**Jeta Gardens Aged Care Facility**

**Performance Report**

27 Clarendon Avenue
BETHANIA QLD 4205
Phone number: 07 3200 6888

**Commission ID:** 5554

**Provider name:** Jeta Gardens Aged Care (Qld) Pty Ltd

**Site Audit date:** 11 April 2022 to 14 April 2022

**Date of Performance Report:** 21 May 2022

**Performance report prepared by**

Dean Saunders, delegate of the Aged Care Quality and Safety Commissioner.

**Publication of report**

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

**Overall assessment of this Service**

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

**Detailed assessment**

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Site Audit report received 13 May 2022.

**Preamble**

The service in its response drew attention to the following timelines and asked that some understanding or consideration be given in respect of them. The service asks that the consideration be given both globally and in respect of specific requirement assessments. The service was not in compliance with some requirements under the Aged Care Quality Standards at the time of the site audit. The service was in correspondence with the Commission in respect of this and working towards compliance with expected back to compliance dates beyond the dates of the site audit. The service makes the submission that the site audit may have, in the context of near completed return to compliance actions, had greater utility had it been conducted after the compliance completion dates. Notwithstanding that submission the assessment of compliance for the purposes of this site audit must, at law, be at the time of preparation of this performance report, namely 21 May 2022.

**STANDARD 1 COMPLIANT
Consumer dignity and choice**

**Consumer outcome:**

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

**Organisation statement:**

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

**Assessment of Standard 1**

In undertaking the site assessment, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers/representatives said staff are respectful towards them, and their individual identity, culture and diversity is recognised and valued. Consumers are encouraged and supported to maintain their independence by continuing to do things for themselves. Consumers felt culturally safe.

Consumers described the ways their social connections are supported, both inside and outside of the service, and said they are satisfied care and services are undertaken in a way that affords them dignity and respects their personal privacy.

Consumers said the service supports them to exercise choice, including taking risks to enable them to live the life they choose.

Feedback from staff interviews demonstrated that staff know what is important to the sampled consumers and could describe how they ensure that consumers’ preferences are known and respected.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner, and consumers’ privacy was observed to be respected throughout the Site audit.

Information provided to consumers was current, accurate and timely.

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

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

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

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

*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.*

**Requirement 1(3)(d) Compliant**

*Each consumer is supported to take risks to enable them to live the best life they can.*

**Requirement 1(3)(e) Compliant**

*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.*

**Requirement 1(3)(f) Compliant**

*Each consumer’s privacy is respected, and personal information is kept confidential.*

******STANDARD 2** **COMPLIANT
Ongoing assessment and planning with consumers**

**Consumer outcome:**

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

**Organisation statement:**

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

**Assessment of Standard 2**

The Assessment Team sampled the experience of consumers, reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers/representatives interviewed confirmed they are involved in the assessment and ongoing planning of their care and services. They have access to their care and services plan if they wish, are informed of outcomes of the assessment and planning and are involved in the development of their care plans.

Consumers/representatives confirmed input from others who contribute to their care is sought by the service. This can include their medical officer, family members and allied health professionals.

Consumers/representatives said staff understand their end of life wishes and review of documentation confirmed wishes are mostly documented.

Care and service plans are generally reviewed for effectiveness, and when circumstances change, or incidents occur.

The service has systems in place which generally supports planned care and services that meet each consumer’s needs, goals and preferences and informs delivery of care. Care and service plans for consumers sampled showed integrated and coordinated assessment and planning involving other organisations, individuals and providers of care and services, including medical officers, allied health professional and specialists.

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

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

*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 Assessment Team reviewed 19 consumer files which mostly demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including any identified risks.

For the consumers sampled, assessments are completed on entry to the service and care and service plans are to be reviewed 3-monthly or more frequently as consumer needs change.

Generally, care and service plans are individualised and contain information about risks identified in relation to each consumers’ health and wellbeing. Examples were provided of this.

Registered staff interviewed demonstrated they are aware of assessment and care planning processes which identify risks to the consumer’s safety, health and well-being. Interviews with 3 Registered Nurse Team Leaders (RNTL) evidenced initial assessments take 30 days to complete and an interim care plan is established on day one to guide staff practice. Comprehensive care plans are subsequently developed which are informed by assessments completed during this time. Staff could describe how they use assessment, planning and handover information in the electronic care management system to inform the delivery of safe and effective care. Registered staff described the process to review identified consumer risks and incidents, initiate referrals and ensure all those involved in the consumer’s care are consulted.

Despite this, the Assessment Team formed a view that the requirement was not met and did so for three reasons.

The first reason was that clinical incident data from January 2022 to March 2022 (in relation to falls, weight loss, wounds and skin injury) was not analysed and therefore the results of the analysis were not used to inform assessment and planning for the purposes of this requirement. The risks to consumer health and wellbeing contemplated for the purpose of this requirement are known risks specifically relevant to a particular consumer. They are not thematic or broad risks, otherwise identified, and then extrapolated or deemed to be relevant to consumers considered under this part. I therefore do not consider the lack of inclusion of risks identified through the analysis of clinical data as relevant to a finding under this requirement. The lack of thematic analysis is however relevant to Standard 8 and is considered there.

The second reason was that risk assessments for 13 consumers requiring the application of bed rails had not been completed. The Assessment Team identified, and management confirmed, there are 13 consumers who have bed rails in place for safety. However, risk assessments had not been completed including restrictive practice documentation in line with legislative requirements. Whilst not completing a risk assessment in the context described may represent a legislative breach, it is not relevant to the current requirement. Risk to the consumer’s health, if any, arising from the legislative breach has not been identified in the site audit report. A legislative breach of the type identified by the Assessment Team does not necessarily represent a risk of the type contemplated by the wording of the current requirement.

The third reason was similar to the second in that chemical restraint was used for 19 consumers however all, but one did not have necessarily authorisations completed. I do not consider this is relevant to an assessment under this requirement for the reasons identified above.

The service has provided a response to the site audit report. In light of my reasoning above I have not considered the report to the extent that it rebuts the assessment team finding.

I find the requirement is compliant.

**Requirement 2(3)(b) Compliant**

*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.*

**Requirement 2(3)(c) Compliant**

*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.*

**Requirement 2(3)(d) Compliant**

*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.*

**Requirement 2(3)(e) Compliant**

*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.*

**STANDARD 3 COMPLIANT
Personal care and clinical care**

**Consumer outcome:**

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

**Organisation statement:**

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

**Assessment of Standard 3**

The Assessment Team sampled the experience of consumers, care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers consider they receive personal care and clinical care that is safe and right for them.

Consumers/representatives advised the consumer gets the care they need and that they feel safe. Consumers/representatives gave examples of how staff provide care that is right for them and tailored to their individual needs and preferences.

Staff could describe how they ensure information is shared within the service and with others outside of the service in delivering care and services to consumers.

Care plans reviewed demonstrated the involvement of others in the delivery of care for consumers sampled.

The service has a documented infection control process, including an outbreak management plan, education and training for staff and the appointment of infection prevention control leads at the service.

Consumers/representatives sampled confirmed they have had conversations with the service as to their end of life care preferences, including dignity and comfort.

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

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) 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.*

The Assessment Team reviewed 19 consumer files (including assessments, care and service plans, progress notes, treatment regimes, medication charts, monitoring records, charts and relevant correspondence and communications) which generally reflects individualised consumer care that is safe and effective. The details of a review of the charts of three named consumers was included in the site audit report. Care documentation and progress notes include referrals and recommendations from specialist services and demonstrate directives are being implemented and followed.

Consumers/representatives sampled said they are receiving care that is safe and right for them and meets their individual needs and preferences.

Assessment team interviews with staff demonstrated strong knowledge of systems and processes, disclosed that access to other services such as allied health was available to support consumers, and showed that staff had knowledge what cares were required for particular consumers.

The site audit report discloses that the organisation has clinical management regimes, guidelines and flowcharts for key areas of care including but not limited to, management of cytotoxic medication, skin integrity and pain management to guide best practice. Staff have access to this information via the organisation’s electronic care management system and various files on the service’s intranet system.

A range of matters relating to previously identified non-compliance were found to be rectified.

In relation to restrictive practice the site audit team found a high level of legislative non-compliance in terms of authorisations and consents not having been completed: of 40 consumers who require restrictive practice, 32 had incomplete authorisations. It was not however demonstrated that the legislative non-compliance led to any compromised care. Legislative non-compliance is not relevant to the current requirement (unless it detracts from safe and effective care) but will be further considered under standard 8.

Two examples (named consumers) were identified by the site audit team where the recommendations of specialists or specialist support services were not reflected in care documentation, and in one of these cases was not known to relevant care staff. I accept the latter case is relevant to this requirement and whilst not specifically identified by the site audit team, I accept that the recommendations not having been passed on and not being known by care staff represents care that is not tailored to the consumer’s needs as required under this part. Both matters were addressed by the service as explained and evidenced in its response to the site audit report.

The service has provided a response to the site audit report. In light of my reasoning above I have not considered the report to the extent that it rebuts the assessment team finding apart from the relying on the evidence supplied in relation to the two named consumers. As stated above I accepted the evidence of the service as it relates to the named consumers.

Compliance for the purposes of a performance report is compliance as at the time the report is prepared. The only matter identified above that detracts from the service’s compliance has since been remedied and I acknowledge also that all other evidence was strongly supportive of compliance.

Consequently, I find the requirement is compliant.

**Requirement 3(3)(b) Compliant**

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

The site audit team reviewed the clinical documentation of a number of named consumers. For the consumers sampled, care documentation described the key risks to those consumers. This include falls, behaviours, pain, wound, specialised care and swallowing. Care documentation identified strategies to manage key risks for those consumers sampled.

Direct consumer feedback was universally positive in terms of what care was received and how it kept consumers safe from harm and in receipt of personal and clinical care that they need.

Management, when interviewed, could describe the high impact and high prevalence risks for consumers at the service and the current reporting process to the Commission regarding high impact high prevalence risks for consumers. Interviewed staff provided information consistent with care documentation and described strategies used to minimise risks for the consumers. Care staff were aware of how to report and document consumer incidents, and the registered staff described how incidents are reviewed, and how outcomes of any actions that required follow up are initiated.

A range of matters relating to previously identified non-compliance were found to be rectified by the site audit team. Some matters still outstanding, in my view, are more relevant to standard 8 and are addressed there. In all cases the matters outstanding were not linked to the lack of effective management of the care of any consumer.

The service has provided a response to the site audit report. In light of my reasoning above I have not considered the report to the extent that it rebuts the assessment team finding.

I find the requirement compliant.

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Compliant**

*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.*

**Requirement 3(3)(e) Compliant**

*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.*

**Requirement 3(3)(f) Compliant**

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

**Requirement 3(3)(g) Compliant**

*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.*

**STANDARD 4 COMPLIANT
Services and supports for daily living**

**Consumer outcome:**

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

**Organisation statement:**

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

**Assessment of Standard 4**

The Assessment Team sampled the experience of consumers, observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers/representatives interviewed confirmed consumers are supported by the service to undertake lifestyle activities of interest to them and are encouraged to participate in the community.

Consumers/representatives interviewed said the service could effectively communicate their needs and preferences within the service and with others and make timely referrals to individuals and other organisations.

Consumers/representatives sampled said the service’s lifestyle, care and pastoral care staff provided emotional, spiritual and psychological support when required.

Consumers/representatives interviewed advised they enjoy the variety of food offered and it is of suitable quality and quantity.

Consumers/representatives said equipment is safe, suitable and well maintained.

Consumers were observed to be engaged in a variety of group and individual activities during the Site audit.

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

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*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.*

**Requirement 4(3)(b) Compliant**

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

**Requirement 4(3)(c) Compliant**

*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.*

**Requirement 4(3)(d) Compliant**

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 4(3)(e) Compliant**

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

**Requirement 4(3)(f) Compliant**

*Where meals are provided, they are varied and of suitable quality and quantity.*

**Requirement 4(3)(g) Compliant**

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

**STANDARD 5 COMPLIANT
Organisation’s service environment**

**Consumer outcome:**

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

**Organisation statement:**

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

**Assessment of Standard 5**

At audit the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers/representatives said the service environment is welcoming and easy to understand, and contributes to a sense of safety, belonging, independence, interaction and function.

Consumers/representatives said they can move freely both indoors and outdoors and the service environment was clean and well maintained.

Consumers have access to a call bell to alert staff if they need assistance and felt the furniture, fittings and equipment are safe, clean and well maintained.

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

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

**Requirement 5(3)(b) Compliant**

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

**Requirement 5(3)(c) Compliant**

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

**STANDARD 6 COMPLIANT
Feedback and complaints**

**Consumer outcome:**

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

**Organisation statement:**

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

**Assessment of Standard 6**

The Assessment Team sampled the experience of consumers, asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Most sampled consumers considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken to address complaints.

Interviews with consumers demonstrated they feel safe and supported to make complaints and provide feedback and suggestions, either through the use of feedback forms, through direct communication with staff, or with the support of a representative or advocacy service.

Consumers/representatives were able to explain the internal and external feedback and complaints mechanisms available to them.

Consumers/representatives who have recently made a complaint or provided feedback said management acknowledged the issue and involved the consumer/representative in the resolution process to achieve an outcome which satisfied the consumer/representative.

Consumers/representatives said they are confident that any feedback or suggestions made are implemented by the service as far as reasonably practicable.

The service was able to demonstrate feedback and complaints are used to improve care and services and an open disclosure process is applied to address and resolve complaints.

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

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

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

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Compliant**

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

**Requirement 6(3)(d) Compliant**

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

**STANDARD 7 NON-COMPLIANT
Human resources**

**Consumer outcome:**

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

**Organisation statement:**

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

**Assessment of Standard 7**

The Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance registers.

Overall consumers/representatives interviewed considered that consumers get quality care and services when they need them from staff who are knowledgeable, capable and caring.

Consumers/representatives interviewed confirmed staff are kind, caring and treat them well.

Consumers/representatives interviewed said staffing numbers were generally adequate and staff were available to attend to consumers’ needs.

Consumers/representatives confirmed staff know what they are doing and are confident staff are adequately trained and competent in their roles.

The service has implemented a new organisational structure and staff provided positive feedback regarding the new structure and improvements made by management in addressing staff shortages and improving communication with staff. Most staff interviewed considered there were enough staff at the service and they were allocated enough time to complete their assigned tasks.

Members of the workforce have the qualifications and knowledge to effectively perform their roles.

The service was also unable to demonstrate staff training has been provided or has been effective in relation to restrictive practices, serious incident reporting and the Aged Care Quality Standards. The service has not ensured systems and processes in place to track, monitor and ensure the delivery of orientation for new staff, including agency staff.

Staff performance appraisals are overdue, and the service was unable to provide a performance appraisal register for staff or schedule for completing staff performance appraisals.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) 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.*

**Requirement 7(3)(b) Compliant**

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

**Requirement 7(3)(c) Compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

To assess this requirement the site audit team did undertook two lines of enquiry: talking to consumers and representatives about their experience and interactions with staff and the care they receive and, secondly, it examined a number of systems and processes in relation to staff training, orientation and skills assessments.

In relation to the first, sampled consumers/representatives said the service has qualified staff with the knowledge and skills to provide safe and quality care and services that meets consumers’ needs and preferences. No adverse examples were evidenced by the Assessment Team. I do note that some deficits in staff knowledge are (soundly) evidenced under requirement 7(3)(d). As it has not been demonstrated presently that those deficits have affected staff capacity to effectively perform their roles I have restricted my consideration of those matters to requirement 7(3)(d).

In relation to the second, the Assessment Team identified a range of deficits which were outlined in detail in the site audit report. Those matters correctly identified system deficiencies in relation to onboarding and training which are more relevant to requirement 7(3)(d): that requirement specifically encompasses recruitment and training.

The Assessment Team identified an example of a staff member having deficient knowledge in relation to the requirements of the serious injury reporting scheme.

The service response to the site audit report was principally responsive to the system deficiencies identified by the site audit team and will be considered under requirement 7(3)(d) for the reasons identified above.

In light of the universal reporting of consumer confidence in staff interactions throughout Standard 3 and 4, and in the current requirement, and in the further context of a single adverse example, I find this requirement compliant.

**Requirement 7(3)(d) Non-compliant**

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

The site audit report concludes that the service was unable to demonstrate staff training has been provided or has been effective in relation to restrictive practices, serious incident reporting and the Aged Care Quality Standards. The service has not ensured systems and processes in place to track, monitor and ensure the delivery of orientation for new staff, including agency staff.

In support of this finding the Assessment Team spoke to consumers, staff, management and undertook a review of documents.

Most consumers expressed satisfaction in the capabilities of staff and considered they were well trained and equipped to perform their roles. Two named consumers identified areas that, in their opinion, staff would benefit from further training.

Management advised that there are policies and procedures to guide management in the recruitment of staff. The service has a comprehensive training program that includes numerous mandatory training modules for all staff, some of which are required to be completed annually. Some mandatory training is delivered in-person at induction and further training provided via the service’s online training system which can be accessed remotely. Staff interviewed confirmed they have access to online training and have received buddy shifts on commencement in their roles.

Most sampled staff were unable to correctly describe restrictive practices and could not recall having received training in this area. Some staff identified a need for further training in this area.

Most sampled staff, whilst having received training in the area, were unable to correctly recall what types of incidents were reportable under the serious injury reporting scheme.

Most sampled care and registered staff were unable to recall information about the Aged Care Quality Standards.

At audit management acknowledged the above deficits and undertook to implement remedial actions.

Review of the service’s staff training, and education records does not evidence orientation/induction training and competency assessments have been regularly undertaken and identifies there are no systems and processes in place to ensure attendance records are correctly filed, stored and kept up to date.

The service in its response to the site audit report raises two main issues. The first is that addressed in the preamble of this report.

The service also outlines considerable remedial actions underway to address the matters identified above. The service variously (depending on the specific issue) identifies that, in its view, matters have been or will be rectified in the near future. The procedures and managerial actions to be implemented/undertaken are comprehensive and supported by policies and other documentation.

Given the breadth of the deficiencies identified, the scope of work being undertaken and/or recently completed and the service’s acknowledgment that it is, generally, working towards compliance timeframes beyond the current point in time, I find that this requirement is non-compliant.

**Requirement 7(3)(e) Non-compliant**

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

The site audit report discloses that this requirement was assessed by talking to staff, management and reviewing relevant documentation.

Discussions with staff disclosed that they could not recall having a performance appraisal recently, probationary reviews had not been completed for staff who had started within the last year, and they, generally, could not recall discussions with their supervisor regarding their performance and feedback on areas for improvement and further training.

Management outlined that performance assessments were intended to occur at the end of probation and annually thereafter. There was a further intention that staff performance is monitored through observations, performance appraisals, analysis of clinical data and audits, and consumer/representative feedback. Any issues in performance, identified through these monitoring mechanisms, are to be addressed immediately and trigger a performance review for relevant staff. Management confirmed however that appraisals were presently overdue and could not evidence that the intended processes were as yet operational.

Documentation supporting that performance appraisals were undertaken was provided however this was limited to department heads and corporate staff.

The service in its response to the site audit report outlines that a newly established human resource manager is undertaking overall restructure of governance and provided a number of documents relating to that work. The service also expressed disappointment that the Assessment Team did not have regard to the expected outcomes of the works in progress, instead restricting themselves to an assessment of how matters stood at the time of the site audit. The Assessment Team was correct to do so: the assessment to be undertaken is one that which is supported by evidence at the time of assessment and not one that anticipates or speculates upon, either optimistically or pessimistically, what may exist at a future time.

The available evidence above does not support a finding that regular assessment, monitoring and review of the performance of each member of the workforce has been undertaken at the time of the assessment, or that it has been remedied since.

I therefore find this requirement is non-compliant.

**STANDARD 8 NON-COMPLIANT
Organisational governance**

**Consumer outcome:**

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

**Organisation statement:**

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

**Assessment of Standard 8**

The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Sampled consumers/representatives considered the organisation is well run and consumers can contribute towards improving the delivery of care and services. The Assessment Team reviewed consumer meeting minutes that demonstrate service management attend meetings, discuss all aspects of service delivery with consumers and actively seek feedback and suggestions.

Interviews with management and review of documentation identified the organisation’s governing body promotes a safe and inclusive culture at the service and is accountable for the delivery of safe and quality care and services.

However, the service was unable to demonstrate effective organisation wide governance systems related to continuous improvement, workforce governance and regulatory compliance.

Effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and managing and preventing incidents are still developing.

A new clinical governance framework has recently been introduced and at the time of writing of the performance report is not considered fully operational.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

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

**Requirement 8(3)(b) Compliant**

*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) Non-compliant**

*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.*

The site audit report found that the service was compliant in terms of its information management, financial governance and feedback and complaints functions. I accept those findings.

**Continuous improvement**

The site audit report discloses two key findings in respect of continuous improvement.

First, the service’s plan for continuous improvement is currently on hold and not being updated to capture improvement actions identified from various sources. There are currently no consolidated record reflecting improvement actions as a result of verbal and written feedback and complaints from consumers/representatives and staff; surveys; clinical audits; clinical trends and incidents.

Second, the service is not currently analysing trends in clinical data to inform improvements. The site audit report outlines this in detailed form.

The service in its response to the site audit report acknowledges open and unmet issues but highlights comprehensive remedial action underway (but not yet completed).

**Workforce governance**

The site audit report concluded that the service was unable to demonstrate effective workforce governance in relation to staff orientation; mandatory staff training and skills assessments; police check renewals and performance appraisals and relied upon its findings in respect of requirements (7)(3)(c), (7)(3)(d) and (7)(3)(e).

The service in its response to the site audit report outlined its ongoing and underway remedial actions aimed at soon returning the service to compliance.

The available evidence does not support that governance in this area is currently sound notwithstanding my positive finding in requirement 7(3)(c).

**Regulatory compliance**

The Assessment Team raises an issue of purported regulatory non-compliance in terms of the service’s management of the site audit itself. The site audit report identifies two key issues. First it states that the service did not circulate a poster advising of the site audit. The service in its response states that it did circulate the poster but not the specific poster supplied, instead using one from a previous visit. I find that nothing turns on this issue. The second matter is that consumers were not, as required, advised of their right to request an interview with the site audit team. The service response does not address that issue. The matter is correctly identified as a regulatory compliance issue.

The site audit report identified 32 of 40 consumers who did not have restraint authorisations in accordance with legislative requirements and a number of consumers subject to a restrictive practice who did not have behaviour support plans in accordance with legislative compliance.

The service in its response acknowledged the deficits and explained that the return to compliance was tracking in accordance with other compliance timeframes.

In summary the above three areas have identified areas of still maturing governance systems that are not yet effective.

I find this requirement non-compliant.

**Requirement 8(3)(d) Non-compliant**

*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.*

The Assessment Team found the service to have policies and procedures to address managing high impact and high prevalence risks and for supporting consumers to live the best life they can. In conjunction with positive findings in requirement 3(3)(b) and Standard 4 I consider this to collectively address matters (i) and (iii) within the current requirement.

Identifying and responding to abuse and neglect of consumers and the use of an incident management system are matters contemplated by the serious incident reporting scheme (SIRS) obligations. In relation to that the Assessment Team found as follows.

Service management advised that a SIRS policy was available online. Contrary to this the service Care Manager advised a SIRS policy was not available to staff and could not advise what procedures staff are to refer to in relation to SIRS discharging obligations. Whilst on site, two instances of matters that should have, but were not, reported under SIRS were identified. Most staff interviewed were unable to identify what matters were reportable under the SIRS regime.

The service in its response explains that the systems and procedures were ready to be implemented by 19 April 2022 which is a date beyond the date the site audit finished.

The service response states that the policies and procedures are *outlined in the numerous attachments* and does not descend into detail about which of the supplied documents purport to discharge its obligations under this requirement.

The requirement under this part is for both effective systems and practices. The service explains its processes, by which it means its policies, were only recently established. It follows that the implementation of those policies has similarly only commenced and at this stage its efficacy is unmonitored and unassessed. In that context and in the absence of independent verification I am reluctant to conclude that the newly established policies have progressed to include effective practice, the requirement under this part.

I find this requirement non-compliant.

**Requirement 8(3)(e) Non-compliant**

*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.*

The site audit report concludes that the service is not yet compliant in this requirement. The service in its response to the report takes issue with much of the minutiae of the site audit findings. Despite this the following matters identified by the site audit report are agreed by the service in its response or are otherwise not contentious.

The service has been non-compliant in clinically related standards since March 2021. As a consequence of this the service has undertaken a large body of improvement work. This has involved, amongst other things, new senior management of the service, the engagement or appointment of external experts in matters clinical including clinical governance, and, to use the words of the service, *the creation of a full clinical governance framework and redevelopment of the model of care*.

Further matters not in contention are as follows. The site audit concluded on 14 April 2022. The service’s new clinical governance framework had an execution (or start) date of 11 April 2022, that is, three days prior to the completion of the site audit. The Assessment Team made the observation that whilst the framework had commenced it was not embedded in that not all staff had read and understood the relevant policies, certain advisory and governance meetings had not yet commenced, and clinical incident analysis practices had not yet commenced. The service accepted that not all staff had read the policies and procedures but that, at the time of writing its response, the figure was in excess of 70%. The service further explains that the Clinical Governance Review Team had its first formal meeting on 13 April 2022.

Whilst not incorporated in the formatting constraints of the current document, the requirements under each of the standards of the Aged Care Quality Standards are all prefaced with the words “the organisation demonstrates the following” (see schedule 2 of the *Quality of Care Principles 2014*). I read this as meaning that the onus is on the service to show that the requirement is being met, or is compliant, and that in the absence of that onus being discharged the requirement is not met.

It is clear, and agreed between the auditor and auditee, that the service’s clinical governance framework was not fully functional during the currency of the site audit. It was recently introduced and rapidly being rolled out. Given the recency of the commencement of that framework, and in the absence of any internal monitoring and assessment of its efficacy, and in the further absence of any independent verification of same, I cannot conclude that the service’s framework is fully operational in the sense that it is intended to be or that its efficacy is known.

I find this requirement non-compliant.

**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 7(3)(d)

Requirement 7(3)(e)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)