Performance

Report

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| Name: | Healthia |
| Commission ID: | 8240 |
| Address: | 26 Marks Road, Elizabeth South, South Australia, 5112 |
| Activity type: | Site Audit |
| Activity date: | 9 April 2024 to 11 April 2024 |
| Performance report date: | 11 May 2024 |
| Service included in this assessment: | Provider: 1757 Aged Care & Housing Group Inc  Service: 26592 Healthia |

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 Healthia (**the service**) has been prepared by Melissa Buhagiar, 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 report was informed by a Site Audit conducted 9 April to 11 April 2024, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Notice of Decision to Accredit a Commencing Service dated 10 July 2023.
* The approved provider advised the Commission on 24 April 2024 that they agree with the findings and would not be providing a further response.

# 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 has been assessed as compliant as six of the six specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who advised that they are treated with dignity and respect and feel valued by the staff. Consumers interviewed said that the staff know them as individuals and treat them, accordingly, knowing the consumers’ diversity of needs and backgrounds and respecting their diverse cultures.

Consumers identified that they felt supported to maintain their independence, and stated they are supported to make decisions about their care, including who is involved in their care and decision-making. Consumers also described how they are supported to maintain their important relationships and are supported to live their life as they choose, including in ways which might involve risks.

The Assessment Team spoke with consumers and representatives who said they are provided with up-to-date information in a timely manner, which enables consumers to make considered choices. Consumers and representatives provided examples of where staff speak to consumers with communication barriers in a way that the consumer can understand and are given appropriate time to respond and make decisions.

The Assessment Team interviewed staff who demonstrated knowledge of consumers’ backgrounds and needs and described how they treat consumers with respect. Staff provided examples of this including discussing and providing care in a private location, respecting each consumer’s individual care preferences, and acknowledging each consumer’s identity. Staff described how they maintain consumers’ privacy when providing care, and how they handle personal information appropriately, and said they would feel empowered to intervene if they witnessed poor privacy practices.

Staff interviewed could describe consumers’ cultural needs and preferences and how they are kept aware of these. Staff interviewed described how consumers are encouraged to remain as independent as possible, including by making choices about their care, and described how the service supports consumers to maintain their relationships.

The Assessment Team spoke with staff who described how they were kept informed of consumer needs and preferences, including through handover and electronic consumer care documents. Staff stated any changes to preferences are always communicated verbally at handover, as well as being documented in written form. Staff all said visitors are welcome at the service at any time, as it was the consumers’ ‘home, and so it’s their choice when they have guests’. Staff also gave examples of how they can support consumers to stay in contact with their loved ones, including supporting them to use the phone or videochat if they required assistance.

The Assessment Team interviewed staff in relation to supporting consumers to take risks to enable them to live their best life and were informed of how staff identify, report and manage risks, including consulting with consumers and their representatives (as required) to work to mitigate the risk in line with the consumer’s choice.

Staff interviewed could describe how consumers are provided with current information, such as the activities program (displayed throughout the service), the menu (displayed on the electronic noticeboard in each house, and observed by the Assessment Team), information shared in the fortnightly House Meetings, and directly from staff. Lifestyle staff advised they will go and remind consumers daily of the activities on offer and were observed to do so.

The Assessment Team observed staff speaking of and interacting with consumers, family and friends respectfully, including ringing the doorbell before entering one of the houses, using consumers’ preferred names, introducing themselves, and offering support to consumers but respecting their choice if the consumer declined. The Assessment Team also observed consumers making choices throughout the Site Audit, for example about what they ate, whether they wanted staff to help them mobilise, when they got up, and which activities they joined. Consumers were also observed going in and out of the service independently.

The Assessment Team reviewed documentation which evidenced consumers’ care preferences and culture were recorded, and the service had policies and training to guide staff in providing culturally safe care. The Assessment Team were provided evidence of all staff having completed culturally safe care education and were also advised that culturally safe care is discussed at handover as part of care needs, for example when a consumer has requested specific staff to assist with personal care.

A review of consumer documentation revealed each care plan had been reviewed within the 6 months preceding the Site Audit, in accordance with service policy, and included information about consumers’ cultural backgrounds, preferred language and religious and spiritual needs and contained details of consumer choices around personal care, lifestyle, and key relationships. The consumer files revealed each consumer has an individualised communication plan as part of their care plan, which is reviewed 6-monthly. This included details such as whether the consumer required hearing aids or glasses, whether they required staff assistance to use these, and whether they required an interpreter. Staff explained they will always refer to consumer care plans if unsure of a consumer’s needs.

# 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 has been assessed as compliant as five of the five specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who expressed satisfaction with the assessment and care planning process, noting that the service is meeting the care needs of the consumers. One representative described the ongoing assessment and discussion provided to the consumer where the staff have been able to implement strategies to support the consumer, who experiences some changed behaviours. Consumers and representatives interviewed described how assessment and planning ensures they are getting care that meets their needs and preferences and described having advance care planning conversations with the service.

The Assessment Team interviewed consumers and representatives who described being involved in the assessment and care planning process on a regular basis, and the involvement of other health professionals where required and confirmed that they had been offered or had a copy of the consumer’s care plan. Consumers and representatives confirmed the care and services provided to the consumer are reviewed at regular intervals, and when incidents occur or there is a change in the consumer’s condition.

The Assessment Team interviewed staff who described the assessment and care planning process, including processes from when the consumer moves into the service and how they assess the risks and care needs of the consumer. Staff interviewed described how they know what was important to the consumers in how their care is delivered, and management described how they approach advance care planning conversations with the consumer and their family. Staff interviewed described how the assessment and care planning process is completed in partnership with the consumer and their representatives, as well as other health professionals where required including the consumer’s General Practitioner (GP), physiotherapist, dietitian, speech pathologist, podiatrist, occupational therapist, wound specialists, geriatrician, social workers, pharmacists as well as dementia and mental health specialists such as Dementia Support Australia (DSA) and Older Person’s Mental Health (OPMH). Staff also described how they communicate with the consumers and their representatives about their care, and how they are offered a copy of the consumer’s care plan.

Staff interviewed described the care plan review process, including 6 monthly reviews and reviews that occur when incidents happen or there has been a change in the consumer’s condition.

The Assessment Team reviewed care planning documentation which demonstrated that care plans are individualised and contain information relevant to the care needs of the consumer. Care planning documentation reviewed was noted to take into consideration the risks associated with the care of the consumer including their mobility and falls risk, communication and cognition, skin integrity and any behaviours. Care planning documentation reviewed demonstrated that the consumer’s care needs, goals and preferences had been identified, and advance care planning information was clearly documented.

Care planning documentation reviewed demonstrated that care is reviewed following incidents or changes in the consumer’s condition, and for those consumers who had lived in the service for over 6 months, there was evidence that the care and services provided had been reviewed.

# 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 has been assessed as compliant as seven of the seven specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who expressed satisfaction with the personal care and clinical care that the service is providing to the consumers and the way in which the service manages risks associated with the consumer’s care, noting that it meets their needs and preferences. Consumers and representatives interviewed stated that they had discussed advance care planning and were confident that the consumer’s needs and preferences would be respected at this time. One representative confirmed that they had discussed the consumer’s end-of-life and advance care planning wishes with the Care Manager, noting they are very caring and understanding and is confident that the consumer’s wishes will be respected.

The Assessment Team spoke with consumers and representatives who described how the service recognises and responds to changes in a consumer’s condition, with one consumer expressing satisfaction with the care that was being provided by the service and the way in which they respond to changes in their condition. Consumers and representatives interviewed expressed satisfaction that information is being shared among staff in the service, and described feeling satisfied that staff know the consumer and their care needs and preferences and that the consumers have access to other health professionals and providers of care when they need it. Consumers and representatives also spoke of their confidence with the infection control measures at the service, noting that it is kept clean and tidy and staff practice hand hygiene regularly.

The Assessment Team interviewed staff and management who described how they ensure the care being provided is best practice and meets the care needs of the consumers. They explained that they work closely with the consumers and their representatives to ensure that the care being provided meets their needs and preferences, as well as involving a multidisciplinary team to meet the consumer’s care needs. Management explained they always minimise the use of restrictive practices where possible, in line with their person-centred model of care, and get to know the consumer well so that strategies can be implemented that best support them. Staff interviewed described the way in which they adjust their care approach towards consumers who are receiving palliative or end-of-life care and how their care needs change during this time.

Management and staff interviewed described how they attend a handover at the start of every shift, in order to gain any new information in relation to the consumers and their condition or care needs. They described having access to the electronic care management system which included progress notes and updated assessments where they could check for any updates and gain access to information in relation to the care needs of the consumers.

Management and clinical staff interviewed described how they minimise the use of antibiotics and ensure that they are used appropriately Staff interviewed described the infection control measures that are used on a day-to-day basis to prevent infection related risks to the consumers.

The Assessment Team observed infection control measures being practiced by the service, including the use of hand sanitiser and hand washing by staff. Upon entry to the service, there was a rapid antigen test station set up for visitors to complete upon entry, which was observed being checked by administration staff. It was also observed that visitors were also required to check into the service, declaring whether they had been in contact with anyone with COVID-19, or had any flu-like symptoms.

The Assessment Team reviewed care planning documentation which demonstrated that each consumer’s individual personal care and clinical care needs and preferences were documented, and that care provided is tailored to the needs of each individual consumer. The service has a range of policies and procedures that guide staff on providing care that is best practice and meets the needs of the consumers. Care planning documentation reviewed demonstrated that the risks associated with the care of individual consumers had been identified, with strategies in place to manage and minimise these. The service was supported by a range of policies and procedures that guide staff on managing clinical risks to the consumers. Care planning documentation reviewed included advance care planning documentation and preferences, and end-of-life care plans and documentation where clearly documented, enabling staff to be aware of their wishes and whether the consumer is for resuscitation. The service had policies and procedures that guide staff on providing palliative and end-of-life care to the consumers.

The Assessment Team reviewed care planning documentation which demonstrated that progress notes were added regularly, and care was reviewed, ensuring that staff have access to up to date information. The Assessment Team observed various ways in which information is shared between staff within the service.

# 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 has been assessed as compliant as seven of the seven specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who described the services and supports they receive to support their needs and preferences. One consumer interviewed said they feel supported to join in activities at the service, noting staff will remind them which activities are scheduled. Consumers sampled said they receive support for their emotional and psychological wellbeing with one consumer saying that staff know their needs, and always make sure to say hello and ask how they are. The consumer said staff notice if they are feeling upset or ‘down’ and will offer support.

The Assessment Team found that consumers are supported to continue to be a part of their community, maintain their relationships and make new connections within the service, and choose what they do based on their interests. Consumers and representatives interviewed said they felt staff were aware of consumers’ needs and preferences, and kept others informed as necessary.

Consumers interviewed stated they were satisfied with the meals provided at the service, they were suitable for their needs and preferences, and they always have a choice and sufficient food at mealtimes. Consumers advised equipment at the service kept clean and in good repair, and if they have any concerns, they raise them with staff and they are fixed quickly.

The Assessment Team interviewed staff who explained the service has a monthly activities calendar, with some regular activities, and others planned in response to consumer input or significant occasions each month. Staff explained to the Assessment Team that they know the consumers very well and notice any changes in their mood, as they are typically scheduled to the same household, and encouraged to spend time getting to know consumers. Staff said if they were concerned about a consumer’s emotional or spiritual state, they would report these concerns to the lifestyle staff or one of the Care Managers to arrange extra support. Staff described how consumers are supported to maintain relationships of their choice, participate in the community at the service, and go out into the community. Consumers were observed spending time with each other, their visitors, and going out into the community.

Staff reported to the Assessment Team that as the service is the consumers’ home, they are encouraged to have visitors whenever they want, and also to stay engaged with their local community. The Home Manager explained the service’s model of care focuses on consumers treating each household as ‘their house’, and coming and going and inviting visitors, exactly as they would at home. Staff interview revealed how consumer preferences were documented in relation to all aspects of their care including arranging cleaning around the preferences of the consumer if they wished to sleep in.

Staff described how they know each consumer’s dietary requirements and preferences, and how the kitchen is kept informed, to ensure meals provided meet these requirements.

The Assessment Team observed a range of activities being facilitated at the service during the Site Audit, and staff supporting consumers to join them. The Assessment Team joined consumers in the knitting group and asked if they had options to provide input into the activity program. Consumers identified staff asked them for suggestions each time, and provided the example of ensuring they have tea and coffee available during the group. Consumers also said as the lifestyle program is quite new, they were happy with it as it was, but felt they could raise any suggestions they had in future.

The Assessment Team observed consumers independently leaving the service (signing out in the register) on a regular basis throughout the Site Audit, either solo or with others. Visitors of all ages were observed across all households, and consumers were observed spending time with visitors in their rooms, lounges, courtyards, gardens, and the onsite café.

The Assessment Team observed mealtimes across the service, including breakfast, lunch, and dinner. Staff were observed to be handling food safely, and following guidelines in preparing food, and a pleasant, respectful, and consumer-driven dining experience was observed.

Staff were observed offering consumers support to prepare their breakfast, and respecting consumers’ choices to prepare it themselves when identified. Consumers were observed eating at varying times throughout the morning as they chose.

The Assessment team noted that as this is a commencing service, the service had not yet needed to provide referrals to social and lifestyle support services for many consumers at the time of the Site Audit. However, management described the process, and provided evidence of how the service is working to develop connections with external services. The Assessment Team observed a respectful and pleasant dining experience, with consumers engaging with one another and staff members in a positive manner.

The Assessment Team observed each household at the service to have shared lounge spaces with resources such as a television, a small library, magazines, puzzles, and craft resources. These were stored neatly and observed to be clean and in good repair. Each household also had a fully equipped kitchen and laundry available for consumer use, and equipment was clean and in good repair.

The Assessment Team reviewed consumer documentation which revealed information in relation to consumers’ needs, preferences, interests and condition, including names of representatives, preferences of who delivered personal care, dietary preferences, and favourite leisure activities.

The Assessment Team observed a range of activities being facilitated at the service during the Site Audit, and staff supporting consumers to join them. Sampled consumer files contained information about consumer interests, dislikes, and important relationships.

The Assessment Team found the service was actively seeking feedback and consumer input into the lifestyle program. Each household has a fortnightly ‘House Meeting’, and a review of a sample of meeting minutes across the service revealed consumers were asked for suggestions of activities.

# 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 has been assessed as compliant as three of the three specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers who said they felt at home at the service, and found the environment welcoming to visitors, and supportive of their independence. Consumers interviewed said they were satisfied with the cleaning of the service environment and were aware of how to raise issues for repairs or maintenance. Consumers said they felt comfortable moving around the service and could spend time inside or outside as they chose and were able to independently leave the service whenever they wanted, which the Assessment Team observed.

The Assessment Team spoke with consumers who reported the service is safe and clean, and equipment is kept clean and well maintained with one consumer who requires staff assistance and a full sling lifting machine saying that the machine and sling are always kept clean, in good condition, and work correctly, and they feel safe when staff use them.

The Assessment Team interviewed staff and management who described the importance of supporting consumers to treat the service as their home, including encouraging independence. The service environment was observed to be clean and tidy, with wide level paths and signage throughout to support consumer mobility and independence. Consumer rooms were individually personalised. Staff were observed supporting consumers who required support to mobilise. All staff interviewed described how they would report any hazard or maintenance issues. Cleaning and maintenance staff could describe the service’s procedures for ensuring the service environment remained safe, clean, and well maintained.

The Assessment Team observed the service environment was welcoming, with many spaces for consumers to spend time with visitors and facilitating consumer movement regardless of mobility levels. Ample signage throughout supported consumers with cognitive difficulties to navigate the service, including consumer names on their room doors. The Assessment Team observed furniture, fittings, and equipment to be clean and suitable for use throughout the service.

**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 has been assessed as compliant as four of the four specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who expressed that they feel comfortable to give feedback and knew how to make complaints if they have them. Consumers and representatives were aware of different ways they can share feedback with the service and advised that when they had raised concerns in the past, they felt comfortable raising this with staff and management. Consumers stated they were aware they could access advocacy supports including external services for resolving complaints and could have support from their representatives. Representatives interviewed were aware they could seek external methods of raising and resolving complaints and also said they are encouraged to raise concerns on behalf of their loved ones at the service. Consumers and representatives interviewed expressed when they raise complaints their feedback is listened to, and appropriate action is taken to rectify concerns.

The Assessment Team found that consumers and representatives who had made complaints said their complaints had been responded to and felt changes had been made to improve the care and services provided. One consumer spoke to the Assessment Team of providing feedback to the service on multiple occasions and felt they were responsive and made appropriate improvements in response to this.

The Assessment Team interviewed staff and management who described how they ensure consumers are informed of ways they can provide feedback and how they support them to do so. Staff members interviewed could describe how they support consumers to give feedback and were aware of feedback mechanisms available. Staff advised that consumers and representatives are able to give feedback in many ways, including through the use of feedback forms, during consumer meetings, directly to staff and management, and during their care plan consultations. They advised they provide regular reminders to consumers, such as through the newsletters, at meetings, and via noticeboards, of the feedback mechanisms that are available to them, and encourage consumers to speak up during their fortnightly House Meetings if they have concerns. Management advised consumers and representatives can also give feedback directly to the organisation via their website, by calling in to the service, or by emailing management.

The Assessment Team found that staff members were aware of external complaints resolution organisations and could describe how they support consumers to access these. Management at the service explained how they ensure consumers are provided with language supports and advocacy supports and how they inform consumers about these.

Management at the service explained consumers are supported to seek advocacy and language services as necessary. They said consumers and representatives are informed about advocacy services when they enter the service and are reminded during care plan reviews. They also said Aged Rights Advocacy Service (ARAS) visits the service to present to consumers, with the most recent visit occurring in March 2024. Management advised the service had access to translation services that can be accessed as required. It was noted representatives are also encouraged to advocate on behalf of their loved ones if they wish to.

Management was able to explain the process they follow to ensure complaints are responded to in an appropriate and timely manner, and described how they ensure open disclosure is practiced. Staff members interviewed were aware of open disclosure and could describe how they practice it in their roles in regard to complaints or when things go wrong.

Management advised they use feedback and complaints to inform the continuous improvement activities at the service. They said when a complaint is received, they discuss it with the complainant in order to understand their desired outcome, and work to achieve this wherever possible. Management was able to provide examples of changes that had been made at the service as a result of feedback and complaints from consumers. Staff at the service expressed management was responsive when complaints were raised and felt improvements had been made at the service. A review of feedback and complaints documentation confirmed consumer and representative feedback was received and recorded from a variety of sources and changes and improvements were made when complaints were received.

The Assessment Team observed feedback boxes and forms were located throughout the service, at the reception area and next to the service’s gym and information relating to ARAS and the Older Persons Advocacy Network (OPAN) displayed within the service.

# 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 has been assessed as compliant as five of the five specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who expressed the staff levels at the service are appropriate to meet their needs and allows staff to provide quality care. One consumer advised there was an adequate number of staff at the service to support consumers and said when they call for assistance using the call bell, staff come in a timely manner. Consumers interviewed told the Assessment Team the staff at the service, including care staff, clinical staff and management were kind and respectful towards them, and knew their different needs and preferences and they could not ask for more from them.

Consumers and representatives expressed satisfaction with the staff at the service, and felt they have the knowledge they need to complete their duties and were competent in their roles. Consumers reported they feel staff are well trained and know what they are doing when they are providing care and support and that staff receive regular training, recalling staff had recently completed manual handling training.

The Assessment Team interviewed clinical and care staff who advised they are able to complete their tasks in a timely manner and assist consumers, as necessary. Management explained how the workforce is planned to ensure consumers are provided with the care they need and explained how unplanned leave is managed. Management described how it encourages and supports staff to get to know consumers on a deeper level.

Clinical and care staff interviewed said they ensure they are being respectful towards consumers by respecting their privacy, ensuring they are following their choices and their preferences, and communicating openly. Staff said they inform consumers and ask for consent before providing care and make conversation with consumers to ensure they are comfortable. Staff said they are informed of consumer’s care preferences through their care plan and by getting to know them.

Management was able to describe how it ensures staff are competent both prior to employment and on an ongoing basis through a variety of checks. A review of documentation relating to staff qualifications and experience demonstrated the service undertakes the appropriate and necessary checks to ensure staff are competent in their roles.

The Assessment Team spoke with staff who could describe the training they receive, both online and face to face, and said they feel they are well trained for their roles. Management advised the Assessment Team of the training staff receive including training that is specific to the Greenhouse model of care. A review of staff training records showed staff undergo comprehensive training that is relevant to the aged care quality standards, and management ensures this training is completed.

The Assessment Team interviewed clinical and care staff and management who were able to describe the performance review process, which is to take place on a minimum annual basis. Management described how they manage staff performance, including when staff are underperforming or if staff make an error. They also described several ways they oversee and monitor staff performance. A review of staff performance management documentation confirmed the service is effectively monitoring and reviewing staff performance.

The Assessment Team reviewed documentation including the service’s rosters and the numbers of personnel for the 2 weeks prior to the Site Audit showed an appropriate number and mix of staff were scheduled, and vacant shifts were filled.

The Assessment Team reviewed staff records which indicated staff were appropriately qualified and the service carries out the necessary checks for their roles including police checks, reference checks, qualification checks, as well as completion of training and Australian Health Practitioner Regulation Agency (AHPRA) registration. Management advised AHPRA registrations are checked on a yearly basis to ensure RNs remain registered. A review of the service’s Training Calendar for 2024 showed the training had been completed with staff from January 2024 to April 2024, as well as the training scheduled for the rest of the year. Topics completed so far included SIRS, open disclosure and falls prevention, and training scheduled for the remainder of the year included skin integrity, pressure injuries, the (new) Strengthened Aged Care Quality Standards, medication management, dignity of risk and the charter of aged care rights.

The Assessment Team observed kind, caring and respectful interactions between consumers and staff during the Site Audit including during mealtimes, activities and in general conversation. Staff were observed knocking before entering consumer rooms and advising why they were there.

# 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 has been assessed as compliant as five of the five specific Requirements have been found to be compliant.

The Assessment Team interviewed consumers and representatives who said they are able to engage in the development, delivery and evaluation of care provided at the service. They could describe how they are encouraged and supported to have input into their care. Consumers expressed they have input into their care and services and are involved in decisions around changes happening at the service. Consumers and representatives expressed they feel safe and receive high quality care that meet their needs, with one representative stating that their consumer loves living at the service and gets the care and support that they need.

The Assessment Team interviewed management who described the mechanisms in place to support consumers to have input into their own care and how the service runs. Management could describe changes that had been made at the service in consultation with consumers and representatives, and described ways that feedback is managed. Management demonstrated how information on the service’s performance is communicated to the governing body (the Board), and how the Board oversees care provision. Through mechanisms such as the regular reporting process from the service level to the Board level, and the introduction of a consumer advisory body, the governing body is able to oversee and promote a culture of safe and quality care. Through management interviews and document review the service was able to demonstrate the Board plays a role in the provision and oversight of quality care and services and is accountable for this.

Management advised that information about the service such as its clinical trends, incidents, regulatory compliance and feedback and complaints is reported to the Board on a regular basis. They explained the clinical and quality team puts together a quarterly report to the Board which is presented during Board Meetings. They said each member of the Board also reviews the reports, and often responds with requests for further information and clarification. Management also expressed the Board is accessible in between the quarterly meetings if something arises that cannot wait until the next quarterly meeting, such as critical incidents. They said a member of the Board is a ‘champion’ for each one of the organisation’s services, paying particular attention to the service and attending visits on site.

The Assessment Team found that the service was able to demonstrate it had systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, and demonstrated how it ensures these systems are effective. The Assessment Team’s interviews with staff and management and review of documentation further confirmed the service had appropriate and effective systems in place.

Management advised that opportunities for continuous improvement are identified from a range of sources including feedback from consumers, representatives and staff, review of the clinical indicator trends, incidents, changes in regulatory requirements and both internal and external audits.

A review of the service’s Plan for Continuous Improvement (PCI) showed that improvement initiatives were documented, and improvement actions taken. Each initiative in the PCI was noted to contain information such as the source of the initiative, date it was entered, completion date, planned actions, related aged care quality standard and the person responsible for actions.

The Assessment Team were advised by management that the Home Manager (HM) can make and approve purchases, in line with the service’s budget and funding. They said the service’s budget each year is planned in advance and approved by the Board, however changes to this budget are able to be requested where necessary.

Management, clinical and care staff demonstrated an understanding of their role and responsibilities, including their reporting requirements and the role they play in providing care, identifying and reporting incidents and in managing risk. Staff advised they feel supported by management, feel they are well trained and can ask for further training if needed.

Management advised that regulatory compliance and changes to aged care law and regulatory requirements is monitored by the organisation’s clinical and quality team, who then communicate this information to the service managers, who then disseminate to staff, where it impacts their role. They advised they send regular emails to management about updates to their regulatory compliance obligations and how to ensure these are met.

Management advised that consumers are encouraged to live their life in the way they want and are supported to take risks if they wish to, and all staff sampled identified the importance of respecting consumers’ choices, even when this may involve risk. The service had policies and procedures to support consumers to live the life they choose, including activities involving risk. A review of consumer dignity of risk documentation identified the service was undertaking a comprehensive risk assessment, assessing the ability of the consumer to make the decision, discussing the risk and mitigation strategies with consumers and where appropriate representatives and/or other providers of health services, obtaining acknowledgement/consent from the consumer/representative, and documenting this information including who was present during the discussions about the risk.

The Assessment Team found that the organisation has a clear clinical governance framework in place including policies, procedures, practices and staff training requirements across a range of areas including antimicrobial stewardship, restrictive practices and open disclosure. Management, clinical and care staff interviewed demonstrated a practical knowledge of their role in relation to this and their reporting requirements.

Management advised they review the numbers of infections and the rates of antimicrobial use at the service to ensure antimicrobials are only being used as necessary. They said that have quarterly Medication Advisory Committee (MAC) Meetings during which antimicrobial use is discussed. Clinical staff interviewed were aware of antimicrobial stewardship and its practices and could describe how they follow this, including through monitoring when and how often consumers are prescribed antibiotics and ensuring they have an end date when they are prescribed.

Management advised that the service aims to have as few restrictive practices in place as possible, as this is a principle of the Greenhouse model of care. They said the service has been ‘purpose-designed and built to eliminate environmental restraints’ and noted that all consumers can come and go freely to and from the service as they wish.

Management advised that whenever something goes wrong or a complaint is received, they and the service’s staff practice open disclosure. They said in regard to complaints, the first thing they do is acknowledge the complaint and issue an apology before taking action to rectify this. Management advised staff receive training and information about open disclosure to ensure this is being practiced consistently.

The Assessment Team observed information relating to feedback throughout the service including feedback forms and boxes and information about advocacy services.

The Assessment Team reviewed Clinical Governance Committee Meeting minutes from 6 March 2024, noting the committee reports to the Board. Discussion during this meeting included incidents, serious incident response scheme (SIRS) reportable incidents and investigations, infection control reporting, aged care regulatory updates, feedback and complaints including those to external bodies, compliance updates, and action plans for high-risk services, noting that the service itself was not considered to be high-risk.

The Assessment Team found that service was able to demonstrate the systems it has in place for managing risk, responding to abuse and managing incidents when they occur. Management was able to describe how these systems are used and how they ensure the systems are effective.

A review of the service’s Feedback and Complaints Register showed that complaints were documented from multiple sources including feedback forms, verbal feedback from consumers and/or representatives, and meetings. Reviewed feedback items were documented appropriately, and action taken in accordance with the service’s procedure.

The Assessment Team found that the service’s consumer related Incident Reporting and Investigation Procedure, and Critical Incident Reporting Procedure each outline the actions that should be taken in the case of an incident, including ensuring the safety of consumers, documentation, reporting of SIRS incidents and implementation of preventative actions.

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)