Performance

Report

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| Name of service: | Laurina Lodge Hostel |
| Service address: | 14 Licola Road HEYFIELD VIC 3858 |
| Commission ID: | 3208 |
| Approved provider: | Heyfield Hospital Incorporated |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 3 January 2023 |

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 Victoria Grange Residential Aged Care Facility (**the service**) has been prepared by M. Nassif 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 assessment team’s report received 28 November 2022.

# Assessment summary

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) – Ensure that 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.
* Requirement 2(3)(c) – Ensure that assessment and planning is based on ongoing partnership with consumers, others the consumer wishes to involve, and other organisations and individuals providing care and services.
* Requirement 4(3)(b) – Ensure services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Requirement 6(3)(d) – Feedback and complaints are reviewed and used to improve the quality of care and services.
* Requirement 7(3)(a) – Ensure the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* Requirement 7(3)(d) – Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 and representatives stated consumers were treated with dignity and respect and are able to maintain their identity. Staff knew consumers’ backgrounds and care planning documents reflected consumers’ identity, diversity and cultural needs and preferences.

Consumers and representatives said consumers’ religious or spiritual backgrounds and beliefs were respected, they were able to express their identity and interests and were satisfied staff supported their cultural and spiritual needs. Staff demonstrated an in-depth knowledge of each consumer’s identity and articulated how they meet the individual needs of these consumers.

Consumers and representatives felt supported to make informed choices about their care and services, involve who they want in their care decisions, be independent and maintain important relationships. Staff explained how they supported consumers to make and maintain connections and relationships.

Consumers and representatives were happy with the risk assessment process and felt they had adequate knowledge to make informed decisions. Staff said they supported consumers to participate in activities and explained the risks and associated mitigation strategies. Consumers’ risk acceptance forms demonstrated collaboration with the consumer, their family and medical practitioners and allied health professionals. The service’s risk management framework supported the “dignity of risk” concept which recognised consumers had a right to make decisions about their lives, even if the decision posed some form of risk to the consumer.

Consumers and representatives said they received timely and accurate information in a form they could understand. Staff were observed regularly communicating with consumers and representatives about issues, choices and activities throughout the day. Staff described how often they reviewed the information provided to consumers to ensure it was current and relevant.

Consumers and representatives said staff respected consumers’ privacy. Staff were observed respecting consumers’ privacy and knocking on doors and seeking permission to enter the room, prior to entering. Consumers’ personal files were observed to be inside the nurses’ station that could be secured. Confidential consumer information was kept in the electronic care planning system that required a password to access it.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-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. | Non-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

The Assessment Team recommended Requirements 2(3)(a), 2(3)(c) and 2(3)(e) were not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 2(3)(a), the Site Audit report identified that 4 consumers new to the service did not have initial care assessment and plans completed, including consideration of risks to the new consumer’s health and well-being. Some of these consumers had been at the service for over a week and were receiving care and services by staff, such as catheter care. The Site Audit report noted that management acknowledged this deficiency.

The provider’s response acknowledged on some occasions, there had been delays in completing initial assessments and care plans for recently admitted consumers. The service has reviewed their processes and implemented strategies to address the inconsistency and ensure ongoing monitoring of the assessment and planning process.

While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. Consumers receive care and services without assessment and planning, including consideration of risks to the consumer’s health and well-being, being undertaken to inform the delivery of safe and effective care and services.

Therefore, based on the evidence before me, I find Requirement 2(3)(a) non-compliant.

Regarding Requirement 2(3)(c), the Site Audit report found assessment and planning included other organisations, and individuals and providers of other care and services. However, the Site Audit report brought forward the following deficiencies:

* + While representatives said they were notified about any incidents or deterioration in condition, they were not involved in the care planning process.
  + The service was not able to provide evidence of any recent care plan consultations with consumers and/or their representative.
  + The ‘resident of the day’ notes showed that consumer care plans were reviewed monthly by nursing staff, however, the section for family consultation was left empty and not completed for any of the ‘resident of the day’ notes reviewed.
  + Management acknowledged the gaps identified and advised that they would change their process to a 3 monthly care plan review and a new manager, commencing end of October 2022, will monitor the care planning processes.

The provider’s response acknowledged they were not able to provide evidence of compliance with this Requirement outlined commenced and planned opportunities for improvement.

While I acknowledge the service has taken appropriate actions to address the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. The evidence brought forward showed consumers and representatives were not involved as partners in the ongoing assessment, planning and review of the consumer’s care and services. Therefore, based on the evidence before me, I find Requirement 2(3)(c) non-compliant.

Regarding Requirement 2(3)(e), the Site Audit report found the service had systems and processes in place to review care and services. However, the Site Audit report provided an example of one consumer who had multiple incidents of challenging behaviour and although these were recorded in progress notes, they were not recorded in an incident form and did not result in review of care and services after each incident.

The provider’s response outlined opportunities for improvement in relation to incident management, including review of all consumer assessments and improved organisational procedures around incident management.

The evidence brought forward in the Site Audit report demonstrated the consumer exhibiting challenging behaviour is reviewed regularly by their medical officer and other specialists and this ongoing review has resulted in adjustments to the consumer’s medication and behaviour management strategies. The deficiencies identified by the Site Audit report for this Requirements relate more to management of incidents and has been considered under Requirement 8(3)(d) where it is relevant. No further consumer examples were brought forward, therefore I consider the evidence presented under this Requirement is insufficient alone to support care and services are not regularly reviewed for effectiveness when incidents impact on the needs, goals or preferences of consumers. Based on the evidence before me, I find Requirement 2(3)(e) compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 2 are compliant.

Staff described how information about consumers’ preferences, needs and goals was discussed and documented to deliver care in line with consumers’ wishes. Care planning documents demonstrated assessment and planning reflected consumers’ goals, needs and preferences, including advance care plans and end of life care wishes.

Consumers and representatives stated the outcomes of assessment and planning were effectively communicated to them including any changes in the care needs of consumers. Clinical and care staff described how they communicated the outcomes of assessments to the consumers and representatives. Some consumers and representatives said they were not aware how they could access their care plans.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Assessment Team recommended Requirement 3(3)(b) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(b), the Site Audit report found the risks associated with falls were effectively managed, however, the behaviours of one consumer were not always effectively managed. The Site Audit report brought forward several deficiencies and I consider the following relevant to Requirement 3(3)(b):

* The service was unable to demonstrate they effectively monitor, report and manage, significant behaviour related incidents associated with a named consumer. The consumer had a behaviour support plan in place and was under the care of their medical officer.
* Management advised the clinical manager would normally be reviewing progress notes daily for possible follow up, however the clinical manager was acting in the facility manager role and their role had not been backfilled.

The provider’s response outlined opportunities for improvement in relation to incident management, including additional training.

As discussed under Requirement 2(3)(e), the evidence brought forward in the Site Audit report demonstrated the consumer exhibiting challenging behaviour is reviewed regularly by their medical officer and other specialists and this ongoing review has resulted in adjustments to the consumer’s medication and behaviour management strategies. Staff also said they have tried various behaviour management strategies as per recommendations of other organisations.

The deficiencies identified by the Site Audit report for this Requirement relate more to insufficient staff available to manage the consumer’s behaviour and management of incidents and has been considered under Requirements 7(3)(a) and 8(3)(d) respectively where it is relevant. No further consumer examples were brought forward, therefore I consider the evidence presented under this Requirement is insufficient alone to support high impact and high prevalence risks are not being effectively managed. Based on the evidence before me, I find Requirement 3(3)(b) compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 3 are compliant.

Staff demonstrated understanding of individualised personal and clinical needs of the consumers. Care planning documents included individualised care needs and reflected best practice. Consumers and representatives said care delivered is tailored to consumers’ needs and optimised their health and well-being. However, some consumers, representatives and staff said there is not enough staff to delivery timely personal care. As this related to staffing sufficiency this has been considered further under Requirement 7(3)(a).

Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Staff said they prioritised consumers’ comfort and dignity during end-of-life care and explained how they attended to oral care, skin care, repositioning and personal hygiene. The service had policies and procedures directing the provision of end-of-life care.

Staff explained when consumers’ health deteriorated, they communicated at handovers, informed clinical management, escalated to a medical officer and transferred them to hospital, if required. Progress notes and care planning documents showed a deterioration or change in condition was responded to in a timely manner, documented and relevant people informed including the families/representatives, medical officers and external providers. Consumers and representatives said the service responded to a deterioration or changes in condition.

Consumers and representatives were satisfied with the communication regarding changes to consumers’ conditions. Staff confirmed they received up-to-date information about consumers at handover and described how changes in consumers’ care and services were communicated through verbal and handwritten handovers, meetings, accessing care plans, and messages through electronic notifications. Care planning documents contained adequate information to support effective and safe sharing of consumers’ information in providing care.

Consumers and representatives advised the service facilitated timely and appropriate referrals to other relevant health services. Staff described the process for referring consumers to other health professionals and the occurrence of referrals was evidenced in care planning documents.

The service had policies and procedures in place to minimise and prevent infectious outbreaks (including COVID-19) and promote antimicrobial stewardship. Consumers and representatives said they were happy with the precautions in place to prevent and manage infectious outbreaks. Records showed staff had received relevant training and were provided with appropriate equipment.

# Standard 4

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| Services and supports for daily living | | Non-compliant |
| 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. | Non-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

The Assessment Team recommended Requirement 4(3)(b) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 4(3)(b), the Site Audit report stated that care planning documents included information regarding the emotional, spiritual, and psychological needs of the consumers. Staff also said when they identified a negative change in a consumer’s demeanour and were concerned for their emotional or psychological well-being, they will attempt to address the issue through the documented strategies outlined in the consumer’s care plan or by spending one on one time with them to provide emotional support. However, the Site Audit report found consumers were not always provided with emotional and psychological support after incidents involving another consumer’s behaviour. I consider the following evidence brought forward in the Site Audit report relevant to Requirement 4(3)(b):

* At least 10 consumers had recently been psychologically impacted by intrusive behaviours displayed by another consumer. However, there was no documented evidence of emotional or psychological support provided to those consumers.
* Management acknowledged the gaps in supporting consumers impacted by the behaviours of another consumer and stated the clinical team will identify all consumers impacted and complete incident reports, provide emotional and psychological support and implement ongoing support strategies.

The provider’s response outlined a number of actions that have and will be undertaken to address the deficiency identified in the Site Audit report. This included the recruitment of a new manager with skills and experience in older person mental health and dementia care.

The evidence brought forward under this Requirement identified multiple consumers were not assessed for potential adverse impacts from the behaviour of another consumer. While I acknowledge the service has taken appropriate actions to address the deficiencies identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. Therefore, based on the evidence before me, I find Requirement 4(3)(b) non-compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 4 are compliant.

Consumers and representatives reported the services and supports for daily living met their needs, goals, and preferences. Care planning documents showed the assessment and care planning processes captured what and who was important to each consumer to promote their well-being and quality of life. Staff were aware of consumers' interests and identified each consumer's needs, goals, and preferences. The monthly lifestyle and leisure program schedules was updated regularly and activities were adapted following consumers and representatives feedback.

Consumers and representatives said they were supported to maintain contact with the people who were important to them, and engage in activities of interest, both inside and outside of the service. Care planning documents identified how consumers wished to participate in activities and maintain relationships. Management provided examples of how the service supported the consumers’ participation in community events and activities.

Consumers felt confident that information about their lifestyle needs and preferences was effectively communicated between staff and other persons delivering their care and services. Staff described how consumers’ care needs and preferences were shared internally at handovers and recorded in the service's consumer files. Care planning documents provided adequate information to support staff in the delivery of effective care and services to each consumer.

The organisation had documented policies and procedures in place for referring consumers to other individuals and service providers outside the service to support their lifestyle needs. Care planning documents showed timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services.

Consumers said the meals provided were varied and of suitable quality and quantity and they were able to influence the menu and provide regular feedback on the food provided. Consumers were given flexible choices and their likes and dislikes were communicated effectively. Staff described how they met individual consumers’ dietary needs and preferences on an ongoing basis.

Consumers stated they 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, knew the process for reporting an issue and said items were repaired or replaced quickly when required. Maintenance requests were logged and actioned. Equipment used for activities of daily living was observed to be safe, suitable, and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers and representatives stated the service environment was welcoming, optimised their sense of belonging and independence and they felt at home. that they feel at home. The service environment was observed to be welcoming, easy to understand and support independence and interaction.

Consumers and representatives said the service was cleaned to their satisfaction in accordance with their preferences. Consumers had access to indoor and outdoor areas. Cleaning staff were observed cleaning consumers’ rooms, communal areas, staff rooms and high touch points, and referring to different cleaning schedules.

Consumers and representatives said the equipment, fittings and furniture was safe, well-maintained, and suitable for their needs. Staff described how shared equipment was cleaned and maintained. The furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for the needs of the consumers. The preventative maintenance schedule showed scheduled maintenance was up to date and reported maintenance issues were resolved promptly.

# Standard 6

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |

Findings

The Assessment Team recommended Requirements 6(3)(c) and 6(3)(d), were not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 6(3)(c), staff said they had received training on open disclosure and demonstrated a shared understanding of the principles of open disclosure. However, the Site Audit report brought forward the following deficiencies:

* Consumers and representatives said they did not recall management or staff providing an apology upon the making of the complaint or when things went wrong.
* Two representative had made complaints, one verbal and one written, and these were not recorded in the service’s complaints records. Both representatives said the service had not adequately responded to their complaint.

The provider’s response provided the following clarifying information and evidence in relation to the deficiencies identified in the Site Audit report. The provider advised:

* Open disclosure was actively practised by the service and there were multiple documented references to providing an apology.
* For one representative whose feedback was not recorded, the response stated there was no documentation of this feedback and staff did not recall the representative raising the feedback. Nevertheless, the service has contacted the representative to arrange a time to discuss their feedback. The response does not address the other representative whose feedback was also not recorded.
* The service will review the complaints procedure and flow chart.

The response acknowledged that recording feedback has been incomplete and there is limited evidence to support complaints/feedback has been followed up to ensure consumers and/or representative are happy with the outcomes of their complaint/feedback. I consider the lack of recording of feedback demonstrated the service is not monitoring and reviewing feedback and complaint to improve quality of care and services. Therefore, the deficiencies identified under this Requirement is considered under Requirement 6(3)(d) where it is relevant.

I consider the evidence in the Site Audit report shows the service generally takes appropriate action in response to complaints and practiced open disclosure when things went wrong.

While there is scope for improvement, only 2 examples were brought forward and no evidence of further occurrences was brought forward to suggest this is a systemic issue. Therefore, I consider the evidence presented under this Requirement is insufficient alone to support appropriate action is not taken in response to complaints. Based on the evidence before me, I find Requirement 6(3)(c) compliant.

Regarding Requirement 6(3)(d), the Site Audit brought forward the following deficiencies:

* Consumers, representatives and staff could not identify any changes or improvements to the quality of care and services as a result of consumer feedback or complaints.
* Management advised the service collected and recorded feedback in several different areas which has resulted in poor consolidation, evaluation and trending. The service was already reviewing and streamlining the process to ensure all feedback and complaints were captured and documented in one area to ensuring greater transparency and utility.
* The service’s plan for continuous improvement demonstrated that complaints, feedback, suggestions, and incidents were not always documented. Improvement actions, timeframes, progress and outcomes were not consistently completed for improvement actions on the plan.
* The plan for continuous improvement plan did not show any actions as a result from consumer feedback or complaints. Management advised this was in the process of being reviewed to ensure their system aligns with The Quality Standards.
* Consumer and staff meeting minutes showed complaints and feedback were not entered on the feedback log, nor were there corresponding discussions about complaints trends or areas for improvement. Additionally, as outlined under Requirement 6(3)(c), not all feedback from representatives were recorded and as a result was not reviewed.

The provider’s response provided additional clarifying information and evidence in relation to the deficiencies identified in the Site Audit report. The provider advised:

* The service had been capturing some level of consumer feedback and complaints in their continuous improvement plan but acknowledged the process needed to be robust enough to drive enduring changes.
* The service had been using multiple systems for capturing quality data but is currently transitioning to one source for all quality data, to enable an end to end quality management tool to drive continuous improvement.

While some feedback and complaints have been recorded to be used to improve quality of care and services, not all feedback and complaints have been recorded and there has not been a central place where all feedback and complaints are recorded. Due to lack of consistent and central recording of feedback and complaints, I consider the service was unable to demonstrate that all feedback and complaints received are monitored and reviewed to improve the quality of care and services for consumes. While I acknowledge the service has taken appropriate actions to address the deficiencies identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. Therefore, based on the evidence before me, I find Requirement 6(3)(d) non-compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 6 are compliant.

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints. Management stated consumers and representatives were informed about how to provide feedback and complaints through various avenues such as consumer/representatives meetings, newsletters, verbal feedback, and surveys.

Some consumers said they were not aware of access to independent advocacy services. However, the service had posters throughout the service providing details about advocacy services. Brochures regarding complaints and feedback processes, including translation and advocacy services, were displayed on noticeboards in communal areas and in corridors. The service had a procedure for staff on accessing interpreters/translators.

# Standard 7

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| Human resources | | Non-compliant |
| 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. | Non-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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team recommended Requirement 7(3)(a) and 7(3)(d) were not met.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(a), the Site Audit report found the service plan and review the workforce, however consumers and staff provided feedback that there is not enough staff. The Site Audit report brought forward the following deficiencies:

* Clinical and care staff said there was not enough time and staff to deliver quality care and services to consumers.
* Consumers and representatives felt there were not always sufficient staff to supervise a consumer with wandering behaviour and meet the care needs of the other consumers. As a result, consumers have to wait a long time and the consumer with wandering behaviour intrudes into other consumer’s rooms and displays verbal and physical aggression towards staff and other consumers. Additionally, 2 consumers said they did not feel safe living at the service due to the intrusive behaviours of one of the consumers.
* A consumer and 1 representatives said there was insufficient staff to respond to consumers call bells in a timely manner when they required assistance with toileting and consequently they have soiled themselves on some occasions.
* One consumer who required 4 staff to assist with repositioning every 2-3 hours however, there was only 3 staff rostered on overnight shift making it difficult to see how the care needs of this consumer and other consumers could be met. When raised with management they said the consumer will be reviewed by a physiotherapist to determine if they require 3 staff to assist with repositioning and in the meantime a request of an additional staff member will be made.

The provider’s response outlined several mechanisms the service has and will implement to ensure there is sufficient numbers and mix of staff. This includes the introduction of a support officer who monitors staff rosters to ensure each shift is filled and unplanned leave is replaced. Management also liaise with staff to understand the care needs of consumers and adjust staff allocation to meet these needs. The response also advised the consumer who required 4 staff to assist with repositioning had been reassessed by a physiotherapist as requiring 3 staff to assist. A fourth staff member was rostered until the physiotherapist review was undertaken. The service has also made enquiries about purchasing a sling to assist staff and minimise time away from other consumers.

While I acknowledge the service has taken appropriate actions to address the deficiencies identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I have also given weight to incidents where consumers care needs were not met in a timely manner and the negative impacts on consumers caused by another consumer who requires a high level of monitoring and supervision due to significant behavioural issues. I consider the service did not demonstrate the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services. Therefore, based on the evidence before me, I find Requirement 7(3)(a) non-compliant.

Regarding Requirement 7(3)(d), the Site Audit identified that staff had not received training in relation to incident management, identifying and reporting incidents, SIRS, quality standards, restrictive practices, open disclosure and feedback. Management advised that some training is provided to the facility manager who is then responsible for providing the training to staff. However, the service had not had a facility manager for several weeks and other changes management roles over the last 12 months had impacted staff training.

The provider’s response considered the Site Audit showed staff had acted appropriately and identified, managed, and monitored restraints and restrictive practices on almost all occasions which indicated that staff understand the key concepts and act accordingly despite no formal education or training. The response also states that the service concedes that there has been limited ongoing training and education relation to serious incident reporting.

While I acknowledge the service has taken appropriate actions to address the deficiencies identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. Therefore, based on the evidence before me, I find Requirement 7(3)(d) non-compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 7 are compliant.

Consumers and representatives said staff were kind, caring and respectful. Staff members were observed interacting with consumers in a kind caring and respectful way. Management advised they monitored staff interactions through observations and formal and informal feedback from consumers and representatives.

Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs. Management explained the recruitment process and other checks conducted such as police checks, verifying qualifications, professional registrations. The service had position descriptions that set out the expectations for all roles.

Staff were aware of the service’s performance development processes, including discussions of their performance and areas where they would like to develop their skills and knowledge. Performance appraisals were conducted annually and in accordance with the service’s staff performance framework. Staff confirmed they had completed a performance review within the last 12 months.

# Standard 8

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| --- | --- | --- |
| Organisational governance | | Compliant |
| 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

The Assessment Team recommended all Requirements in Standard 8 were not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(a), the Site Audit report outlined complaints were not always recorded into the feedback system, as a result, the service and/or governing body are not made aware of all feedback received. Two examples of feedback from representatives were provided and which were not recorded in the service’s feedback system.

The provider’s response outlines the different avenues consumers and representatives are engaged in the development, delivery and evaluation of care and services, for example through quarterly meetings with the Board. The Site Audit report also outlines feedback from consumers and representatives which reflected they felt the service encouraged their participation when making decisions including participating in resident meetings, care plan reviews, surveys and lifestyle choices.

I consider the evidence provided under this Requirement is relevant to Requirement 6(3)(d) where it has been considered to support a finding of non-compliant. Therefore, the evidence presented under this Requirement is insufficient alone to support consumers are not engaged in the development, delivery and evaluation of care and services. Based on the evidence before me, I find Requirement 8(3)(a) compliant.

Regarding Requirement 8(3)(b), the Site Audit report found the organisation’s governing body was not sufficiently aware and accountable for the delivery of safe, inclusive, quality care and services. A member of the Board stated the Board monitors compliance with the Quality Standards through reports from management. However, the report provided by the service did not include feedback trends, SIRS, clinical incident trends, or continuous improvement which were therefore not considered by the Board.

I consider the lack of reporting provided to the Board for their consideration reflects deficiencies under other Requirements such as 6(3)(d) and 8(3)(d). The evidence provided under this Requirement in the Site Audit report demonstrated the Board plays an active role in ensuring safe and effective care and services is delivered. The provider’s response also outlined actions that have been taken to improve compliance with this Requirements such as reviewing of meeting agendas and reports.

The evidence presented under this Requirement is insufficient alone to support the organisation’s governing body does not promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(b) compliant.

Regarding Requirement 8(3)(c), the Site Audit report brought forward several deficiencies and I consider the following relevant to Requirement 8(3)(c):

* In relation to feedback and complaints, they were not consistently captured, analysed and reported to the Board and used to inform the service’s continuous improvement plan.
* The service could not demonstrate there were always sufficient staff to provide quality care and services to each consumer.
* Potential psychological and emotional abuse as a result of a consumer with aggressive and intruding behaviour was not reported through the Serious Incident Report Scheme (SIRS). As there is insufficient information to determine if there was psychological and emotional abuse suffered by consumers as a result of the consumer’s behaviour, I have not considered this evidence.

The provider’s response outlined opportunities for improvement in relation to documenting feedback and complaints and behaviour related incidents, monitoring sufficiency of staffing and oversight of SIRS incidents.

The evidence provided in the Site Audit report does not show absence of organisational wide governance systems in place. However, the evidence provided does show there are deficits at the service level in relation to documenting incidents and complaints and ensuring adequate staffing to delivery care and services in line with consumer needs and preferences. I have considered this evidence under Requirements 6(3)(d) and 7(3)(a) where they are relevant and have resulted in a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(c) compliant.

Regarding Requirement 8(3)(d), the Site Audit report found the service generally had effective risk management systems and practices in place addressing; high impact or high prevalence risks, identifying and responding to abuse and neglect, and supporting consumers to live their best life. However, in relation to managing and preventing incidents, the Site Audit report provided an example of one consumer who had multiple incidents of challenging behaviour and although these were recorded in progress notes, they were not recorded in an incident form and did not result in review of care and services after each incident.

The provider’s response outlined a plan for continuous improvement included corrective actions undertaken, commenced or planned. The Site Audit report does not specify how many incidents of challenging behaviour was not recorded in an incident form however the provider’s response evidenced that incidents have now been recorded. No further examples of incidents that were not recorded was brought forward to suggest this is a systemic issue.

I consider there is evidence under Standards 2 and 3 that the service is assessing and monitoring the consumer’s challenging behaviour and had put in place risk management strategies which were being implemented and reviewed for effectiveness.

I also acknowledge some consumers were adversely impacted by a consumer with challenging behaviours that included intrusive and aggressive behaviour towards staff and other consumers. However, these adverse impacts have been considered under Requirement 4(3)(b) to support a finding of non-compliant.

The service had mandatory training for all staff on elder abuse and neglect and staff described the process if they suspected elder abuse or neglect, and how it is reported. The organisation also had implemented a risk management system to monitor and assess the high impact or high prevalence risks associated with the care of consumers. The evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(d) compliant.

Regarding Requirement 8(3)(e), the Site Audit report brought forward several deficiencies and I consider the following relevant to Requirement 8(3)(e):

* The clinical governance framework outlined the service is required to regularly review risks, compliance from audits and the effectiveness of the antimicrobial stewardship system and these are to be reported to the Board. However, meeting minutes demonstrated this did not occur.
* Staff advised they received mandatory training and education however documentation did not demonstrate any training on antimicrobial stewardship, quality standards, restrictive practices, open disclosure or feedback.
* Some staff had limited understanding of open disclosure.

The provider’s response outlined a plan for continuous improvement included corrective actions undertaken, commenced or planned. This included review of reports provided to the Board. As outlined under Requirement 8(3)(b), the Site Audit report evidence the Board’s active role in ensuring safe and effective care and services is delivered. No evidence was brought forward of impacts to consumers as a result of the Board not receiving and reviewing reports in relation to risks, compliance and antimicrobial stewardship.

In relation to staff not receiving training, this is relevant under Requirement 7(3)(d) where it has been considered to support a finding of non-compliant.

While the Site Audit report identified some gaps in staff practice, they were not characteristic of failures of organisational governance. The evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(e) compliant.

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