Performance

Report

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| Name of service: | Illawarra Multi-Cultural Village Hostel |
| Service address: | 1 Eyre Place WARRAWONG NSW 2502 |
| Commission ID: | 0325 |
| Approved provider: | Warrigal Care |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 11 May 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 Illawarra Multi-Cultural Village Hostel (**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; the Site Audit report was informed by a site assessment conducted 11 April 2023 to 14 April 2023, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The provider did not respond to the Assessment Team’s report.

# 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

The Assessment Team identified areas that required improvement to ensure compliance with the Quality Standards, these have been noted in the Site Audit Report. This Performance Report records compliance against all Quality Standards, as many of the deficiencies identified by the Assessment Team were found to relate to the period before Warrigal Care became the approved provider on 1 April 2023. Warrigal Care have committed to addressing the gaps identified with their Continuous Improvement Plan and demonstrated their commitment of this at the Site Audit conducted 11 April 2023 to 14 April 2023. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Other relevant matters:

A Re-accreditation Site Audit was conducted at the service from 11 April 2023 to 14 April 2023.

The recent merger between Illawarra Multi-Cultural Village Hostel and its new approved provider, Warrigal Care, came into effect on 1 April 2023. This report was compiled with adherence to the following Aged Care Quality and Safety Commission’s Regulatory Bulletin (RB 2021-14: Change in service ownership) regulatory criteria: *‘Where there is a transfer of a service, any regulatory action taken by the Commission in response to the previous approved provider’s non-compliance with aged care responsibilities does not continue to be applied to the new approved provider.’*

# 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

This Quality Standard was assessed as Compliant as six of the six requirements were found to be Compliant.

The Assessment Team interviewed consumers and representatives who said they are treated with respect and their dignity is maintained most of the time. However, the Assessment Team observed instances which indicated consumers’ dignity is not always maintained, and respect is not consistently being shown to consumers. Some staff were not able to demonstrate an understanding of the importance of cultural and spiritual requirements for consumers. The Assessment Team spoke to management who advised that further education will be provided to staff on the importance of maintaining consumers dignity when assisting then with their personal cares or discussing what personal care they are needing assistance with, especially within a public setting.

The Assessment Team found the service demonstrated that care and services are culturally safe. Most staff were able to identify cultural backgrounds and preferences of consumers that were reflected in care plans. Care plans reviewed included information on consumers individual care and service preferences, relevant cultural and religious beliefs. Care staff were able to describe how the consumer’s culture influenced how they deliver care and services in a culturally safe way. Consumers can decorate their rooms reflecting their individual taste and identity. Staff use translation devices and communication cards to converse with consumers who can no longer speak English. The Assessment Team observed that the service has the menu on display in the languages spoken by the consumer and that difference specific cultural days are celebrated with a themed month with food and activities.

The Assessment Team spoke with consumers and representatives who described how they are supported to exercise choice and independence and maintain relationships that are important to them. Staff were able to describe how consumers are supported to make informed choices about their care and services. The organisation has policies on supporting consumers to maintain relationships of choice and to drive decision making, which staff were able to explain.

The Assessment Team interviewed staff who recognise the importance to consumers to make their own decisions and that those decisions must be supported and respected. Staff are aware of consumers’ friendships and support them to spend time with each other. Staff stated that they ensure consumers who have friendships are seated together during meals and activities.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can, and staff interviewed were able to provide examples where consumers are supported to take risks. While their care planning documentation described areas in which they are supported to take risks in accordance with their preferences, this information may not accurately reflect what is important to the consumer now as they are due for review and updating and the management team are developing an action plan, to consult with and reassess each consumer with a current dignity of risk form in place, and to complete the newly introduced dignity of risk form.

The Assessment Team observed information was available to consumers and representatives in a clear, easy to understand way to support consumers decision making. Consumers described information they receive to help them make decisions about the things they would like to do and eat. Staff were able to describe the different ways in which information is provided to consumers, including consumers with a cognitive deficit or where English is their second language. The service provided evidence of choices being offered to consumers, including catering, lifestyle preferences and recreational activities.

The Assessment Team interviewed consumers and representatives who said they receive information via consumer meetings and meeting minutes, letters, emails and on noticeboards. Consumers confirmed that they received the activities calendar monthly and are reminded of the activities happening for the day and where it is being held. Information is posted around the service relating to meals, activities, events, and management updates.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers sampled confirmed that their privacy is respected. Staff were able to describe the practical ways they respect the personal privacy of consumers, including knocking and waiting for a response before entering their rooms. There is an organisational policy on protection of personal consumer information. The Assessment Team observed on staff on most occasions respecting consumers’ privacy and dignity when delivering care and services and staff were aware of the service’s policy on privacy and confidentiality.

# 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

This Quality Standard was assessed as Compliant as five of the five requirements were found to be Compliant.

The Assessment Team interviewedconsumers who said the service gathered information to assess and consider any risks to their health and felt the care and services provided were safe and effective. Consumers described daily conversations with staff, medical practitioners, and allied health in planning their care. The care manager described the assessment and care planning process and the allocation of consumers to registered nurses for the assessment and care planning process. A sampled consumer file review shows assessment and care planning is individualised and documented. Risks are generally assessed, including but not limited to allergies, falls, dietary restrictions and skin integrity.

The Assessment Team reviewed consumers’ care planning documentation which identifies, and addresses the consumer's current needs, goals and preferences, including advance care planning and end-of-life (EOL) planning if the consumer wishes.

Consumers and representatives, on their behalf, said the new provider of the service had contacted them to involve them in the assessment and planning of care for the consumer through regular conversations with registered nurses or management. Consumers and representatives said that staff speak to them regularly about their care needs and their EOL preferences in detail if they wish. The care manager explained how they determine what is important to the consumer through regular discussions, care plan reviews and staff observations. Advanced care planning is noted in all sampled care plans reviewed. The care manager said the service is liaising with the representative and consumers for some of the advanced care directives, as the service is using new forms issued by Warrigal Care.

The Assessment Team found that the service has processes in place to ensure assessment and planning are based on an ongoing partnership with consumers, the people they wish to be involved in their care and other organisations and providers of care. Representatives said the registered nurses always call and update them about care and services in most cases. Some expressed that it was an area of concern in the past, and recently, things have improved regarding communication and involvement. Staff said they work with the registered nurses to deliver collaborative care and services.

Registered nurses described how they initiate conversations around care planning by offering consumers and/or representatives a copy of the care plan. The care manager said the service is implementing a ‘resident of the day’ program and plans to facilitate face-to-face or telephone conversations with consumers and representatives. The registered nurses explained how they refer consumers to external services such as geriatricians or dieticians. The service care manager provided a report that shows 63 consumers out of 85 has had a care conference while others are in progress. Care planning documentation showed evidence of care conferences and involvement in consumer care by a range of external providers and services, such as medical officers (MOs) and physiotherapists.

The Assessment Team interviewed consumers and representatives who said they feel consulted in their care and have a copy of their care plan. However, some said they do not have one, but the nurses update them regularly. One representative said he is always contacted when clinical events occur, or things go wrong. The staff have regularly discussed psychotropic medication with him and always obtain consent when reviewing and continuing this medication. The documentation sampled and staff interviews indicate that consumers' assessment outcomes are mostly communicated in their care plans.

A review of the care and service records of sampled consumers demonstrated that registered nurses and the medical officer conduct post-fall assessments. Physiotherapists undertake reviews when a consumer has fallen, and outcomes are documented in the consumer's care plan and mobility charts in their room to direct staff practices. Most care documents for sampled consumers with falls demonstrate the physiotherapist has reviewed them and documented in their notes. A representative confirmed the staff at the service were very kind and responsive towards the consumer’s care, offering heat packs, and regularly checked on the consumer.

Registered nurses interviewed said consumer residential medication management reviews (RMMRs) are followed up with the medical officer and uploaded to the consumer's electronic care files, as noted in most sampled care files. Care plans are readily available in the electronic care planning system, and consumers and representatives are offered one via email.

The Assessment Team found the service was unable to demonstrate incident forms are routinely completed when incidents occur. However, the service manager provided a Continuous Improvement Plan and said moving forward the service is going to introduce the keep an eye on me program (KEMP) program to address the high prevalence of falls.

# 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

# This Quality Standard was assessed as Compliant as seven of the seven requirements were found to be Compliant.

The Assessment Team found that the service was unable to demonstrate that consumers get safe and effective personal care or clinical care tailored to their needs and preferences or are best practices. Consumers and representatives mostly provided positive feedback about their clinical care. However, staff knowledge of consumer care needs and preferences were not reflective of best practice. In addition, observations of the memory support unit during the Site Audit and documentation reviewed showed inadequate clinical or personal care concerning behaviour management and wounds.

The Assessment Team reviewed a consumer’s pain chart, behaviour chart and wound management chart and found that there was no consistent information recorded for pain, behaviours or wound management, despite an unstageable pressure injury which was attended to. It was also observed by the Assessment Team during the Site Audit that behaviour management had not been individually tailored to the consumers in the memory support unit. The Assessment Team’s observations were shared with the management team. The management team indicated they would follow up the concerns raised and will engage dementia specialists to conduct an education session and training for the staff in that area. The Assessment Team found this requirement 3(3)(a) to be not met, however the approved provider has committed to taking action for this requirement in the short time since taking on responsibility for the service. I find that this requirement 3(3)(a) is compliant.

The Assessment Team reviewed assessment and planning documentation which demonstrates that the service identifies high-impact and high prevalence risks for each consumer through a clinical risk register. The high-impact and high-prevalence incidents and risks are identified through regular clinical data monitoring, trending, and implementing suitable risk mitigation strategies for individual consumers.

Management and staff described the high impact and high prevalence risks for consumers at the service. Consumers and representatives said the service adequately manages risks to consumers' health, particularly for falls, weight loss, clinical deterioration, and behaviour management. The clinical care manager said areas of high impact high prevalence risk include falls, pressure injuries, complex health care, medication incidents and social isolation.

The Assessment Team identified some gaps in the effective management of high impact high prevalence for a few consumers regarding the standard precaution for high-risk infection. Some falls management review post incidents and wound deterioration did not demonstrate effective review. For most other consumers, the assessment and planning were used to inform care delivery. In addition, management has provided a Continuous Improvement Plan to address the issues identified for consumers. The service has arranged some education sessions with external providers concerning wound, pain, and behaviour management training. The care manager also provided Continuous Improvement Plan, which would include staff trained to utilise high-impact, high-prevalence handover reports from the clinical manager to communicate these concerns.

The Assessment Team identified that there were no consumers who were actively palliating during the Site Audit. Sampled consumer representatives interviewed confirmed they are being consulted regarding their relative's end-of-life wishes. Staff could describe strategies and care provided for consumers receiving end-of-life care. It included involving the community palliative care team and using end-of-life care medication to minimise pain and discomfort.

Care documentation reflects the needs and wishes of consumers nearing the end of life, including the circumstances in which consumers want to be transferred to the hospital or whether the consumer wants resuscitation attempted. The service has policies and work instructions relating to palliative care and advanced care planning that guide the staff, emphasising comfort and preserving dignity.

The Assessment Team found the service demonstrated that deterioration or change in a consumer's mental health, cognitive or physical function, capacity or condition is mostly recognised and responded to in a timely manner.

For the consumers sampled, their care planning documents, and progress notes reflect the identification of, and response to deterioration or changes in their health condition. Care staff said they report any changes in the consumer's condition to the registered or enrolled nurse who then assesses the consumer promptly and gives direct care. Clinical staff were able to describe how they review consumers in case of deterioration and provide required care such as checking their neurovascular observations, attending head-to-toe assessment, attending a delirium screen, and referring to a doctor or hospital if required.

The service was able to demonstrate that information about the consumer's condition, needs and preferences are documented and effectively communicated with those involved in the care of consumers. For consumers sampled, a review of care planning documentation demonstrated progress notes and care, and service plans provide adequate information to support effective and safe sharing of the consumer's information to support care.

The Assessment Team identified some gaps in information about the consumer’s condition, such as their needs and preferences not being effectively documented and communicated within the organisation. For most consumers, information about the consumer’s condition, needs and preferences are documented and communicated within the organisation. In addition, management has provided a Continuous Improvement Plan to address the issues identified for consumers. The service has arranged some education sessions with the project officers within the organisation to provide toolbox talks in capturing and sharing this information within the organisation and staff where the care is shared.

The Assessment Team reviewed care planning documents which show referral to allied health professionals, medical specialists, and others occurs, and consumers and their representative's preferences are considered in this process. Care and medical notes also show that referrals are made when required. Reviews such as dieticians, speech pathologists, dentists, physiotherapists, geriatricians, neurologists, pain clinic and wound care specialists, and community palliative care consultants are conducted on a need basis. Consumers and representatives interviewed said when consumers are transferred to hospital, they are sent with a health summary, advanced care directive or care plan. Hence, the treating medical professional is aware of consumers’ care information.

The service has systems to manage an outbreak and minimise infection-related risks. The service has practices to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics. However, during the Site Audit, these practices were not always followed by staff. Staff were observed breaching infection control protocols on several occasions touching their masks without the use of hand hygiene, wearing their masks under their chin or not wearing a mask. The Assessment Team observed consumers being treated with cytotoxic medication did not have appropriate signage, bins or gloves in place. Staff were not aware of the treatment or precautions that they were required to take. The Assessment Team followed this up with management who advised the service intends to provide education to staff and place the precautions required for consumers receiving cytotoxic medication.

The Assessment Team found requirement 3(3)(g) to be not met, however the approved provider has committed to taking action for this requirement in the short time since taking on responsibility for the service. I find that this requirement 3(3)(g) is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

# This Quality Standard was assessed as Compliant as seven of the seven requirements were found to be Compliant.

# The Assessment Team found that the service did not demonstrate they provide effective services or activities that support each consumers daily living and meet the consumer’s needs, goals, and preferences to optimise their independence, health, well-being, and quality of life. However, the management team provided information to show a review of the current activities and staffing levels in the memory support unit will be completed and amended to reflect the current preferences and needs of each consumer.

The management team advised a Continuous Improvement Plan will be discussed to review the current activities of the service, particularly in the Memory Support Unit to support the consumers and get them engaged with meaningful activities. In other wings/areas of the service consumers and representatives interviewed were satisfied those services and supports for daily living meet their needs, goals, and preferences. Consumers receive safe and effective services that enhance and maintain their independence, well-being, and quality of life.

The Assessment Team interviewed staff who demonstrated a sound knowledge of individual consumer’s needs and preferred activities and how they support consumers to meet their needs, goals, and preferences. Lifestyle staff explained how they partner with consumers and representatives to create a lifestyle profile which includes individual preferences, past interests and current interests, social, cultural, and spiritual needs and traditions that are important to them. Care planning documentation reflected staff knowledge about what is important to consumers and what they like to do.

The Assessment Team interviewed consumers and representatives who described services and supports available to promote each consumer’s emotional, spiritual, and psychological well-being. Consumers said they felt connected and engaged in meaningful activities that are satisfying to them. Staff provided examples of supporting consumers for their emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented. Staff were observed providing effective emotional support to consumers during the Site Audit.

The Assessment Team were advised that a ‘wellbeing visit’ is conducted for all consumers with the support of their representatives when they enter the service. This interview generates a lifestyle profile that provides information on consumers backgrounds, life history, emotional, spiritual, and psychological well-being and describes things that are important to them. This information is incorporated into their care plan. The lifestyle team explained how they prioritise one on one ‘ongoing wellbeing visits’ to consumers. They identify which consumers have not received regular visitors, socialised recently, or require emotional support, and they prioritise these consumers for one-on-one activities.

The service also has several different church services for different religious denominations, some are conducted face to face, and some are watched through an online platform on a large television screen. The service demonstrated they are providing services and supports for daily living which assist consumers to participate in their community, have social and personal relationships and do the things of interest to them.

The Assessment Team asked staff about how they support consumers to participate in their community outside of the service, it was stated many consumers entering the service are generally older now and have stopped volunteering or participating within the broader community. However, some consumers of a Croatian cultural background go together to attend a Croatian church service in a neighbouring suburb. The service has organisations from the community such as Italian, Spanish social groups use the service function room to hold their meetings and get togethers, this gives the consumers living at the service opportunities to connect with others of the same cultural background, without having to leave the service. The lifestyle team are currently working with a local Polish community group to create another meeting group in the service for the Polish consumer to attend. The service also has volunteers visit consumers from a local community visitors group.

The Assessment Team interviewed consumers and representatives who confirmed that the information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff demonstrated sound knowledge of individual consumers and said that consumer care and other needs are well communicated during handovers and documented in the electronic management system, which is accessible to all staff. The service has effective processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including changes as they occur.

Care planning documentation includes contact information for representatives and other people each consumer chooses to be involved in decision-making and the delivery of care.

The Assessment Team found that the service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer’s care planning documentation provided evidence that the service collaborates with external providers to support the diverse needs of consumers. Consumers said when the service is unable to provide suitable support, they are confident they would be appropriately referred to an external provider. Staff provided examples of consumers being referred to other providers of care and services in the provision of lifestyle support.

The Assessment Team identified information is recorded on care documents and on handover information to remind staff of involvement from external services, such as appointments scheduled for consumers and visit times for private support workers.

Consumers sampled said the service provides a range of meals which are varied and of suitable quality and quantity. The kitchen was observed to be clean, and the service demonstrated evidence of recent food safety audits. The management team provided an updated Continuous Improvement Plan advising that the menu will be reviewed in consultation with consumers by 12 May 2023. A new menu will be developed and implemented, with a 6 monthly review schedule.

Consumers confirmed that they feel safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. There was sufficient equipment available to support lifestyle activities. Equipment was observed to be safe, suitable, clean, and well-maintained. Consumers confirmed that they had access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Lifestyle staff said they have access to equipment and supplies to support the activities calendar.

# 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

# This Quality Standard was assessed as Compliant as three of the three requirements were found to be Compliant.

The Assessment Team interviewed consumers and representatives who stated they are generally satisfied the living environment being welcoming and they feel a sense of belonging. The Assessment Team observed several areas around the service environment where it was not welcoming, nor did it promote a sense of belonging, independence, interaction, or function. However, there are renovations underway, and the service can show the plans of what each area is going to look like at the completion of the renovations.

Consumers and representatives interviewed provided feedback including that the courtyard garden is pleasant and that the rooms have a sense of space with the living and separate bedroom.

The Assessment Team observed some areas of the service environment that did not optimise each consumer’s sense of belonging and were seen as not being welcoming, however the management team explained they are in the midst of a major renovation. The planned renovation will completely change and update the areas raised as concerns by the Assessment Team. The renovations will include a refurbishment of the entry and internal walkway of the service and main dining area, which will include new cabinetry, replacing lighting, replacing furniture and painting. The refurbishment of the Memory Support Unit will be completed in two stages.

The first stage of the renovation includes the area to be welcoming and using key principles seen as best practice in dementia care. Repainting the area and adding colour with more pictures and indoor hanging plants. Replacing and adding more furniture. The service is removing the current internal fences and replacing them with frosted-tempered glass fence, and gate. The second stage will be looking at ways to redesign the wing to resemble a little village or country town, once again implementing key principles seen as best practice in dementia care. There is also extensive landscaping that will be completed, including redesign of the garden, introduction of taller plants that will offer shade to one of the internal sitting areas and repainting. The pond currently does not have any water in it as it was identified there is a leak in it. The service is having the leak repaired and once completed the surrounds of the pond will be landscaped and will be able to be enjoyed by consumers and their families all year round.

# Most consumers and representatives sampled said they feel safe, and they are comfortable, and the service’s environment is clean. Consumers can move freely around the service both indoors and outdoors. It was unable to demonstrated that there has been an effective way of identifying, monitoring, or reviewing the service environment; as the service was observed to not always comfortable for consumers or, well maintained. However, the service has implemented new schedules for routine and preventative maintenance systems to improve the overall maintenance of the service.

The service was unable to demonstrate furniture, fittings and equipment are well maintained and suitable for each consumer. However, as part of the renovations and completion of the environmental audits and work health and safety audits, it was demonstrated the service has a developed a plan to rectify the areas of concern. An audit was conducted of the condition of all furniture. The service will consult with the consumers on what furniture they would like to see around the service. Consumers are asked to try the different chairs and provide their feedback on each style. This process will continue with all furniture needing to be replaced and will be purchased as either area’s renovation is completed.

Staff advised new equipment had been purchased recently, this has made assisting consumers with their personal care needs easier. As they are no longer having share and wait for equipment needed to be used.

The maintenance team regularly checks and maintenance consumers equipment as per the schedule or if it has been reported as being broken by staff or the consumer. If the equipment is not owned by the service, the maintenance team will still review and assess the concern. If maintenance can fix the problem themselves, they will. If not, they will liaise with the equipment’s manufacture to have the product repaired. The maintenance officer told the Assessment Team the consumers’ call bells are checked monthly or when an issue arises.

# 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

This Quality Standard was assessed as Compliant as four of the four requirements were found to be Compliant.

The Assessment Team interviewed consumers sampled who expressed satisfaction that they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers to provide feedback and make complaints, and the Assessment Team observed the availability of internal and external feedback mechanisms throughout the service. A regular ‘resident and relatives meeting’ is also scheduled to give consumers a voice and to provide management with consumer feedback about the quality of care and services. Management stated that consumer feedback is a valuable indicator of the service’s current performance and informs its process of continuous improvement.

The Assessment Team’s review of the service’s complaint/feedback register confirmed that the service has an established mechanism for reporting complaints.

The service has advocacy and language service information available in the reception area for consumers and representatives to access. The nurses’ stations contain translating material to assist staff when communicating with consumers whose primary language is other than English. All consumers interviewed stated that they are aware of how to access external advocacy services, although they stated that they feel comfortable providing feedback directly to staff and management. Staff described how they provide information on advocacy and complaints services to consumers and expressed their willingness to inform consumers’ families about any concerns consumers raise about their care and services.

The service’s resident handbook contains advocacy and complaint information. The Assessment Team observed external advocacy and interpreting service information located in the reception area at the service.

The Assessment Team interviewed consumers and representatives who were satisfied actions had been taken to resolve their respective issues. Staff and management personnel described using open disclosure principles in their handling of feedback and complaints. Most consumers and their representatives consistently reported that issues they raised with staff or management were either satisfactorily resolved within an appropriate timeframe or were in the process of being addressed.

# 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

# This Quality Standard was assessed as Compliant as five of the five requirements were found to be Compliant.

The Assessment Team found that the service demonstrated how it effectively plans its workforce by using suitably qualified staff to fill registered and enrolled nursing positions to perform clinical functions and care staff to perform care functions at the service. Management stated that due to staffing shortages in the region, up to one third of its clinical and care staff is sourced from external agencies. Consumers expressed their satisfaction with the level of training demonstrated by staff, and their diligence in providing a peaceful and caring environment to live in.

The current management team acknowledged deficits in staff knowledge and monitoring systems relating to falls management, medication management, behavioural management, pain management and wound care. In response, management provided the Assessment Team with the 2023 training schedule outlining the ongoing training and monitoring of clinical and care staff in all areas of practice, including medication, falls, wound, pain and behaviour management.

The service’s plan for continuous improvement for 2023 proposes ‘Dementia Essential’ training for all staff, including memory support unit staff, lifestyle staff and agency staff. The implementation of a ‘Behaviour Support Handover Report’ and a ‘High Impact High Prevalence Risk Report’ created in the service’s Clinical Manager Program to assist with identifying those consumers with elevated risks to their safety and well-being.

The daily review of all behaviour incidents by the clinical management team, including updating behavioural assessments as required. The ongoing implementation and review of the ‘Keep an Eye on Me Program’ (KEMP) for effective falls management at the service, and the commencement of monthly falls meetings for clinical and care staff. A toolbox talk program and specialised in-house medication management training will be conducted, and additional TAFE training of ‘Administer and Monitor Medication 007’ will be completed by relevant staff. Ongoing attendance at the service’s monthly medication advisory committee (MAC) meeting by a pharmacist and their regular review of the service’s psychotropic register.

Although the Assessment Team identified current deficits in staff knowledge and gaps in clinical monitoring, the service’s recent merger with the new provider has enabled staff access to improved and targeted training programs and clinical governance structures.

The Assessment Team interviewed consumers and representatives who expressed satisfaction and confirmed that staff are kind and caring and having an awareness of what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Care planning documentation is individualised and includes the cultural and personal preferences, needs, and the interests of each consumer at the service.

The Assessment Team interviewed staff who said they enjoy working at the service and explained the importance of treating consumers with dignity and respect. The Assessment Team observed a staff member playing dominos with a consumer, who experiences some challenges with verbal communication, and they were interacting with the consumer in a respectful and patient manner.

Policies and procedures, and staff training records, include reference to respect, dignity, and diversity and staff code of conduct.

The service provided the Assessment Team with training records which indicate that its workforce has the qualifications and skills to effectively perform their designated roles. Generally, consumers and/or their representatives expressed satisfaction that staff were suitably trained and experienced to deliver safe and effective care. However, the Assessment Team’s observations and document reviews identified ongoing deficits in clinical and care delivery.

Management discussed, and a document review demonstrated, that the organisation has an effective recruitment and selection process, which includes pre-employment checks, clinical status, and aged care specific qualifications.

A suite of compulsory training modules is available to all staff, such as serious incident reporting, restrictive practices requirements, open disclosure, and infection control. Management explained the service’s transition to the new organisation’s mandatory and role-specific education program, which it said will be rigorously monitored at both service and organisational levels to ensure the ongoing compliance and competency of all staff.

The Assessment Team conducted a document review of staff appraisals, orientation, and education records for all staff, which confirmed that staff mandatory education requirements are monitored and fulfilled. Education topics cover a range of service areas, including legislation/regulatory changes and the Aged Care Quality Standards. The Assessment Team found requirement 7(3)(c) to be not met due to some deficits identified in current clinical knowledge and care delivery, however the new approved provider has committed to improving staff’s knowledge in these areas as an immediate action to improve the compliance for this requirement. I find that requirement 7(3)(c) is compliant.

All consumers and representatives interviewed indicated they believe that staff are recruited according to their professional skills and that they are provided with ongoing training to ensure the provision of safe and quality care. Several staff confirmed attendance and completion of training in relation to legislative/regulatory changes such as SIRS, restrictive practices, infection control, and specialised care topics. Although deficits in staff knowledge relating to the management of falls, behaviours, medication, and pain were identified by the Assessment Team, the service’s current training program and the additional specialised support provided by the new provider is designed to address those gaps in knowledge and best practice.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes an induction program for new and returning employees, the implementation by the new provider of more rigorous day-to-day work performance monitoring, and a formal documented periodic performance appraisal. Initial reviews are conducted within 3 months of recruitment with 6 monthly appraisals thereafter.

# 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

This Quality Standard was assessed as Compliant as five of the five requirements were found to be Compliant.

The Assessment Team found that the service maintains a continuous improvement register to record and action ideas for improvements to consumer care and the service environment. The service demonstrated that it supports consumers to actively participate in the development, delivery and evaluation of care and services. Consumers provided feedback that they participate in resident meetings, and other surveys concerning the delivery of their care and services, and that they are supported by staff to use the service’s feedback and complaints system. They also stated that they were consulted during the merger process about the proposed changes to management and their physical environment.

Management explained that consumers and their representatives contribute at a corporate level through their participation in monthly resident meetings. Meeting minutes reviewed by the Assessment Team demonstrate that consumers and representatives actively contribute ideas towards service improvements, and are informed about upcoming group activities, and any scheduled building and development projects at the service. Management provided evidence of weekly correspondence updates sent to consumers and their representatives about the recent merger and any proposed changes to services, staffing and upgrades to the service environment. The Assessment Team’s assessment of the service’s care plan review schedule indicates that each consumer and/or their representative is involved in the review process and that a copy of the care plan is made available to them/and or their representative upon request.

The Assessment Team found, and management demonstrated that the organisation has overarching policies and procedures which promote a positive culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery. Organisational supports are provided through board, committee and sub-committee structures which facilitates a hierarchy of oversight, adherence to accountability at an organisational and service level, and generally, the continuous monitoring of care and services through the review of key performance indicators, incidents, and consumer feedback and complaints. Management stated that the merger has supported the improvement of these governance structures and that they have been aligned fully with Warrigal Care’s existing practices and processes.

The service conducts regular audits in various areas of care and service delivery to identify and analyse trends, and then delivers the results directly to staff via regular staff meetings. Current incident trends and gaps in staff practices are identified and have been included in the service’s Plan for Continuous Improvement and its education program for action and is reported to the board for consideration of any required changes to policies and procedures.

Management demonstrated their effective communication mechanisms with consumers, representatives, and staff members regarding updates to policies, procedures, and legislation. The Assessment Team reviewed recent resident and staff meeting minutes, e-mail alerts to staff, consumers, and their representatives, which confirmed that changes are generally communicated within the organisation in a timely manner.

The Assessment Team found, and the service demonstrated that it has effective governance systems in relation to information management, continuous improvement, financial accountability, regulatory compliance, and feedback and complaints. The organisation’s board has established processes to satisfy itself that systems for appropriate care and services operate in accordance with the Aged Care Quality Standards.

Management and staff confirmed that access to electronic information management and reporting systems are password protected to ensure the privacy and confidentiality of consumers’ information. Management stated that due to the merger, the service has moved to a new case management system that is operated by all services associated with the new provider, that the system was fully implemented in April 2023, and that all staff have received user training to operate the new system. Staff said they have electronic access to the current organisation’s policies and procedures.

The service provided evidence that it has an audit program to monitor and review its performance against the Aged Care Quality Standards. Management demonstrated that with the recent merger it now consistently reviews quality performance data, clinical indicator details, consumer feedback/complaints, and incidents, to ensure continuous improvement, and that it conducts regular meetings with staff to report audit results and the service’s operational plan to improve care and services.

Management described how financial accountability occurs at site level with hierarchical expenditure authorities in place at senior management, through to the organisation’s corporate and board levels. Management discussed how the service has recently undertaken an organisational re-structure, whereby the service will come under the corporate umbrella of the new provider’s leadership team.

Management indicated, and a document review confirmed, that the workforce is planned to facilitate the management of safe and good quality care and services for consumers.

Regulatory compliance is managed at an organisational level, and any updates or changes to legislation and its policies and procedures are then communicated to staff at a service level via staff meetings, emails, and printed notifications in the workplace. Management and clinical staff confirmed knowledge of their legislative obligations relating to reportable and non-reportable incidents, and a document review by the Assessment Team confirmed that a regularly updated incident register is maintained by the service.

The service has a feedback and complaints management system which is used to identify systemic issues that informs its plan for continuous improvement. Management stated that the new organisation’s quality team and its various committees provide feedback about trends to the board and relevant stakeholders.

The Assessment Team interviewed staff and management who explained how they support consumers to live the best life they can, through maintaining contact with those people important to the consumer, being engaged in the service’s comprehensive activity program, and supporting consumers to take risks and make their own decisions about their lives. The service has transitioned to new risk management systems operated by the new provider, which is supported by clinical governance frame works, policies and procedures and reporting mechanisms.

Management advised the Assessment Team that there had been gaps identified in high impact and high prevalence risks and education had been developed to address these deficits in knowledge. In relation to identifying and responding to the abuse and neglect of consumers and managing incidents, staff could describe the process for reporting incidents to a registered nurse or management and training records demonstrated, that identifying and responding to elder abuse education forms part of their annual training requirements.

The organisation has policies and procedures including a dignity of risk policy, which outline a consumer’s right to live their best life while being supported by management, staff, and other health professionals. The service has a procedure whereby consumers who participate in activities that pose a risk to themselves or others, such as smoking cigarettes, are expected to complete a dignity of risk form that details their independent choices and the agreed rules for engaging in that activity, which may be contrary to the advice provided to them by health professionals.

The service provided the antimicrobial stewardship policy, restrictive practices policy and open disclosure policy, and demonstrated an understanding of how these policies are implemented within the service and how staff are supported via formal education, toolbox training and feedback from internal audits, to understand their respective principles. The organisation’s clinical governance committee oversees and reviews the service’s use of antimicrobial medication, with a view to minimising antimicrobial usage when possible. Clinical and care staff interviewed demonstrated their understanding of antimicrobial stewardship and were able to describe in principle the non-pharmacological measures taken to reduce urinary tract infections, by encouraging hydration, good hygiene, and continence care. Management and clinical staff discussed the use of restrictive practices, providing evidence of how they monitor the use of psychotropic medication, identify the use of mechanical and chemical restrictive practices, and the maintenance of a restrictive practices register to ensure that regular reviews are conducted to minimise the use of restraint. The new provider demonstrated that it uses non-pharmacological intervention practices with consumers, such as behavioural management practices and therapies, to minimise the use of chemical restrictive practices, and that it has a comprehensive education program scheduled for 2023 to ensure best practice is followed by clinical and care staff.

It was demonstrated although one care staff member who was not immediately familiar with the term ‘open disclosure’, they successfully explained their work practice of acknowledging an incident and apologising to a consumer when something goes wrong. Clinical staff demonstrated a good knowledge of open disclosure principles and how they enact them when incidents negatively impact on or cause harm to consumers. Training records evidenced that staff receive open disclosure training as part of the service’s mandatory education program.

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