Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| IRT St Georges Basin | 23 August 2022 |
| Commission ID: | Activity type: |
| 0343 | Site Audit |
| Approved provider: | Activity date: |
| Illawarra Retirement Trust | 27 June 2022 to 29 June 2022 |

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

**This performance report**

This performance report for IRT St Georges Basin (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 assessment, the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 5 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 1(3)(a) – the Approved Provider ensures each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* Requirement 3(3)(f) – the Approved Provider ensures timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Requirement 6(3)(a) – the Approved Provider ensure consumers and others are encouraged and supported to provide feedback and make complaints.

Requirement 6(3)(c) – the Approved Provider ensures timely and appropriate action is taken in response to complaints and an open disclosure process is used.

Requirement 6(3)(d) – the Approved Provider ensures feedback and complaints are reviewed and used to improve the quality of care and services, including through maintaining record-keeping.

Requirement 7(3)(a) – the Approved Provider ensures 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.

Requirement 7(3)(b) – the Approved Provider ensures workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Requirement 7(3)(d) – the Approved Provider ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Requirement 7(3)(e) – the Approved Provider ensures regular assessment, monitoring and review of the performance of each member of the workforce is undertaken, including in relation to staff demonstrating kindness and respect.

Requirement 8(3)(a) – the Approved Provider ensures consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Requirement 8(3)(b) – the Approved Provider ensures the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

* Requirement 8(3)(c) – the Approved Provider ensures effective organisation wide governance systems relating to workforce governance and feedback and complaints.
* Requirement 8(3)(d) – the Approved Provider ensures effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Care planning documents reflected individualised information regarding consumers’ identity, culture and diversity. However, the Site Audit Report reflected mixed feedback from consumers regarding the way they are treated, with some saying dignity and respect can be diminished due to staff shortages. Examples given included unkind staff behaviour, consumers rushed in their activities of daily living, and staff lacking awareness of relevant preferences for individual consumers. Staff described treating consumers respectfully and maintaining their dignity, though some acknowledged consumer feedback that some staff display unkind behaviour.

The Approved Provider’s response of 5 August 2022 said the staff member who displayed unkind behaviour is subject to performance management action to address the concerns. The Approved Provider addressed feedback regarding named consumers with those consumers, and said further staff education was delivered after the Site Audit regarding the service’s feedback and complaints process, along with initiating consumer experience surveys to identify any required continuous improvements.

I acknowledge the Approved Provider’s actions, however they will take time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued. Therefore, I find requirement 1(3)(a) non-compliant.

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

The service demonstrated consumers receive care and services that are culturally safe. Staff shared an understanding of consumers’ cultures and described how care and services are adapted so they are culturally safe for each consumer. Care planning documentation is individualised, and reflects consumers’ cultural preferences.

Overall consumers said they are supported to exercise choice and independence when making and communicating decisions about their care, who should be involved, and to maintain relationships. Staff assist consumers to maintain contact with people important to them, and described supporting consumers to exercise choice, through following their preferences.

Consumers who want to take risks were satisfied they are supported to live the best life they can. Staff described how risks are explained to consumers and the support given to minimise risks.

Consumers are provided timely information that is accurate, easy to understand and enables them to exercise choice. Staff described how they facilitate consumer choice and vary communication methods to suit consumers’ needs. Activity calendars and notices were displayed throughout the service.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ information is stored securely and handover is conducted privately.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care documents reflected a comprehensive assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals and preferences. Advance care and end of life planning are included in care plans, if the consumer wishes.

Assessment and planning is based on a partnership with the consumers and their representatives, and includes other organisations or individuals that are involved in the care of the consumer when required. Staff described how they involve consumers and other relevant people in assessment and care planning, which was aligned with consumer feedback.

Consumers and their representatives said staff explain information about consumers’ care and services. Care plans are available to consumers, representatives and other health professionals.

Care and services are regularly reviewed for effectiveness, including when circumstances change or when incidents impact the needs, goals, and preferences of consumers.

# Standard 3

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| Personal care and clinical care | | Non-Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.

* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 5 August 2022, which included acknowledgement of the issues raised and actions for continuous improvement.

* Regarding requirement 3(3)(a)

Care planning documents mostly reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. However, the Site Audit Report brought forward mixed feedback from consumers regarding the way they are treated, with some saying they consistently do not receive care that is documented in their care plans. Examples given included staff not following consumers’ care plans, consumers intervening their own care preferences due to staff shortages, staff lacking awareness of consumers’ verbal and non-verbal pain, and inconsistency of consumers’ personal care. Staff could mostly describe how they know the care they provide is safe and effective for consumers, though some were concerned consumers did not receive care as documented in the care plan.

The Approved Provider’s response said care plans for the named consumers who felt they do not receive care as outlined in the care plans have been updated, and staff reminded of the consumers’ preferences. The staff member who did not follow a consumer’s care plan preferences was then subject to performance management. The Approved Provider addressed feedback regarding named consumers with those consumers and their representatives, and said further staff education was delivered after the Site Audit regarding personal care and following escalation procedures. Consumer experience surveys have occurred to identify any required continuous improvements.

I acknowledge the Approved Provider’s actions, however they will take time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate each consumer gets safe and effective personal care and clinical care that is best practice, is tailored to their needs and optimises their health and well-being. Therefore, I find requirement 3(3)(a) non-compliant.

Regarding requirement 3(3)(f)

Care planning documentation reflected a referral process to other health care providers as needed. However, the Site Audit Report brought forward mixed feedback from consumers, with many saying they did not receive desired podiatry care.

The Approved Provider’s response said although the service did not communicate with consumers and their representatives the process for receiving treatment by a podiatrist, as part of their continuous improvement plan the service is consulting with consumers and their representatives to gain consent for receiving podiatry treatments and to discuss the referral process and billing arrangements.

I acknowledge the Approved Provider’s actions, however at the time of the Site Audit, the service did not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. Therefore, I find requirement 3(3)(f) non-compliant.

I am satisfied the remaining 5 requirements in Quality Standard 3 are compliant.

The service demonstrated the effective management of high impact and high prevalent risks associated with the care of each consumer. Strategies for consumers at risk are communicated and implemented by staff.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Consumers and representatives expressed confidence that the service will support consumers to be as free as possible from pain and have those important to them with them when end of life care is required. Registered nurses are available at all times to support and monitor care delivered to consumers nearing end of life.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff said they recognise and respond to deterioration or changes in consumers’ conditions and report these to clinical staff.

Consumers and representatives are mostly satisfied that consumers’ needs and preferences are effectively communicated between staff, and they receive the care they need. Staff described how information is shared and documented when changes occur.

Staff described how they ensure appropriate use of antibiotics. Staff receive training in infection control, and described how they apply relevant practices.

# Standard 4

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

## Findings

Consumers said they receive safe and effective supports for daily living that meet their needs, goals and preferences and they feel supported to do the things they want to do. Staff know what is important to consumers and what they like to do, aligned with information in care planning documents. The Assessment Team observed consumers engaged in group and individual activities including exercise and doll therapy.

Services and supports are delivered to promote consumers’ emotional, spiritual, and psychological well-being and nurture their sense of happiness and belonging. Consumers described how staff support their well-being following loss of family and friends. Staff described additional support provided for consumers when there is a change in mood or emotions.

Consumers said they are supported to do things within and outside the service, and explained how they keep in touch with people important to them. Care planning documents contained information outlining activities of interest, evidence of participation in those activities and information about relationships the consumers wish to maintain. Staff explained how they support consumers to participate in the community and keep in touch with the people important to them, particularly during the COVID-19 related visitor restrictions.

Consumers said information about their daily living choices and preferences was effectively communicated with staff. Staff said they are made aware of any changes to a consumer’s needs through the formal shift handover process and they update care planning documents.

Regular, timely and appropriate referrals are made to other individuals and providers of care to maximise consumers’ health and well-being. Staff utilise external organisations to supplement the lifestyle program and a variety of brochures and resources are available to support referrals.

Consumers said the meals provided are of suitable quality, variety and portion size, and their dietary needs and preferences are accommodated. Staff are familiar with consumers’ needs, consistent with care planning documents, and described how they incorporate consumer feedback. The kitchen environment was observed to be clean and tidy, with staff following safety protocols.

The Assessment Team observed equipment supporting consumers to engage in lifestyle activities was overall suitable, clean and well maintained. Consumers and staff said adequate equipment was available for consumers’ needs. Feedback about potential hazards and uncleanliness was addressed by management during the Site Audit.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 service environment features several design elements that are welcoming. Consumers are supported to feel at home in the service and maintain their independence and personal preferences for interaction, and are encouraged to personalise their rooms with furniture, photographs and artwork. Consumers described enjoying time spent outdoors.

The service environment was observed to be safe, clean, comfortable and well maintained. Clear corridors and pathways enable consumers to move around. Regular cleaning occurs in line with a schedule.

Consumers said the furniture, fittings, and equipment are safe, clean, well maintained, and suitable. Staff described how shared equipment is cleaned and maintained. Maintenance logs reflected maintenance occurs in a timely manner.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Feedback and complaints are reviewed and used to improve the quality of care and services.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 5 August 2022, which included acknowledgement of the issues raised and actions for continuous improvement.

* Regarding requirement 6(3)(a)

Staff described how they support consumers to make complaints and give feedback. However, the Site Audit Report reflected mixed feedback from consumers and representatives regarding whether their feedback and complaints would result in action taken. Consumers gave examples of feeling uncomfortable or dismissed after raising issues. During the Site Audit the service commenced continuous improvement to address the concerns raised by consumers.

The Approved Provider described the outcome of the continuous improvement action, including a consumer meeting that occurred to address concerns, explain the complaints process, assure consumers no retribution would occur, and they may complain anonymously. They provided survey results showing improved consumer experience regarding feedback and complaints. Staff education and updates to policies also occurred.

I acknowledge the Approved Provider’s actions, however they will take time to demonstrate effectiveness. At the time of the Site Audit, the service did not demonstrate consumers and others are encouraged and supported to provide feedback and make complaints. Therefore, I find requirement 6(3)(a) non-compliant.

* Regarding requirement 6(3)(c)

Some consumers reported they have raised feedback or made complaints, but timely action was not taken, or no action occurred. They described impacts to them as a result, including safety concerns. The Assessment Team identified deficits with the service’s recording of complaints, where concerns were not documented despite staff being aware. Staff interviewed indicated verbal complaints were not documented. Staff were aware of open disclosure principles but did not give examples of practical applications.

The Approved Provider’s response described action taken, including monthly review of the complaints register and staff education on complaint handling (including entering details into the complaints system).

I acknowledge the Approved Provider’s actions, however at the time of the Site Audit, the service did not demonstrate appropriate action is taken in response to complaints or that an open disclosure process is used when things go wrong. Therefore, I find requirement 6(3)(c) non-compliant.

* Regarding requirement 6(3)(d)

Some consumers said they had not noticed improvements following their feedback and complaints. Staff could not consistently explain how feedback was applied for continuous improvement, and said some complaints were not documented.

The Approved Provider said feedback and complaints are used to inform continuous improvement actions and added to the service’s continuous improvement plan. They described action taken following the Site Audit, including staff training.

At the time of the Site Audit, the service did not demonstrate feedback and complaints are effectively reviewed and used to improve the quality of care and services. Therefore, I find requirement 6(3)(d) non-compliant.

I am satisfied the remaining requirement in Quality Standard 6 is compliant.

Consumers and representatives said they are aware of and have access to advocacy services. Advocacy services brochures were displayed and the consumer handbook provides information on external complaints and advocacy. Staff said no consumers required access to language services.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

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.

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 5 August 2022, which included acknowledgement of the issues raised and actions for continuous improvement.

* Regarding requirement 7(3)(a)

The Site Audit Report reflected consumer feedback regarding impacts of staff shortages on their care, such as being rushed in their activities of daily living and having to wait when experiencing pain. Care staff described how shortages impact their ability to provide satisfactory care, such as being rushed and consumers not receiving care in line with preferences. While management described actions taken to address staff shortages, based on consumer and staff feedback these actions were not fully effective. Call bell data for the three months prior to the Site Audit reflected consumers generally receive timely responses.

The Approved Provider’s response described initiatives being undertaken to increase the service’s staffing numbers and improve workforce retention. While the Approved Provider disagreed there was a deficit in consumer care as a result of rostering, I have placed weight on the consumer and staff feedback in determining non-compliance with this requirement.

At the time of the Site Audit, the service did not demonstrate suitable workforce planning to enable the delivery and management of safe and quality care and services. Therefore, I find requirement 7(3)(a) non-compliant.

* Regarding requirement 7(3)(b)

Some consumers reported negative staff interactions, as outlined at requirement 1(3)(a). Although staff were observed being mostly kind and respectful when interacting with consumers and their representatives, some staff in the memory support unit were observed rushing consumers at mealtimes and not speaking respectfully about them.

The Approved Provider’s response said the service has increased monitoring and observation of interactions with staff and consumers, and further staff education has occurred.

At the time of the Site Audit, the service did not demonstrate the workforce interactions with consumers were consistently kind, caring and respectful of each consumer’s identity. Therefore, I find requirement 7(3)(b) non-compliant.

* Regarding requirement 7(3)(d)

Staff generally considered they received sufficient training for their roles. However, the Site Audit Report reflected deficits were identified regarding staff training for complaint recording, respectful behaviour and the Serious Incident Response Scheme. The service otherwise demonstrated suitable training was delivered, including annual mandatory modules, and monitoring of training completion occurs.

The Approved Provider considered the relevant staff education was suitably delivered, and evidenced further staff training delivered or planned to address the deficits brought forward by the Assessment Team.

Based on the consumer outcomes reflected in the Site Audit Report, I consider at the time of the Site Audit the service did not demonstrate that the workforce is trained and supported to deliver the outcomes required by each of the Quality Standards. Therefore, I find requirement 7(3)(d) non-compliant.

* Regarding requirement 7(3)(e)

The service has performance monitoring processes in place and appraisals are regularly completed. However, the Assessment Team identified deficits regarding record-keeping and performance management action.

The Approved Provider said the service has increased monitoring and observation of interactions with staff and consumers, and performance management will be used. These actions will take time to demonstrate effectiveness.

I consider the service’s systems for performance management were not working effectively at the time of the Site Audit. The service did not demonstrate effective performance monitoring to proactively identify and address deficits in staff conduct, and some consumer impact was identified. Therefore, I find requirement 7(3)(e) non-compliant.

I am satisfied the remaining requirement in Quality Standard 7 is compliant.

Consumers and representatives said most staff perform their duties effectively, and they are confident that staff are trained appropriately and are skilled. Position descriptions set out the expectations for roles. Staff must meet the minimum qualification and registration requirements, and new staff undergo an orientation and onboarding process, which includes buddy shifts with experienced staff in their role, site orientation, mandatory training and core competency checks.

**Standard 8**

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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. | Non-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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

* 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;
* 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.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 5 August 2022, which included acknowledgement of the issues raised and actions for continuous improvement.

* Regarding requirement 8(3)(a)

The development of care is made in consultation with consumers, as outlined at Quality Standard 2. However, as also reflected at requirement 6(3)(d), consumers are not consistently engaged in delivery and evaluation of care and services. Some consumers did not consider the service is well run, said follow up actions did not occur after consumer meetings and complaints did not consistently result in improvements.

The Approved Provider’s response referenced opportunities for consumer engagement via care plan case conferences and said further consultation will occur with the named consumers who gave negative feedback to optimise their health outcomes. I consider there were insufficient examples presented of consumer engagement, and have placed weight on the negative feedback from consumers regarding inaction following feedback and complaints.

At the time of the Site Audit, the service did not demonstrate consumers are supported and engaged in delivery and evaluation of care and services. Therefore, I find requirement 8(3)(a) non-compliant.

* Regarding requirement 8(3)(b)

The organisation’s governing body has governance frameworks which support safe, inclusive and quality care and services. However, the Assessment Team considered these frameworks are not suitably implemented or applied by the service, and consumer feedback reflected concerns around inclusivity and quality had been ongoing for some time without satisfactory resolution.

The Approved Provider’s response gave details of monitoring and audit activity that occurs, and said results and complaints data are escalated to the Board. While I am satisfied the service has demonstrated some initiatives to support safe and quality care, I have placed weight on the examples brought forward by the Assessment Team of deficits relating to inclusivity, and of consumer feedback not being promptly addressed to improve safety and quality.

At the time of the Site Audit the Approved Provider did not consistently demonstrate the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable. Therefore, I find requirement 8(3)(b) non-compliant.

* Regarding requirement 8(3)(c)

The service demonstrated effective governance systems in place which guide information management, financial governance, regulatory and legislative compliance. However, systems including feedback and complaints and workforce governance were shown to be ineffective.

While continuous improvement processes are used with some effectiveness, deficits were identified regarding feedback and complaints being recorded and utilised to inform continuous improvement. This was also considered at requirement 6(3)(d). The Approved Provider said feedback and complaints are reported on and discussed, however I consider the governance was ineffective if relevant information for this purpose is not captured due to lack of consistent recording of complaints. I consider this deficit is sufficient to support non-compliance with this requirement.

Regarding workforce governance, the Assessment Team brought forward the examples at requirements 1(3)(a), 3(3)(f), 6(3)(a), 6(3)(c), 7(3)(a), 7(3)(b) and 7(3)(e) to support deficits. I consider these examples are sufficient to support non-compliance with this requirement, as the issues were not proactively identified and managed by the service prior to the Site Audit.

At the time of the Site Audit, deficits in governance systems for feedback and complaints (including their application to continuous improvement) and workforce governance were not being suitably addressed by the service. Therefore, I find requirement 8(3)(c) non-compliant.

* Regarding requirement 8(3)(d)

While staff said they had received appropriate training regarding risk management practices, the Site Audit Report brought forward deficits regarding incident and risk management, responding to abuse, and supporting consumers to live their best lives. This includes the consumer experiences referenced at requirements 1(3)(a) and 3(3)(a).

The Approved Provider’s response said they considered the deficit regarding incident reporting to be an isolated incident, said staff education was provided and the majority of consumers gave positive feedback in the survey that occurred following the Site Audit. I acknowledge the Approved Provider’s comments, however consider these issues were not suitably identified and proactively addressed by the service prior to the Site Audit.

I consider sufficient evidence was brought forward to support that the service’s risk management practices were not being effectively utilised by staff, resulting in some consumer impact. Therefore, I find requirement 8(3)(d) is non-compliant.

I am satisfied the remaining requirement in Quality Standard 8 is compliant.

The service has a clinical governance framework with policies that promote antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure. Staff described training received on these policies and gave examples of practical applications.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)