Performance

Report

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| Name: | Korongee |
| Commission ID: | 8083 |
| Address: | 264A Main Road, GLENORCHY, Tasmania, 7010 |
| Activity type: | Site Audit |
| Activity date: | 4 March 2024 to 6 March 2024 |
| Performance report date: | 21 April 2024 |
| Service included in this assessment: | Provider: 945 Glenview Community Services Inc  Service: 23507 Korongee |

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 Korongee (**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 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 2 April 2024 including a plan for continuous improvement, assessments, clinical care extracts, behaviour support plans, rostering and personnel documentation, organisational structure, complaints closure and trending information.
* other information and intelligence held by the Commission relating to the performance of the service.

# 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

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 tailored continence care is provided to consumes which optimises their health and wellbeing and the application of environmental restrictive practices has been tailored to the needs of individual consumers.
* Requirement 7(3)(a) – the service ensures it plans for and deploys a workforce that is able to provide effective care to consumers who require continence and behavioural supports.
* Requirement 8(3)(c) – the service ensures workforce governance systems are effective in planning for sufficient and appropriate skilled staff to provide the care required to consumers and that behaviour support plans meet legislative requirements with all elements and restrictive practices addressed.

# 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 confirmed staff treated them with dignity and respect and valued them as individuals. Staff spoke respectfully of consumers and were familiar with their individual backgrounds and preferences. Care documentation contained information specific to each consumers' backgrounds, preferences and culture.

Consumers confirmed staff recognised and respected their cultural backgrounds and provided care consistent with their preferences. Staff gave practical examples of how consumers’ cultural needs or preferences, influenced the delivery of care. Care documentation included information about consumers’ cultural needs, such as religious practices and dietary exclusions, they wished to maintain.

Consumers and representatives said consumers were supported to maintain relationships, to make decisions regarding their care and services, including who they wanted to be involved in their care or decision-making process. Staff said consumers’ independence was promoted through asking their personal care preferences before delivering care, enabling consumers to exercise choice and respect for their decisions. Care documentation evidenced consumers’ individual choices on how and when care was delivered, who participated in their care, and the supports required for them to maintain important relationships.

A consumer’s representative described how the consumer was supported to live life as they chose, as staff do not check on them through the night, despite the consumer’s risk of falls. Staff were aware of risks taken by consumers and supported their decisions by ensuring strategies were in place to promote their safety. Care documentation evidenced risks were assessed and discussed with consumers, prior to them engaging in activities which presented an element of risk.

Consumers and representatives confirmed they were kept informed through written information and conversations had with staff. Staff explained information was provided to consumers on noticeboards, in person and they were given copies of the activities schedule and the menu to keep in their rooms. Noticeboards displayed menus and activity schedules to enable consumers to make day to day choices.

Consumers gave practical examples of how their privacy was respected, as staff closed doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and care discussions were held in private areas. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system (ECMS).

# 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:

Staff described how risks to consumers were identified and used to develop the care plan, which informed how they delivered care. Care documentation evidenced assessment identified risks to consumers and responsive strategies were planned. An entry checklist and assessment process guided staff practice in methodically assessing consumers for risks and developing their care plan, in response to identified risks.

Consumers and representatives confirmed consumers’ current needs, goals and preferences were assessed and they were offered an opportunity to discuss their plans for end of life care. Care documentation evidenced consumers’ daily care needs, goals and preferences, as well as their end of life wishes. Staff confirmed consumers were supported to complete their goals for end of life and advance care directives when they felt comfortable to do so.

Most consumers and representatives confirmed staff involved them in initial and ongoing conversations regarding the care of the consumer, though two representatives expressed they would like more involvement than was currently facilitated. Staff explained input from consumers, health care providers and others involved in consumers’ care informed the assessment and planning of consumers’ care. Care documentation evidenced consumers, representatives, medical officers and allied health professionals were routinely consulted during care reviews.

Consumers and representatives said staff explained the outcomes of consumers’ assessment and planning and they had access to the consumer’s care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Consumers’ care documentation was observed to be readily accessible via the ECMS.

Consumers and representatives confirmed consumers’ care and services were reviewed monthly and in response to incidents, such as falls. Staff said consumers’ care plans were reviewed during quarterly case conferences and when their needs changed. Care documentation evidenced the effectiveness of care was reviewed as scheduled and reassessment occurred in response to changes in health status, preferences or circumstances.

# 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. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Non-Compliant, as one of the 7 Requirements have been found Non-Compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 2 April 2024.

The Site Audit report evidenced consumers were not receiving effective continence care and the application of environmental restrictive practice had not been tailored to the needs of individual consumers.

In relation to continence care, 4 consumer representatives expressed ongoing concerns with how continence support was being provided, describing consumers as often being left in wet and soiled clothing for long periods of time. Three consumer representatives confirmed, when they visit, they often find the consumers in wet clothing and are required to seek out staff, or provide assistance themselves, to change the consumer’s aid and clothing, this was consistent with an observation made by the Assessment Team. Staff confirmed providing post-incontinence hygiene was challenging due to consumer’s resisting personal care, causing it to become delayed to reduce their aggression. Staff confirmed they leave consumers in soiled aids, when initial and at times subsequent approaches, for continence assistance fail.

In relation to environmental restrictive practice, management confirmed consumers were not given a swipe card to release the secured front door which prevents their exit to the community. Management advised a blanket approach was undertaken when consumers, all who have varying levels of cognitive impairment, enter the service and consent for them to be restrained within the service environment is obtained.

The provider’s response disagreed with the findings of not met. The response included commentary and additional documentation in support of compliance, with assurance given that all consumers who were subject to restrictive practices had the required consent and a tailored plan to support the behaviours of each individual. Additionally, the response confirmed the management of consumer’s continence is a known issue and the provider continues to work with consumers and representatives to resolve the issues.

While I acknowledge the provider is working to resolve continence support concerns with consumer representatives and for one named consumer, care strategies have recently been tailored to meet their needs, with continence support improving. The care documentation, for another named consumer evidenced delays of hours between being incontinent and when continence support was able to be provided, delays in trialling alternate continence aids, the continence aid preferred by the consumer is not sufficient to meet their needs and in turn results in more frequent approaches which increases aggressive responses from the consumer. While I consider this to be a tailored approach, it does not support that the consumers wellbeing is optimised as it does not support their continence nor their responsive behaviours and resistiveness to hygiene care was evidenced to be increasing.

I acknowledge the providers response and their commitment to improving the quality of care and services, however, based on the evidence before me, I find that while behaviour support plans contained triggers and strategies to manage adverse consumer responses, these were not in relation to environmental restrictive practices and therefore I am unable to determine if the restrictions placed on consumers through a secured environment has been tailored to their individual needs, consistent with best practice.

Based on the detailed evidence above, I find Requirement 3(3)(a) is non-compliant.

In relation to the remaining 6 requirements of this Quality Standard, I find them compliant as:

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff advised, and observations confirmed, risks were effectively monitored through analysis of clinical data, following which mitigation strategies were implemented to promote consumers’ safety. Care documentation evidenced staff monitored consumers for emerging risks.

A representative for a consumer who was approaching end of life, gave positive feedback about the care provided, which ensured the consumer’s comfort. Staff understood how to care for consumers nearing end of life, to ensure their comfort, meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives said staff recognised changes in consumers’ conditions and responses were timely, which included advising them of planned management strategies. Staff explained consumers were monitored for changes in their behaviour, mobility and appetite, which when identified were escalated to relevant health care professionals for review. Care documentation evidenced deterioration in consumers’ conditions were identified promptly and responded to quickly.

Consumers gave positive feedback about how information was shared, particularly as they did not have to repeat themselves during care delivery. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed information on consumer’s care needs in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions was shared with others who had responsibility for their care.

Consumers confirmed they had access to other health care providers and were promptly referred when required. Staff explained the referral process, which ensured consumers were reviewed by specialists or allied health professionals when needed. Care documentation evidenced consumers were quickly referred to medical officers, dementia specialists and allied health professionals, when required.

Consumers and representatives advised, and observations confirmed, staff consistently practiced hand hygiene to minimise transmission of infection-related risks. Staff understood how to minimise consumers’ need for antibiotics and described their roles in infection prevention and control, with support available from an infection prevention and control lead. Policies and procedures guided staff in antimicrobial stewardship and infection prevention and control, including during infectious outbreaks.

# 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 gave positive feedback about the supports for daily living and said consumers were supported to pursue activities of interest to them, such as jigsaw puzzles. Staff understood what was important to consumers, the activities they enjoyed and explained how their preferences were used to tailor activities to their needs. Consumers were observed participating in activities which enhanced their quality of life.

Most consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff and through volunteer visitors, however one consumer felt disconnected and said staff check in but did not have time to spend with them. A chapel was observed to be available and religious services were provided to consumers as per the spiritual preferences. Staff advised they supported consumers by facilitating connections with people important to them, arranging pastoral care and spending one on one time with them when their mood was low, however raised due to staffing constraints they were unable to do so. This is further considered under Requirement 7(3)(a).

Consumers and representatives gave examples of how staff supported consumers to access the community, participate in activities and spend time with family and friends, such as going out for lunch and visiting local shops. Care documentation reflected consumers’ interests, activities they enjoyed and people of importance to them and how to support their participation. Consumers were observed socialising with other consumers and visiting family members in communal areas and the onsite café.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their dietary preferences. Staff explained changes in consumers’ care and services were communicated through verbal and written handovers and they accessed care documentation in the ECMS. Care documentation evidenced consistent information was available to clinical, care and catering staff.

Consumers gave practical examples of how they had been referred to other organisations and providers of care and services, such as receiving visits from dementia support workers. Staff explained community and volunteer groups were engaged to offer emotional support, deliver religious services, provide music and pet therapy and spend one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ needs.

Most consumers and representatives gave positive feedback about meals and said they were of good quality, portion sizes were adequate, and staff listened to their menu suggestions, though one representative said they would like alternate proteins to be available as the consumer had been served sandwiches containing meat, which they excluded from their diet due to cultural reasons. Staff understood consumers’ individual dietary needs and preferences, and explained how these were accommodated. Meal service was observed with staff available to support consumers who required assistance.

Consumers said the equipment they used was kept clean and it was well maintained. Staff said they cleaned consumer’s mobility equipment daily and maintenance documentation evidenced it was inspected routinely. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said, and observations confirmed, the service environment was welcoming, easy to understand and peoples’ rooms were personalised with their own belongings. Staff explained consumers’ independence and function was supported through clear signage, easy to understand and unobstructed pathways and dementia friendly design principles which simplified the use of everyday items. Consumers were observed having warm and welcoming interactions with staff, helping each other with tasks and socialising with visitors in communal lounge areas.

Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Most consumers and representative gave positive feedback about consumers ability to move freely both indoors and outdoors; and the overall maintenance and cleanliness of the environment, however, others said underneath beds and kitchenettes could benefit from more regular cleaning. A representative said carpet cleaning had recently been completed in one wing following complaints of malodour due to consumer’s incontinence, however, malodour was not observed during the Site Audit. Consumers were observed independently moving around the internal service environment and communal grounds, with one consumer confirming they were free to exit the service as they wished, despite the front entrance being secured. This is further considered under Requirement 3(3)(a).

Consumers confirmed fittings and equipment were clean, well maintained and suitable for their use. Staff advised shared equipment was cleaned after each use, and the call bell system was routinely inspected to ensure it was in good working order. Furniture and equipment were observed to be clean, well maintained.

# 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 feedback and make complaints and gave practical examples of avenues available to them, such as completing feedback forms or speaking with management. Staff explained consumers also provided feedback at meetings and representatives could use email to submit complaints. Noticeboards, posters and pamphlets visible in common areas promoted information about how consumers could provide feedback or make a complaint.

Consumers and representatives were aware of how to access external complaints, advocacy and language supports, with pamphlets on advocacy services observed in consumer’s rooms. Staff confirmed an advocate presented at a recent consumer meeting and electronic devices are used to translate information and communicate with consumers from different cultural backgrounds. Posters and pamphlets displayed promoted access to complaints mechanisms and advocacy services.

Most consumers and representatives said appropriate action was taken in response to their concerns, though two were dissatisfied as their complaints regarding continence care provided to consumers had not been resolved. Staff understood the complaints management process and explained consumers received an apology, with their concerns resolved using open communication. Complaints documentation evidenced appropriate actions were taken in response to complaints. The provider’s response evidenced one of the complaints had been resolved after 6 months, following a successful conciliation process with the Commission and advised they continue to work with the other complainants to resolve their concerns regarding continence care, security of tenure and behaviour supports.

Consumers and representatives confirmed feedback and complaints were used to improve the quality of care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ care, such as increasing fresh produce in the service’s general store and employing a new chef. The continuous improvement plan evidenced feedback and complaints resulted in improvements to consumers’ care and services.

# 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. | Not 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 Non-Compliant as one of the 5 Requirements have been found Non-Compliant, as:

The assessment team recommended Requirement 7(3)(a) was not met. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 2 April 2024.

The site audit report evidenced consumers, representatives and staff expressed concerns with the sufficiency of staff allocated to ensure a clean environment, provide emotional support and to manage consumers with changed behaviours, including those who refuse continence care, and display aggression.

Consumer representatives said consumers were often left in wet or soiled clothing for extended periods of time, not only because they can be resistive to care, but because they require more than one staff member, or familiar staff, to assist with their personal hygiene and are often required to wait for staff to be available.

Management confirmed difficulties in recruiting and retaining permanent staff and an increase in unplanned leave impacted the rostering of staff. Rostering documentation evidenced a high number of unfilled staffing hours and a high level of dependence on agency staff to fill shifts.

Staff advised the current allocation of staff was insufficient, as it impacts the time, they have available to interact and engage with consumers, confirming management of consumer’s incontinence was delayed and a reduction in environmental services staff employed, resulted in cleanliness post-incontinence episodes, to be challenging.

Staff also advised they are unable to support one named consumer with changed behaviours, especially in the afternoons, as the consumer requires familiar staff to attend to their personal hygiene and continence care, and due to unplanned leave, agency staff are used to provide their care.

Complaints documentation, consumer meeting minutes and reports to the board evidenced concerns regarding the management of consumers with changed behaviours, staffing allocations, reduced environmental staffing and high staff turnover have been ongoing issues.

The provider’s response disagreed with the findings of not met. The response included clarifying information and additional documentation in support of proactive workforce initiatives which have been undertaken including a roster renewal project and the recruitment of additional staff, currently in the process of being onboarded. Additionally, the service advised they are currently exceeding the care minute targets for care staff and extra cleaning hours implemented in January 2024 have reduced cleaning complaints. While I acknowledge the responsive actions taken, the evidence before me does not demonstrate the workforce is stable and sufficiently allocated to support consumers with changed behaviours who require personalised support strategies to manage their continence care and aggression.

I acknowledge the providers actions and their commitment to improving the quality of care and services, however, I consider these actions will take time to stabilise the workforce and allow sufficient time for staff to become familiar with consumers behavioural and continence support needs.

Based on the detailed evidence above, I find Requirement 7(3)(a) is non-compliant.

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

Consumers said staff were kind, caring, respectful and gentle when providing care. Staff were familiar with consumers’ individual identities and preferences and used respectful language when speaking about consumers. Staff were observed interacting with consumers respectfully and being gentle during care delivery.

Most consumers and representatives said staff were skilled and competent in meeting consumers’ care needs, though one representative suggested staff may benefit from additional training in continence care and dementia care. Management explained staff competency was determined through orientation and buddy programs, regular training which reflected the Quality Standards, key competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), food safety, COVID-19 outbreak preparation, medication administration and restrictive practices. Staff confirmed they were supported by management to attend ongoing training and professional development opportunities. Training records evidenced high rates of completion in mandatory topics, with all staff to complete training in dementia care, which incorporated education in continence care.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals through observations and discussions. Most staff said their performance had not been formally assessed, but confirmed they were informally supported by management. Management advised, and observations confirmed, an external consultant was engaged to redevelop and reestablish the performance appraisal framework, which was not completed at the time of the Site Audit. Personnel records evidenced staff performance was being informally monitored by management, whilst the new framework was being developed.

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

Findings

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

The assessment team recommended Requirement 8(3)(c) not met. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 2 April 2024.

The Site Audit report evidenced organisational governance systems were effective in continuous improvement, financial management, feedback and complaints. However, as information on staff performance appraisal monitoring was unable to be produced or extract staff performance appraisal data that this supported, information management was not considered effective.

The providers response disagreed with the recommendation of not met and provided evidence of corrective actions to commenced and planned to ensure the completion of probationary assessments are undertaken as scheduled and data to monitor this task is available.

I also note the Site Audit report and the providers response confirms staff performance is monitored through informal means and when performance issues such as frequent unplanned leave were identified, performance management strategies were initiated. Based on the evidence before me, I consider this supports performance management systems were effective, despite data not being available. However, I consider the non-compliance found in Requirement 7(3)(a) supports workforce governance systems have not been effective to ensure a sufficient and stable workforce were available to support consumers with high care behavioural support and continence management requirements.

In relation to regulatory compliance, I have considered the evidence contained within the site audit report, which confirms a secured locking mechanism is used on the front door and this prevents consumers from being able to leave the service. The services restrictive practices policies and procedures guide staff that this is a restrictive practice, however it had not been recognised as such. The behaviour support plans submitted as part of the providers response did not evidence that all of the legislative elements stipulated under the Quality of Care Principles 2014 had been considered, assessed and appropriately planned to guide staff.

I acknowledge the providers planned responsive actions in relation to recruitment of new staff, and the schedule developed to monitor future performance appraisals however, a copy of the Plan for Continuous Improvement has not been submitted to confirm the completion of actions proposed in response to feedback given during the Site Audit. Additional actions will also need to be planned to demonstrate compliance with consumers continence management and behaviour support planning.

Based on the detailed evidence above, I find Requirement 8(3)(c) is non-compliant.

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

Consumers gave positive feedback about how the service was managed and said they were supported to evaluate their care and services during consumer meetings, care planning evaluations and the feedback and complaints process. Management explained consumers and representatives contributed to service evaluation through surveys, internal audits and consumer advisory body meetings. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as catering, staffing and lifestyle activities.

The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through reports on internal audit results and subcommittees focused on clinical governance, finance and risk. Management gave practical examples of how the board promoted a culture of safe, inclusive and quality care, such as an improved complaints management system which streamlined information sharing between the service and the board. Meeting minutes evidenced the board discussed clinical governance, legislative and regulatory updates, workforce, feedback and complaints, risk management, incidents, maintenance and opportunities for continuous improvement.

The organisation had risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. 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. The providers response confirmed trends, including escalation in consumers behaviours and incidents of aggression, were identified and behaviour support plans evidenced strategies to support consumers behaviours have attempted to be implemented, however, staff have advised these have minimal success due to the instability of the workforce.

The clinical governance framework promoted antimicrobial stewardship, and the use of open disclosure when something goes wrong, however evidence within this report did not demonstrate that environmental restrictive practices were used when they were the least restrictive and used as a last resort. Management and staff understood antimicrobial stewardship, chemical and mechanical restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)