Performance

Report

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| Name of service: | Performance report date: |
| Irvin House | 27 September 2022 |
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| Approved provider: | Activity date: |
| NCN Health | 16 August 2022 to 18 August 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 Irvin House (**the service**) has been considered by D. McDonald, 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 Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 23 September 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Non-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

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 2(3)(d) - the Approved Provider ensures outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan which is readily available to the consumer or their representatives
* Requirement 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective clinical care including wound management, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

* Requirement 3(3)(b) – the Approved Provider ensures effective management of high impact or high prevalence risks including diabetes and medication management, associated with the care of each consumer
* Requirement 5(3)(c) – the Approved Provider ensures outdoor furniture, fittings and equipment including slings, hoists and chargers are safe, clean, well maintained and suitable for the consumer.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected, and personal information is kept confidential. | Compliant |

## Findings

Consumers said they were treated with dignity and respect by staff, with their identity and culture valued. Staff described the ways in which consumers’ identity, culture and diversity were valued. Care planning documentation identified individual’s cultural, and diversity needs for each consumer. Staff were observed to be respectful towards consumers with all interactions.

Consumers said staff respected their culture, values, and diversity by supporting them in practicing their values, beliefs and by learning about their culture. Staff were aware of consumers’ preferences, culture, values, and beliefs and were sensitive towards consumers life history when conducting activities. Care planning documentation demonstrated the service has sought and captured individualised information as it relates to consumers’ religious, spiritual, cultural needs and personal preferences.

Consumers described how they were supported to exercise choice, make connections with others, maintain relationships, and maintain their independence as the service had a dedicated phone line for family and friends to call the consumers. Care planning documentation identified individualised consumer choices for care and services and supports for maintaining independence. Consumers were observed chatting and interacting with each other in the communal areas.

Consumers said they are supported to take risks, including smoking, to enable them to live the best life they can. Staff were able to identify the consumers who are supported to take risks and explained how the service discusses the risks with them. The service has a suite of documented policies for staff on managing dignity of risk to ensure staff support consumers to take risks.

Consumers advised they were provided with information to assist them in making choices about their care and lifestyle, including current events and activities occurring inside the service, meal selections and activities of daily living. Staff described the various ways they provide information to consumers regarding their care and services, enabling consumers to exercise choice such as menus, verbal information, noticeboards and the service newsletter. Care planning documentation indicated the individual communication strategies required for consumers.

Consumers confirmed their privacy was respected, and staff demonstrate this in a variety of ways such as drawing curtains when care was being delivered. Staff described the practical ways they respect the personal privacy of consumers, and this information aligned with the feedback received from consumers. The policies and procedures regarding the protection of personal information guides staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-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. | Non-Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

The Assessment Team recommended these 2 requirements were not met:

* 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.
* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and my findings are:

In relation to Requirement 2(3)(a), the Site Audit Report evidenced documented policies and procedures on care assessment and care planning instruct staff in the assessment and planning process and a guide is used to inform the completion and timing of assessments for new consumers. However, deficiencies were identified in the documenting of restrictive practices on a consumer’s care plan and restrictive practices were not identified on the handover sheet to inform staff. Additionally, care plans had not been updated following a new diagnosis and no interventions or strategies to manage wound, skin and diabetes risks had been documented in relation to the care of a consumer. I have considered the deficits in relation to wound management under Requirement 3(3)(a) where it is more relevant.

The provider’s response offered clarifying information and submitted additional documentation in support of compliance and where deficits were acknowledged a continuous improvement plan detailed corrective actions undertaken, commenced or planned.

In relation to restrictive practices not being identified on the care plan of a named consumer, evidence submitted confirmed care plans for all consumers have been reviewed and determined to be accurate, confirming this to be an isolated incident, which has now been corrected. For restrictive practices, not being recorded on handover documentation, the provider confirmed the handover sheets were only one avenue for the sharing information between staff and if any restrictive practices were used, these were documented in the consumer’s care plan and addressed during verbal handovers. I consider this supports risks to consumers are identified and used to inform safe and effective care.

For a named consumer, whose care plans were identified to not include interventions or directions for their skin integrity or diabetes management and a new diagnosis had not been added, both the site audit report and the response contained evidence of the interventions used to ensure care is safe and effective. Additionally, an assessment of the consumer’s risk of pressure injury was undertaken following the identification of a pressure injury and I consider this supports compliance with this requirement.

Overall, I am satisfied systems and processes were in place to ensure assessments identified risks to the consumer and care planning was used to inform staff of the consumer’s care requirements. I also acknowledge the actions put in place by the service to further improve how risks to consumer are considered through assessment, review and care planning processes.

Therefore, I find Requirement 2(3)(a) is compliant.

In relation to Requirement 2(3)(d), whilst consumers and representatives said they were informed of the outcomes of ongoing assessment and planning, the site audit report brought forward deficiencies in the communication of the outcome of initial assessments when a consumer enters the service, and a copy of the consumer’s care plan was made readily available.

The provider’s response acknowledged the deficits and submitted a continuous improvement action plan which outlined a range of improvement actions taken, commenced or planned, including reminding staff via memo of the procedure when reviewing or changing an assessment to ensure consumers and representatives were fully informed and a copy of the care plan is offered.

I consider at the time of the site audit, the service was not able to demonstrate each consumer or their representative was advised of assessment outcomes or a copy of the consumer’s care plan was made readily available.

Therefore, I find Requirement 2(3)(d) is non-compliant.

I am satisfied the remaining 3 Requirements of Standard 2 are compliant as:

Consumers and representatives said staff discussed advance care planning and end of life planning with them. Care planning documentation contained completed advance care directive documents and palliative care assessments which evidenced discussions had taken place with consumers and representatives about end of life planning. Policies on implementing the care plan for palliative care and end of life care planning provided guidance to staff.

Consumers and representatives said they participated and contributed to assessment, planning and reviews of the care and services. Care planning documentation evidenced how other organisations, individuals and providers of other care and services such as medical officers, geriatrician and physiotherapist participated in assessment and planning. Policies outlined how ongoing assessments and planning were based on partnerships and undertaken collaboratively with the consumer and others involved in the care of the consumer.

Care planning documentation evidenced regular scheduled reviews and when circumstances changed. Consumers and representatives said the service discussed changes to the consumer’s care plan with them. A documented resident of the day scheduled reviews of care and services over a 3-day period and care plans were dynamically updated following any changes. Staff could describe the processes followed for care plan reviews and evaluation of effectiveness of care strategies and interventions.

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

## Findings

The Assessment Team recommended these requirements were not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and find the service non-compliant these requirements.

* 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.

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

In relation to Requirement 3(3)(a), the Site Audit report evidenced deficiencies in assessment and monitoring of consumer’s wounds and pain.

For 3 named consumers, who have pressure injuries or chronic leg wounds, wound monitoring documentation did not evidence the wounds had been consistently assessed, monitored or reviewed in accordance with the service’s documented procedures used to guide staff as wound measurements or photos were omitted.

While there was no evidence to support consumers who may experience pain had been adversely affected. A consistent approach to the assessment, monitoring and charting of pain was not evidenced as guidelines to support staff practice were unclear and staff inconsistently described when pain charting should take place, its frequency, its duration or at what stage assessment should be undertaken.

The provider’s response acknowledges the deficits in relation to pain and wound monitoring, however, contested it was not a best practice requirement for wounds to be photographed.

I acknowledge the actions undertaken, planned and commenced which include updating procedures to ensure pain and wounds are consistently monitored and staff receive education on pain charting and wound management documentation in order to determine effectiveness of treatment regimes. However, I consider these corrective actions will take time to monitor for their effectiveness and at the time of the site audit, the service was not able to demonstrate consumers with wounds were receiving clinical care, that was best practice or tailored to their needs.

Therefore, I find Requirement 3(3)(a) is non-compliant.

In relation to Requirement 3(3)(b), the Site Audit report included information indicating although staff could identify high impact or high prevalence risks for consumers at the service such as falls, behaviours and weight loss and these were being managed effectively, deficiencies were identified in relation to diabetes and on one occasion the medication to manage diabetes was administered late. Additionally, incident data supports medications have not been administered consistent with prescribed orders on a number of occasions over a couple of months.

For 3 named consumers, medical officer directives for the monitoring of blood glucose levels were not being consistently followed, with documentation supporting these monitoring processes were frequently missed. For one of these consumers, there was an inconsistency between the directive and the monitoring regime recorded on the care plan, with this having been corrected during the site audit; and the administration of one dose of insulin had been undertaken late, as the previous dose had been missed.

In relation to missed medications brought forward in support of non-compliance with Requirement 7(3)(a), I accept only staff who are credentialled can perform this task and the service has investigated the ongoing incidents with these errors sometimes being attributed to a casual staff member. I acknowledge the incidents have been discussed as clinical quality and meetings and remedial and potential performance management actions have been flagged, however I consider these will take time to implement and improve the safe administration of medication to consumers.

The provider acknowledged the gaps in monitoring documentation and confirmed this had been identified by the service in the month proceeding the site audit, with education on the process to be implemented given to staff, however this action was ineffective as documentation evidenced staff were still failing to record the consumers blood glucose levels. I acknowledge incident data supports no consumers were adversely impacted.

I also acknowledge the additional corrective actions initiated by the service and note these have seen an improvement, however I consider at the time of the site audit, the service was not able to demonstrate how high prevalence risks to consumers, including diabetes and medication, were managed effectively.

Therefore, I find Requirement 3(3)(b) is non-compliant.

I am satisfied the remaining 5 Requirements of Standard 3 are compliant as:

Care planning documentation included advance care planning and recorded the needs, goals, and preferences for consumer’s end of life care. Consumers and representatives expressed confidence when the consumer requires end of life care the service will support them to be as comfortable as possible. Policies and procedures on implementing the care plan for the dying person, palliative care and end of life care planning provided guidance to staff.

Representatives said the service recognised and managed any changes in cognitive or physical function of consumers well. Care planning documentation reflected the identification of and response to deterioration or changes in condition. Staff described how consumer’s changed care needs were discussed within the care team and a multidisciplinary clinical review was undertaken.

Consumers said staff knew them, and they did not need to repeat their preferences to multiple staff members. The service uses an electronic documentation system and a handover process between shifts to ensure current consumer information was shared. The handover process was observed with each consumer discussed, and exceptions reported between staff.

Care planning documentation demonstrated how input from others, such as dietician, speech pathologist, geriatrician and physiotherapist, was sought and their recommendations were generally incorporated into care plans. Consumers and representatives advised they had access to medical officers and other relevant health professionals when required. The service has a documented procedure including guidance for staff on working collaboratively with others to support consumer access to other organisations, services or individuals through the referral process.

The service had documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Training records documented education was provided to staff on infection control practices and PPE competencies completed. Staff were observed practicing regular hand washing, using sanitiser and face masks correctly.

# 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 stated the services and supports for daily living offered met their needs, goals and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities which supported their independence, well-being and quality of life. Care planning documentation captured the consumers’ life story and identified consumers’ choices, lifestyle likes and dislikes, social affiliations, spiritual and religious needs, and provided information about supports consumers require to do the things they wanted to do.

Consumers said services and supports for daily living which promoted their emotional and spiritual well-being were provided. Staff gave examples of services and supports which promoted consumers emotional, spiritual and psychological well-being such as spending one-on-one time with consumers who didn’t wish to participate in group activities and the facilitation of contact between consumers and family members. Care planning documentation outlined consumers’ emotional and spiritual needs with strategies in place to support and promote those needs being met.

Consumers said they were supported to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Completed activity evaluation forms contained a description of the activity, analysis and comments on what aspects the consumers were engaged in and enjoyed.

Consumers said staff knew them, and they did not have to repeat their preferences to multiple staff members. The service had an electronic documentation system and a handover process between shifts to ensure consumer information was shared where appropriate. Staff detailed the process for communicating internally at the service and externally to others where responsibility for care was shared. A communication book is used to inform lifestyle staff of changes in consumer support needs.

Timely and appropriate referrals to individuals, other organisations and providers of including volunteers and specialist dementia services was evidenced by consumers documentation. Staff described how consumers were referred to other providers of care and services and gave examples. Consumers said the service offers to refer them to external providers to support their care and service needs.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff described how consumer feedback was sought about the menu, how extra food was always available and if consumers did not like the foods offered attempts were made to provide their favourite foods. Daily menu order forms were completed by consumers, and the individual dietary needs profile and spreadsheet detailing consumers diets, allergies, likes and dislikes was recently updated.

Consumers and representatives said consumers felt safe using the provided equipment and it was clean, well-maintained and suitable for their needs. Staff demonstrated awareness of how to report any maintenance issues. Maintenance documentation demonstrated some aspects of preventative and reactive maintenance had been attended, however deficiencies in the management of some equipment at the service was identified.

# Standard 5

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| Organisation’s service environment | | Non-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. | Non-Compliant |

## Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service non-compliant this requirement.

* Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The site audit report brought forward evidence of outdoor furniture being unclean, not maintained and equipment such as battery chargers, slings and hoists were recommended for decommissioning or repair following inspection by an external contractor. Additionally, staff and documentation were unable evidence the decommissioning recommendations had been undertaken and the broken equipment removed from use.

In relation to outdoor furniture, I note the Site Audit report confirmed this was remedied during the site audit.

The Provider responded and acknowledged the deficiencies in maintenance responsibilities were ill defined due to a recent change in procedure and confirmed there was a lack of structure in the monitoring processes.

I acknowledge the corrective actions included in the providers response however, while some actions have been completed, others will take time to implement and demonstrate their effectiveness, therefore at the time of the audit, the service was not able to demonstrate furniture, fittings and equipment were safe, clean and well maintained

Therefore, I find Requirement 5(3)(c) is non-compliant.

I am satisfied the remaining 2 Requirements of Standard 5 are compliant as:

Consumers and representatives provided feedback stating the environment was welcoming, easy to understand and optimised the consumer’s sense of belonging, independence, interaction, and function. The internal and external service environment were observed to be welcoming, with consumer rooms personalised, and internal lounge areas were warm, open and being used by a large number of consumers.

Consumers and representatives stated the environment was safe, clean, well maintained, and comfortable. The internal and external service environment were observed to be accessible for consumers who wished to move freely both indoors and outdoors and cleaning staff were observed attending consumer rooms and communal areas. Staff described the process for reporting maintenance issues and said these were addressed promptly.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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

Consumers felt encouraged and supported to provide feedback and make complaints but explained they rarely needed to complain about anything at the service. Staff were able to describe how they supported consumers to provide feedback and complaints to the service. Policies and procedures guide staff practice in relation to the handling of feedback and complaints.

Consumers and representatives advised they had information accessible to them in relation to advocates, language services and other methods for raising and resolving complaints. Staff detailed the processes to support consumers access advocates and language services. Posters and information were displayed throughout the service advising how consumers could access advocates and language services as well as other methods for raising and resolving complaints.

The service had documented actions taken in response to complaints and the staff were able to describe an open disclosure process. The service’s open disclosure policy identifies how it was used in relation to adverse events which impact consumers. Consumers and representatives said if they raised feedback or a complaint then appropriate action would be taken.

Consumer and representatives said the service consistently sought feedback to review and improve the quality of care and services provided. Staff were able to detail ways in which consumer or representative feedback was sought to make improvements to the quality of care and services. The service had documented policies and procedures to guide staff practice in relation to feedback and complaints management and how feedback can be used to improve the services.

# Standard 7

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| Human resources | | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service compliant this requirement.

* 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.

The Site Audit Report included mixed feedback from staff, consumers and representatives on the sufficiency of staff, with staff advising staff shortages were impacting the skills mix with health care workers, who were mostly studying nursing, replacing registered staff. Management acknowledged there was a general workforce shortage, and this was exacerbated in regional areas, however confirmed strategies are used to attract, employ and retain staff.

I have considered information in relation to missed medications, under Requirement 3(3)(b) where it is more relevant.

The provider, in their written response provided clarifying information and refuted the service was operating with less than the allocated staffing profile. Additionally, the service had reduced bed numbers by 2, to ensure they were able to provide safe and effective care to consumes.

It was confirmed, minimal numbers of healthcare workers were used as a last resort to cover unplanned leave, however, evidence supports the skill mix was not impacted as they were not utilised to cover registered shifts as permanent clinical staff who work at the service, provided support to the service in these instances.

While 4 representatives, gave feedback of staff being difficult to find at times, they often have lunch together and they are busy which can lead to delays being experienced by consumers, there were no examples provided which supported consumers were negatively impacted with positive feedback given in relation to the care provided to consumers.

Overall, I acknowledge the information included in the providers response and considered how the service acted to mitigate staffing levels, I find, at the time of the site audit, the service was able to demonstrate the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services, despite finding some non-compliance with clinical care requirements.

Therefore, I find Requirement 7(3)(a) is compliant.

I am satisfied the remaining 4 Requirements of Standard 7 are compliant as:

Consumers and representatives detailed how the workforce were kind, caring and respectful in their interactions towards them. The Observations showed the workforce interactions were consistently kind, caring and respectful. The service had policies which detailed consumer respect, choice, and diversity as well as expected behaviours of staff during their employment at the service.

Consumers and representatives said staff performed their duties effectively, and they were confident staff were trained appropriately and were sufficiently skilled to meet their care needs. Staff were confident they had the qualifications and knowledge to perform their roles effectively The service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions.

Consumers, representatives, and staff said they did not think there were any areas where staff require more training. Members of the service’s workforce were trained, equipped, and supported to deliver care and services which met consumer’s needs and preferences and the Quality Standards. Documentation evidence staff training requirements on an ongoing basis to ensure they had the knowledge to deliver the outcomes required by these standards.

The service provided evidence of how it regularly undertook regular assessment, monitoring and review of the performance each member of the workforce. Information was provided demonstrating how consumer feedback was taken into consideration when completing reviews of each member of the workforce. Staff described the process for performance review and most staff detailed they had these undertaken within the last twelve months. The service advised due to challenges with unplanned leave they were behind on some planned performance reviews, however, had a plan to ensure these were attended to in the near future.

# Standard 8

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| Organisational governance | | Compliant |
| 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

Consumers and representatives felt they partnered with the organisation in the development, delivery and evaluation of care and services provided to them. Staff explained ways in which they supported consumers and representatives to engage in the development, delivery and evaluation of care and services. The service had a consumer engagement framework which guided staff practice in relation to consumer and representative consultation and engagement with areas of development at the service including the recent plans to incorporate an edible garden program based on consumer and representative feedback.

Consumers and representatives expressed how the service was safe, inclusive and provided quality care and services. The organisation had a strategic plan and monitors this through reporting mechanisms and board level and executive level committees. Management described how the Board communicated changes to legislation or amendments to policy and procedures through meetings, emails, consumer newsletters and training opportunities.

Documentation was observed and staff interviews confirmed effective organisation wide governance systems were in place, in relation to areas including but not limited to, continuous improvement, workforce governance, regulatory compliance and feedback and complaint. For example, Opportunities for continuous improvement were identified through a range of sources including complaints, improvement suggestions, feedback from staff and consumers, incident reports, audit reports, advice from external organisations and recommendations from the governing body.

The service had a risk management system implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Risks were reported, escalated, and reviewed by management at the service level and the organisation’s executive management including the Board. Feedback was communicated through service and organisation meetings leading to improvements to care and services for consumers. The service had a documented dignity of risk policy framework which supported consumers to take risks and guided staff practice. Dignity of risk authorisation forms were completed by consumers or representatives who were satisfied with choosing another approach to their care needs which may have otherwise been advised by health professionals.

The organisation’s clinical governance framework had been implemented at the service and management and staff applied the principles of the framework when providing clinical care. Staff described processes in relation to the clinical governance framework such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. The Assessment Team observed documentation such as committee meeting minutes which discussed these key areas and strategies for implementing this framework.

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