Performance

Report

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| Name of service: | Performance report date: |
| Little Para Hostel | 30 August 2022 |
| Commission ID: | Activity type: |
| 6205 | Site Audit |
| Approved provider: | Activity date: |
| Allity Pty Ltd | 28 June 2022 to 1 July 2022 |

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 Little Para Hostel (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 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 15 August 2022.
* 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 | **Non-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 | **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 3(3)(a) – the Approved Provider ensures each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. That includes timely personal care.
* Requirement 7(3)(a) – the Approved Provider ensures 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. This includes timely assistance to consumers requiring personal care.

# 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

The Assessment Team recommended the following requirement as not met:

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response, and find the service compliant for this requirement.

Care planning documents reflected information regarding consumers’ identity, culture and diversity. Staff were generally observed treating consumers with dignity and respect and showed knowledge of consumers’ identity and preferences consistent with care plans. However, the Site Audit Report reflected mixed feedback from consumers regarding the way they are treated, with some saying dignity and respect can be diminished due to long wait times with calls bells. Examples from named consumers described being left unattended for extended periods, not receiving suitable hygiene care, and considering they were not treated with dignity.

The Approved Provider’s response gave further context, clarified information concerning consumers’ mixed feedback and acknowledged call bell waits are extended at times but generally are responded to promptly.

The Approved Provider gave evidence regarding the named consumers including actions and communication taken prior to and since the site audit with the consumers who provided negative feedback.

While I accept the consumers’ feedback as reflective of their experience, I have considered the call bell response time concerns further at Quality Standards 3 and 7 where I find the evidence more relevant, and do not consider the examples raised are sufficient to support non-compliance with this requirement.

The service has processes in place to identify consumers’ unique and diverse needs, culture and identity, and while staff delayed response has impacted some consumers, generally consumers were satisfied they are treated with dignity and respect.

Therefore, I find requirement 1(3)(a) is compliant.

Regarding the remaining requirements, consumers and their representatives said staff value consumers’ culture and diversity, and provide safe care and services. Staff described how consumers’ culture and background influences their delivery of care.

Consumers said they are supported to exercise choice and make decisions, and to maintain relationships of choice. Staff know consumers’ care and relationship preferences and described how they support consumers to make informed choices.

Consumers who want to take risks were satisfied they are supported to live the best life they can. Staff described how risks are explained to consumers and the support given to minimise risks.

Consumers are provided timely information that is accurate, easy to understand and enables them to exercise choice. Activity calendars and notices were displayed throughout the service.

Consumers said their privacy and confidentiality is respected. Staff were observed knocking on consumers’ doors prior to entry and closing the door during provision of personal care. Consumers’ information is stored securely and handover is conducted privately.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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. | 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

The Assessment Team recommended the following requirement as not met:

* 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.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response, and find the service compliant for this requirement.

Progress notes identified consumers and representatives are involved in care plan reviews. However, the Site Audit Report reflected consumers and representatives did not recall being involved and had not seen the care plan.

The Approved Provider’s response gave evidence of care plan reviews undertaken in consultation with consumers. They addressed feedback of named consumers with those consumers and their representatives and acknowledged there was a gap in consumers’ and their representatives’ understanding of how to access care plans. All named consumers and representatives have now received a copy of care plans.

I am satisfied consumers and representatives were involved in care plan reviews, and care planning documents were readily available.

Therefore, I find requirement 2(3)(d) is compliant.

Regarding the remaining requirements, care planning documents reflected assessment and care planning process is undertaken when consumers enter the service to identify their needs, goals, preferences and relevant risks. Advance care and end of life planning are included in care plans, if the consumer wishes. Staff described how they regularly view care plan information to ensure safe and effective care is delivered.

Most consumers and representatives did not recall being involved in assessment and planning, however care documentation showed consumers, representatives and other health professionals are involved. Staff said consumers and representatives are consulted and informed of updates.

Care planning documents are reviewed on a regular basis and updated when circumstances change, such as changes in condition or when an incident occurs. Staff advised care planning documents are reviewed every 6 months, or as required.

# Standard 3

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| Personal care and clinical care | | Non-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. | Non-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 the following requirements were not met:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that optimises their health and well-being.
* 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.

I have considered the evidence in the Site Audit Report and the Approved Provider’s response, and find the service non-compliant with Requirement (3)(a) and compliant with Requirement (3)(e) and have provided reasons below.

* Regarding 3(3)(a)

The Site Audit Report brought forward negative feedback from some consumers regarding personal care, specifically three consumers providing examples of not having the required assistance to manage their needs resulting in incontinence, waits for the toilet or walking without assistance.

The Approved Provider disagreed with the Assessment Team’s findings and provided evidence staff are generally responsive to consumers call bells and requests for assistance. The Approved Provider has implemented improvement actions to address the concerns raised by consumers in the Site Audit Report.

I have also considered information from Quality Standard 4 in relation to one consumer not being supervised during meals in line with their assessed needs.

The service has processes to assess, identify and implement strategies to provide personal care and clinical care to each consumer. However, feedback from consumers at the time of the site audit show consumers were not receiving personal care in line with their needs, or which optimised the consumers’ health or wellbeing. I have placed weight on the consumer experience examples provided, which show each consumer was not receiving timely and appropriate assistance when required to ensure their continence and toileting needs are managed safely and effectively. The impact of the deficit in personal care has resulted in consumer mobilising without assistance and having incontinent episodes. I acknowledge the service has taken actions to address the feedback of the consumers following the site audit. However, at the time of the site audit each consumer was not receiving safe and effective personal care.

Therefore, I find requirement 3(3)(a) is non-compliant.

* Regarding 3(3)(e)

Most consumers felt their condition, needs and preferences were communicated within the organisation and with others. Care plans, progress notes and handover information reflected changes are communicated. However, the Site Audit Report reflected feedback from a consumer representative of not being informed of change to the consumer’s condition, and staff did not have a shared understanding of the consumer’s condition.

The Approved Provider disagreed with the Assessment Team’s findings. They gave supporting documents to evidence the consumer was receiving relevant care from staff and said the representative was not the authorised representative for the consumer at the relevant time. Based on this evidence I am satisfied this example is not reflective of non-compliance.

The service demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and to those with shared care responsibility.

Therefore, I find requirement 3(3)(e) is compliant.

Regarding the remaining requirements, care planning documents reflected effective management of high impact and high prevalence risks occurs, including through implementing mitigation strategies.

Care planning documentation for consumers who were nearing end of life showed their needs and goals are recognised, and their comfort maximised. Staff described how they follow consumers’ preferences. The service has a memory wall with photographs of consumers who passed away.

Staff described action taken to recognise and respond to deterioration or changes in consumers’ condition, including communicating within the service. Care planning documents reflect staff conduct assessments, observations and make referrals to other relevant providers.

Consumers said they are referred to other services as needed. Care plans include recommendations or directives from other health professionals, and staff described how they apply these in practice.

Staff described training received for infection control principles and the promotion of antimicrobial stewardship, and how they apply this when delivering care.

# Standard 4

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| Services and supports for daily living | | 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. | 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 the following requirements were not met:

* 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.
* 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.

* Where meals are provided, they are varied and of suitable quality and quantity

I have considered the evidence in the Site Audit Report and the Approved Provider’s response, and find the service compliant for these requirements.

Regarding 4(3)(a)

Care planning documents included information about what is important to consumers, and the support needed to help them do the things they wish to. Staff described how they support consumers’ goals and preferences

However, the Site Audit Report reflected mixed feedback from consumers regarding how the service supports consumers to be independent, exercise choice and make decisions about the care and services provided.

One named consumer expressed concerns regarding feeling alone and uncomfortable with staff. While I accept the consumer’s comments reflect their experience, the Approved Provider gave evidence showing the consumer was engaged in activities. I consider insufficient information was brought forward to support non-compliance with this requirement. I have considered the consumer’s feedback in Quality Standard 7 where I find it more relevant.

One named consumer said they did not like the activities provided. Further named consumers’ feedback reflected they would like more variety in activities. The Approved Provider gave evidence of activities consumers are engaged in and said they will incorporate the consumers’ feedback in future, as the feedback had not been communicated prior to the Site Audit. Lifestyle calendars dated prior to the Site Audit reflected a variety of activities were available each day. The Approved Provider described continuous improvement activities to further incorporate consumer feedback.

Overall the service demonstrated it provides supports and services for daily living to meet consumers’ needs and optimise their well-being. Therefore, I find requirement 4(3)(a) is compliant.

Regarding requirement 4(3)(c)

Care planning documents identified how consumers wish to participate in activities, outings and maintain relationships. However, the Site Audit Report reflected mixed feedback from consumers regarding this.

Regarding the feedback about bus outings, the Approved Provider explained the reason and said action was being taken prior to the Site Audit to address this. While I acknowledge the consumer’s feedback, I accept that the Approved Provider was addressing this and therefore consider the Approved Provider’s actions reflect compliance.

The Approved Provider addressed comments from other named consumers regarding relationships and community connections that they miss, I am satisfied based on the contextual information these examples were not reflective of non-compliance by the service.

Regarding the feedback from the named consumer regarding external support services to facilitate community participation, the Approved Provider gave further context regarding the circumstances. I consider the information provided is conflicting and there is insufficient evidence presented to reflect a deficit regarding the service fulfilling its responsibilities.

Overall, I am satisfied consumers are assisted to participate in the community, maintain relationships and do things of interest. Therefore, I find requirement 4(3)(c) is compliant.

Regarding requirement 4(3)(f)

The Site Audit Report reflected mixed feedback from consumers about meals being varied and of suitable quality and quantity. Some consumers were dissatisfied with the quality, texture and temperature of meals. Further issues were raised regarding consumer supervision and staff assistance.

The Approved Provider disagreed with the Assessment Team’s findings. They addressed feedback from the named consumers and outlined continuous improvement action.

Regarding the named consumers’ dissatisfaction with meal quality, texture and temperature, during the Site Audit staff explained the service’s processes and how they address consumers’ concerns. The temperature concern was noted to be an ongoing topic raised at consumer meetings and staff reminders were issued. The Approved Provider gave evidence of surveys showing consumer satisfaction and said an internal audit was conducted after the Site Audit to verify suitable meal temperature. While I accept the consumers’ feedback, I am satisfied the service had identified and commenced addressing the concerns prior to the Site Audit, and the improvements will take time to demonstrate effectiveness. Therefore, I do not consider this example is reflective of non-compliance.

A named consumer said they were unsupervised at meal time, contrary to care plan information. I have considered this information under Quality Standard 3 where I find it more relevant.

Overall the meals provided are varied and of suitable quality and quantity. Therefore, I find requirement 4(3)(f) is compliant.

Regarding the remaining requirements, most consumers said the service helps them connect with friends and family for emotional support and staff are supportive. Staff described support provided for consumers’ spiritual well-being and how they identify and support consumers experiencing a change in mood. Staff were observed providing support to consumers.

Consumers generally considered their needs and preferences are communicated within and outside the service. Staff said communication occurs via care plans, shift handover and dietary reports. Referrals to other providers, such as religious services, volunteers, and entertainers occur based on consumers’ needs.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they have access to equipment, including mobility aids, to assist them with their daily living activities. Staff said they have access to equipment they need, and when issues are identified with equipment, this is reported to maintenance and is rectified in a timely manner.

# 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

The service environment was observed to be welcoming. Consumers said they felt welcome and like they belonged at the service, and it has a sense of community. Consumers decorate their rooms with personal belongings. The service has outdoor courtyard and garden areas and consumers are supported to participate in gardening.

The service environment was observed to be safe, clean, well maintained, and comfortable. Consumers said the environment is clean and allows them to move freely.

Furniture, fittings, and equipment were observed to be clean, well maintained, safe, and suitable. Maintenance records reflect regular proactive and reactive maintenance occurs.

**Standard 6**

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| Feedback and complaints | | 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. | Compliant |

## Findings

The Assessment Team recommended the following requirements were not met:

* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services

I have considered the evidence in the Site Audit Report and the Approved Provider’s response, and find the service compliant for these requirements.

Regarding 6(3)(a)

Consumers and their representatives were aware of how to provide feedback and make complaints. Staff described how they support consumers to make complaints. There is a feedback box and feedback has been discussed at consumer meetings. However, the Site Audit Report reflected feedback from some consumers who were worried about making complaints or said they do not feel listened to. Negative feedback was raised regarding food and call bell response times.

The Approved Provider described how the service addresses complaints and said consumers and their representatives are informed of external complaint mechanisms if they are not comfortable raising concerns directly. They responded to feedback in the Site Audit Report from named consumers and referred to actions taken to address those concerns. They referenced the consumer surveys undertaken and provided records of consumers’ feedback.

The service demonstrated a variety of processes to support and encourage consumers to provide feedback and make complaints, including through meetings, complaint forms, verbally and surveys. Some consumers have not been satisfied with actions taken, specifically in relation to call bells and food complaints, these deficits have been more relevantly addressed in Quality Standards 4 and 7. I have placed weight on evidence the consumers are providing feedback and complaints and the service is aware of the feedback and has taken actions.

Therefore, I find requirement 6(3)(a) is compliant.

Regarding requirement 6(3)(c)

The service demonstrated a suitable system for recording and tracking progress of complaints. The service has an open disclosure policy, though some staff were unfamiliar with the term. The Site Audit Report brought forward negative feedback from consumers regarding how their complaints about food and call bell response times were dealt with, saying they had not noticed a difference.

The Approved Provider disagreed with the Assessment Team’s finding. Evidence was provided the service was aware of some of the consumer feedback, similar issues were recorded and and actions and improvements were underway to address the issues as part of the feedback process. Evidence of open disclosure being used was provided. I consider the remedial action and continuous improvement will take time to demonstrate effectiveness, however as it was in progress prior to the Site Audit I consider the service demonstrated suitable action is taken in response to feedback and complaints.

Regarding the example of an external complaint relating to a named consumer I consider evidence shows the service took appropriate action in response to the complaint in line with their complaints process.

Overall the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Therefore, I find requirement 6(3)(c) is compliant.

Regarding requirement 6(3)(d)

The Site Audit Report identified most consumers considered feedback they had provided and the complaints they made did not result in any improvements to their quality of care and services, particularly regarding food and call bell wait times referenced above. However, the information reviewed by the Assessment Team supported feedback and complaints are generally used to inform continuous improvement.

The Approved Provider disagreed with the Assessment Team’s finding and referred to the evidence provided to demonstrate feedback and complaints are used to improve the quality of care and services. As outlined at the other requirements above, I consider the Approved Provider is implementing continuous improvement action and reasonable time is required to allow the processes to demonstrate effectiveness. Consumer feedback indicating deficits in relation to call bells and personal care provided at the site audit has been more relevantly addressed in Quality Standards 3 and 7.

Overall feedback and complaints are reviewed and used to improve the quality of care and services.

Therefore, I find requirement 6(3)(d) is compliant.

Regarding the remaining requirement, some consumers and their representatives said they are not aware of advocates, external complaint and language services. However, brochures about such services were available in multiple languages, information was in the consumer handbook and the items were raised in a consumer meeting prior to the Site Audit.

**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. | 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 the following requirement was not met:

* 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.

I have considered the evidence in the Site Audit Report and the Approved Provider’s response, and find the service non-compliant for this requirement.

The service has systems in place to plan the number and mix of members of the workforce to enable care and service delivery. However, the Site Audit Report reflected mixed feedback from consumers and the workforce. Consumers provided examples of being left unattended for long periods, experiencing extended call bell wait times resulting in impact to their care and well-being. Care staff said they do not consistently have sufficient time to attend to consumers’ personal care needs. Cleaning, laundry and hospitality staff gave negative feedback in relation to insufficient time. Call bell records reflected some consumers were waiting in excess of 30 minutes for assistance.

The Approved Provider’s response disagreed with the Assessment Team. The response showed evidence of the service addressing the feedback from named consumers and overall call bell response times were 4 minutes on average. The Approved Provider said negative staff feedback regarding laundry was not previously raised and is being investigated, and other staff feedback was not validated or substantiated. The Approved Provider had commenced improvement actions prior to the site audit in relation to call bell response times.

The service has a planned approach to the numbers and mix of staff deployed to provide care and services to consumers. However, evidence of consumer feedback and experiences show there is not always sufficient numbers of staff to ensure consumers care needs are attended to in a timely manner in line with the consumer needs. I have placed weight on the consumer feedback which is supported by the staff feedback and call bell data provided at the time of the site audit. While the service monitors call bells and majority of bells are answered within expected timeframes, evidence shows that at times staff do not respond to call bells and responses can at times exceed 30 minutes. Evidence supports the finding the number and mix of staff deployed at the service is not always effective at ensuring the delivery of safe and quality care and services.

Therefore, I find requirement 7(3)(a) is non-compliant.

Regarding the remaining requirements, consumers said overall staff interactions are kind, caring and respectful. However, negative feedback was brought forward from some consumers who felt they were not respected due to delays in call bell response times. Staff were observed to be kind and respectful when assisting consumers.

Position descriptions exist for each role. Management described how the service monitors staff competency and training. Staff said their induction and training was comprehensive and well organised.

Staff performance is monitored through formal performance appraisals and informal monitoring and review. Underperformance is addressed. Staff confirmed appraisals occur annually.

**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 5 requirements were not met.

I have considered the evidence in the Site Audit Report and the Approved Provider’s response, and find the service compliant for these requirements.

Regarding 8(3)(a)

Consumers gave mixed feedback regarding their involvement in development and delivery of care and services. Some consumers were dissatisfied regarding meals, call bell response times and how the service handles complaints. The service demonstrated processes are in place to support consumer engagement including feedback forms, surveys and meetings.

The Approved Provider’s response referenced the existing processes to engage consumers in care and service evaluation. This includes regular consumer surveys which are trended, evaluated and discussed at consumer meetings.

While I accept consumers’ negative feedback as reflective of their experience I have more relevantly addressed the deficits identified in Quality Standards 3 and 7. I am satisfied the Approved Provider has processes to support and engage consumers in the development, delivery and evaluation of care and services.

Therefore, I find requirement 8(3)(a) is compliant.

Regarding 8(3)(b)

Although the Site Audit Report recommended this requirement was not met, there was no negative commentary to support this recommendation, and no impact to consumers identified.

The organisation has formed a number of committees to review different elements of the organisation’s operations and report to the Board. Interviews with the service’s management and review of clinical records showed the governing body is accountable and promotes delivery of safe, inclusive and quality care.

Therefore, I find requirement 8(3)(b) is compliant.

Regarding 8(3)(c)

The Site Audit Report recommended the service did not demonstrate it had effective systems in place regarding continuous improvement, feedback and complaints, workforce governance, and regulatory compliance.

Regarding continuous improvement, the Assessment Team relied on the information presented at requirement 6(3)(d). The Approved Provider disagreed with this finding and referenced the various examples of continuous improvement identified in the Site Audit Report. Considering the evidence in the Site Audit Report, I am satisfied the continuous improvement governance is compliant.

Regarding feedback and complaints, the Assessment Team relied on consumer feedback and staff being unfamiliar with the term open disclosure. I do not consider this evidence relevant to governance processes, and therefore am satisfied the service’s systems are compliant.

Regarding workforce governance, the Assessment Team relied on the information presented at requirement 7(3)(a). The Approved Provider disagreed with this finding and described the processes in place to plan rostering and fill vacant shifts. I am satisfied that overall the service has appropriate governance processes in place to manage its workforce and the deficits identified in sufficiency of staff have been addressed more relevantly in Standard 7.

Regarding regulatory compliance, the Assessment Team used an example of an alleged neglect complaint made regarding a named consumer, where this complaint was not reported to the Serious Incident Response Scheme. However, there is insufficient evidence to support the service had not met their responsibilities to report and other examples show the service understands and applies it regulatory responsibility in relation to reporting incidents.

Overall the service demonstrated effective governance systems were operating.

Therefore, I find requirement 8(3)(c) is compliant.

Regarding 8(3)(d)

Though the service has a risk management framework, the Site Audit Report identified deficits regarding identifying and responding to abuse and neglect of consumers. No deficits were identified regarding the other sub requirements.

A complaint was made to an external body regarding a named consumer who resides at the service. While the service was addressing the complaint with the external body, it did not demonstrate consideration of reporting the issues raised in the complaint to the Serious Incident Response Scheme.

The Approved Provider acknowledged the deficit and consideration and reporting was undertaken during the Site Audit. They said this is not reflective of a systemic error, with other reports being lodged and other consumer risks being managed (as referenced in the Site Audit Report) and clinical indicators trended and analysed. They referred to other actions in the Site Audit Report which supported the effectiveness of the risk management framework.

Overall the service demonstrated it has an effective risk management system. The service demonstrated knowledge and application of how to identify and respond to abuse and neglect. While consideration and further reporting of the complaint in relation to possible neglect or abuse was not undertaken prior to the audit there is insufficient evidence to show a systemic failure or that abuse or neglect occurred.

Therefore, I find requirement 8(3)(d) is compliant.

Regarding 8(3)(e)

Most staff were familiar with the service’s clinical governance framework, and described training and examples relating to antimicrobial stewardship. The Assessment Team considered the requirement was not met due to deficits in staff understanding of open disclosure.

The Approved Provider disagreed with the Assessment Team’s finding, stating open disclosure is applied and providing supporting evidence. In line with the finding at requirement 6(3)(d), I do not consider sufficient information was brought forward to support a deficit regarding open disclosure and accept the Approved Provider’s explanation that staff were confused by the term but have received suitable training and apply it in practice.

Overall the service demonstrated it has a suitable clinical governance framework. Therefore, I find requirement 8(3)(e) is 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-2)