Performance

Report

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| Name: | Juniper Hillcrest |
| Commission ID: | 7129 |
| Address: | 40 Onslow Street, GERALDTON, Western Australia, 6530 |
| Activity type: | Site Audit |
| Activity date: | 16 July 2024 to 18 July 2024 |
| Performance report date: | 29 August 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4657 Juniper Hillcrest |

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 Juniper Hillcrest (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit 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 13 August 2024

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 3(3)(a)** – The service ensures personal and clinical care provided to consumers is optimal, safe and effective, in preventing and managing pressure injuries or wounds.
* **Requirement 3(3)(f)** – The service ensures when consumers require referral to other health professionals, including wound specialists, this is done in a timely manner.
* **Requirement 5(3)(b)** – The service ensures the free movement of consumers is not restricted.
* **Requirement 8(3)(e)** – The service ensures clinical governance procedures support staff to recognise, assess and manage environmental restrictive practices, changes in consumer condition and to respond appropriately when clinical incidents occur.

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives felt consumers were treated respectfully and their identity was valued. Staff spoke about consumers with respect and demonstrated an understanding of consumers’ personal circumstances, backgrounds and culture. Staff were observed treating consumers with dignity, respect and addressing them by their preferred name.

Consumers and representatives gave positive feedback on staff practices which showed consumers their culture, values and diversity was important. Staff demonstrated awareness of consumer’s culture, background and gave examples of how this influenced the way they delivered the consumer’s care. Care documentation reflected consumer’s culture, care preferences and included strategies to assist staff with providing care which was culturally safe.

Consumers and representatives said consumers could make independent decisions about their care, as well as maintain relationships with the people important to them. Staff gave examples of strategies used to promote companionship between consumers who had formed a bond and supporting consumers and representatives with their care decisions. Care documentation evidenced consumers choices and preferences were clearly recorded, as was the people important to them and who they wanted involved in their care planning.

Consumers and representatives said consumers were supported to live the best life they could, which included taking risks if they wished to do so. Staff described the ways these consumers chose to take risks, how risk was discussed with the consumer and/or representative, and how the consumer was supported to take risks. Care documentation evidenced risk assessments had been completed with strategies developed to minimise risk of harm to consumers who chose to take risks.

Consumers and representatives said the information they were provided enabled them to make choices about consumers daily lives and included meal selections, activities available, and upcoming events. Staff explained various ways consumers and representatives could exercise choice and advised information was provided to consumers verbally, in writing, via newsletters and communication cards were used when needed. Information displayed on noticeboards was observed to promote consumer choice and printed material was available in different languages.

Consumers and representatives said consumers personal privacy was respected and believed their information was kept confidential. Staff demonstrated knowledge of practices which maintained consumers’ privacy when providing care, and how to ensure the security of personal information. Staff were observed to be knocking on consumers’ rooms and having conversations regarding consumer’s care where it couldn’t be overheard.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said consumers were assessed to identify risks and strategies to minimise those risks were included in their care plan to inform staff. Staff confirmed assessment processes were guided by a checklist and assessment for risk including falls, malnutrition, weightloss and changed behaviours. for and overall provides care that addresses identified risks. Care documentation evidenced most risks to consumers health and wellbeing had been identified and responsive strategies were planned, however consumers had not been assessed to determine whether the security mechanisms installed, placed them at risk of inappropriate restrictive practice. This is further considered under Requirement 5(3)(b).

Consumers and representatives confirmed consumer’s care needs and preferences, including for advance care and end of life, had been identified during entry discussions. Care documentation reflected consumer’s current goals, care needs, their preferences and care routines in line with assessment outcomes. Policies and procedures guided staff on assessment and care planning including when to discuss consumers advance care and end of life preferences.

Consumers and representatives said they felt like partners in assessment and care planning processes as the service involves them. Care planning documentation evidenced case conferences were held 3 months post entry and annually thereafter. Staff confirmed medical officers and allied health professionals were involved in assessment, case conferences and care planning as required.

Consumers and representatives knew outcomes of assessment and reported they had been offered a copy of the consumers care plan or knew they could request to view a copy. Staff confirmed care plans were readily accessible via the electronic care management system (ECMS). Policies and procedures prompted staff to offer consumers and their representatives copies of the consumers care plan during case conferences.

Consumers and representatives said consumers care needs were reviewed in response to changes or when incidents such as infections occurred. Staff advised care plans were reviewed annually and included evaluation of effectiveness planned care strategies. Care documentation evidenced consumers were reassessed in response to falls and care strategies were updated when no longer effective. However, reassessment, review and evaluation of planned care strategies had not occurred for 2 consumers in response to the development of pressure injuries. This is further considered under Requirement 3(3)(a) and Requirement 8(3)(e).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as non-compliant, as 2 of the 7 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 13 August 2024.

In relation to Requirement 3(3)(a), the Site Audit report evidenced safe and effective wound care was not being provided to consumers. Care documentation evidenced pressure injury prevention strategies were not implemented in a timely manner, resulting in consumer’s sustaining pressure injuries. Additionally, when pressure injuries were identified, wounds were not monitored consistently and when wound deterioration was evident, this was not escalated.

For one consumer, care documentation evidenced pressure offloading equipment was recommended when they entered the service and was noted as not having been provided 10 days later, when staff recorded, the identification of a suspected deep tissue injury. While staff photographed the wound frequently, monitoring documentation evidenced staff did not record information on wound appearance or size to inform clinical oversight that the wound was deteriorating.

For another consumer, they were identified to have sustained a pressure injury on their heel, in June 2024. At the time of the Site Audit, only two entries had been recorded to evidence the wound was being monitored. The wound was noted to have had deteriorated significantly, it was necrotic, and it was observed to have increased from approximately 1.5cm in length to now covering 75% of the consumer’s heel.

Management confirmed clinical oversight of consumer wounds was not occurring. I have also considered this under Requirement 8(3)(e).

The providers response accepted the findings of the Site Audit and a plan for continuous improvement was submitted which included providing additional training to staff on assessment, management and documentation requirements for wounds and pressure injuries, implementing measures to improve clinical oversight of consumer wounds and introducing new procedures to ensure the timely provision of pressure relieving devices.

While documentation submitted supports some improvement actions have been commenced, I consider it will take time for these practices to demonstrate their effectiveness and sustainability.

Based on the evidence before me, I am satisfied Requirement 3(3)(a) is non-compliant.

In relation to Requirement 3(3)(f), the Site Audit report evidenced consumers were not referred to appropriate external services in a timely manner, including for 2 consumers who had deteriorating pressure injuries.

For the 2 consumers, care documentation evidenced wounds had deteriorated significantly, they had increased in size and signs of infection were noted, however, staff had not initiated referrals to wound consultants or allied health professionals to ensure the consumer was reviewed in relation to their wound management needs.

Policies and procedures required staff to action referrals to medical officers, wound or other specialists if evidence of infection, necrosis or a deep wound was identified. Staff confirmed referrals for neither consumer had been progressed to wound specialists, despite wound photographs supporting their wounds were deep and necrotic tissue was present.

The providers response accepted the findings of the Site Audit and a plan for continuous improvement was submitted which included adjusting wound referral procedures to include more direct guidance on timeframes at which referral to wound specialists were to be undertaken. Additionally, procedures for clinical review and documenting of wound referral processes have been increased to improve clinical oversight procedures.

I acknowledge the provider’s advice confirmed referrals to wound specialists had been completed for these consumers, however I consider it will take time for the effectiveness and sustainability of improvement actions to be demonstrated.

Based on the evidence before me, I am satisfied Requirement 3(3)(f) non-compliant.

In relation to the remaining 5 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives reported consumer’s potential high impact risks were managed well as care was delivered in accordance with strategies planned, resulting in less falls being experienced. Staff identified falls and weightloss were the high prevalence risks and they were worked together and with allied health professionals to ensure these were managed effectively. Policies and procedures guided staff on falls prevention, post fall management and practices to monitor for weightloss. Care documentation evidenced most high impact risks were being managed effectively, however, wounds were not, which has been considered under Requirement 3(3)(a).

Care planning documentation for a consumer who has recently passed way, evidenced their care was delivered in line with their end of life preferences and the consumer was kept comfortable. Consumer’s representatives gave positive feedback on the emotional, spiritual and end of life support provided to them and the consumer. Policies and procedures guided staff on the provision of end of life care.

Consumers and representatives said staff were quick to recognise changes in consumer’s conditions or when they were unwell. Staff were knowledgeable of signs or symptoms which may indicate deterioration and what actions were required of them to ensure a timely response. Care documentation evidenced when consumers were ill, staff promptly escalated their concerns which ensured the consumer was monitored and reviewed as required.

Consumers and representatives reported communication between staff was effective as staff were well-informed of the consumer’s needs and preferences. Staff said information was transferred between themselves, through handover processes and updates on consumers condition or needs was documented in ECMS. Staff were observed to conduct handover between shifts where changes on consumer needs and any follow up actions required were discussed.

Staff demonstrated knowledge of infection prevention and control strategies and confirmed pathological testing was undertaken to confirm presence of infection prior to commencement of antibiotics. Staff were observed practising hand hygiene and personal protection equipment was readily accessible when required. Policies and procedures guided staff on antimicrobial stewardship practices and an outbreak management plan outlined staff roles and responsibilities when an infectious outbreak was declared.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said the services and supports provided to them met their needs, preferences, encouraged their independence and promoted quality of life. Staff demonstrated knowledge of consumer’s preferred daily living activities and gave examples of how consumers were assisted to participate in art, gardening, cooking and entertainment activities. Consumers were observed engaging in a range of daily living activities which catered to the various needs and capabilities of consumers.

Consumers felt their emotional, spiritual, and psychological wellbeing was supported. Staff described various ways they supported consumers well-being through personalised strategies, individual activities and one-to-one interactions. Care documentation contained information on consumer’s cultural and religious needs, spiritual beliefs, and their preferences for emotional support.

Consumers gave examples of how staff support them to foster their social and personal relationships including by supporting them with transport to attend activities of interest held within the external community. Staff demonstrated knowledge of social relationships between consumers and those who needed assistance to stay connected with family or friends. The activities program included a variety of activities based on consumers identified interests and promoted access to the community through bus outings and intergenerational school visits.

Consumers and representatives felt staff were well informed as they knew about consumers daily living needs and preferences. Staff described how they accessed information to ensure they were up to date with changes to consumers’ condition, needs and preferences. Care documentation was observed to be readily accessible, with changes to daily living needs and upcoming appointments handed over between staff.

Consumers said when they required additional support or services, they were referred to the appropriate service providers. Staff described referral processes and confirmed access to a range of external services, including volunteers and pastoral supports. Care documentation evidenced when consumers were identified as requiring additional emotional support, staff referred them promptly.

Consumers and representatives gave positive feedback on consumers mealtime experience, the quality of meals and the quantities of food provided. Staff stated the menu rotates weekly and seasonally to ensure variety and consumers had input into the development of the menu, including consumer choice days. Meals were observed to be cooked fresh onsite, various equipment was used to ensure meals were maintained at the right temperature and staff were available at mealtimes to assist consumers, who needed it.

Consumers and representatives said equipment, such as their mobility aid, was regularly checked to ensure it was clean, in good condition and safe for consumer use. Staff described procedures and processes used to assess equipment for consumer suitability and to report equipment which needed replacement or repair. Equipment was observed to be clean, with documentation confirming it was routinely inspected and serviced.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as non-compliant, as one of the 3 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 13 August 2024.

In relation to Requirement 5(3)(b), the Site Audit report did not raise any concerns with the cleanliness, comfort or maintenance of the service environment. However, it was evidenced potential risks to consumer safety, as doors which were supposed to prevent consumer access to staff only areas, including kitchens, carparks and chemical storage areas were observed to be unlocked and open. Additionally, security measures implemented at the entrance/exit to consumer’s unit and at the front door impacted consumer’s free movement as they were unable to independently leave or re-enter the service environment, as desired.

In relation to the safety of the environment, staff confirmed doors leading to staff only areas should be always locked, the keypad code to access the staff only area was known by consumers and consumers were frequently redirected out of this area after accessing it inadvertently. Additionally, consumers confirmed they were supported to access these areas to complete their morning exercise.

In relation to consumers free movement, 3 consumers gave examples of how the installed security measures impacted their ability to move around as they wished and explained they were reliant on other consumers or staff to manually open locked doors or to release security mechanisms to facilitate their movement. Management advised they had not considered consumers were restricted as staff were available to support consumers to leave and return when they wished.

Management also confirmed the automatic sensor doors at the entrance/exit to the service, had been decommissioned during the COVID pandemic, advising this arrangement was currently being reviewed and a decision regarding the reactivation of the doors, was pending. However, as they were still to be notified of the decision outcome, they confirmed any consumers who wished to exit to, or return to their home from the community, after hours or on weekends, were reliant on staff unlocking the door for them. I have considered the evidence regarding lack of assessment, consent, behavioural support planning and the unintentional application of restrictive practices under Requirement 8(3)(e) as it relates to deficits in clinical governance.

The provider’s response identified these deficits as a high level of concern and requested the recommendation of this requirement as not met, be considered. In support of compliance, documentation was submitted which evidenced the automation of the front doors has been reactivated, fobs purchased for issuing to consumers and the code to prevent consumers from accessing staff only areas had been changed. However, documentation was also submitted evidencing consumers had been inappropriately restricted and actions in the Plan for continuous improvement were still to be completed and evaluated for effectiveness.

I acknowledge the providers actions to remediate the safety concerns and to promote consumers free movement, however, I agree with the provider the deficiencies pose a high level of concern and it will take time to demonstrate planned actions have become embedded within staff practice to ensure all consumers are kept safe and their movement is unrestricted.

Based on the evidence before me, I find Requirement 5(3)(b) non-compliant.

In relation to the remaining 2 requirements of this Quality Standard, I find them compliant, as:

Consumers said they found the service environment to be welcoming, it was easy to understand, and they were supported to set up their room how they liked. Staff described consumers were assisted to feel at home through furnishing their rooms with their own belongings and using name plates, with their preferred name to identify the consumer’s room. Consumers were observed to navigate the environment with ease, their rooms were personalised, and a variety of communal spaces promoted consumer interaction.

Consumers reported the furniture, fittings, and equipment were in good working order, they were inspected regularly, and any repairs needed were undertaken quickly. Staff confirmed systems and processes were in place to monitor the cleanliness and safety of fittings and equipment. Furniture, fittings, and equipment were observed to be well maintained, clean and safe for consumer use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to provide complaints, feedback and make suggestions by attending consumer meetings or speaking directly with staff. Staff described the mechanisms and processes supporting consumers and representatives to provide feedback or make complaints, advising feedback forms were readily accessible and they would support consumers to fill these out if required. Meeting minutes evidenced consumers were prompted to raise concerns and make suggestions.

Consumers and representatives confirmed awareness of, and access to, advocates and advocacy services. Staff were knowledgeable of external advocacy and language services and described the various ways these were promoted to consumers to access, if they wished. Posters, brochures and written material advised consumers of their right to contact the Commission and advocacy services should they wish to seek support with raising or resolving complaints.

Consumers and representatives reported their complaints were dealt with appropriately and a satisfactory outcome was achieved. Staff were knowledgeable of complaint handling processes, including the use of the open disclosure. Complaints documentation evidenced apologies were given when complaints were made, actions were taken promptly, and the complainant was involved in evaluating resolution outcomes.

Consumers and representatives reported their complaints and feedback had been used to improve the quality of care and services. Management confirmed feedback and complaints are recorded so trends can be identified and used to inform where improvements may be required. Continuous improvement documentation evidenced responsive actions were planned, monitored for progress and evaluated with consumers prior to completion to ensure improvement had been achieved.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant, as:

Consumers and representatives reported staffing levels were adequate and confirmed staff responded promptly to consumers calls for assistance. Management advised rostering was determined based on consumer needs, and various mechanisms are used to ensure all shifts were filled including when there is unplanned leave. Rostering documentation evidenced care minute targets were being met, a Registered nurse was continuously onsite and there are a mix of staff allocated to meet consumers care and service needs.

Consumers and representatives reported workforce interactions were kind, caring and respectful. Staff advised a consumer is involved in the orientation of new staff, so they understand expected behaviours from a consumer’s perspective. Staff were observed addressing consumers by their preferred name, knocking on consumers’ doors prior to entering and using a respectful language when assisting consumers.

Consumers and representatives described staff as competent and said they had the appropriate knowledge to effectively perform their roles. Management advised competency was determined through various means including observation, reference checks and completion of onboarding requirements. Personnel records evidenced confirmation of qualification and suitability to work in aged care were checked prior to commencement and were routinely monitored to ensure currency.

Consumers and representatives reported staff were adequately trained and knew how to provide the care they required. Staff confirmed they were required to complete a range of training modules on aspects of the Quality Standards including incident management, restrictive practices, infection control and open disclosure. Education records evidenced staff attendance was monitored and most staff had completed training activities as scheduled.

Management advised the performance of each member of the workforce was monitored through informal and formal processes; however, biennial performance reviews are only conducted with permanent staff. Staff confirmed their performance was regularly assessed and reviewed, with performance improvement actions initiated when required. Personnel records evidenced while permanent staff had a review scheduled, 25% of staff had not had their review completed.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant, as one of the 5 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 13 August 2024.

In relation to Requirement 8(3)(e), the clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. While staff demonstrated knowledge of the types of restrictive practices and how to ensure they were used as a last resort, through implementation of alternative interventions. Restrictive practice policies, procedures and training had not appropriately guided staff on identification and assessment for environmental restrictive practice when doors were secured, resulting in some consumers being restricted without consent or the appropriate behaviour supports in place.

Management confirmed automated entry/exit doors were turned off at the commencement of the COVID-19 pandemic and while consumers were able to enter/exit through an alternate door, this was locked afterhours and over weekends, and it could only be unlocked by staff who had the key. Three consumers who reported they were unable to leave the service independently, without staff assistance, had not been assessed for restrictive practices.

Management also confirmed processes to assess consumers ability to leave the service independently, had been ceased and they did not consider consumers having to wait for staff assistance as a restrictive practice. Additionally, clinical procedures had failed to prompt staff to assess consumers for restrictive practices when changes in their condition prevented them from being able to operate internal keypad security mechanisms.

The provider’s response identified these deficits as a high level of concern and requested the recommendation of this requirement as not met, be considered. In support of compliance, documentation was submitted which evidenced 2 consumers had been identified as environmentally restricted without consent, with these reported as serious incidents. However, these assessments were noted to be unfinished, with consent and behavioural support needs still in draft form. Additionally, assessment of all other consumers for restrictive practices was still to be undertaken.

I acknowledge the provider’s actions to improve clinical governance of restrictive practices, including provision of restrictive practice education and consideration of the service layout to minimise potential environmental restraint, however I consider these actions will take time to complete and for their effectiveness to be demonstrated.

I have also considered information in Standards 2 and Standards 3 which has evidenced deficits in clinical governance with poor oversight of the management of wounds and when incidents have occurred, procedures have not been followed to ensure care plans were reviewed.

Based on the evidence above, I am satisfied Requirement 8(3)(e) was not compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives described a collaborative approach between themselves and management and confirmed when changes were proposed to the care, services or environment, consumers were consulted for their input. Management advised consumer meetings and feedback forms were used to ensure consumers were involved in evaluating care or services provided to them. Meeting minutes evidenced consumers were engaged in designing the lifestyle program, the menu and potential improvements.

Management advised the governing body (the Board), could access data, including clinical indicators in real time and were provided with monthly reports to ensure oversight of service operations and performance in meeting the Quality Standards. Meeting minutes for the Board, various committees and the Quality Advisory board evidenced monitoring of clinical incidents, complaints, compliance with legislative requirement and progress of improvement activities to inform decision making and ensure the safety, inclusivity and quality of care.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards. However, deficits in compliance with legislative requirements for restrictive practices were identified and is further considered under Requirement 8(3)(e).

Effective risk and incident management systems were implemented and supported the identification and response to abuse, neglect, management of high-impact or high-prevalence risks and enabled consumers to live life as they chose. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, however, 2 serious incidents of neglect and psychological or emotional abuse, had not been effectively identified or reported as they were lodged and managed as complaints.

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