Performance

Report

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| Name of service: | Macleay Valley House |
| Service address: | 80-114 Macleay Street Frederickton NSW 2440 |
| Commission ID: | 0946 |
| Approved provider: | Thompson Health Care Pty Ltd |
| Activity type: | Review Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 5 June 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 Macleay Valley House (**the service**) has been prepared by E Woodley, 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 Review Audit; the Review 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 23 May 2023.
* the Performance Report dated 19 May 2022 following the Site Audit undertaken from 28 March 2022 to 5 April 2022.
* the Performance Report dated 12 January 2023 following the Assessment Contact undertaken 14 December 2022 to 16 December 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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 1(3)(a) – the approved provider must demonstrate all consumers are consistently treated with dignity and respect. Staff practices and workforce planning is effective in ensuring respectful and dignified care and services for consumers, and identifying and responding to any gaps in respectful practices.
* Requirement 2(3)(e) – the approved provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer. This includes changes or incidents regarding medications, behaviours, pain and wounds. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* Requirement 3(3)(a) – the approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Restrictive practices are used as a last resort, including with individualised assessment, informed consent, regular review, and after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective. Consumer pain and wounds are appropriately assessed, managed and monitored to optimise their health and well-being.
* Requirement 3(3)(b) – the approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to medication management, unplanned weight loss, behaviours requiring support, and skin integrity.
* Requirement 3(3)(d) – the approved provider must demonstrate deterioration or change of a consumer’s condition is recognised and responded to in a timely manner. Identification of deterioration or change in condition informs timely review and escalation to clinical support as required
* Requirement 6(3)(c) – the approved provider must demonstrate appropriate action is taken in response to feedback and complaints. The service has processes to ensure an accurate complaints register to assist with review and response to complaints.
* Requirement 7(3)(a) – the approved provider must demonstrate the workforce planned and deployed enables the delivery and management of safe and quality care and services. The service has effective processes in place to manage shifts without compromising quality consumer care and services.
* Requirement 7(3)(b) – the approved provider must demonstrate workforce interactions are consistently kind, caring and respectful. Staff practices and workforce planning is effective in ensuring respectful and caring care and services for consumers, and identifying and responding to any gaps in respectful practices.
* Requirement 7(3)(c) – the approved provider must demonstrate staff are competent and have the knowledge required to effectively perform their roles. Systems to monitor staff competencies are effective in ensuring staff have the required knowledge to perform their roles on an ongoing basis, and ensuring all staff have completed required competencies.
* Requirement 7(3)(d) – the approved provider must demonstrate staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards. Deficits in staff knowledge and training are identified, with action taken in response.
* Requirement 7(3)(e) – the approved provider must demonstrate an effective system to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Requirement 8(3)(b) – the approved provider must demonstrate the governing body is effectively overseeing and supporting the service to promote a culture of safe, inclusive and quality care and services.
* Requirement 8(3)(c) – the approved provider must demonstrate the organisation wide governance systems implemented at the service are effective in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.
* Requirement 8(3)(d) – the approved provider must demonstrate the risk management systems and practices implemented at the service are effective to manage high impact and high prevalence risks, identify and respond to the abuse and neglect of consumers, and manage and prevent incidents using an effective incident management system.
* Requirement 8(3)(e) – the approved provider must demonstrate the clinical governance framework implemented at the service is effective to ensure monitoring and oversight of antimicrobial stewardship practices and the minimisation of restrictive practices at the service. The restrictive practice governance at the service ensures processes to monitor whether restrictive practices are being assessed, utilised and reviewed in line with the service’s policies and current legislation.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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 Quality Standard is assessed as non-compliant as one of the six specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 1(3)(a), Requirement 1(3)(c) and Requirement 1(3)(d) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found continuous improvement implemented by the service in response to the non-compliance had been effective in rectifying issues in relation to supporting consumer choice and independence, and assessment of risk for consumers to live their best life.

However, the Assessment Team received mixed feedback from consumers and representatives regarding consumers consistently being treated with respect and dignity. For example, consumers interviewed raised issues including call bells being placed out of reach, consumers being incontinent due to staff not attending in a timely manner, staff being rude, and rough handling by staff. Interviews with staff and observations by the Assessment Team indicated that staff shortages are impacting on consumers being treated with respect and dignity. Examples included consumers not being fed meals, consumers who require staff assistance to transfer are left in bed, and staff being rude and refusing to provide services to consumers.

The provider’s response to the Review Audit report included additional information and action taken by the service regarding staff education on dignity, respect and responding to call bells and consumer requests, and consumer surveys conducted to assess satisfaction. The provider’s response includes further action taken by the service to improve outcomes for consumers named in the Review Audit report, as well as other cohorts of consumers whose dignity and respect was not maximised.

While I acknowledge the service has implemented action in response to issues identified in the Review Audit report, the service has not demonstrated effective processes to ensure all consumers are treated with dignity and respect, and identify and respond to any gaps in respectful practices. The service requires times to ensure continuous improvement implemented is effective in ensuring all consumers feel respected.

I find the following Requirement is non-compliant:

* Requirement 1(3)(a)

The Assessment Team found that care and services provided to consumers is culturally safe. Staff interviewed explained the assessment process to capture key information about consumer’s background and preferences that allows the service to tailor and deliver services to meet consumer needs. Consumers interviewed felt the care provided was culturally safe. The Assessment Team found most consumers were supported to exercise choice and independence regarding their care and service delivery, who should be involved in their care, and in making and maintaining relationships of choice. Consumers interviewed confirmed the service involves representatives of their choosing in their care, and staff generally deliver care in line with their decisions. For example, consumers were supported to make decisions regarding their personal hygiene, where they eat meals, and with equipment to support their independence and quality of life.

The Assessment Team found the service supports consumers to take risks to live their best life, with appropriate consultation and risk management strategies in place. Reviews are undertaken by allied health staff to support risk assessment and mitigation as appropriate. The service demonstrated they provide consumers with accurate and timely information through a range of mechanisms including group meetings, one on one conversation, announcements via the public announcement system, noticeboards and telephone communication. This information was found to assist consumers in exercising choice regarding their lifestyle activities, meals, and access to services such as advocates and legal services.

The Assessment Team observed that consumer’s privacy is respected, and personal information is kept confidential in password protected electronic systems. Consumers interviewed said their privacy is respected, mainly by staff knocking on their door prior to entering and closing the door when providing care.

I find the following Requirements are compliant:

* Requirement 1(3)(b)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Requirement 1(3)(f)

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 2(3)(a), Requirement 2(3)(d) and Requirement 2(3)(e) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found the service has implemented continuous improvement action in response to the non-compliance including improved admission assessment guidance, review of the care planning process and consumer assessments and care plans, staff education, and increased management oversight. The Assessment Team found this continuous improvement had been effective in rectifying issues in relation to assessment of consumer risk, and communicating the outcomes of assessment and planning.

However, the Assessment Team found the service did not demonstrate an effective process to review consumer care and services following changes or incidents. Most representatives interviewed indicated they had been informed when an incident occurred, however were not informed of the details of the incident review and how this would improve care outcomes for the consumer.

The Assessment Team found changes or incidents regarding medications, behaviours, pain and wounds were not consistently analysed and reviewed to inform changes to care and services. For two consumers, wound charting was not completed to ensure effective assessment, management and review, leading to deterioration of one consumer’s wound. For one consumer, behavioural incidents were not reviewed to inform effective personal care delivery. The Assessment Team found medication incidents are not consistently reviewed or investigated to inform safe care delivery or mitigation of further incidents. The Assessment Team found consumer pain levels and interventions to manage consumer pain were not reviewed following changes in circumstances.

The provider’s response acknowledges issues with clinical oversight has led to gaps in timely and appropriate incident investigation and management, and review of consumer care in response. The provider’s response identifies since the Review Audit, the service has engaged highly experienced clinical staff to assist in providing clinical and incident oversight and developing effective clinical auditing processes. The provider’s response identifies continuous improvement implemented including case management with consumers and representatives named in the Review Audit report, delivery of medication competencies and training, and improved processes for review of care and services.

The service has implemented improved processes for review of incidents and consumer care and services. However, these have not yet been demonstrated to be effective in identifying and actioning gaps in review of care and service for consumers, and the service requires times to evaluate the effectiveness of continuous improvement actions implemented.

I find the following Requirement is non-compliant:

* Requirement 2(3)(e)

The Assessment Team found assessment and planning generally identified and addressed consumer’s current needs, goals, preferences, and risks to the consumer’s health and well-being. While there were some gaps in implementation, the Assessment Team found the service has policies and procedures in place to guide staff practices in assessment and care planning, and a suite of assessments to consider risk and inform safe care delivery. Assessment and planning for consumers sampled considered risks and needs associated with falls, mobility and behaviours, and evidenced advanced care and end of life planning.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved in their care, including other organisations and providers of care. Documentation demonstrated case conferences are occurring for consumers and representatives on a regular basis, and representatives are contacted to discuss care regularly when care plans are reviewed.

Consumers and representatives interviewed expressed satisfaction with the assessment and care planning process at the service, and most confirmed they have been given the opportunity to discuss consumer’s current care needs, goals and preferences including advance care or end of life planning. Consumers and representatives said that staff discuss the outcomes of consumer assessment and care planning with them.

I find the following Requirements are compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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 Quality Standard is assessed as non-compliant as three of the seven specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(d) and Requirement 3(3)(e) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found the service has implemented continuous improvement action in response to the non-compliance including staff education and training, increased clinical oversight, and improved communication and documentation processes of consumer condition. However, the Assessment Team found gaps were still evident in these Requirements.

The Assessment Team found the management of restrictive practices, skin integrity, wound care, unplanned weight loss, medications, and behaviours for sampled consumers was not consistently best practice to optimise consumer’s health and well-being.

The service did not demonstrate effective processes to ensure current informed consent and review of restrictive practices in line with the service’s policies. For two consumers, the service did not demonstrate restrictive practices were used as a last resort after tailored non-pharmacological interventions were trialled and evaluated as not effective. The service did not demonstrate individualised assessment to determine the least restrictive form of environmental restraint for consumers at the service.

For one consumer, wound management and review was not effective, leading to deterioration of the wound. For one consumer, behavioural incidents were not reviewed to inform effective personal care delivery, and for another consumer gaps in monitoring of blood glucose levels were identified. The Assessment Team found monitoring and review of consumer’s unplanned weight loss was not consistently effective to identify and manage this high impact risk for consumers, and mitigate the risk of further weight loss. For one consumer documentation did not demonstrate review of weight discrepancies over a four month period, and for two consumers who had experienced unplanned weight loss staff indicated these consumers do not always get required assistance with meals due to staffing constraints. The Assessment Team found medication incidents are not consistently reviewed or investigated to inform effective risk management including mitigation of further incidents that may pose a risk to consumer health and well-being.

The provider’s response included some additional information of action and improvements made in response to the clinical issues outlined in the Review Audit report, both prior to and following the Review Audit. This includes review of identified consumer’s care, increased clinical and incident oversight and auditing, engagement of new clinical management staff, staff education, development of a high impact and high prevalence risk register, and improved incident reporting, review and management processes. The provider’s response identifies that the restrictive practices processes are under review, with amendments made to the environmental restrictive practice at the service to minimise the impact and restrictions to consumers.

I acknowledge the service has implemented continuous improvement in response to the issues identified in the Review Audit report. However, I am not satisfied at this time that the service has demonstrated effective and sustainable systems and practices to ensure clinical and personal care is consistently best practice to optimise consumer health and well-being and ensure the effective management of high impact and high prevalence risks.

The service demonstrated processes in place to recognise clinical deterioration. However, for two consumers sampled by the Assessment Team, clinical deterioration or change in their condition was not identified or escalated appropriately or in line with the service’s policies. For one consumer, while deterioration had been identified by care staff, this did not inform timely review and response to their deterioration. For another consumer, their wound was not managed effectively to identify and prevent deterioration.

The provider’s response acknowledges the delayed response to the identification and response to the deterioration or change in the consumer’s condition. The provider’s response identifies improved processes for governance and oversight, clinical handover, and education implemented in response to the identified gaps.

I acknowledge the service has implemented continuous improvement in response to the issues identified in the Review Audit report. However, I am not satisfied at this time that the service has demonstrated effective and sustainable systems and practices to ensure deterioration or change in a consumer’s condition is recognised and responded to in a timely manner.

I find the following Requirements are non-compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(d)

The Assessment Team found the service did not demonstrate effective processes to ensure information about the consumer’s condition, needs and preferences is documented accurately and is reflective of the consumer’s current needs. Staff interviews indicated deficiencies in the clinical handover processes. Documentation reviewed demonstrated gaps in the documentation of consumer pain management, and wound reviews. Gaps in the documentation of care delivery or current needs for two consumers were identified.

The provider’s response demonstrates improvements to the clinical handover process implemented since the Review Audit including the development of associated documentation, more frequent communication, and the introduction of monitoring charts. The provider’s response also includes clarifying and additional information about the pain management and wound review documentation and processes that were in place during the Review Audit.

While there were gaps in the documentation and review of care needs and condition for some consumers sampled, I have considered this in my assessment of Requirement 2(3)(e). I am satisfied the clarifying information and the continuous improvements identified in the provider’s response demonstrate effective process to ensure 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.

The Assessment Team found for the consumers sampled who were nearing the end of their lives, documentation demonstrated their care needs and preferences had been recognised and addressed by the service. Advanced care and end of life directives were incorporated into the consumer’s care plan, and documentation demonstrated pain monitoring and management to maximise comfort.

Care documentation demonstrated consideration of timely and appropriate referrals, including to speech pathologists, dieticians, dementia support services, occupational therapists and wound specialists. Input from specialist services was generally documented in the consumer’s clinical file.

The service demonstrated the implementation of standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use. The service has outbreak preparedness plans, policies, procedures and associated documents in place to guide their practice in the event of an infectious outbreak. The service has a surveillance system to record when infection incidents occur which was generally used effectively. For consumers sampled, care planning documentation indicated when consumer infections have occurred preventative measures to mitigate risk of reoccurrence of a repeat infection have been implemented. Staff demonstrated an understanding of standard and transmission based precautions to prevent and control infections, and some demonstrated an understanding of practices to promote appropriate antibiotic prescribing.

I find the following Requirements are compliant:

* Requirement 3(3)(c)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

The service was previously found non-compliant in Requirement 4(3)(f) and Requirement 4(3)(g) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found continuous improvement implemented by the service in response to the non-compliance had been effective in rectifying issues in relation to consumer satisfaction with the meals provided at the service, and the maintenance of equipment for daily living.

Overall, consumers interviewed by the Assessment Team indicated they get services and supports for daily living that meet their needs and preferences and helps maintain their independence and quality of life. Consumers provided positive feedback regarding the recreational activities, meal and cleaning services, supports to have relationships, do things of interest and be involved in the community, and services to promote their emotional, spiritual and psychological well-being. The service has visiting organisations that hold religious services, and psychologists for consumers who require psychological support. For consumers who may require additional emotional support, lifestyle staff organise one-on-one visits and refer consumers to volunteers and community services. The service has a bus for recreational activities, and to support consumers to attend significant outings in the community.

The Assessment Team found that information about consumer’s condition, needs and preferences for daily living were communicated within the organisation and with others where responsibility for care is shared. Some allied health staff have access to the electronic care system to make and communicate changes. The service demonstrated consumers are referred to individuals, organisations and providers of care and services to supplement the lifestyle supports at the service. For consumers sampled, this included referral to various community volunteer services, dementia support services, physiotherapists, psychologists and pastoral care services.

Most consumers interviewed provided positive feedback that they were satisfied with the meals provided at the service, including that they were varied and of suitable quality and quantity. The service demonstrated processes in place for consumers to provide feedback on the meals provided, and consumers have options at each meal. Consumer dietary needs and preferences were noted in the kitchen and considered when providing meals.

Interviews with staff and consumers supported that equipment provided for daily living is safe, suitable, clean and well maintained. This included mobility equipment, pressure-relieving equipment, and equipment required for lifestyle activities. While consumers were using disposable cutlery during the Site Audit as the service’s dishwasher was not working, they advised that management were constantly updating them on the progress of the dishwasher repair.

# Standard 5

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

Findings

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

All consumers and representatives interviewed by the Assessment Team expressed satisfaction with the service environment, including that the environment is clean and well maintained. The Assessment Team observed signage to assist with wayfinding, and consumer rooms were observed to be personalised with consumer belongings.

The Assessment Team observed indoor and outdoor areas to be clean, with paths and hallways free of clutter. Hallways were wide, with handrails in place. Doors to the internal courtyards were unlocked, allowing consumer access to outdoor areas. The front door to the service could not be used without a staff member’s assistance, however, most consumers interviewed did not have any issue or impact from this.

Most consumers interviewed expressed satisfaction with the cleanliness, maintenance and suitability of furniture and equipment at the service. The Assessment Team observed equipment and most furniture was clean and well maintained. The service has systems for reactive and preventative maintenance, and while there were some gaps in these records these gaps were not impacting on consumer safety.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the four specific Requirements has been assessed as non-compliant.

The service was previously found non-compliant in Requirement 6(3)(a), Requirement 6(3)(c) and Requirement 6(3)(d) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found the service has implemented continuous improvement action in response to the non-compliance including the installation of additional feedback boxes, scheduled consumer and representative meetings, comments and complaints included as a standing agenda item at meetings and case conferences, the formation of a consumer committee, and the introduction of a new system to record and monitor feedback. The Assessment Team found continuous improvement implemented has been effective in rectifying issues in relation to consumers and others feeling supported to provide feedback and complaints. However, the Assessment Team found gaps in the action taken in response to feedback and complaints were still evident.

Consumers and representatives interviewed by the Assessment Team provided mixed feedback regarding satisfaction with action taken by the service in response to feedback and complaints. For example, one consumer and their representative were partially satisfied their complaint was actioned, however one of the issues raised was still occurring regularly including during the Review Audit. Another consumer said they had no follow-up or feedback in relation to reporting an incident and a complaint. The Assessment Team found some complaints were not recorded in the service’s management system, and no outcomes were documented. However, documentation review and staff interviews evidenced the appropriate use of open disclosure in response to most complaints and incidents.

The provider’s response includes additional information about the new complaints register and systems implemented at the service, and how this will link directly to the service’s plan for continuous improvement. The provider’s response acknowledges the feedback from consumers and representatives regarding dissatisfaction with complaint action and is working to address this by investigating all allegations and complaints made and providing written and verbal feedback on action taken in response.

While I acknowledge the service is implementing systems to ensure appropriate action is taken in response to complaints and incidents, these systems have not yet been demonstrated to be effective in ensuring all consumers and representatives are satisfied with the action taken and resolution of their complaint.

I find the following Requirement is non-compliant:

* Requirement 6(3)(c)

Most consumers, representatives and care staff interviewed could not identify any improvements made at the service in response to consumer feedback or complaints. While the service is implementing a new feedback system that links to their plan for continuous improvement, during the Review Audit documentation was fragmented and did not demonstrate effective review and analysis of complaints and feedback to inform continuous improvement for the service. However, management were able to identify recent improvements to the service driven by consumer feedback, complaints or incidents.

The provider’s response includes additional information about the systems for complaints and incidents implemented at the service, and the inclusion of changes driven by consumer or representative feedback in the plan for continuous improvement. While consumers and representatives did not consider that appropriate action including improvements to care and services is consistently occurring as a result of feedback and complaints, I have considered this in my assessment of Requirement 6(3)(c). Management was able to demonstrate some improvements had occurred in response to consumer and representative feedback, and the service has implemented a new system to facilitate effective documentation, review and analysis of feedback, complaints and continuous improvement.

All consumers and representatives interviewed by the Assessment Team said they felt comfortable raising complaints and providing feedback. Several consumers and representatives provided positive feedback about the approach of new management at the service. Staff interviewed outlined how consumers can provide feedback, and documentation reviewed evidenced feedback is actively encouraged and sought. Most consumers said they have received information regarding advocacy services. Information regarding advocacy services and other complaints mechanisms were observed by the Assessment Team to be on display at the service and available to consumers. Consumer and representative meeting minutes evidenced visits from consumer advocacy services. While information on interpreters was not sighted, the Assessment Team acknowledged that during the Review Audit there were no consumers at the service who required interpreters.

I find the following Requirements are compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(d)

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as five of the five specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 7(3)(a), Requirement 7(3)(c) and Requirement 7(3)(d) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found the service has implemented continuous improvement action in response to the non-compliance including staff education, competencies and training, review of recruitment and retention strategies, review of the rostering system, and improved staff performance appraisal process. However, the Assessment Team found ongoing deficiencies regarding this Quality Standard.

The Assessment Team found the service did not demonstrate the workforce is adequately planned and deployed to enable the delivery and management of quality care and services. Some consumers and representatives identified negative impacts due to insufficient staffing including consumers being incontinent due to staff not attending in a timely manner, staff being rude, and consumers not having their personal care delivered as frequently as they would like. Interviews with staff and observations by the Assessment Team indicated that staff shortages are impacting on staff meeting consumer’s care needs and consumers being treated respectfully. Examples included consumers not being fed meals, and consumers who require staff assistance to transfer are left in bed or manual handling instruction are not adhered to. Documentation reviewed and staff interviewed indicated filling rosters can be a challenge and the service relies on agency staff daily.

The provider’s response outlines action taken by the service to improve the workforce planned and deployed. This includes ongoing recruitment, increased management oversight, and staff training and competencies. However, I am not satisfied the workforce planned and deployed consistently enables the delivery and management of safe and quality care and services.

Most consumers interviewed by the Assessment Team provided feedback regarding staff being kind, caring and respectful. However, some consumer and staff feedback indicated that staff interactions are not consistently kind and respectful. Examples included staff being reluctant to answer specific consumer’s call bells or provide requested services, staff being rude or rough in their interactions with consumers, staff entering consumer rooms without announcing themselves, and not providing services including medication in a considerate manner. Interviews with staff and observations by the Assessment Team indicated that staff shortages are impacting on consumers being treated with respect and dignity.

The provider’s response demonstrates the service has reviewed the feedback from the Review Audit report and has implemented continuous improvement action in response. While I acknowledge the service has implemented action in response to issues identified in the Review Audit report, the service has not demonstrated effective processes to ensure all staff interactions are consistently kind, caring and respectful.

Consumers, representatives and staff interviewed provided mixed feedback regarding staff having sufficient skills, knowledge and support to perform their roles. Some consumer feedback and documentation reviewed indicated deficiencies in staff competency has impacted on consumer safety and well-being. Staff indicated they did not always complete required competency assessments and were not provided with training when additional tasks were allocated to their role. Despite a significant number of recent medication incidents, the service was unable to demonstrate completion or review of medication competencies for staff. The Assessment Team found orientation and training programs were not reviewed to include information regarding the Quality Standards, serious incident response scheme (SIRS), or aged care code of conduct. The service identified issues with previous education and training processes and documentation, and was able to provide limited evidence regarding recent mandatory and as required training completion. The Assessment Team identified deficits across Standards 1, 2 and 3 of the Quality Standards that indicates the workforce is not sufficiently recruited, trained, equipped and supported to deliver the outcomes required by these Quality Standards.

In their response, the provider acknowledges the feedback from the Review Audit report and has implemented continuous improvement action in the areas of staff education, training, competency and support. I acknowledge the service has implemented action in response to issues identified in the Review Audit report. However, the service has not demonstrated effective recruitment, training and support processes to ensure the workforce is competent and knowledgeable to effectively perform their roles and consistently deliver the outcomes required by the Quality Standards.

No staff interviewed by the Assessment Team said they had undertaken a performance appraisal in the past 12 months. Management acknowledged staff were overdue for performance appraisals in line with the service’s policies. Evidence identified by the Assessment Team indicates issues with staff competency and performance has impacted on consumer safety and well-being. However, the service was able to demonstrate processes to identify and manage deficits in some staff member’s performance.

The provider’s response identifies processes implemented at the service to allocate, plan, complete and monitor performance appraisals for all staff. While I acknowledge processes have commenced, not all staff have had regular assessment, monitoring and review of their performance at this time.

I find the following Requirements are non-compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)
* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as non-compliant as four of the five specific Requirements have been assessed as non-compliant.

The service was previously found non-compliant in Requirement 8(3)(b), Requirement 8(3)(c), Requirement 8(3)(d) and Requirement 8(3)(e) following a Site Audit conducted 28 March 2022 to 5 April 2022. The Assessment Team found the service has implemented continuous improvement action in response to the non-compliance including the engagement of new organisational quality roles, review of position descriptions, review of reporting and governance processes, implementation of a high impact and high prevalence risk register, and review and education on relevant policies and procedures. However, the Assessment Team found ongoing deficiencies regarding this Quality Standard.

The Assessment Team was provided limited information regarding how the governing body is overseeing and supporting local management to address ongoing issues and non-compliance at the service. Information and reporting to the governing body was inaccurate which identifies issues regarding the governing body being accountable for the quality of care and services provided at the service. Documentation reviewed by the Assessment Team demonstrated the governing body considers risks to consumers across the organisation, however, evidence was not provided about how the governing body is promoting a culture of safe, inclusive and quality care delivery for consumers at the service specifically.

The Assessment Team found deficiencies in the organisational governance systems implemented at the service in relation to information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Information management mechanisms were not effective to ensure information relating to consumer condition, assessments, needs and preferences, feedback and complaints, and clinical monitoring was accurately and sufficiently captured, reviewed and evaluated at the service and organisational level. Gaps in continuous improvement, including response to feedback and complaints, were identified. Continuous improvement implemented by the organisation has not been effective in rectifying non-compliance at this service. Regarding workforce governance, while the governing body was made aware of staffing challenges, governance systems were not effective to ensure the workforce was sufficient and capable to deliver quality care and services. Gaps in the service’s understanding and/or practices were identified regarding aspects of regulatory compliance including the aged care code of conduct, the use of restrictive practices, and the SIRS. However, the service demonstrated financial governance systems implemented were effective.

The Assessment Team found gaps in the risk management systems and practices implemented at the service to manage high impact and high prevalence risks, identify and respond to the abuse and neglect of consumers, and manage and prevent incidents using an effective incident management system. Oversight and governance of high impact and high prevalence clinical risks was not effective to ensure staff practice is effective in identifying and managing these risks to ensure consumer safety and well-being. Clinical staff interviewed by the Assessment Team did not demonstrate a sound understating of the SIRS and what incidents should be reported to the SIRS. Deficits in the reporting and management of incidents was identified including inconsistent reporting, and lack of investigation of incidents to identify underlying causes and effective interventions to mitigate reoccurrence. However, the Assessment Team found implemented systems and practices are effective to support consumers to live their best life, and associated risks are assessed and managed to facilitate this.

The Assessment Team found the organisation has a clinical governance framework implemented at the service and provided evidence of policies and procedures related to open disclosure and restrictive practices. The service did not demonstrate a policy on antimicrobial stewardship or effective monitoring or oversight of this at the organisational level. Despite organisational guidance available on effective minimisation of restrictive practice, this was not consistently applied by the service. This includes regarding processes to ensure current informed consent, ongoing review, restrictive practices are used as a last resort after tailored non-pharmacological interventions are evaluated as not effective, and individualised assessment to determine the least restrictive form of restrictive practice. The service did not demonstrate effective oversight and governance processes to monitor whether restrictive practices are being assessed, utilised and reviewed in line with the service’s policies and current legislation.

The provider’s response demonstrates the service has reviewed the feedback from the Review Audit report and has implemented continuous improvement action in response which is currently in progress. The service has not yet demonstrated effective organisational governance in relation to promoting a culture of safe, inclusive and quality care, information management, continuous improvement, workforce governance, regulatory compliance, feedback and complaints, risk management, and clinical governance. The service and the organisation require time to fully implement continuous improvement for the identified deficits, and evaluate whether implemented action is successful in ensuring effective organisational governance that is accountable for the delivery of safe and quality care and services for consumers.

I find the following Requirements are non-compliant:

* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

The Assessment Team found evidence of regular opportunities for consumer input and evaluation of care and services, including in activities and meals provided. The service has a new consumer committee with consumer representatives able to raise concerns and ideas for the development and delivery of care and services. Consumers identified that members of the organisation have visited the service and they have been able to share concerns and feedback with them. Organisational representatives have attended resident and representative meetings, and have provided contact details for these representatives so consumers are able to contact them.

I find the following Requirement is compliant:

* Requirement 8(3)(a)

1. The preparation of the performance report is in accordance with section 76A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)