

**Performance Report**

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| Name: | Lake Haven Court Aged Care Facility |
| Commission ID: | 0707 |
| Address: | 5 Stratford Avenue, CHARMHAVEN, New South Wales, 2263 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 12 December 2024 |
| Service included in this assessment: | Provider: 892 Alino Living Service: 6195 Lake Haven Court Aged Care Facility |

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 Lake Haven Court Aged Care Facility (**the service**) has been prepared by Kimberley Reed, 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, older people/representatives and others
* the provider’s response to the Assessment Team’s report received 13 November 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

Consumers were treated with dignity and respect, and their identity, culture and diversity were valued. Staff were observed to be treating consumers with dignity and respect and providing supports reflective of consumers’ culture and diversity. Documentation used respectful language, care planning documents addressed consumers’ cultural and diversity requirements. The service had a diversity policy and culture, and diversity training was part of the staff mandatory training suite.

Care and services are culturally safe. Consumers confirmed supports and services were provided in a culturally safe way. Care staff were aware of the specific cultural safety supports and services they provided to consumers. The service had a diversity policy. The site audit report contains information relating to the number of care plans consumers had and the difficulty in finding information relating to cultural safety, I am unable to determine how this has impacted consumers and therefore have not given weight to this information for Requirement 1(3)(b).

Consumers were supported to exercise choice and independence, including making decisions about how their supports and services were delivered; and include others in this process. Consumers were also supported to make and maintain connections and relationships with others of their choice. Consumers and representatives were satisfied they were included in making decisions and supported to exercise choice. Care staff supported consumers to exercise choice and independence. Decisions about how services and supports were delivered were primarily communicated verbally at shift handover, and over the course of the shift.

Consumers confirmed they were supported to take risks to enable them to live their best life. Care planning documentation evidenced examples of consumers taking risks. Staff understood the term ‘dignity of risk’, and care staff provided examples of how they supported consumers to take risks. These included consumers choosing to exit the service independently and preferences for seating options.

Information provided to each consumer was current, accurate and timely, communicated clearly, easy to understand and enabled consumers to exercise choice. Consumers and representatives confirmed staff provided them with information when they requested, and documented information being provided to them when consumers entered the service. Information packs were provided to consumers and representatives and contained a range of information. The schedule of lifestyle activities was provided to all consumers and was observed to be displayed in consumers’ room, in various locations and in enlarged sizing.

Each consumer’s privacy was respected, and personal information was kept confidential. This was verified through interviews with consumer and representatives, staff and management. Consumers were confident their personal information was kept confidential and not shared with any third party without their consent. Care staff maintained consumer privacy by conducting care in private spaces and maintaining confidentiality of consumer information. The site audit report contained information the service’s privacy policy required updating, given the positive feedback received from consumers in relation to their privacy, I have not given weight to the information related to the service’s policy in Requirement 1(3)(f).

Based on the above information, it is my decision this Standard is compliant.

# 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

Assessment and planning included consideration of risks to consumers’ health and wellbeing and was informing the delivery of safe and effective supports and services. Consumers and representatives were satisfied the services and supports consumers received were safe and effective. Care planning documentation provided evidence of the assessment and planning processes as described by management. Clinical assessments that identified risks being undertaken by consumers were utilised, using validated assessment tools and the outcomes of these assessments informed the development of care plans. Following referral, assessments were also undertaken by allied health professionals to identify risks and inform care plans.

The site audit report contained information relating to consumers and representatives not recalling being involved in assessment and planning. The Approved provider in its written response has refuted this statement and states consumers and representatives are actively involved in ‘Partner in Care’ meetings which occurred every four months. The Approved provider stated in its response all clinical assessments are conducted with consumer involvement. I have considered the Approved provider’s response to be reasonable and I have not placed weight on information recorded in the site audit report relating to deficits in Requirement 2(3)(a).

Consumers’ current needs and preferences were met including advance care planning and end of life care. Consumers and representatives provided positive feedback relating to the service meeting their current needs and preferences. Discussions relating to advanced care planning commenced at the pre-admission assessment and information was provided to consumers and representatives. The organisation had a policy relating to voluntary assisted dying to guide staff practice.

The site audit report contained information consumers were not aware that documented goals were in place and care staff were not aware of consumers’ documented goals. The Approved provider in its written response refutes this information. The Approved provider stated the ‘Partner in Care’ meetings held every four months is an opportunity to focus on consumers’ top priority goals. The site audit report contained information consumers had multiple care plans with multiple goals, with the goals recorded to be of a generic nature. The Approved provider refuted this statement and records this is not a true reflection of the service’s care planning approach and the structure of the electronic care system, which generates a care plan for each clinical care domain. The Approved provider refuted the statement goals were generic in nature, and noted the goals represent a mix of top priority goals identified by the consumer and clinical goals set by registered staff. The Approved provider recorded while goals may appear generic at first glance, they are essential to addressing the specific care needs and consumer preferences. While goals may be similar for consumers, individual interventions were tailored to consumers needs, according to the Approved provider’s response. The site audit report records for two named consumers, their preferences were not documented in care plans, however, their care needs were being met. I note these preferences were not related to essential aspects of clinical care and the consumers named did not provide negative feedback relating to the provision of their care.

In coming to a decision of compliance in relation to requirement, I have considered information recorded in the site audit report alongside the Approved provider’s written response and action plan. I am satisfied the service did have effective assessment and planning processes in place to identify consumer’s current needs, goals and preferences. I was influenced by the immediate actions taken by the Approved provider to review all care plans to ensure goals are person-centred and non-generic, and the lack of evidence the deficits brought forward in the site audit report had impact on consumers. Therefore, it is my decision Requirement 2(3)(b) is compliant.

Consumers and representatives confirmed they were asked questions regarding services and supports for consumers, and changes were made based on the outcomes of discussions held. Representatives and other service providers were included in assessment, planning and review processes. Assessments completed prior to the consumer entering the service were signed by the consumer or their representative and included in consumers’ initial care plan. Information from medical officer and specialists were recorded on the electronic care management system, with relevant information included in care planning documents.

Despite the information recorded above in relation to Requirement 2(3)(c), the site audit report makes a recommendation of not met based on assessments and reviews were not based on ongoing partnerships with the consumer and others consumers wished to involve. The Approved provider has refuted this assertion and stated the service actively prioritises collaboration and communication with consumers and representatives through multiple structured and ongoing practices. The Approved provider state the ‘Partner in Care’ meeting which occurs every four months is an inclusive assessment process which serves as evidence of the service’s commitment to fostering a partnership model.

Evidence included in the site audit report to identify deficits in this requirement included the time recorded to conduct ‘Partner in Care’ meetings were unrealistic to complete a review of consumers’ goals and supports and services. I have not given weight to this information, and it is my decision this is an assumption without supporting evidence. The Approved provider submitted four examples of completed ‘Partner in Care’ meeting which evidenced a comprehensive summary of clinical updates and discussion regarding identified new preferences, including the person of the consumer’s choosing. The site audit report named two consumers whereby their goals for care were not recorded but were occurring. It is my opinion this evidence is not relevant to this requirement, and I have not placed weight on this information.

In coming to my decision of compliance in this requirement I have considered the evidence in the site audit report and the response from the Approved provider, including an action plan. It is my decision assessment and planning processes are based on a partnership model and therefore Requirement 2(3)(c) is compliant.

The site audit report records for Requirement 2(3)(d), the outcomes of assessment and planning are not always communicated to the consumer or representative and most consumers and representatives were not aware of consumers’ care plans. The site audit report records that despite the service providing evidence consumers and representatives being offered copies of consumer care plans, the number of care plans and associated goals for consumers contained in care plans had the potential for making it difficult for consumers and representatives to understand.

The Approved provider refutes this information and provided evidence of communication of assessment and planning is discussed at ‘Partner in Care‘ meetings whereby care plans were also offered to consumers and their representative. The Approved provider also submitted consumer meeting minutes which evidenced care plans were available on request.

In coming to a decision of compliance for Requirement 2(3)(d), I have considered the lack of evidence in the site audit report to demonstrate outcomes of assessments and planning had not been effectively communicated and the evidence contained in the Approved provider’s response which supports the effective communication of care planning to consumers and representatives and the availability of consumer care plans. Therefore, it is my decision Requirement 2(3)(d) is compliant.

Care and services were reviewed when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. Consumers and representatives confirmed care and services changed based on their feedback. Staff confirmed reviews were undertaken in response to changes in consumers’ condition or following an incident, and this was documented.

Despite this evidence recorded above relating to Requirement 2(3)(e), the site audit report contains a recommendation this requirement is not met as the service was unable to provide evidence of all documented goals and associated care and services were reviewed regularly. The Approved provider in its response refutes this statement as the service consistently reviews care and services in alignment with consumer needs, goals and preferences. The Approved provider noted the service’s practices align with the intent of the requirements by focusing on the effectiveness of care and services in a manner that prioritises the most relevant goals, rather than requiring a comprehensive review of all documented goals at every opportunity.

In coming to my decision of compliance in Requirement 2(3)(e), I have considered the lack of evidence to indicate care plans were not reviewed regularly, or that care clans were not reviewed following a significant event or experience to the consumer, which has resulted in poor outcomes for consumers. Therefore, it is my decision Requirement 2(3)(e) is compliant.

Based on the above information, it is my decision this Standard is compliant.

# 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.
 | 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

Consumers were receiving safe and effective personal care and clinical care that was best practice, tailored to their needs, and optimised their health and well-being. Consumers and representatives were satisfied with the personal and clinical care the consumer received. Staff were familiar with the personal and clinical care needs of consumers. Clinical care policies reflected best practice and covered wound management, diabetes and blood glucose levels, skin care that also included pressure care, and pain management. The site audit report contains information care plans for consumers did not consistently contain accurate directives to guide staff practice. I have not given weight to this information due to a lack of evidence to support consumers did not receive appropriate care and services.

The service was effectively managing high-impact or high-prevalence risks associated with the care of each consumer. Consumers and representatives were satisfied high impact or high prevalence risks were effectively managed. Staff described the high impact or high prevalence risks of consumers and how they managed these. The service had an incident management policy and procedure, and consumers identified with high-impact or high prevalence risks were reported to the organisation’s risk and compliance team for further review and oversight.

The needs, goals and preferences of consumers nearing the end of life were recognised and addressed, their comfort maximised, and their dignity preserved. Consumers and representatives were satisfied with the processes in pace at the service to support consumers’ end of life planning. and staff verified this as did observations made by the Assessment Team. The site audit report records the service had a palliative care policy but not a specific end of life policy. I have not given weight to this statement, given the lack of evidence this deficit resulted in poor care outcomes for consumers.

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. Consumers and representatives were satisfied with the manner the service managed consumer deterioration and staff provide examples of the management of the deteriorating consumer. Care planning documentation reflected the changes in consumers’ health. The site audit report records the service did not have a specific policy on responding to deterioration in consumers. I have not given weight to this statement due to a lack of evidence to support deteriorating consumers were not recognised and responded to in a timely manner.

Consumers and representatives were satisfied staff were aware of consumers’ condition, needs and preferences and staff knew the consumers well. Staff confirmed they received emails regarding new consumers entering the service including a summary of information based on assessments completed prior to the consumer entering the service including activities for daily living, behaviours, falls risk and food preferences. Staff receive verbal communication at shift handovers and during the shift relating to consumers’ condition, needs and preferences.

Despite this evidence recorded above, the site audit report contains a recommendation of not met for Requirement 3(3)(e) due to the risk to consumers as there is a reliance on verbal communication and inaccuracies in consumer care documentation. The site audit report named two consumers who were receiving the appropriate care and services relevant to their needs, including daily weighing and lifestyle choices, however, these directives were not included in care planning documentation. I do not consider this evidence is reflective of a systemic failure in the communication of consumers’ information.

The Approved provider in its response refutes the service does not have effective information systems and states the service had an established, robust system to ensure all staff had access to consumer care plans and were kept informed of updates through multiple channels. The Approved provider noted each shift began with a verbal handover whereby key changes in consumers are verbally communicated to all staff on duty. Care staff have access to the service’s electronic care management system that contained detailed care plans for consumers, and the service provided staff with a comprehensive handover document which contained key updates and changes. The Approved provider noted in its response, the layered approach as described above to information management ensures that staff have both immediate and ongoing access to critical information, effectively supporting consistent and informed care for each consumer.

In coming to my decision of compliance for Requirement 3(3)(e), I have considered the lack of evidence to support staff were not aware of the care needs of consumers, and the evidence of effective information systems as noted in the Approved provider response. Therefore, it is my decision Requirement 3(3)(e) is compliant.

The service made timely and appropriate referrals to providers of other care and services. Consumers and representatives confirmed the service had referred consumers as required. Staff described the referral process and tracking of referrals. Care planning documentation provided evidence of referrals and reports being provided back to the service and care plans were updated following referral information. Registered nurses were responsible for making referrals based on the outcomes of clinical assessments.

The service minimised infection-related risks through implementing standard and transmission-based precautions to prevent and control infection. The service promoted appropriate antibiotic prescribing and use, to support optimal care and reduce the risk of increasing resistance to antibiotics. Consumers and representatives were satisfied with the infection prevention and control measures the service had in place including how COVID-19 was managed. Staff understood the precautions required to prevent and control infection and there was an Infection Prevention Control lead. Management understood antimicrobial stewardship. The service had policies to guide infection control practices and antimicrobial stewardship, and all staff received training on infection control practices. Staff and consumer vaccination records for influenza and COVID-19 were current.

Based on the above information, it is my decision this Standard is compliant.

# 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

Consumers and representatives consistently reported satisfaction with consumers’ experiences living at the service. This included in relation to support for consumers’ cultural, spiritual and emotional needs, support for their relationships and having things to do. Staff knew the consumers well and demonstrated a person centred approach to care was implemented at the service.

Consumers’ emotional and spiritual needs were met. Consumers consistently expressed satisfaction with the caring and supportive attitude of staff. Information about consumers spiritual and emotional supports was captured in their care and services planning documentation.

Staff at the service supported consumers to maintain social and personal connections which were important to them, participate in their communities of choice and do things of interest to them. Consumers felt supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. Staff understood the people important to individual consumers and activities of interest to them.

The service demonstrated information about consumer’s condition, needs and preferences was communicated through the organisation and with others who provided care. This included in relation to consumers’ emotional and lifestyle needs. Staff were familiar with consumers’ needs and preferences in relation to services and supports for daily living.

The service demonstrated appropriate referrals were made to other organisations and providers of care. The service had systems to support consumers’ spiritual needs and refers to appropriate services for psychological and other supports if needed.

Consumers provided positive feedback about the food and meal service. The service provided opportunities for consumers to give feedback about the food, and the feedback was used to adjust the meals to reflect the consumers’ needs and preferences. Care plan documentation was consistent with consumer preferences and dietary needs. The service had food focus meetings every second month and food was a standing agenda item at the monthly consumer meetings to capture feedback from consumers on the quality of the food provided. The consumer advisory body was another formal avenue to provide feedback on the meal service and before each seasonal menu was implemented, the service sought consumer feedback in the form of a taste testing of sample meals on the menu.

Consumers felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair. Catering staff knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities of daily living were observed to be safe, suitable, clean and well-maintained.

Based on the above information, it is my decision this Standard is compliant.

# 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

The service environment was observed to be welcoming and comfortable. Consumers confirmed there were adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising. All consumers had their own bedroom with ensuite which they were able to furnish with their own personal items. There was a large lounge room for television or more passive activities, an activities room for arts and craft activities, and a large dining room for meals. A library and smaller sitting areas were in each area of the service for smaller group interactions.

Consumers and representatives confirmed the service was well presented and maintained. The common areas, and consumers rooms were observed to be clean, clutter free and comfortable. The maintenance officer had effective preventative and responsive maintenance systems in place to ensure all areas of the service were safe and well maintained and maintenance issues were attended to within an appropriate timeframe. The service promoted consumers’ independence to move freely within the service.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. Consumers were satisfied with the cleanliness and suitability of furniture, fittings and equipment. Management and staff had effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

Based on the above information, it is my decision this Standard is compliant.

# 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

Consumers and representatives understood how to provide feedback and felt comfortable providing feedback or making a complaint. Most consumers stated if they needed to provide feedback, they would just talk to the staff informally and it would be dealt with or fixed for them. Staff stated if a consumer raised a complaint with them, they would usually resolve the complaint informally themselves whenever possible or if required, escalate the complaint to a registered nurse or management. The feedback and complaints register evidenced concerns that were raised are discussed by management with the consumer and their representative and were rectified promptly.

Consumers and representatives were aware of additional services for assisting in raising and resolving complaints or using language services. There were multiple pamphlets at the entrance to the service for consumers and representatives to take for reference. These included some information in different languages to help support those who communicate in other languages.

Consumers and representatives expressed satisfaction the service would address and resolve any complaints or issues they raised. Staff stated they tried and helped consumers to resolve their concerns and demonstrated principles of open disclosure. Consumers and representatives confirmed the service responded to them promptly when they have made a complaint and kept them updated on the progress of resolving the complaint. This feedback aligned with the service’s feedback and complaints management policy and procedure. The feedback and complaints management policy and procedure records in detail open disclosure and links to the service’s open disclosure policy and procedure.

Consumers and representatives confirmed their feedback was used to improve the quality of care and services. Management recorded, monitored and escalated complaints and feedback from consumers and representatives. The electronic feedback system outlined in detail each complaint including, the complainant, the complaint outcome and evaluation of the complaint. The service’s plan for continuous improvement evidenced examples of improvements generated through the lodgement of a complaint or feedback.

Based on the above information, it is my decision this Standard is compliant.

# 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

Consumers and representatives stated there were sufficient staff available to meet consumer care needs. Staff confirmed there was sufficient staff to complete all required tasks. Management confirmed the service had a full complement of staff and there were no vacant shifts on the roster. The service had a small casual pool of staff and used temporary or agency staff to fill shifts. Most care staff were competent to assist consumers with medication, allowing the service to have flexibility in staff allocation.

Consumers and their representatives confirmed staff engaged with them in a respectful, kind and caring manner and were gentle when providing care to consumers. Staff demonstrated an in depth understanding of consumers. Consumers spoke very highly of all the staff and said staff were kind and caring in their interactions with them on a day to day basis. Whilst at times consumers said staff appear rushed, they believed staff understood their needs and did their best to ensure their needs were met.

The workforce was competent and supported by the management team. Personnel and service records evidenced staff were appropriately qualified and professional registrations were current. Competencies were role specific, and staff have completed their mandatory training. The training and development team used quality indicators to determine the competency and effectiveness of the training delivered. Staff were observed to be competent in their roles and consumers expressed satisfaction with care and services provided.

Consumers and representatives confirmed staff knew what they were doing and did not require further training. The service had an education calendar that was responsive to identified risk and feedback. Education and training were offered both face to-face and through online learning modules. Staff confirmed they received training in several training modules including Serious incident response scheme, falls management and prevention, open disclosure, restrictive practice and behaviour support.

Staff confirmed they have completed a performance appraisal in the past year. Management monitored and reviewed staff performance through observations and annual performance appraisals. The service monitored and audited care plan documentation, such as falls and infection to review performance trends, as well as observations of staff practices.

Based on the above information, it is my decision this Standard is compliant.

# 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.
 | Compliant |

**Findings**

Consumers and representatives confirmed they had an opportunity to have a say in what happens at the service. The organisation had a policy and procedure to guide management and staff in relation to consumer engagement. The processes to support consumer engagement were occurring and there were examples of consumer engagement at service level. The Board and the executive team outlined how consumer engagement was occurring and provided examples of this. The service had a consumer advisory body who met quarterly. Key information discussed at this meeting was tabled to the Board and the executive team follow up with any required actions and provide feedback to the consumer advisory body.

The organisation’s diversity plan, strategic plan and other policies and procedures reflected and promoted safe, inclusive, quality care and services. The governing body had Board members with the appropriate experience to govern an organisation providing care and services to vulnerable consumers. The service provided updates to the organisation’s regional risk and compliance team with information about high risk consumers regarding restrictive practices, falls, weight loss, infections and wound management. The organisation’s risk and compliance team undertook a variety of audits on the service’s electronic care management system and completed compliance checks on the service’s incident management system and conducted their own observational audits.

The organisation demonstrated effective organisation wide governance systems were in place and operating effectively at the service. Information systems were effective and fit for purpose. Staff confirmed they could easily access information they needed to effectively perform their roles. The organisation’s policies, procedures and the electronic care management system facilitate the collection and storage of information which was used to deliver effective care and services. The site audit report contained information relating to deficits in care planning information, I have not given this information any weight in deciding Requirement 8(3)(c) is compliant and have considered this information in Standard 2 and 3 which are compliant. The service had a plan for continuous improvement and management confirmed opportunities for improvement were identified through a range of mechanisms including consumer feedback and complaints, audits, and consumer meetings. Management stated they were well supported by the organisation in relation to and changes to the budget or purchases outside the budget which may be required. The organisation had overall effective workforce governance systems in place as evidenced by the human resource systems. Part of the organisation’s strategic plan was a focus on workforce succession planning. The organisation created opportunities for staff to have career progression paths and ensured opportunities were available to relevant staff to experience higher grade duties where applicable. The organisation had dedicated staff to identify and monitor the organisation’s compliance with regulatory requirements. The organisation had effective procedures to support feedback and complaint management. The governing body received information about feedback and complaint information, including trending of complaints.

The organisation had an effective risk management system which directed the service’s incident and risk management processes. The organisation had policies and procedures for incident management and oversight, identifying and responding to the abuse of consumers and supporting consumers to live their best life. Quality assurance and audit processes were used to monitor compliance with policies and procedures and related outcomes for consumers. There were risk registers for the various categories of risk, including high-impact high-prevalence risks for consumers, which were regularly reviewed and updated by the service and the risk and compliance team. The organisation supported consumers to live their best life by way of the provision of effective clinical care, assistance with services and supports which optimised their independence, and well-being.

The organisation had a clinical governance framework in place describing the organisation’s approach for ensuring the quality and safety of clinical care provision. There were clear roles and responsibilities set out within the framework and clear monitoring and improvement mechanisms that were implemented across the organisation and at a service level to support safe and effective clinical care for each consumer. The organisation had policies and procedures to guide staff in antimicrobial stewardship and there was an antimicrobial stewardship best practice guidelines on the organisation’s intranet for all staff to access. There were organisational policies and procedures relating to minimising the use of restrictive practices. Restrictive practice use with consumers at the service has been minimised as evident in the service’s psychotropic medication register. There were organisational policies and procedures providing management and staff with guidance regarding the practice of open disclosure. Open disclosure had been implemented at the service in line with the organisation’s policy in relation to feedback and complaints and consumer incidents.

Based on the above information, it is my decision this Standard is compliant.

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)