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: | Site Audit |
| Activity date: | 25 July 2023 to 27 July 2023 |
| Performance report date: | 15 September 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 M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 19 August 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **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 2(3)(a)** – implement an effective assessment and planning process which considers and responds to risks to the consumer’s health and well-being to inform delivery of safe and effective care and services. In particular, risks associated with diabetic management, weight loss, bowel management, swallowing deficits, behaviour and falls management to guide staff in ensuring consumer’s needs are consistently met.

**Requirement 2(3)(d)** – ensure care and services assessment and planning is effectively communicated to consumers and routinely made available to them.

**Requirement 2(3)(e)** – implement an effective system of assessment and review when circumstances change, or incidents occur. In particular following incidents, following a fall, consumer deterioration, weight loss.

**Requirement 3(3)(a)** – implement effective systems to ensure consumers receive best practice clinical care tailored to their needs and optimising health/well-being. In particular relating to managing unplanned weight loss, diabetes and incident management, bowel management, swallowing deficits, behaviour and falls management to ensure consumer’s needs are consistently met in a timely manner.

**Requirement 3(3)(b)** – implement effective systems to ensure identification/timely management of high impact and high prevalence risks, particularly in relation to management of restrictive practices, unplanned weight loss, incident management (including falls), skin integrity/wound management/pressure injury care, diabetes, and continence management.

**Requirement 3(3)(d)** – ensure effective systems to identify/respond in a timely manner to deterioration and changes in consumers’ mental health, cognitive or physical condition.

**Requirement 3(3)(e)** – ensure each consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

**Requirement 3(3)(f)** – ensure effective systems to identify/manage and respond to ensure consumers are consistently referred to appropriate specialists/other providers of care in a timely manner.

**Requirement 3(3)(g)** – Implement an effective system to ensure staff practices adhere to appropriate standard and transmission-based precautions, plus appropriate processes minimise risk of infection transfer in relation to Covid-19 practices and visitors to the service.

**Requirement 6(3)(c)** – implement an effective system to ensure appropriate action is taken in response to complaints including open disclosure processes when things go wrong.

**Requirement 6(3)(d)** – ensure an effective system to drive improved care and services for consumer from feedback and complaints data available to the service.

**Requirement 7(3)(a)** – implement, assess and monitor strategies to ensure that the workforce is able to delivery safe and quality care and services for each consumer.

**Requirement 7(3)(c)** – ensure the workforce is competently qualified, trained and knowledgeable to effectively perform their roles.

**Requirement 7(3)(d)** - ensure the workforce is trained and equipped to effectively deliver the outcomes required by the Standards.

**Requirement 7(3)(e)** – ensure the workforce is receiving a regular assessment, monitoring and review of their performance.

**Requirement 8(3)(a)** – implement effective systems to advise consumers of support/engagement methods in the development, delivery and evaluation of care and services.

**Requirement 8(3)(b)** – ensure organisational governing body promotes and demonstrates accountability of a culture of safe, inclusive, quality care and services.

**Requirement 8(3)(c)** – ensure effective organisational wide governance systems.

**Requirement 8(3)(d)** – ensure effective risk management practices and systems to manage high impact/prevalence risks associated with consumers care in supporting them to live their best life.

**Requirement 8(3)(e)** -ensure the service maintains an effective clinical governance framework around antimicrobial stewardship, consumer restraint and open disclosure.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The service has demonstrated significant improvement in regard to positive consumer feedback relating to staff interactions, and consumers and representatives advised that they are always treated with dignity and respect. Staff demonstrated an appropriate knowledge of each consumer, including their backgrounds, the people who are important to them, and their preferences and choices. Staff were observed to be engaging with consumers in a respectful manner, and consumer care planning documentation highlighted each consumers’ background information, individual preferences and identified people and interests that are important to them. The service’s policies on consumer dignity, choice, diversity and inclusion were up to date and relevant.

Consumers and representatives advised that staff know their background and what is important to them, and staff could identify consumers from various cultural backgrounds and discussed how this influences their approach to care. Staff demonstrated awareness of how to access language information relevant to consumers from non-English speaking backgrounds, and the Assessment Team observed staff engaging with consumers in culturally sensitive ways. Lifestyle staff advised that the service celebrates Australian national, sporting, and other cultural and religious significant days, including Bastille Day and Harmony Day. The service facilitates monthly group birthday celebrations for all residents, and the Assessment Team observed music concerts being performed each day of the Site Audit by lifestyle staff and visiting musicians.

Consumers and representatives advised they can exercise choice, make decisions about their care and services, and are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships, and consumer care planning documents appropriately highlight how consumers want their care to be delivered and who will be involved in their care.

The service is demonstrating appropriate support for consumers to engage and manage risk in order to live the best life they can. Staff described how consumer risk assessments are undertaken to identify the risk(s) involved in various activities and how these are used to facilitate consumers to make informed decisions. Effective policies guide staff in supporting consumers in choice and decision making and maintaining their independence.

The service is providing consumers and representatives with current and timely information that enables them to exercise choice such as daily menus and weekly activity options. Consumers are invited to attend the service’s monthly resident and representative meeting, and a range of notices are on display within the service which includes the weekly activity calendar, daily events notification, and aged care advocacy and complaints information.

All consumers and representatives advised of their satisfaction that their privacy is respected by staff and their information is kept confidential. Staff demonstrated how they routinely maintain consumer privacy, and the service’s policies regarding privacy and confidentiality of consumer information is up to date.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | 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. | Non-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 Assessment Team reported that consumer care plans do not consistently reflect each consumer’s current needs, goals and preferences or include other organisations, individuals and providers of other care and services involved in the care of a consumer. In their response to the Assessment Team Report however, the Approved Provider referenced their Advance Care Planning Policy and Procedure and Palliative Care and End of Life Care Policy and Procedure, and highlighted that in order to ensure compliance around consumer advanced care directives, the service utilises their Advance Care Directive Form, which allows for consumer expression of instructional and/or values-based directives. The Approved Provider also highlighted the services prompt action to remediate each individual consumer findings reported by the Assessment Team to ensure accurate and relevant information is recorded to best support consumers.

The Approved Provider also referenced their Care Conference Policy and Procedure, highlighting that this policy underscores the collaborative development and review of all care and services together with consumers and their representatives. The Approved Provider highlighted that conferencing plays a pivotal role in evaluating consumer care plans and facilitates a consumer-centric approach. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to ongoing assessment and planning with consumers, and with these considerations, I find the service compliant in Requirements 2(3)(b) and 2(3)(c).

The service was unable to demonstrate that consumer assessment and planning appropriately identifies risk to consumers or routinely highlight strategies to manage and mitigate the risk. Consumers living in the service’s secure dementia specific areas have risk assessments and consent form, however the assessments do not outline the specific risks for each consumer nor do they include interventions to manage the risks associated with the environmental restraint. Further, the Assessment Team reported that risks associated with the use of chemical restraint are not fully understood by staff or assessed for consumers who have psychotropic medication prescribed to influence their behaviours. In their response to the Assessment Team Report, the Approved Provider supplied reference to their Assessment and Planning Resident Care Policy and Procedure, their Resident Care and Services Planning Policy and Procedure, and their Resident Risk-Taking Policy, noting that these policies ensure that the assessment process remains centred around consumer’s unique needs. However, after considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to consumer assessment and planning that informs delivery of safe and effective care and services, and with these considerations, I find the service non-compliant in Requirement 2(3)(a).

The Assessment Team reported that outcomes of assessment and planning are not effectively communicated or made readily available to the consumers. The Assessment Team reported that consumers and representatives provided mixed feedback regarding effective communication of the outcomes of consumer assessment and planning. Management advised the Assessment Team that the service is developing a system of case management where each registered nurse is responsible for a group of consumer care plans and ongoing care consultations with those consumers and their representatives. Management advised that at the time of these care consultation a copy of the consumer care plan will be offered/provided to the consumer and representative. This system had not been fully implemented at the time of the Site Audit. In their response to the Assessment Team Report, the Approved Provider highlighted their integrated electronic clinical management system, and highlighted a total review of consumer care planning in their Plan for Continuous Improvement. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to effective communication and provision of consumer care and services plans, and with these considerations, I find the service non-compliant in Requirement 2(3)(d).

The service is not demonstrating systems for regular review of consumer care plans, and the Assessment Team finds reported that appropriate review is not occurring following changes in circumstances or when incidents impact on a consumer’s needs, goals or preferences. Consumers requiring regular review to monitor their health and well-being are not receiving appropriate review. Registered nursing staff were not sure of what the organisation’s policy is regarding neurological observations following falls with possible or actual head strike. The Falls Prevention and Management Policy and Procedure provided to the Assessment Team during the Site Audit did not specify timeframes for neurological observations, and clinical staff advised they had not been able to access policies. Staff have been supplied a flip chart at each nurses’ station outlining key instructions for staff, and the instructions include neurological observations to be attended following unwitnessed falls and falls with head strike however do not specify time frames. In their response to the Assessment Team Report, the Approved Provider referenced their Incident Management Policy and their Escalation Protocol and highlighted in their Plan for Continuous Improvement their focus on implanting relevant training modules, conducting a ‘total review of care planning’, and reviewing their processes related to restrictive practices including care consultation and informed consent. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to effective review of consumer care and services, and with these considerations, I find the service non-compliant in Requirement 2(3)(e).

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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. | Non-compliant |

Findings

The service demonstrates that consumer comfort is maximised and their dignity preserved when nearing the end of their life. The management team have extensive experience in palliative care in hospital and community settings, and consumer documents reviewed by the Assessment Team highlighted that consumers were provided with effective care and services when nearing the end of their life. With these considerations, I find the service compliant in Requirement 3(3)(c).

The service did not demonstrate effective personal and clinical care. Consumers and representatives advised that they are satisfied with the personal and clinical care provided, however, the Assessment Team reported areas that require ongoing improvement to ensure each consumer receives personal and clinical care that is best practice, tailored to their needs and optimises their health. Management did not demonstrate an appropriate understanding of restrictive practices, including effective monitoring of consumers who are subject to restrictive practices, and advised that they have not been provided with induction and education on restrictive practices. Consumer wound charts do not include clear instruction or clearly record deterioration. The Assessment Team reported that reassessment is not undertaken when changes occur to a consumers condition. In their response to the Assessment Team Report, the Approved Provider highlighted the service’s range of personal care policies and their repository of clinical care policies.

The service did not demonstrate an effective system for identifying and managing high impact and high prevalence risks to consumer health and well-being. Management were not familiar with the organisational systems to identify and effectively manage these risks. A clinical risk register was provided during the Site Audit however management had not seen this report and it was not incorporated into the clinical management systems at the service. The clinical risk register includes consumers’ falls risk assessment score, medication risk, depression scale score, cognitive impairment scale score, swallowing risk, pressure injury assessment score, hearing deficit and use of glasses. The Assessment Team identified however that some details were not reflective of consumers’ current risks, including consumers with complex clinical care needs including catheter management, insulin dependent diabetes, restrictive practices and weight loss were not included in the clinical risk register. The Assessment Team reported that consumer incident reports are not routinely utilised to identify high impact and high prevalence risks, including risk of further falls. Incident reports are not routinely followed up and investigated, and staff handover processes are not adequate in notifying staff and management about consumer incidents. Actions have not been taken to prevent further incidents occurring including incidents resulting in a direct impact to another consumer. Further, consumer incidents are not consistently identified and reported to the serious incident response scheme (SIRS) and therefore not effectively managed. Staff are not following appropriate monitoring processes following incidents where consumers could potentially have sustained injury, and staff do not have access to clear instruction regarding monitoring processes. In their response to the Assessment Team Report, the Approved provider highlighted their personal and clinical care policies and procedures, along with their customised orientation and induction program that is tailored to the unique responsibilities of each role within the organisation.

After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to personal and clinical care and management of high impact and high prevalence risk, and with these considerations, I find the service non-compliant in Requirements 3(3)(a) and 3(3)(b).

The service identifies some deterioration or changes in consumers’ mental, cognitive or physical function, capacity or condition and responds in a timely manner, however, systems and processes are not applied consistently and not all episodes of deterioration are identified. The Assessment Team reported that management were not aware of incidents reported by staff, and consumers who have experienced incidents had not been appropriately reviewed by management resulting in limited response to deterioration following incidents. Handover processes are ineffective, and staff and management are not aware of changes that occur. Staff advised the Assessment Team there is inconsistent clinical oversight and often no registered nurse to report to, which results in potential and actual risk for consumers who experience a change or deterioration in their condition. The service did not demonstrate that information about each consumers’ condition, needs and preferences is documented and communicated effectively within the service, and with others where responsibility for care is shared. While consumers have documented care plans and have undergone recent review, the Assessment Team reported that information in the consumer care plan is not reflective of each consumers’ current needs and preferences. In their response, the Approved Provider made reference to their “policy” and to their Deterioration Identification and Management: Quick Reference Guide and highlighted that the workforce is provided with education to enable them to effectively identify and respond to instances of consumer deterioration in a timely and appropriate manner.

However, after considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to the service’s management of consumer deterioration and their approach in communicating these changes within the organisation, and with others where responsibility for care is shared, and with these considerations, I find the service non-compliant in Requirements 3(3)(d) and 3(3)(e).

The service did not demonstrate timely and appropriate referral to individuals, other organisations and providers of other care and services. Management and staff are not wholly aware of systems and processes for consumers to be referred to other organisations or providers of care, and consumer referral to specialist services is not actioned in a timely manner. For consumers who have been referred to specialist services, information provided by specialist has not been followed up and included in their care and service plans.

The service did not demonstrate effective systems for minimising infection-related risks. Staff advised that there is no clear oversight of key staff who manage the service’s infection control program, and the service’s outbreak management plan, vaccination records and records of infectious outbreaks were not readily accessible by staff and management. The outbreak management plan was not able to be located when requested, and when located, the outbreak management plan contained out of date information. The infection prevention and control lead has not completed the appropriate training, and were not aware of their responsibilities in infection control and outbreak management at the service and had not been inducted to the role. Some staff practices were identified as not aligning with infection control measures.

In response to the Assessment Team Report, the Approved Provider highlighted their External Services and Resident Referral Policy and Procedure noting their efforts to enable individual consumer choice with regards to care and services and fostering independence in decision-making. The Approved Provider also referenced their Infection Prevention and Control Policy and supplied a ‘Named Resident Action Plan’ to address the specific consumer concerns noted in the Assessment Team Report. The Approved Provider supplied a copy of their Plan for Continuous Improvement that highlighted actions to be undertaken in response to remediating compliance in Standard 3. These actions include:

Reviewing the internal daily reporting and escalating care process, ensuring staff are supported in managing risks to the health and well-being of residents, staff, and visitors.

Reviewing and strengthening internal formal and informal communication processes including staff handovers, meetings, and staff messaging systems, ensuring effective internal communication is in place.

Reviewing the referral process for external specialists and health service providers, including access to in-reach services that can provide clinical advice and additional assessment of consumer conditions. Ensuring timely and appropriate referral to individuals, other organisations and providers of other care and service.

Providing ongoing clinical oversight by management staff (per daily review of progress notes) to ensure documentation clearly evidences that restraint is used as a last resort and that any recommendations made by external specialists or health service providers are followed.

Review and revise the service’s outbreak management plan and make a hard copy of the revised outbreak management plan available.

After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to the service’s provision of timely and appropriate referrals and minimisation of infection related risks, and with these considerations, I find the service non-compliant in Requirements 3(3)(f) and 3(3)(g).

The Quality Standard is assessed as Non-compliant as six of the seven specific requirements have been assessed as Non-compliant.

# Standard 4

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

Findings

Consumers and representatives advised of their satisfaction with how the service supports them to meet their care needs, goals, and preferences, highlighting that the service provides supportive services which allow them to optimise their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities, and consumer care planning documentation provided relevant information to ensure consumers are best supported to receive safe and effective services for daily living.

Consumers were satisfied with the supports provided by the service to promote their emotional, spiritual, and psychological well-being. This includes access to counsellors, having access to individualised lifestyle support programs, and access to spiritual and volunteer programs. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and consumer care planning documentation appropriately records consumers’ emotional, spiritual, and psychological needs and preferences.

The service demonstrated how they effectively support and encourage consumer to do things of interest to them, and to participate in community activities within and outside of the service. This includes facilitating a breakfast club group, providing access to regular bus outings and community lunches, and providing a pet therapy program. Staff described familial and personal relationships as well as interests of consumers, and consumer care planning documents contain information on each consumers’ interests and family relationships.

All consumers and representatives advised that their services and supports are consistent, and they do not have to repeat their preferences to multiple staff members. Staff advised they are informed of changes to consumer needs through progress notes, emails, diary entries, at daily handover discussions, and via regular meetings. The service has processes and systems in place for identifying and recording each consumer's condition, needs and preferences, including when their needs change.

The service demonstrated timely and appropriate referrals for services and supports for daily living to other organisations, individuals and providers of other care and services reflective of consumer needs and preferences. The Assessment Team’s review of consumer care plans highlighted that the service collaborates with external providers to support the diverse needs of their consumers and consumers expressed their confidence that if the service is unable to provide the support they need, they will be referred to an appropriate external provider.

The service demonstrated it offers a variety of meals based on a seasonal menu with the oversight from a dietitian. All consumers and representatives expressed satisfaction with the quality and quantity of their meals. Catering and care staff demonstrated up to date knowledge of individual consumer food preferences and dietary requirements. Staff were observed to be assisting and encouraging consumers with nutrition and hydration and interacting with them in a respectful and patient manner. The Assessment Team’s review of care planning documents identified that consumers’ food requirements and preferences are updated according to dietary information sheets stored in the kitchen. The service has processes to gather consumer feedback on meals, and this information is then incorporated into the menu.

Consumers and representatives advised the Assessment Team that they are confident the equipment available at the service is safe, suitable, clean, and well maintained for consumer and staff use. Staff advised that they have access to appropriate equipment when they need it and the Assessment Team observed equipment stored safely with cleaning options available and easily accessible.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

# Standard 5

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

Findings

Consumers and representatives advised they feel at home at the service. The Assessment Team observed consumers utilising communal spaces for socialising, listening to music and watching television together. Representatives advised that they are made to feel welcome and that the service provides consumers with a sense of belonging. All staff, including agency staff, receive a physical orientation of the service, and clinical and care staff are assigned shifts in designated units, which makes it easier for navigation throughout the service. The corridors are wide and unobstructed, with safety handrails in place, and the main communal area has photographs of consumers on display. Communal lounge areas provide undamaged furnishings, and the Assessment Team observed consumers utilising the service’s coffee shop and sitting with visiting friends and family in the nearby dining area.

Consumers and representatives expressed their satisfaction for the service environment and their ability to move freely throughout the service, and the Assessment Team observed the service environment to be safe, clean, and well maintained. Maintenance schedules detail both preventative and reactive maintenance and there are cleaning schedules, communication books and sign off sheets to ensure routine and ‘by exception’ cleaning is completed.

Consumers and representatives reported furniture, fittings and equipment is in good working order and effectively maintained. Staff effectively described the maintenance and cleaning schedules for equipment and fittings, and the Assessment Team reviewed detailed preventative maintenance and cleaning schedules. The Assessment Team observed a range of equipment available to meet the care and clinical needs of consumers, including functioning mobility aids and manual handling equipment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

# Standard 6

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

Findings

The service provides appropriate options for consumers and representatives to supply feedback or lodge complaints, and consumers and representatives are aware of how to provide feedback and advised that they feel confident to raise any concerns with management and staff. Information on how to provide feedback, both internal and external to the service is available in multiple locations, and feedback mechanisms are varied, including locked feedback boxes, electronically via email or a quick response (QR) code. Consumers can also raise concerns through regular resident meetings and via the resident advisory committee. Consumers advised the Assessment Team that they have been provided with the direct phone numbers for the director and the chief executive officer and advised to contact them at any time. With these considerations, of how there is encouragement and support for consumers, representatives and others to provide feedback and make complaints, I find the service compliant in Requirement 6(3)(a).

The service displays consumer advocacy and interpreting service information throughout the service. Consumers are provided with information about the complaints process when they enter the service, and care staff and registered nurses work with the clinical assistant to the director of nursing if additional assistance is required to support consumers to access advocacy services relevant to aged care. With these considerations, I find the service compliant in Requirement 6(3)(b).

The Assessment Team reported that the service applies open disclosure process well, however, was unable to demonstrate that concerns raised by consumer or representatives are effectively addressed. Further, the Assessment Team reported that service does not effectively trend feedback and complaints to inform improvements at the service. Management were unable to provide information about how feedback and complaints are reviewed and used to improve the quality of care and services for consumers. In their response to the Assessment Team Report, the Approved Provider supplied a copy of the service’s Complaints Handling Program and their External Complaint Report 2022. The Approved Provider also supplied evidence that complaints management is added to the service’s plan for continuous improvement. Education will be provided to leadership on how to log feedback, comments, compliments and complaints to the services feedback and complaints register, and how to manage these until the actions are evaluated and resolved. The service’s leadership team will also receive education on the templates and tools available for acknowledging and responding to consumer and representative feedback and complaints. The service will discuss their Leadership Guides, which provide an overview of the responsibilities in relation to the management of data trending, meeting management, and their plan for continuous improvement.

After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to feedback and complaints management, and with these considerations, I find the service non-compliant in Requirements 6(3)(c) and 6(3)(d).

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | 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. | 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 service is consistently providing consumer interactions that a kind, caring and respectful. Consumers and representatives advised of their satisfaction with how consumers are treated by staff and the Assessment Team observed kind and respectful interactions between consumers and staff where staff would do their utmost to meet consumers’ needs and preferences. With these considerations, I find the service compliant in Requirement 7(3)(b).

The service did not demonstrate a planned workforce that enables and delivers safe and quality care and services on a consistent basis. The Assessment Team’s review of documentation demonstrated frequent staff shortages, and the service displayed instability in retaining suitable staff to key roles thus impacting negatively on the delivery of care and services for consumers. The service was also unable to demonstrate that the workforce have the qualifications and knowledge to perform their roles. The Assessment Team reported insufficient knowledge by staff, including clinical personnel, across Quality Standards 2 and 3. The service was unable to demonstrate that they provide appropriate education and training to ensure staff have the necessary knowledge to effectively perform their roles. The Assessment Team specifically highlighted deficiencies in staff knowledge relating to consumer assessment and planning, incident management, knowledge of regulatory requirements for management of psychotropic medications and restrictive practices, and knowledge about the organisation’s processes for complaint management.

In their response to the Assessment Team Report, the Approved Provider supplied a copy of the service’s plan for continuous improvement and highlighted their action to develop the capabilities of the leadership team through a targeted mentoring program, as well as arranging for coaching and mentoring for the clinical team. The Approved Provider highlighted that this is aimed to develop their clinical competence in consumer assessment and care planning, consumer risk assessment and management, and recognition and management of resident deterioration. Further, the service will provide a comprehensive overview of their systems for the leadership team in conjunction with the Leadership Guide, and commence a group orientation program for all existing staff, to provide a foundation of values, philosophy, and standards of care and behaviours. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time, and with these considerations, I find the service non-compliant in Requirements 7(3)(a) and 7(3)(c).

The service did not demonstrate an effective education program, or an effective program to ensure staff are recruited, equipped and supported to deliver the outcomes required by the Quality Standards. The service was unable to present documentation to demonstrate that staff have completed education and training in relation to key areas such as the serious incident notification scheme (SIRS), prevention of abuse, manual handling, infection control and prevention and antimicrobial stewardship, open disclosure, incident management or the regulatory code of conduct. The Assessment Team reported that the service has not undertaken routine performance appraisals, and staff confirmed that they have not received regular assessment, monitoring or review of performance at the service. In their response to the Assessment Team Report, the Approved Provider highlighted in their plan for continuous improvement that the service will complete a staff file review, prioritising new employees, staff due for probation, and those who are being performance managed. This review will then be extended to all staff overdue for a staff appraisal. The service will ensure that staff appraisals are appropriately recorded and staff will be provided with a copy of the appraisal and associated plans. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time, and with these considerations, I find the service non-compliant in Requirements 7(3)(d) and 7(3)(e).

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-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 organisation relies heavily on the resident advisory committee to ensure consumer engagement in the development, delivery and evaluation of care and services. However, the organisation was unable to demonstrate an effective link to the organisation’s continuous improvement systems or that the issues and suggestions from the committee are appropriately considered and implemented. Further, the organisational governing body is not effectively delivering relevant information to support safe, inclusive and quality care and services for all consumers. The governing body was unable to provide documents requested by the Assessment Team included monthly clinical governance reports, monthly reports and meetings with the director of nursing, clinical governance meeting minutes, details of complaint management, (including details of complaint resolution), records of mandatory education and other education requirements including an education plan. In their response to the Assessment Team Report, the Approved Provider affirmed their commitment to ensuring ongoing consumer engagement and highlighted that the resident advisory committee team leader will continue to oversee these meetings, and acknowledged that the concerns raised during these sessions were not consistently escalated to the management level. Issues raised in the resident advisory group meetings will be conveyed to the General Manager through the twice weekly Operations Huddle, and matters will be presented during the Leadership and Quality Meeting. The resident advisory group will host monthly resident and relatives meetings to empower residents to express their views and interests confidently. In addition, consumer and representative surveys will be regularly distributed to enable valuable input. After considering the Approved Provider’s response and the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service non-compliant in Requirements 8(3)(a) and 8(3)(b).

The organisation did not demonstrate effective governance around information management, continuous improvement, workforce, regulatory compliance or organisational management of feedback and complaints. A significant number of documents related to consumer care and services were not able to be supplied, including education records, restrictive practice information, risk registers, complaint system documentation, meeting minutes, improvement/action plans and corporate governance information. The Approved Provider supplied a copy of the service’s plan for continuous improvement, however this is not structured to effectively evaluate improvement outcomes. Service management advised the Assessment Team they had not been made aware of a continuous improvement plan to address non-compliance at the service therefore were unable to develop their own continuous improvement planning arrangements. The organisation has implemented some initiatives to address sufficiency of staff, however, these initiatives have not been effective, and induction and support for senior staff to enable them to undertake their roles is not effective. The organisation has not ensured effective education, monitoring and support for staff. The organisation was unable to demonstrate effective monitoring in relation to complaint trends, or adequate oversight to ensure ongoing focus on the use of feedback and complaints data to inform improvements to consumer care and services. In their response, the Approved Provider highlighted their comprehensive set of systems used to support governance oversight, however after considering the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to organisational governance, and with these considerations, I find the service non-compliant in Requirement 8(3)(c).

Consumers are being supported to live the best life they can however the organisation was unable to demonstrate effective risk management systems to manage high-impact or high-prevalence risks, to identify and respond to abuse and neglect of consumers, and to manage and prevent incidents. The governing body has not ensured that management have received education, mentoring and appropriate support in relation to effective risk management systems applicable to aged care. The management team were not familiar with the organisation’s policies, procedures and practices regarding incident management. In their response to the Assessment Team Report, the Approved Provider supplied policies related to Corporate Governance, Clinical Governance, and Incident Management, and highlighted their Incident Management and Compliance Strategy. After considering the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to effective risk management systems at this time, and with these considerations, I find the service non-compliant in Requirement 8(3)(d).

Staff demonstrated knowledge and implementation of open disclosure principles, however, the organisation did not demonstrate a clinical governance framework that supports appropriate staff work practices, supports and identifies improvement opportunities, and ensures consumers safety and well-being. In their response to the Assessment Team Report, the Approved Provider supplied their Corporate Governance document which provides information around their resident engagement statement, clinical governance framework, open disclosure, and management of behaviours that require support. Further, the Approved Provider supplied their Safeguarding Residents: Incident Management and Compliance Strategy document to highlight their incident management and prevention procedures and ongoing incident management compliance plan. After considering the impact on each consumer, I find the Assessment Team’s findings to be more compelling in regard to an effective clinical governance framework at this time with further development of policies, education for staff and management and emphasis on review and evaluation of the processes required. With these considerations, I find the service non-compliant in Requirement 8(3)(e).

The Quality Standard is assessed as Non-compliant as five of the five specific requirements have been assessed as Non-compliant.

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