensure adequate private spaces are available for consumers who reside in shared rooms to facilitate spending time with their visitors during times their shared rooms are unavailable.

The Approved Provider provided evidence to address the deficiencies identified by the Assessment Team during the site audit. Therefore, I am satisfied that requirement 4(3)(a) is compliant.

Consumers and/or representatives confirmed consumers receive the support they need for their emotional, spiritual, and psychological wellbeing. Consumers are referred to external services such as psychological services, psychogeriatricians and Dementia Support Australia to promote consumers’ emotional, spiritual, and psychological wellbeing.

Consumers and/or representatives indicated staff know them well and are aware of their individual needs, goals, and preferences. The service provides activities at the service and visitors from the community such as entertainers and representatives from local churches and the National Disability Insurance Scheme. Families take individual consumers on outings, and observations showed activities occurring as per the activities calendar.

A review of the activities schedules from October to December 2022 show a variety of activities including music, sensory activities, puzzles, flower arranging, virtual reality travel, domestic activities, aromatherapy, and church services.

Consumers and/or representatives expressed satisfaction regarding information related to their needs and preferences is effectively communicated between staff at the service. Documentation reviewed by the Assessment Team, including care plans and progress notes, demonstrated the safe and effective sharing of consumer information between staff. However, a review of consumer dietary preferences against dietary sheets in the kitchen showed gaps in effective communication of some consumers dietary needs and preferences.

The food and service beverage manager described how clinical staff update the kitchen on any dietary changes by providing kitchen staff with the updated requirements. He explained how he then updates the dietary sheets used in the kitchen based on the updated advice. However, a review of care planning documentation and corresponding information on dietary sheets in the kitchen showed discrepancies in the data.

The food and beverages manager advised there was no impact to consumers due to the discrepancies in the kitchen sheets, as the kitchen also have a label on each consumer’s tray to say what their dietary requirements are. When this was reviewed by the Assessment Team the correct dietary requirements were on the tray label and consumers were getting the correct meals.

On the last day of the Site Audit the food and beverages manager provided evidence of a review of the multiple sheets used in the kitchen in an attempt to streamline the process to prevent further issues.

Consumers and/or representatives confirmed they are supported by other organisations and providers of other care and services. The leisure and lifestyle coordinator stated there are other organisations and providers which provide services to support the well-being of consumers. These services include lifestyle services, such as hairdressing, support from the National Disability Insurance Scheme, the local library, Dementia Support Australia, and the physiotherapist.

Interviews with consumers and/or representatives, staff, a review of the menu, and observations show varied meals of suitable quality and quantity are being provided. Most consumers stated the food was of good quality, quantity, and variety, however some consumers provided negative feedback. Observations of the dining experience shows not all consumers are receiving the same experience at the service.

The group food and services manager provided evidence of consumer input into the menu via consumer and/or representative feedback and direct feedback to the kitchen. The group food and services manager advised, and observations showed the service keeps extra food in all the buildings for example custards, trays of sandwiches, jellies and yoghurts in case consumers are hungry during the night. A review of consumer and representative meeting minutes show regular discussions around food with consumers and catering staff.

The Plan for Continuous Improvement showed an external audit and internal feedback had identified issues with the dining experience in March 2022. The management team said they are working on improving the dining experience to ensure consumers have the same dining experience in all locations of the service. The management team reported they are actively trying to encourage consumers to come out of their rooms and engage in the dining experience if they choose to do so.

While observations show the dining experience is not the same in all locations, there was no negative feedback from consumers and/or representatives regarding this, most consumers reported satisfaction with meals and where there were issues, the service demonstrated its responsiveness.

The service demonstrated that most equipment is safe, suitable, clean, and well maintained for staff and consumer use. The Assessment Team observed cleaning and kitchen staff cleaning equipment, and maintenance and cleaning documentation demonstrate the regular scheduling of equipment cleaning and repair.

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

The Assessment Team observed the service environment to be mostly safe, clean, well maintained, and comfortable with consumers being able to access most areas of the service environment. Management and staff explained the systems in place for the cleaning and maintenance of the service environment, and for ensuring the safety of the environment.

However, the service environment did not always enable and promote free movement and access for all consumers. Exit doors located in the Rivera building and the main building were locked and accessed with a code, consumers who require assistance to move across the building have to be escorted by staff members. There were no visual strategies in place for consumers who may not remember the code, impacting on their independence to move around feely. Consumers however advised they were happy with moving across the building with staff and so consumers advised they did have the code and could access the area independently.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to changing to a new cleaning company, deactivation of the keypad so doors are now unlocked, temporary wayfinding signs placed around the building while waiting for the arrival of permanent signs.

The Approved Provider provided evidence to show further actions have been taken to support the free movement of consumers in the service. Considering the feedback from consumers and the evidence provided by the approved provider I am satisfied that requirement 5(3)(b) is compliant.

The service demonstrated that the service environment is welcoming and easy to understand, it optimises each consumer’s sense of belonging, independence, interaction, and function. The Assessment Team observed the service to be at a comfortable temperature with air conditioning, corridors have railings to support consumers independence and mobility, consumers had personalised their rooms, with family photographs and ornaments.

Consumers and/or representatives stated the service environment is welcoming for them and they feel comfortable at the service. The service environment provides both private and communal space to cater for consumers’ personal and social needs.

The Assessment Team found that furniture and fittings were safe, clean, reasonably well maintained and mostly suitable for consumers. The maintenance coordinator demonstrated the electronic maintenance system which included all tasks reported by staff that required attention or repair as well as scheduled preventative maintenance that included legionella testing, hoists, water temperature testing, air conditioners and other equipment. Tasks are prioritised appropriately and completed in a timely manner.

# 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

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

The Assessment Team observed advocacy service brochures and posters displayed throughout the service, however some consumers and/or representatives were not aware of different methods for raising complaints. Care staff interviewed were unable to describe advocacy services to support consumers and stated the service only has one suggestion box located in the reception area.

The Assessment Team observed only one suggestion box at the reception area.

The Approved Provider responded with a detailed description of the service’s normal practices and procedures for communicating complaints and feedback supports for consumers, as well as additional evidence to clarify some of the gaps identified by the Assessment Team.

The Approved Provider provided further evidence to show how consumers are made aware of and have access to advocacy, language services and other methods for raising and resolving complaints. Therefore, I am satisfied that requirement 6(3)(b) is compliant.

Consumers and/or representatives stated they feel comfortable to make a complaint or provide feedback if needed. Care staff explained they encourage feedback and complaints by asking consumers directly and will then inform the team leader or registered nurse.

Management described how feedback and complaints can be provided via hardcopy forms, online and through resident meetings. The service also has a touchscreen feedback booth located in the reception area. Registered staff was able to describe the complaints process and how open disclosure is used, she explained how she documents complaints, updates the consumer, and calls the representative to provide updates if required.

Mixed responses were received from consumers and/or representatives in relation to actions taken in response to complaints. Most care staff were unable to describe open disclosure and its principles, however said they have been trained on this. Management confirmed care staff have completed training in open disclosure.

A registered nurse was able to describe the complaints process and how open disclosure is used. She explained how she documents complaints and calls the family to provide updates.

The service was found to use feedback and complaints to improve the care and services provided to consumers, however not all complaints have been captured in the plan for continuous improvement and complaints trends are not reviewed.

Management indicated complaint trends related to resident care, meals, equipment, and environmental complaints, with the most common complaint trend involving consumer being ready and available for outings. The plan for continuous improvement shows feedback received identifies improvement and actions required with most completed in a timely manner.

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

The service demonstrates it has a system to recruit, train and support staff to provide safe care and services as required by the standards with buddy shifts to help new staff onboard. However, online training modules show low completion rates and deficits in its tracking system, and the Assessment Team identified not all mandatory training modules have been completed by staff.

Staff are supported with a comprehensive education program, training needs are identified by competency assessments and performance reviews and there are training feedback forms, however no measure of the training effectiveness. Management indicated staff are kept informed about changes to aged care legislation through general email updates, toolbox talks and online training modules with a knowledge quiz.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to scheduling additional training days, support for staff to complete online training modules, implementing an evaluation system for staff training, and provided an updated and current report demonstrating completed training modules.

The Approved Provider provided further evidence to show how staff are supported and equipped through recruitment and training to delivering outcomes required by the Quality Standards. This being supported with further actions outlined in the continuous improvement plan. Therefore, I am satisfied that requirement 7(3)(d) is compliant.

Staff indicated they had enough staff when shifts were fully filled to provide safe and quality care and services to consumers. Review of staff rosters and allocation sheets indicated shifts were replaced and there was sufficient staff working according to the service’s operational limits. Call bell reports from October to December 2022 indicate approximately 96% of call bells are responded to in under ten minutes.

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Management described how each role has a duty list with associated tasks that are required to be completed and staff are responsible to prioritise and manage tasks according to individual consumer needs. Management indicated when the service has unfilled shifts they will adjust roles, so the registered nurses will support medication rounds and non-urgent tasks will be completed later.

Consumers and/or representatives reported, and observations by the Assessment Team consistently demonstrated consumers are receiving care from staff that is kind, gentle and respectful. Management reported workforce interactions between consumers and staff are monitored and reviewed using a ‘continuity of care roster’ to determine the best mix of carers to suit the needs of consumers and review the matrix by testing different consumer and staff combinations.

The service demonstrates staff have the qualifications required for their roles and competency assessments are used to identify training needs. Consumers and/or representatives interviewed did not raise any concerns regarding staff knowledge.

Management stated assessment forms are used to determine if staff are competent and capable in their roles. This involves assessing behaviours, situation experiences, time management skills, communication, and teamwork in relation to understanding and making a difference to consumers.

The Assessment Team reviewed personnel files and sighted job descriptions, reference checks, professional qualifications and police or national disability insurance scheme worker checks were in place.

The service demonstrates regular assessment, monitoring and review is undertaken with on-the-job monitoring, feedback from consumers and annual performance appraisals. Staff were able to describe the appraisal process and management demonstrated how they used performance improvement plans to support and guide staff.

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

The service has a documented risk management framework, and an electronic risk management system. However, staff feedback and documentation reviewed did not provide evidence of consistent practices occurring in line with organisational policies. A review of care documentation identified gaps in charting and record keeping for consumers, either post incident or related to monitoring of consumers.

The Assessment Team observed falls management was not in line with the organisational policy and gaps were identified in the management of environmental restraints by the service.

There was also a lack of clarity regarding environmental restraint processes at the service.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to review of the organisation’s Falls Management Policy, review and update to the Clinical Risk Register, review of clinical risk documentation, education provided to staff on clinical care documentation and procedures.

The Approved Provider provided evidence of effective risk management systems and practices at the service that is interlinked with the clinical governance framework to support outcomes for consumers. I have placed weight on the information provided by the Approved Provider in their response. Therefore, I am satisfied that requirement 8(3)(d) is compliant.

Management was able to demonstrate how they encourage consumer engagement for the development and delivery of care and services through direct feedback, internal audits and at resident advisory meetings.

Management indicated engaging consumers in service improvements using an internal audit kit where ten consumers are interviewed for each of the aged care quality standards and improvement areas are identified.

The Assessment Team sighted the inaugural resident advisory meeting minutes where three consumers attended, and future agenda ideas were discussed, these included compliance, clinical updates, a plan for continuous improvement, feedback and complaints, food, safety, and staff knowledge. Consumer and representative volunteers to be on the quality care advisory board was also raised at the meeting.

The governing body was able to demonstrate accountability in how they promote a culture of safe, inclusive, and quality care and services. The CEO indicated an education plan for the Board to ensure compliance with legislation and regulatory requirements will commence on 1 March 2023.

The CEO indicated the Board receives monthly reports from the service with commentary and actions detailing the last three months clinical indicators, plan for continuous improvement, newsletters, quality management updates and information relating to contractors to monitor the care and services being delivered to consumers. In addition, the Board appoints an independent auditor every 6 months to review the service with improvement areas identified and captured in the plan for continuous improvement.

The Assessment Team sighted improvement areas relating to clinical care, lifestyle, catering, maintenance, infection control and administration identified by the independent auditor captured in the plan for continuous improvement with majority of actions completed.

The organisation is able to demonstrate effective organisation governance systems relating information management, continuous improvement, financial governance, workforce governance and feedback and complaints for the delivery of safe and quality care and services.

Staff reported they do not have any challenges in accessing information required to deliver quality care and services to consumers. Management indicated partnering with an external consultant who provides the service with a suite of templates for their policies and procedures, including sending through any regulatory or policy updates when required.

Management indicated the service is kept informed with updates from the Board, subscribing directly to industry bodies and from the Commission’s regulatory bulletins. Management indicated changes to regulatory requirements are communicated by updating the leadership team and the quality officer notifies staff and shares the latest information. The service reports to the Board to confirm communications to staff have been completed.

The organisation has documented policies and procedures for information management systems, continuous improvement, financial management, clinical governance, regulatory compliance and feedback and complaints.

The organisation has a clinical governance framework with policies and procedures to guide antimicrobial stewardship, minimising use of restraint and open disclosure. Management reported that clinical reports on antimicrobial stewardship, use of restraints and open disclosure are generated by the clinical team and reported on in quality meetings.

The organisation’s clinical governance framework has 6 components consisting of governance, leadership and culture, resident partnership, organisation systems, monitoring and reporting, effective workforce and communication and relationships. The organisation systems are governed by policies and procedures on risk management and incident management systems, restraint minimisation, antimicrobial stewardship, open disclosure and supporting staff

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