Performance

Report

**1800 951 822**

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| Name: | Lansdowne Aged Care Facility |
| Commission ID: | 2196 |
| Address: | 25 Lovoni Street, CABRAMATTA, New South Wales, 2166 |
| Activity type: | Site Audit |
| Activity date: | 12 March 2024 to 15 March 2024 |
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| Service included in this assessment: | Provider: 106 Arete Health Care (Lansdowne) Pty Limited  Service: 691 Lansdowne 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 Lansdowne Aged Care Facility (**the service**) has been prepared by Therese Solomon, 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; 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 on 10 April 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

This Quality Standard is assessed as Compliant as six of the six Requirements have been found Compliant.

Consumers and/or representatives confirmed staff treated consumers with dignity and respect. Staff were aware of consumers’ diversity, and described how their backgrounds influenced the delivery of their care. Care documentation evidenced respectful language was utilised, and consumers’ identity and diversity were reflected. The Assessment Team reviewed the service’s consumer handbook which stated that consumers have the right to be treated with dignity and respect and to have their identity, culture and diversity valued and supported.

Representatives confirmed staff were respectful of consumers’ cultural backgrounds. Staff were familiar with consumers’ cultural backgrounds and outlined how their cultural preferences were maintained. Consumers and/or representatives described how staff value consumers’ background and provide care that is consistent with their cultural preferences. Staff described how the consumers’ culture is acknowledged and maintained. Care planning documentation reflected information about specific cultural needs for consumers, which aligned with consumer and/or representative feedback.

The service has a culture policy that states the service’s commitment to create a culture that seeks to understand, respect, and accept individual’s values, culture, and beliefs.

Consumers and/or representatives stated consumers are supported to maintain their relationships of choice, and their choices are respected by staff. Staff described how they support consumers to make choices, maintain their independence and engage in relationships of their choosing. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who is involved in their care, and how the service supports them in maintaining the relationships that are important to them. The Assessment Team observed couples spending time together at the service. The service has policies to guide staff on prioritising consumer choice and independence.

Management and care staff stated they encourage consumers to be independent and make as many choices as they can for themselves. Management explained that they always listen to consumer preferences and ensure that they review consumer care plans before delivering care to consumers to ensure that they provide care and services in line with each individual’s preferences.

Consumers confirmed they were supported to engage in activities which contained an element of risk, including driving, and said they were involved in risk assessment discussions. Care documentation evidenced dignity if risk forms were completed, and risk mitigation strategies were in place. Staff were aware of the risks associated with consumers’ decisions, and described how they provided supports to promote their safety.

Consumers and/or representatives confirmed consumers were kept informed through printed information and verbal reminders, and staff were familiar with their communication preferences. Staff and management described the methods in which information is provided to consumers in line with their needs and preferences. The service had systems and procedures in place to ensure that information regarding care and services is clear, and easy to understand to enable consumers to make informed choices. Staff described how they communicate with consumers, including by using hand gestures and using their preferred language. The activities calendar and daily menus were observed to be displayed throughout the service.

Consumers and/or representatives felt staff were respectful of their privacy, and they knocked on consumers’ doors prior to entering. Staff confirmed they discussed consumers’ personal information in private, to ensure confidentiality is maintained. Nurses’ stations were observed to be locked, and computers containing personal information were kept password protected when not in use. Staff confirmed they respect consumer privacy by knocking on doors and waiting for permission before entering consumers’ rooms and always closing the door when attending to a consumer’s care. The service had a privacy policy which describes the appropriate handling, holding, accessing and collection of personal information.

# 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 five of the five Requirements have been found Compliant.

Consumers and/or representatives reported they receive the care they require and outlined how they are involved in the initial and ongoing assessment process. Management and staff described the care planning process thoroughly, including how they consider risks for individual consumers, and use the process to inform the delivery of safe and effective care and services. Care planning documentation reviewed for consumers evidenced consideration of individual risks and mitigation strategies that influence delivery of care and services.

Care planning documentation identifies and addresses each consumer’s current needs, goals, and preferences, including advance care planning and end-of-life planning. Consumers and/or representatives described how the service had involved them in the assessment and planning of care during admission, at scheduled case conferences, or when there was a change in circumstances. Management and staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around end-of-life care planning. Care planning documentation reviewed evidenced the inclusion of consumer’s current needs and preferences, including end-of-life planning. The service had systems in place which facilitated assessment and planning to capture the current needs of each consumer.

Consumers and/or representatives felt partnered in the assessment and planning processes of consumers’ care needs. Care documentation evidenced consumers’ care plans were created in collaboration with consumers, representatives, medical officers, and allied health professionals. Staff outlined how assessment and planning of care was done in partnership with consumers and others they wish to involve in their care. Care planning documentation evidenced regular care plan evaluations and review in line with the service’s policies and included input from a range of external providers.

Consumers and/or representatives advised outcomes of assessment were communicated to them and they could access a copy of the consumers’ care plan. Staff described how consumers and/or representatives were kept informed of assessment outcomes through a variety of methods, including meeting in person, telephone calls and emails. Management, clinical staff, and allied health providers described how the service kept consumers, representatives and shared providers of care informed through face-to-face conversations, telephone calls and emails. Staff at various levels were able to describe their roles and responsibilities in communicating outcomes of care planning with consumers and/or representatives.

Policies and procedures were in place to guide staff to review and reassess care plans to ensure they were reflective of consumers’ current needs. Consumers and/or representatives described how the consumers’ care needs were reviewed when their circumstances changed, or an incident occurred. Care documentation evidenced care and service plans, and risk assessments were updated following incidents. Management and staff were able to explain the process for scheduled review of care plans. The service has policies outlining the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflects current consumer care needs.

# 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

This Quality Standard is assessed as Compliant as seven of the seven Requirements have been found Compliant.

Consumers and/or representatives confirmed consumers received care that was safe and effective, and tailored to their needs. Staff demonstrated knowledge of consumer’s personal and clinical care needs, and outlined how they delivered care in accordance with consumers’ care plans.

Consumers and/or representatives advised they receive safe and effective personal and clinical care that meets their needs and optimises their well-being. Management and staff demonstrated knowledge in the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain. Care documentation reviewed demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer.

The Assessment Team observed that consumers subjected to restrictive practices had documentation to evidence that they, or their representatives, had provided informed consent through discussions which included the explanation of risks associated with the restrictive practice. The Assessment Team observed consumers subjected to restrictive practice had a behaviour support plan in place which included tailored strategies to manage the behaviour through utilising non-pharmacological strategies, and that these were reviewed in line with the service’s policy and procedure. However, the Assessment Team identified areas for improvement in relation to the service’s understanding of environmental restrictive practice and consideration given to this in consumer care plans.

Clinical staff and allied health professionals were able to identify consumers who have chronic pain, the care implemented to manage pain for those consumers and the documentation required. Consumers reported staff are managing their pain well through implementing pharmacological and non-pharmacological pain management strategies.

Management and clinical staff were aware of the service’s high-impact and high-prevalence risks and described measures that had been implemented to mitigate the risks to individual consumers. Consumers and/or representatives expressed their satisfaction at how these risks were managed by the service and described how the interventions that had been put in place for each consumer was effective. Care planning documentation reflected strategies to support the management of high-impact high-prevalence risks.

Management and clinical staff demonstrated an understanding of strategies implemented to manage the risks associated with high-impact and high-prevalence risks, such as falls, by involving the physiotherapist in the review of a consumer’s risk and ensuring that falls assessment was up to date. Management and staff described how they would manage the risks associated with changing behaviours by monitoring behaviours regularly, working in collaboration with the consumer and/or representative and their medical officer.

However, the Assessment Team observed what appeared to be a choking incident and staff did not report the incident during the handover process. Clinical, care and hospitality staff provided conflicting reports in relation to the consumer’s dietary needs. Management confirmed all incidents need to be reported, the consumer reviewed, incident form completed along with progress notes, referrals made to appropriated health professionals and the consumer representatives informed of the incident. Management confirmed that all changes need to be captured and discussed during handover and confirmed that aspiration is recognised by management as one of the high-impact high-prevalence risks at the service.

The Approved Provider responded with additional documentation clarifying the incident, and actions taken by staff to capture, report and manage the incident. The Approved Provider also provided evidence of additional actions taken to address the deficits, including but not limited to providing staff training in regard to deterioration and dysphagia, follow up meetings with identified staff to address and clarify responsibilities when incidents occur, dietary assessment reviewed for the consumer, referral to speech pathologist, ongoing education for staff in relation to identifying choking from coughing.

I acknowledge the concerns raised by the Assessment Team, however the documentation provided by the Approved Provider demonstrated staff did take suitable action to capture the incident, even though staff actions did not align with service policy and procedure. The consumer received appropriate care and services post incident, and the service implemented actions to reduce the risk of reoccurrence.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(b) is found Compliant.

Consumer care plans evidenced the inclusion of an advanced care directive and discussions with consumers and/or representatives regarding palliative care, where appropriate. Consumers and/or representatives confirmed that the service had initiated end-of-life planning conversations with them and expressed satisfaction about how the service provides care to consumers nearing end-of-life. Staff demonstrated an understanding of how to recognise and address the needs and preferences of consumers nearing end-of-life and how they maximised their comfort. The Assessment Team sited up to date policies relating to palliative and end-of-life care.

Management and staff described how the service delivered care for consumers nearing end-of-life using a holistic approach, which involved maximising their comfort, administering medications, providing them with comfort care, repositioning them regularly and further offering spiritual services and aromatherapy.

Care planning documentation and progress notes reflected the identification of deterioration or changes in condition. Consumers and/or representatives stated that the service is responsive to consumers’ care needs and would inform them of any deterioration to their health, along with planned management strategies. Clinical staff explained how deterioration would be discussed during handovers, monitoring and charting would commence where required, referrals to a medical officer or specialist would occur and care planning documentation would be reviewed.

The service has a policy for recognition of clinical deterioration, which includes indicators of clinical deterioration such as unplanned hospital admission, unplanned weight loss, and deterioration in functional ability. The policy also outlines strategies and procedures to manage different types of clinical deterioration.

Review of care planning documentation for consumers demonstrated that progress notes and care and service plans provided adequate information to support effective and safe sharing of the consumer’s information to support care. Consumers and/or representatives stated that the consumer’s preferences and care needs were communicated effectively with them, between staff and with external providers involved in their care. Staff described how information about consumer needs, conditions, and preferences were documented and communicated within the organisation and with others where responsibility for care is shared.

Care staff described how information is shared within the organisation when changes in a consumer’s condition are observed through staff huddles, handover, and through the service’s electronic care management system. The Assessment Team observed a staff handover, where staff were seen to be discussing consumer changes and updates for the past shift including incidents, appointments, and medication changes.

Care planning documentation and progress notes for consumers evidenced the involvement of the medical officer, allied health professionals, and other providers of care. Consumers and/or representatives stated referrals made were timely and appropriate, and described how they had access to a range of other organisations and health professionals. Management and clinical staff described how other organisations and providers of care and services were utilised to supplement the care delivered at the service and ensure quality outcomes for each consumer.

The Assessment Team observed that infection-related risks were adequately managed, and measures were in place to prepare against an infectious outbreak, such as through the appointment of an infection prevention and control lead, and ensuring best practice was followed in the prescription of antibiotics. Consumers and/or representatives expressed confidence in the minimisation of infection-related risks and said that staff were always observed to practice hand hygiene, consistent with the Assessment Team’s observations. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management.

Management and clinical staff described the concept of antimicrobial stewardship and how it applies in their roles, including how antibiotics were only commenced following a confirmed pathology result. Clinical staff and management said to ensure that antibiotics are correctly administered, the service follows an infection monitoring checklist along with input from the medical officer.

The Assessment Team observed screening processes in place for all staff, visitors, and contractors prior to entry to the service which includes rapid antigen testing, hand hygiene, and check-in processes. The Assessment Team observed hand washing and sanitising stations to be located throughout the service and staff routinely using them.

# 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 seven of the seven Requirements have been found Compliant.

Consumers and/or representatives stated they feel supported to pursue activities of interest to them and are supported to do so. Management and lifestyle staff described how the service partners with the consumer and/or representative to conduct assessments which identify the consumer's individual preferences including their likes, dislikes, leisure interests, social, emotional, cultural, or spiritual needs, and any traditions important to them. Staff described what is important to specific consumers and what they enjoy, and this aligned with information contained in the consumer’s care planning documentation. The service had policies guiding staff on consumer choice, decision making, and independence.

Lifestyle staff explained that they get to know all consumers upon admission, will explain the lifestyle services on offer and ask them what activities they would like to do. Management stated the lifestyle staff consult representatives to gain additional information on what activities consumers enjoy. Lifestyle staff reported they deliver person-centred activities for each consumer, and they spend one-on-one time with each consumer, especially those who do not participate in many group activities.

Consumers and/or representatives stated they are supported when they are feeling low, and described how the service promotes their emotional, spiritual, and psychological well-being. Care planning documentation included information on consumers' well-being needs, goals, and preferences. Staff described how they recognise changes in consumer well-being and advised that the consumer’s emotional, social, and psychological needs can be supported by facilitating connections with people important to them, and by delivering religious services. Care planning documentation included information on consumers' well-being needs, goals, and preferences. Service documentation showed a variety of spiritual services for consumers and the Assessment Team observed several religious services being conducted.

Staff explained that they support consumer’s spiritual wellbeing through several ways each week, including having visits from a pastor and volunteers from the Catholic church, as well as having a Buddhist service every Friday.

Consumers and/or representatives stated that consumers are supported to participate within and outside the service, keep in touch with people who are important to them and do things of interest to them. Staff described how consumers are participating in their community within and outside the organisation’s service environment. Care planning documents aligned with the information provided by consumers, representatives, and staff regarding consumers continued involvement in their community and maintaining personal and social relationships. Observations confirmed that consumers engage in social interactions in the communal areas with other consumers and visitors.

Consumers and/or representatives stated that information about the consumer's condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff reported they communicate and document changes in the electronic care management system as well as during shift handovers. Care planning documentation for consumers provided adequate information to support safe and effective care related to services and supports for daily living. The Assessment Team observed consumer dietary requirements were readily available to hospitality staff during mealtimes.

Hospitality staff stated they are made aware of changes to a consumer's needs through verbal and documented handover processes, information available in the service's electronic care management system and dietary folders. Care staff and hospitality staff described consumers’ food allergies and modified meal types. Care planning documentation includes information about consumer goals, interests, and preferences. Care panning documentation included a lifestyle assessment section with detailed information about consumers’ interests and hobbies, and a dietary requirements section that listed their allergies, preferences and any other modifications required.

Consumers and/or representatives stated they are supported by other organisations, support services and providers of other care and services. Documentation identified referrals to other organisations and services. Staff described other individuals, organisations and providers of care and services and specific consumers who utilise these services. Management stated that although they had not received any request for external services for lifestyle needs, the service has a policy and procedure as well as access to external organisations and support services if needed.

Consumers and/or representatives expressed satisfaction with the quality, quantity and variety of meals provided at the service and said that they can provide feedback and comments on the food which are acted upon. Staff described how they ensure that consumer choices are supported and arrange alternatives if the consumer wishes. Documentation was available that described the dietary needs and preferences of consumers. Observations indicated that meal services in all dining areas were punctual and well-coordinated, with staff providing supervision and assistance as needed.

Hospitality staff described how the service has a four-week menu that offers a Western and an Asian meal choice each day. Hospitality staff explained that it is easy to accommodate changes in consumer dietary needs and preferences, and stated they can offer sandwiches, fruit, and biscuits if consumers are hungry between meals. The Assessment Team observed the weekly service menu. The menu was seen to be on a four-week cycle, and showed that each day, consumers are offered two breakfast options, morning tea, two lunch options, two desert options, afternoon tea, two dinner options, desert, and supper.

Consumers and/or representatives reported having access to equipment, including mobility aids to assist them with their mobility. Staff described how equipment is kept safe, clean, and well maintained. Management advised that staff have undergone training in appropriate manual handling, and the Assessment Team observed clean and well-maintained equipment throughout the service.

Staff advised they have access to the equipment and resources they need to support consumers and that they did not have trouble accessing equipment which is cleaned between use. The Assessment Team observed a range of equipment, such as walkers, wheelchairs, medication trolleys and leisure and lifestyle equipment. The equipment was suitable, clean and in good condition. The Assessment Team also observed the service to have books, musical instruments, and board games for consumers and representatives to 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 three of the three Requirements have been found Compliant.

Consumers and/or representatives reported that the service environment is welcoming, easy to understand, makes them feel at home and creates a sense of belonging, independence, interaction, and function. Management and staff described how the service encourages a sense of belonging with consumers. Consumers described how they can navigate their way through the service with confidence by referring to the signage and using handrails.

Management and staff described how they support consumers to maintain a sense of belonging to the service by taking new consumers on a tour of the service so they can familiarise themselves with the service environment and interact with staff and other consumers. Management stated that consumers are encouraged to bring in items such as photographs and small furniture. Maintenance staff said they support consumers to personalise their room by hanging photographs on the wall for them and assisting with moving small furniture items.

The Assessment Team observed the service environment to be welcoming with handrails and adequate lighting. The environment featured signage in the English, Vietnamese, and Chinese languages. Each consumer room had an accompanying room number which would illuminate when the call bell is active. The Assessment Team observed consumers having warm and welcoming interactions with staff and mobilising independently within the service.

Consumers and/or representatives reported they are satisfied with the cleanliness and maintenance of the service. Staff described how the service environment is cleaned and maintained in accordance with a cleaning and maintenance schedule. The Assessment Team observed consumers accessing courtyard areas and using a green push button to exit the service via the front door during the daytime.

The service environment enables consumers to move freely, both indoors and outdoors. The Assessment Team observed consumers accessing courtyard areas and using a green push button to exit the service via the front door during the daytime. However, the Assessment Team found management and staff provided conflicting advice in regard to consumers and their ability to freely exit the service via the front door after-hours.

The Approved Provider responded with additional documentation clarifying the process for consumers to enter and exit the service, and actions taken to ensure staff and consumers are aware of the entry and exit process. The Approved Provider also provided evidence of additional actions taken to address the deficits, including but not limited to capturing consumer preferences for accessing the service, placing signage directing consumers to the entry door, and a reminder sent to staff to improve awareness of mechanisms in place to promote free movement for consumers in and around the service.

I acknowledge the concerns raised by the Assessment Team, however the documentation provided by the Approved Provider demonstrated consumers are not negatively impacted by the service’s entry and exit process, and consumers are able to freely move around inside and outside the service. Consumers and/or representatives did not provide any negative feedback in relation to the current entry and exit process and were aware of the current process to enter and exit the service.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 5(3)(b) is found Compliant.

Environmental services staff described the service's daily cleaning, where all communal areas, rooms and high touch point surfaces are cleaned seven days a week. Cleaning staff stated they follow a cleaning schedule, including daily spot cleans and weekly full cleans of consumer rooms. Review of the cleaner duty checklist showed that there is a schedule for cleaning of both consumer rooms and communal areas. The Assessment Team observed cleaning staff cleaning communal spaces and consumer rooms on each day of the Site Audit.

Maintenance staff described how preventative maintenance items are logged and are managed through the use a maintenance folder. Maintenance staff described how reactive maintenance requests are paper-based and that staff members can update the reactive maintenance log that is available at all nurse’s station based on consumer, visitor, or staff feedback. Maintenance staff stated, and the Assessment Team observed on day four of the Site Audit, that that reactive maintenance logs available at the nurse’s stations are reviewed every morning.

The service was able to demonstrate furniture, fittings and equipment were safe and well maintained. The Assessment Team observed, and consumers confirmed, that equipment and fittings were cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they are made suitable for each consumer. The Assessment Team reviewed relevant documentation which evidenced that furniture, fittings, and equipment are routinely maintained to keep consumers and staff safe.

Consumers confirmed they have access to and were observed using a range of personal mobility devices, including wheelchairs, which were clean and well maintained. Consumers stated staff regularly clean the equipment and furniture in their rooms, and that call bells are always within reach. The Assessment Team observed posters around the service that reminded staff to use cleaning wipes provided to clean personal mobility devices for consumers. Care and maintenance staff stated they regularly conduct visual observations to ensure that the service environment, furniture, fittings, and equipment are safe, clean, well maintained and are suitable for all consumers in the service. Maintenance staff said that they carry out repairs to personal mobility devices and can access external contractors if required.

# 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 four of the four Requirements have been found Compliant.

Consumers and/or representatives stated they understand how to give feedback or make a complaint, they feel comfortable doing so and described the different ways in which they were able to provide feedback and make complaints. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has policies, procedures, and systems to ensure consumers and their representatives are encouraged and supported to provide feedback or complaints.

Staff described the feedback and complaints procedure which includes providing the consumer, representative or visitor with a feedback form, assisting them to fill it out as needed, resolving the feedback if they were able to, or escalating to senior staff or management if appropriate. Management described how they encourage and support consumers to provide feedback and make complaints using the different feedback mechanisms available, such as using the two types of feedback forms, surveys, verbally raising it with staff or management, emailing the service and speaking up at consumer meetings. Management advised that they check locked boxes daily and log any feedback received into their complaints and feedback register.

The Assessment Team observed feedback and complaints forms, locked boxes for feedback forms throughout the service to enable forms to be submitted anonymously. Feedback forms were observed to be available in the English, Chinese and Vietnamese languages. The Assessment Team also observed information about the service’s feedback and complaints mechanisms in the consumer handbook.

Consumers and/or representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management and staff described the advocacy services and external language services available to consumers, and advocacy material was observed to be readily available to consumers and/or representatives throughout the service. The service demonstrated a recent instance of how they made a consumer and/or representative aware of advocacy organisations, such as by having them visit the service.

Consumers and/or representatives stated the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Management and staff demonstrated an understanding of open disclosure, explaining how they offer an apology and are open and honest in the event of something going wrong. Complaints and incident reports showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed. The service has policies and procedures that guide staff around complaints management and open disclosure.

Consumers and/or representatives expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed and used to improve the quality of care and services. Management and staff were able to describe the main trends of complaints around the service environment and the actions taken or proposed actions to be done. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback and complaints from consumers and representatives, and identifying continuous improvement opportunities via various sources. The plan for continuous improvement evidenced that feedback and complaints from consumers, representatives and other sources are reviewed and used to improve 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. | 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 five of the five Requirements have been found Compliant.

Consumers and/or representatives expressed satisfaction with the number of staff and the speed at which care needs are responded to. Management described how the workforce is planned to address the needs of consumers such as strategies around unplanned leave and ongoing recruitment to meet legislative requirements with the support of the organisation’s human resources department. Staff expressed satisfaction with the service’s workforce strategy and confirmed that staffing levels are adequate, of those staff who said at times they feel short staffed, they did not identify any impact to consumer care. The Assessment Team did not observe staff to be rushed when providing care to consumers.

Management advised the roster is based on care minute requirements and consumer needs and that the service regularly tracks the live roster, which includes unplanned absences. Management noted any changes to consumer needs, such as a change in a consumer’s condition requiring specialised care or an increase in the number of consumers, are discussed during management meetings to ensure that the roster has the necessary number and mix of staff to meet the needs of all consumers. Any gaps identified with regards to staffing levels and capabilities are discussed and used to inform recruiting efforts, noting that they will do targeted advertising to ensure that identified gaps are addressed.

Consumers and/or representatives stated staff are kind and caring, and always gentle when providing care and services. Staff were observed to be interacting with consumers in a positive, caring, and respectful manner throughout and the service has various policies, procedures, and staff guidelines to guide staff practice and behaviour.

Consumers and/or representatives stated staff perform their duties effectively and expressed confidence in staff competency. Management described how they determine if staff are competent and outlined what qualifications and knowledge, they look for in the staff they hire. Staff described their responsibilities, and the competencies and qualifications required, in line with documented position descriptions. Review of documentation such as position descriptions and police checks demonstrated that the service monitors and ensures staff have the qualifications and knowledge to effectively perform their roles.

Management described how the service ensures staff are competent and capable to perform the duties required by their job description through orientations, regular trainings, and key competencies outlined in their position descriptions. Management described how the service approaches recruitment of staff once a need is identified and how they hire staff in line with the required competencies of their position descriptions, noting that all prospective staff must have the necessary registrations and checks in place prior to being employed.

Consumers and/or representatives stated staff are well trained and have the knowledge and skills required to deliver quality care and services to consumers. Management described how they support staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards. Staff reported the service provides mandatory and supplementary training to support them in providing quality care and services. The Assessment Team reviewed written materials and training reports that confirmed staff are trained and supported to deliver outcomes required by the Quality Standards.

Management described the mandatory training that staff are required to complete during orientation and on an annual basis, including manual handling, infection control, elder abuse, and Serious Incident Response Scheme training. Management stated the service has an educator who receives reports which include training completion rates for mandatory modules, as well as any staff members who have outstanding training modules to complete. Management also advised that additional training and education will be provided to staff if they express an interest in a particular topic, or if the service identifies a need due to staff performance, consumer feedback, incidents, or trends in clinical indicators.

Staff were not aware of a formal performance appraisal or assessment process, and the Assessment Team noted that the service’s overall performance review completion rate stood at 0%. Management described how they had self-identified the deficit and are working towards a plan to commence formal performance appraisals. The service was not adhering to their policies regarding the completion of regular performance appraisals. Management reported that performance of staff will be monitored through formal probation reviews, performance appraisals and informal monitoring and discussions.

Management stated that although they do not currently have a formal performance appraisal system in place, they regularly monitor the performance of their workforce through observations, feedback from consumers and/or representatives and when incidents occur. Management complete informal talks with staff to address their performance, and conduct formal investigations when incidents occur. Management stated they encourage staff to speak up whenever there is an incident and foster an open-door policy.

Staff stated that management provide informal feedback on performance, including one-on-one meetings with staff. Staff stated in the event of an incident, management conduct formal investigations and provide feedback to staff, including areas of improvement, additional training requirements and areas where management are able to support staff members.

The Approved Provider responded with additional documentation providing updates on actions taken to address the Non-Compliance, including but not limited to implementations of the new Performance Appraisal policy, performance appraised training has commenced for all managers and supervisors, high levels of acceptance of updated position descriptions for staff, scheduled completion of initial appraisals for staff against the new performance measures by June 2024.

I acknowledge the concerns raised by the Assessment Team however, the Approved Provider demonstrated a commitment to address the identified Non-Compliance and implemented appropriate and timely actions to address the Non-Compliance. Consumers and/or representatives provided positive feedback in relation to staff practices, staff skills and staff competency indicating the identified Non-Compliance has had minimal impact on care and service delivery.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(e) is found 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

This Quality Standard is assessed as Compliant as five of the five Requirements have been found Compliant.

Consumers and/or representatives expressed confidence that the service is run well and expressed satisfaction with their level of ongoing engagement in the service. Management described a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them.

Consumers and/or representatives expressed satisfaction with the management of the service, said they are supported to be a partner in their own care, and described how they were engaged in the development of care and services. The service has monthly consumer and representative meetings and an open-door policy to enable consumers and/or representatives to provide feedback. Management reported, and the Assessment Team evidenced that they have engaged consumers to develop an organisation-wide consumer advisory board.

Management and clinical staff stated that consumers and/or representatives are actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms such as monthly consumer and representative meetings, feedback forms, consumer experience surveys, and during care plan reviews.

The organisation demonstrated a governing body that promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery.

Management provided an overview of the organisational structure and hierarchy, including communications and reporting between different levels of management on a regular basis. Management confirmed there is regular communication and preparation of monthly performance reports from the service management to the executive committee which includes the Board members. The governing body ensures compliance with the Quality Standards through reporting by the clinical governance committee, feedback from consumers and representatives, continuous monitoring of service practices, and internal audits. Management described how the governing body has oversight of this information through regular reporting, meetings, and the electronic care management system.

The organisation demonstrated that processes and mechanisms were in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management and staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice. However, the Assessment Team identified areas for improvement related to policies and procedures being out of date.

The service’s information management systems were effective and fit for purpose and enable staff to access relevant documents and policies related to the care and services provided to consumers. Clinical and care staff confirmed they can easily access the information they need to perform their roles which includes the electronic care management system and online platforms for training, policies, and procedures.

Management described how continuous improvement opportunities are identified through regular internal audits, feedback and complaints, quality meetings and communications from the Commission. The Assessment Team reviewed the plan for continuous improvement which contained areas identified for improvement and actions taken to address the concerns.

Management stated they are supported by the governing body to make purchases to improve the service and have access to petty cash if required. Management described the approval process for purchases outside the allocated budget and advised they have not experienced issues in seeking financial approval from the governing body when needed. Management reported, and the Assessment Team noted the implementation of the service’s in-house hairdresser in 2023 approved by the Board for the use of consumers.

Management explained how the service ensures its compliance with regulatory requirements through quality and clinical governance, having memberships with peak bodies, and described how the service communicates this information to staff depending on their roles and responsibilities, and providing education where necessary.

Management stated the governing body has oversight on the feedback and complaints at the service by ensuring all feedback is documented in the feedback and complaints register. Management described how the organisation’s senior management has oversight over feedback and complaints to ensure that open disclosure was practiced and that consumers and/or representatives were satisfied with the resolution process.

The service demonstrated effective risk management systems and practices, including management of high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. Management and clinical staff demonstrated an understanding of the high-impact and high-prevalence risks associated with the care of consumers, and how the service safeguards risk in line with best practice.

The organisation has policies and procedures to support identification, reporting, recording, and reviewing of Serious Incident Response Scheme incidents. The service has an electronic system to capture incidents, and management outlined how critical incidents are escalated to the organisation’s quality team and governing body. Staff at various levels were able to explain the types of reportable incidents, their responsibilities and role in relation to the Serious Incident Response Scheme escalation pathway.

Management advised, and staff confirmed, that elder abuse, neglect, and incident reporting, including Serious Incident Response Scheme incidents, are part of the service’s mandatory annual training and that policies and procedures are available to staff at all times. Management and staff described how incidents are identified, reported, and managed in line with the service’s policies and procedures, and their responsibilities in relation to reporting and lodging incidents in the service’s incident management system. Management added that the service has several mechanisms to ensure that all serious incidents are appropriately reported including daily review of the service’s incident register, internal audits, and monthly quality indicator data reports.

The organisation demonstrated the clinical governance system ensures the provision of quality and safe clinical care in antimicrobial stewardship and open disclosure. Management and staff demonstrated how these policies and procedures were applied in the delivery of care and services such as antimicrobial stewardship, open disclosure and broadly, restrictive practices. The Assessment Team reviewed policies, procedures, frameworks, and guidelines around antimicrobial stewardship, restrictive practice, and open disclosure, as well as the organisational clinical governance framework.

Management and clinical staff described how antimicrobial stewardship is maintained within the context of infections, through ongoing education, pathology testing and preventing infections through appropriate hydration and hygiene care. Management and clinical staff advised the service monitors infections by regularly reviewing incident reports and discussing changes during weekly registered nurses meetings and monthly clinical meetings. Clinical staff described how to reduce the need for antibiotics including promoting good personal hygiene, regular handwashing and encouraging fluid intake.

Management and staff demonstrated an understanding of open disclosure. Management described how they ensure staff practice open disclosure by reminding staff to disclose all necessary information to the relevant person and referring to the service’s open disclosure policy.

However, the Assessment Team identified areas for improvement in relation to environmental restrictive practice as reported in Requirement 5(3)(b).

The Approved Provider responded with additional documentation clarifying the process for consumers to enter and exit the service, and actions taken to ensure staff and consumers are aware of the entry and exit process. The Approved Provider also provided evidence of additional actions taken to address the deficits, including but not limited to capturing consumer preferences for accessing the service, placing signage directing consumers to the entry door, and a reminder sent to staff to improve awareness of mechanisms in place to promote free movement for consumers in and around the service.

I acknowledge the concerns raised by the Assessment Team, however the documentation provided by the Approved Provider demonstrated consumers are not negatively impacted by the service’s entry and exit process, and consumers are able to freely move around inside and outside the service. Consumers and/or representatives did not provide any negative feedback in relation to the current entry and exit process and were aware of the current process to enter and exit the service.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(e) is found 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)