Performance

Report

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| Name of service: | Marco Polo Woonona Care Services |
| Service address: | 11 Watergum Way WOONONA NSW 2517 |
| Commission ID: | 1032 |
| Approved provider: | Marco Polo Aged Care Services Limited |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 5 October 2022 |
| Performance report date: | 15 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This Performance Report**

This Performance Report for Marco Polo Woonona Care Services (**the service**) has been prepared by Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s Report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s Report received 7 November 2022.
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional Circumstances Determinations dated: 28/09/2020; 21/04/2021; 27/10/2021; 26/04/2022; 27/10/2022.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-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 that staff are interacting with them in a respectful manner and care plans document consumers’ identity, culture and diversity.

Requirement 1(3)(b) The approved provider must demonstrate care plans include information on consumers’ individual care and service preferences, relevant cultural and religious beliefs. Care staff must demonstrate how the consumer’s culture influences how they deliver care and services in a culturally safe way.

Requirement 1(3)(c) The approved provider must demonstrate consumers are supported by staff to exercise choice and independence of how their care is provided and maintain relationships that are important to them.

Requirement 1(3)(d) The approved provider must demonstrate sound understanding of supporting consumers to take risks to enable them to live the best life they can, and a dignity of risk form should be in place documenting the consultation of risks that are present to consumers.

Requirement 1(3)(e) The approved provider must demonstrate that information is available to consumers and representatives in a clear, easy to understand way to support consumers decision making. Staff must demonstrate an understanding of the different ways in which information is provided to consumers, including consumers with a cognitive deficit.

Requirement 1(3)(f) The approved provider must demonstrate that staff always respect the personal privacy of consumers whilst delivering care and entering a consumer’s room after knocking and waiting for a response before entering.

Requirement 2(3)(a) The approved provider must demonstrate care and service documentation includes evidence of comprehensive assessment and care planning that considers risk to the consumer’s health and well-being.

Requirement 2(3)(b) The approved provider must demonstrate assessment and care planning adequately address all areas of care and services and consumers' individual needs and preferences.

Requirement 2(3)(c) The approved provider must demonstrate that assessment and planning is based on an ongoing partnership with consumers, the people they wished to be involved in their care and other organisations and providers of care.

Requirement 2(3)(d) The approved provider must demonstrate that outcomes of assessment and planning are communicated to consumers and representatives, and they are aware of their care plan or have been provided a copy.

Requirement 2(3)(e) The approved provider must demonstrate that care and service documentation include comprehensive review of care plans including effective strategies when circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers.

Requirement 3(3)(a) The approved provider must demonstrate consumers get safe and effective personal care or clinical care that is tailored to their needs and preferences or is best practice. Wound management, skin integrity, pain management, behaviour management and incontinence care were found to deficient.

Requirement 3(3)(b) The approved provider must demonstrate that staff have knowledge of high impact, high prevalence risks and strategies to mitigate and manage those risks.

Requirement 3(3)(c) The approved provider must demonstrate that ‘end of life care plans’ has identified preferences recorded for consumers.

Requirement 3(3)(d) The approved provider must demonstrate deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised, escalated and responded to in a timely manner and that all staff can recognise deterioration or decline.

Requirement 3(3)(e) The approved provider must demonstrate information in consumer care and service records is correct and consistent and shared with other staff and medical officers.

Requirement 3(3)(f) The approved provider must demonstrate appropriate referrals to relevant health professionals are undertaken in a timely manner.

Requirement 3(3)(g) The approved provider must demonstrate consumers at risk for infections are being provided adequate hydration or infection mitigating care. Staff should demonstrate knowledge around infection control and antimicrobial stewardship.

Requirement 4(3)(a) The approved provider must demonstrate lifestyle services and catering provide effective services and support for daily living that meet consumer’s needs.

Requirement 4(3)(b) The approved provider must demonstrate emotional support is provided to consumers.

Requirement 4(3)(c) The approved provider must demonstrate that all consumers are supported to participate in activities within the service and outside of the service and have meaningful and stimulating activities provided to them.

Requirement 4(3)(d) The approved provider must demonstrate that information in relation to the consumer’s needs, preferences and condition are communicated within the organisation, handover sheets contain relevant current information and the kitchen has knowledge of consumer’s dietary requirements.

Requirement 4(3)(e) The approved provider must demonstrate that timely and appropriate referrals are made to external organisations for the consumer’s other care and services.

Requirement 4(3)(f) The approved provider must demonstrate that feedback from consumer’s is sought in relation to the menu and dining experience and that it is reflected in the consumer’s meals.

Requirement 5(3)(b) The approved provider must demonstrate that consumers can move freely within and outside the service and that the outside area provides a welcoming environment for consumers.

Requirement 6(3)(c) The approved provider must demonstrate that complaints and feedback is acknowledged, addressed and responded to in a timely manner.

Requirement 6(3)(d) The approved provider must demonstrate that complaints and feedback inform improvements, and these are documented in the continuous improvement plan

Requirement 7(3)(a) The approved provider must demonstrate that staffing shortages are managed and do not impact on the care and services for consumers.

Requirement 7(3)(b) The approved provider must demonstrate that all staff are kind, caring and respectful to consumers.

Requirement 7(3)(c) The approved provider must demonstrate that staff have the skills, knowledge and qualifications and are familiar with the consumer’s condition to effectively perform their roles and provide care.

Requirement 7(3)(d) The approved provider must demonstrate that they have systems in place to monitor staff training and to ensure that training is up to date.

Requirement 7(3)(e) The approved provider must demonstrate there is an effective system and process to monitor and review the performance of each member of the workforce.

Requirement 8(3)(a) The approved provider must demonstrate that consumers are encouraged to participate in their day-to-day care and have a broader representation in the planning of their care and services.

Requirement 8(3)(b) The approved provider must demonstrate the governing body has the capabilities and resources to achieve its revised strategies to promote a culture of safe, inclusive quality care and services.

Requirement 8(3)(c) The approved provider must demonstrate that the organisations governance systems are effective to meet the Quality Standards and to ensure the safe delivery of care for consumers.

Requirement 8(3)(d) The approved provider must demonstrate an effective risk management system and practices are in place for managing risks to the health, safety and well-being of consumers. Risks must be appropriately recorded, and risk mitigation strategies put in place must be evaluated for effectiveness.

Requirement 8(3)(e) The approved provider must demonstrate that there is effective clinical oversight at the governance level which is addressed by the organisation, this includes key clinical documentation to assist the governing body in making decisions and improvements to the service. The organisation must demonstrate that adequate or appropriate clinical care is being provided to consumers.

# 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 | Non-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. | Non-compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Non-compliant |

Findings

The service was unable to demonstrate that each consumer is treated with dignity and respect or that their identity, culture and diversity is valued. Consumer care plans were incomplete and did not reflect the diversity of consumers and did not include information about their cultural and religious beliefs and preferences. Staff were not observed interacting with consumers respectfully at all times during the site audit and the service’s organisational governance does not demonstrate consumers are treated with dignity and respect.

The service was unable to demonstrate care and services are culturally safe. Care plans do not include relevant information on consumers’ individual preferences, cultural or religious beliefs and care staff were unable to describe how the consumer’s culture influenced how they deliver care and services in a culturally safe way.

Consumers and representatives advised they are not supported to exercise choice and independence and maintain relationships that are important to them. Staff were unable to describe how consumers are supported to make informed choices about their care and services. The organisation did not have relevant policies to define decision making in partnership regarding consumer care.

The service was unable to demonstrate that each consumer is supported to take risks to enable them to live the best life they can. The service’s policy is to complete an *’acknowledgement of risk’* form to recognise dignity of risk for consumers. There are risk assessments for consumers who choose to have a kettle and microwave in their room, however, there were no other risk assessments observed for other consumers. Management did not demonstrate a sound understanding of supporting consumers to take risks to enable them to live the best life they can.

The Assessment Team observed that information for consumers and representatives is unclear and difficult to understand, therefore making it hard for consumers to make informed decisions. Consumers advised that communication at the service was unsatisfactory. Staff were unable to describe any effective ways they use to deliver information to consumers, including consumers with a cognitive deficit, that support their understanding.

The service was unable to demonstrate that each consumer’s privacy is respected or that personal information is kept confidential. Staff were observed entering a consumer’s room without knocking and waiting for a response before entering, thus not respecting the personal privacy of consumer. The Assessment Team observed a folder titled *‘residents diet sheet’* containingconsumer personal details, diagnosis, date of birth, food preferences and assessments unattended in a communal area, thus demonstrating lack of respect for consumers’ privacy and dignity.

The approved provider responded to the Assessment Team’s report with documentation including the Diversity and Inclusion Policy, training plan, activity plans, consumer’s assessments and newsletters. The information provided demonstrates that the provider is actioning some of the issues identified in the Assessment Team’s report, however it will take time to reflect that staff are committed to the training and changes implemented by the provider and that behaviours change to reflect that consumers are treated with dignity and respect, that their privacy is respected and personal information is kept confidential, that their identity, culture and diversity is valued, and that consumers are supported to exercise choice and make decisions about their care including to take risks.

The Quality Standard is assessed as non-compliant as six of the six specific requirements have been assessed as non-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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Non-compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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 service has policies and procedures in relation to conducting consumer assessments, however consumers and representatives provided negative feedback regarding the assessment and planning conducted within the service. Consumer care and service documentation lacked evidence of comprehensive assessment and planning that allows for appropriate consideration to risk to a consumer’s health and well-being. The Assessment Team observed consumer care plans and assessments that were incomplete and with conflicting information.

Review of assessment and planning documentation displays consumer care planning documentation does not routinely record or address consumers' current needs, goals and preferences. Assessment and care planning does not adequately address all areas of care and services and does not address individual consumers' needs or preferences. For consumers receiving end of life care, care plans are not always updated to include changes in their care needs, their palliative care wishes or updated nearing their end of life.

The service’s policies and procedures validate that assessment and planning is to be based on partnership with consumers, the people they wish to be involved in their care and other organisations and providers of care. However, consumers and representatives advised that this was not occurring, and a lack of coordination was observed in consumer care and service documentation.

Consumers and representatives also advised that outcomes of consumer assessment and planning are not effectively communicated to them and explained that they are not aware of their consumer care plan or have been provided a copy.

The service was unable to demonstrate that care and services are reviewed regularly for consumers. Consumers and representatives advised that they are not informed when circumstances change, and a comprehensive review of consumer care plans is not conducted for effectiveness when circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers.

The approved provider responded to the Assessment Team’s report with documentation including a training plan to be delivered from November, a case conference tracker demonstrating that 78% of case conferences have been conducted, and care plan information. I have reviewed the information and feedback from the provider, however the information that has been provided does not demonstrate comprehensive care planning or risk assessments to address a number of risks identified by the Assessment Team, there was little information related to strategies to reduce risks and although there was evidence of some representatives receiving care plans, however this was not demonstrated for all consumers or representatives identified within the report. Feedback from representatives, demonstrated that care planning conferences and review of care plans is not communicated effectively, and this was still not evident.

The Quality Standard is assessed as non-compliant as five 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. | Non-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 was unable to demonstrate that consumers receive safe and effective personal or clinical care that is tailored to their needs or is best practice. Consumers and representatives provided mostly negative feedback about the clinical care provided at the service. Staff knowledge in relation to the care needs of consumers was meagre. Assessment Team observations and review of documentation demonstrated that adequate or appropriate clinical care is not being provided to consumers.

The service identified falls management and wound management as their high impact, high prevalence risks. Consumers and representatives advised that the support offered to consumers is lacking relevant clinical care and staff knowledge around high impact, high prevalence risks and strategies to mitigate those risks was meagre. Assessment Team observations and review of relevant documentation demonstrated that high impact, high prevalence risks are not managed appropriately, and consumers are being negatively impacted. The Assessment Team identified that wounds and pressure injuries were not being regularly checked, measured or redressed as per the consumer’s care plan. Photographs of wounds did not always have a measuring device or were not taken in line with the organisation’s weekly policy. Location of wounds was incorrectly identified.

The service has policies and procedures to provide guidance for staff on end of life care provision, however the Assessment Team review of consumer clinical files who had passed away showed they did not include their needs, goals and preferences regarding end of life care and services.

The service was unable to demonstrate that deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. The Assessment Team review of consumer care documents of those who have experienced deterioration showed that escalation or other appropriate response to deterioration have not been identified or recognised in a timely manner. Consumer representatives expressed concerns regarding the lack of information provided when a consumer’s condition changes.

While the service has documented processes for communicating information about consumer care, these have not been effectively applied for all consumers. Sharing of information has not always occurred and information in consumer care and service records is incorrect or inconsistent. The Assessment Team observed that information about a consumer’s condition is not always shared with staff or medical officers on a consistent basis.

Consumers and representatives provided positive feedback regarding access to health professionals and staff effectively described the processes for referring consumers to other health professionals. However, care and services documentation demonstrated that appropriate referrals to relevant health professionals was not consistently undertaken or were not undertaken in a timely manner to best support the consumer.

The service has documented systems in place to manage an outbreak and minimise infection related risks. However, practices to minimise the spread of infection and promote appropriate prescription and usage of antibiotics were not always followed. Staff were observed breaching infection control protocols by touching their face, hair or mask or wearing masks under their noses particularly during meal assistance. Staff were observed not encouraging or assisting consumers to hand sanitise pre and post meal service. The Assessment Team was not asked to complete the COVID-19 health screening prior to entering the service on all days of the site audit. Consumers at risk for infections were not being provided adequate hydration or infection mitigation care. The Assessment Team observed that staff knowledge around infection control and antimicrobial stewardship was not adequate and observed that consumers with infections were not being managed appropriately.

The approved provider responded to the Assessment Team’s report with additional documentation and feedback. The documentation included upcoming training to be delivered for restrictive practices and personal and clinical care. Care plans and care and behaviour plans for consumers were also provided. I have considered the additional information provided; however it does not satisfy me that there is appropriate review for pain assessments, skin assessments and skin integrity procedures for consumers or that there are effective risk assessments or investigation conducted for high impact and high prevalence risks. Restrictive practices are not well managed, and, in some instances, incorrect medications are listed for consumers. It was also evident that escalation and regular review did not always occur for consumers when their condition deteriorated.

The Quality Standard is assessed as non-compliant as seven 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team interviewed consumers and representatives and observed that lifestyle activities and catering programs do not provide effective services and support daily living that meet consumer’s needs. Activities do not cater for consumers with English as a second language or those with poor hearing. The Assessment Team observed consumers regularly sitting alone with minimal interaction. Catering staff were unaware of consumer meal preferences and dietary requirements, whilst dietary sheets for some consumers were missing. The Assessment Team reviewed consumer files which indicated that consumers requiring one to one visit by lifestyle staff did not regularly receive this service.

The lifestyle staff and management advised that a Catholic Virtual Church Service is scheduled every Saturday and a Presbyterian Virtual Church Service is offered on Sundays. A visit from a Catholic priest occurs monthly, but no other faith’s clergy visits have occurred. Volunteers attend for bible study groups and to give communion to consumers. The Assessment Team observed the service’s Chapel is located in the first floor, however consumers on the ground floor were unable to access it without the assistance of a staff member’s access key card to access the lift. This access restriction also applied to the internet cafe, craft room and lounges in the first floor. This issue was remedied on the last day of the Site Audit, with the service’s elevator programmed for consumers to access between the ground and first floors.

The lifestyle staff advised that some consumers are assisted to participate in outside activities such as shopping trips, hydrotherapy and church outings and consumers advised that the service does assist them to maintain contact with their families.

Most consumers and representatives confirmed that the information about the consumer’s condition, needs and preferences is communicated effectively within the organisation and with others where responsibility for care is shared. Staff demonstrated a sound knowledge of individual consumers and explained that consumer care needs are well communicated during handovers and documented in the electronic management system, which is accessible to all staff. The service does have processes and systems for identifying and recording each consumer’s condition, needs and preferences, including changes as they occur. However, it was identified that staff are not always aware of consumer clinical and personal care needs and handover sheets containing limited information.

The service was unable to demonstrate timely and appropriate referrals to appropriate external services or organisations. Management advised they do not refer consumers to external providers for emotional well-being such as Emotional Well-being for Older People and lifestyle management were unable to demonstrate appropriate current referrals for consumers to be supported in the community but provided details regarding new initiatives to be implemented, such as referrals for hydrotherapy, an information technology skills program and contacts made with the Wollongong Conservatory for music programs in the dementia support unit.

A majority of consumers advised they do not enjoy the food offered at the service and several consumers and representatives said meals are delivered to the rooms cold. The Assessment Team observed that consumers in the ground floor units, including the dementia support unit, do not have a pleasant dining experience, do not receive appropriate support with meals and the number of staff assisting consumers was insufficient to provide effective support.

Consumers were observed waiting for up to 15 minutes to have a staff member assist them with feeding, meals were served but without a beverage, consumers falling asleep in the dining room during the meal service, meals were presented in trays and were covered with plastic wrap rather than dish covers in the kitchen area. The Assessment Team observed a consumer in dementia support unit provided with meal in their room without any supervision, contrary to their care plan, and eating their meal/dessert with their hands.

A consumer indicated that the dishes served were always “a surprise” and is not provided with their meal of choice. The service was unable to demonstrate effective management or food options for diabetic consumers, and the Assessment Team was made aware that in response to seeking alternative options for these consumers, management advised that “all consumers with diabetes have it under control with medications”.

Consumers advised they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities of daily living were observed to be safe, suitable, clean and well-maintained.

The approved provider responded to the Assessment Team’s report and provided further commentary to the report. I have considered the provider’s response; however, it does not convince me that there are sufficient stimulating activities or meaningful individual contacts available for consumers. There is also no evidence to demonstrate that consumers are provided with support for daily living. The organisation is currently charging consumers to contribute towards the cost of their care through additional services, however it is unclear how this is being managed at the service with some representatives having complained regarding not receiving services for which they have been charged. Many of these “additional services” should be provided to the consumer as part of their services. There is little emotional or psychological support for consumers with management advising that they do not refer consumer to external providers for emotional well-being such as Emotional Well-being for Older People (EWOP). Communication between staff and management and information relating to consumer’s condition and needs is not shared or well known by staff. The service does not demonstrate that the consumers are happy with their meals or that they are assisted with their meals, an additional $20 daily fee is charged for varied meals, however I am unsure if these meals are of better quality than what was reported as unsatisfactory.

The Quality Standard is assessed as non-compliant as six of the seven specific requirements have been assessed as non-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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Some consumers and representatives advised the Assessment Team that the service does not feel homely. While most furniture is positioned appropriately and there are art works and other furnishings providing a ‘home like’ environment, there was minimal furnishing in the outdoor areas. The building has an easy to navigate design with signage to support consumers, however the dementia support unit wing does not maximise the wellbeing of consumers. Activities with meaning and purpose are not provided to consumers based on their needs, interests, skills and abilities and behaviour monitoring is not consistent.

Consumers and representatives confirmed that the environment is safe and well maintained, and that they had suitable quality and quantities of equipment and resources to support their independence and enjoy activities. The Assessment Team observed minimal outdoor furnishing limiting the consumers ability to enjoy the outdoor environment. Additionally, there were dead pot plants on balconies and an adverse impact to consumers in relation to noise when the air conditioning units are on.

The Assessment Team observed that some of the consumers rooms were not very personalised and had a hospital-like feel. The Assessment Team also observed that doors accessing some external areas of the service were normally locked, thus preventing free movement throughout the service.

The service demonstrated an effective cleaning and maintenance program, and the Assessment Team observed the environment to be clean, safe and well maintained. However, the Assessment Team identified a strong malodour in the memory support unit. Management had taken steps to eliminate the smell (air purifier, charcoal, regular carpet cleaning) however advised they are considering other options, including removal of the carpet.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers advised they were satisfied with the furniture, fittings and equipment. Management and staff demonstrated effective systems for cleaning and regular maintenance of the furniture, fittings, and equipment. The service’s preventative maintenance documentation demonstrated that actions are not always completed within the scheduled period, but delays have been short and with minor impact on consumers. The documentation demonstrated that reactive maintenance is completed within a suitable timeframe.

The approved provider responded to the Assessment Team’s report and advised that the issue with the malodour is being rectified and that they are looking to replace the carpet with linoleum. The service advised that the rooms are personalised to the consumer’s wishes, however it was noted that access to outdoors was limited with doors to external areas locked and the outdoors area is not welcoming with limited furnishing for the consumers to enjoy this space.

I have considered the providers feedback and find that requirements 5(3)(a) and 5(3)(c) are compliant, however I am not satisfied that requirement 5(3)(b) is compliant as the service has not enabled consumers to move freely, both indoors and outdoors.

The Quality Standard is assessed as non-compliant as one of the three specific requirements have been assessed as non-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

Consumers and representatives advised they know how to give feedback or make a complaint and said that they feel encouraged and supported to do so. Management and staff demonstrated a sound knowledge of the processes to encourage and support feedback and complaints. Management explained, and meeting minutes demonstrated, that consumer feedback during meetings is noted and considered and the Assessment Team observed that staff receive education on internal and external feedback mechanisms during orientation and regularly during their employment.

Consumers and representatives were aware of advocacy services available to them. Management advised they promote advocacy services by ensuring each consumer handbook and resident agreement provides information on the older persons advocacy network (OPAN), senior rights service, Dementia Support Australia and the Aged Care Quality and Safety Commission. Management also ensure that information is available throughout the service in relation to interpreter services and consumers are provided with the Aged Care Advocacy newsletter which includes details of the seniors’ rights service, OPAN and consumers rights.

However, consumers and representatives advised the Assessment Team that they were not satisfied that management acknowledge and respond to concerns raised in an appropriate manner. The service has ongoing complaints that are not effectively resolved, and consumers advised that, some concerns are not appropriately addressed or responded to. The Assessment Team observed that the service’s system for complaint management does not align with best practice guidelines and the Quality Standards.

The service was unable to demonstrate that consumers and representatives’ feedback is used to improve care and services. Management was unable to provide any examples of improvements made following consumer or representative feedback and there were no items in the continuous improvement plan, other than catering requests from consumers, that described processes to escalate complaints and linking this information to improving consumer care and services.

The approved provider responded to the Assessment Team’s report, however, did not provide any substantiating evidence to refute the information of the Assessment Team.

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. | 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 service does not have sufficient staff to ensure delivery and management of safe quality care and services. The service routinely accesses agency staff however there are still a significant number of unfilled shifts each week. Consumers and representatives consistently reported to the Assessment Team that there are staff shortages and advised that they have complained of care and services not being provided in a timely manner.

Management confirmed that workforce has been challenging and there has been a high turnover of staff, including management staff, over the past few months. The chief executive officer (CEO) acknowledged the service has a significant number of vacant permanent shifts across care staff including registered nurses and team leaders. They said the organisation is in the process of increasing its recruitment advertising.

Staff commented that workloads and task coverage are the most significant difficulty they experience in their role. One agency registered nurse did not know the care needs of consumers in her care. Staff commented that agency staff are not always sufficiently trained in their roles and needed more supervision.

Consumers and representatives complained about the shortage of staff and having to wait a long time to be attended for personal care and assistance in toileting. Representatives said there was often no staff available when they came into the service to visit consumers. Several representatives said that not all staff were familiar with consumers and that agency staff were not well trained.

Consumers and representatives advised they have made complaints regarding the quality of staff interactions and commented that staff are not consistently respectful of consumer’s needs and do not know them. Some representatives advised the Assessment Team that staff are often rushed when providing care to consumers and advised that management is not consistently respectful or caring of consumers and that communication with management is poor and their calls were often not returned.

The Assessment Team observed an agitated consumer trying to get to the toilet calling out to staff who had entered the room, saying “just get me to the toilet”. Staff were heard replying “could you just not be rude we are trying to help you” in a loud voice and the consumer responding with “well don’t leave me sitting here for an hour”.

The Assessment Team observed that staff do not always have the skills and knowledge to effectively perform their roles. Commencing agency staff have little or no orientation into their roles. Consumers and representatives have complained about the lack of knowledge and skills regarding agency staff at the service.

Management advised the service checks staff qualifications and registrations and provides orientation to staff on recruitment. Permanent staff orientation includes the service’s mandatory training. They said staff undertake ‘buddy’ shifts to ensure they are competent and capable in their roles. Management advised that clinical competencies are provided for registered nurses and staff administering medications. Documentation evidenced competencies had been completed annually.

Staff are not provided sufficient information regarding their roles. The service’s recent staff survey states that 14% of staff are not clear on their own role expectations. They stated they experience challenges when their duties due to staff shortages and lack of communication during changes of work schedules. Management advised following a restructure of positions at the service, new duty statements were being implemented and are awaiting review prior to consultation with staff.

Staff are not effectively trained or supported by the organisation to deliver quality care and services to consumers. The service does not have systems to monitor training to ensure staff have sufficient skills and knowledge in their roles. The service provides staff with basic online mandatory training, such as elder abuse, WHS (including practical manual handling), infection control, fire safety, cultural diversity and safety, privacy and confidentiality and serious incident response (SIRS). Several staff said they had completed mandatory training, however were unable to describe terms and processes required for their roles such as, SIRS, elder abuse, dignity of risk and open disclosure.

The organisation was unable to demonstrate a system to monitor agency staff knowledge and skills and rely on contract agencies to provide this. Management advised that the organisation has a preferred agency staff list to call on when agency staff are required. They said they will rely on the agency staff training provided by the preferred agencies; however, they were not sure if training provided by agencies was adequate in meeting the specific requirements of the Quality Standards. Agency contracts reviewed by the Assessment Team do not identify specific training relating to the Quality Standards and have not been reviewed regularly.

The service was unable to demonstrate an effective system to monitor and review the performance of each member of the workforce. The service’s staff appraisal schedule was overdue, and the Assessment Team observed a blank and undated performance improvement plan in a staff file where the staff member was being managed for performance. There was no documentation to indicate that investigation had occurred, and documentation did not indicate that staff were communicated with in a proper manner with actions agreed to and an ongoing plan or monitoring of performance.

The approved provider responded to the Assessment Team’s report, and provided their quarterly financial report, however it did not provide further substantive evidence to support or to validate their compliance as the service was unable to demonstrate that it has sufficient staff through the employment of agency staff and that staff employed are respectful of consumers. The Assessment Team observed issues in relation to staff competency and knowledge, effectiveness of staff training and support and monitoring and review of staff performance which has resulted in impact to consumers personal and clinical care and general wellbeing.

The Quality Standard is assessed as non-compliant as five 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 is unable to demonstrate that it actively engages and supports consumers in the development, delivery and evaluation of care and services. Consumers are not encouraged to participate in their day-to-day care and do not have a broader representation in the planning of their care and services.

Consumers and representatives advised the Assessment Team that the service is not providing sufficient information or being transparent on the impact of incidents to consumers. There is insufficient information, including policies and procedures, to demonstrate that the organisation actively engages consumers in the development, delivery and evaluation of care and services.

The organisation has a broad diversity and inclusion policy which and has not been updated for almost two years. The organisation’s strategic plan identifies that the organisation will consult with consumers, staff and loved ones and includes a communication plan that highlights newsletters, zoom meetings and surveys. The plan is dated July 2022 and to be completed June 2023. A resident engagement statement has recently been developed by the organisation, however there was no demonstration of consumer engagement.

The organisation was unable to demonstrate that it is promoting a culture of safe, inclusive quality care and services and that its governing body is accountable for their delivery. The organisation is in the process of restructuring with regard to board membership and the organisation’s constitution however this has still to be formalised.

The organisation’s governing body is currently unable to demonstrate it has the capabilities and resources to achieve its responsibilities. The governing body is not provided with sufficient information for them to be effectively involved in or to be accountable for the planning and delivery of quality care and services. Deficiencies across all of the Quality Standards demonstrate services currently delivered do not provide a culture of safe, inclusive and quality care and services or that the governing body is accountable for their delivery.

The organisation’s governance systems are ineffective in regard to information management, continuous improvement, workforce, regulatory compliance and feedback. The organisation’s systems for information management does not provide sufficient, consistent or readily available information for staff and management to perform their roles effectively. Care and service plans are inconsistent regarding consumer needs and goals and often lack key or accurate information. Monitoring charts and assessments are missing key information or inconsistent, for example with regard to wound care and repositioning time frames. Incident forms are often incomplete with little detail regarding investigation or analysis and are not routinely completed when incidents occur, and there is lack of communication between management and staff regarding updating staff with consumer care needs.

The organisation does not have effective continuous improvement systems in place. The organisation’s systems to collect and review the feedback of consumers and their experience is not included as part of the quality improvement system.

Management advised the Assessment Team that they are focused on changes to government funding and their financial model to withstand changes in government funding regulations. The organisation is currently charging consumers to contribute towards the cost of their care through additional services, however it is unclear how this being managed at the service with some representatives having complained regarding not receiving services for which they have been charged.

The organisation was unable to demonstrate that it ensures sufficient staff through the employment of agency staff and that staff employed are respectful of consumers. The Assessment Team observed issues in relation to staff competency and knowledge, effectiveness of staff training and support and monitoring and review of staff performance.

The organisation was unable to demonstrate an effective incident management system to mitigate significant incidents at the service and deficiencies in the effectiveness of interventions is not evaluated and documented. The organisation’s incident management system does not routinely include analysis of incidents to identify contributing factors and development of effective measures to prevent future incidents. Consumers are experiencing multiple incidents and existing preventative measures are not effective. The Assessment Team observed incident reports that highlighted that incidents have not been fully investigated, strategies implemented, or evaluations undertaken for their effectiveness and the clinical risk register does not consistently identify high risks relating to consumers. Policies and procedures to guide staff in their compliance with regulatory matters have not been adequately developed. Management advised the Assessment Team that systems for receiving information about regulatory obligations is received from a range of sources including the Department of Health, Quality Performance System (QPS) benchmarking and the pharmacist. Management also advised that the organisation has identified and is implementing improved systems to mitigate high risk including electronic incident management and reporting systems.

Consumers and representatives were not satisfied that management acknowledge and respond to concerns raised in an appropriate manner or that issues are addressed in a timely manner. The Assessment Team identified that the service does not document all feedback and complaints and the organisation does not have a system for trending complaints to identify potential issues and continuous improvement opportunities.

The organisation was unable to demonstrate an effective risk management system. The Assessment Team observed that appropriate practices are not established at the service to manage risks to the health, safety and well-being of consumers. Risks are not consistently and appropriately recorded, and risk mitigation strategies are not evaluated for effectiveness. Consumers are not receiving safe and effective personal or clinical care that is tailored to their needs and supporting them to live the best life they can. The organisation has an overarching risk management framework and processes however it is mostly generic and risks specific to the service are not being identified. Deficits in individual consumer care was observed by the Assessment Team after reviewing consumers with high impact or high prevalence risks, including falls management and wound management. In addition, consumer assessment and care planning documents are not up to date and do not reflect consumer current care needs. Behaviours are not being managed appropriately and behaviour support plans are not reflective of consumer current needs and behaviours and often do not record triggers or interventions.

The organisation has an overarching clinical governance framework, however there are limited clinical policies and procedures to guide staff in clinical practices. While the organisation has policies in relation to antimicrobial stewardship, use of restrictive practices and open disclosure, the policies are largely generic and without effective support to guide the workforce. The organisation was unable to demonstrate an effective system to ensure the use of restraint is minimised with regard to chemical, mechanical, environmental and physical restraint. The service does not have consent forms for restrictive practices and the restrictive practice register has incorrect key information or does not have supporting evidence for their implementation. Open disclosure is not consistently practiced in a timely manner or at all. Several staff lacked relevant understanding of antimicrobial stewardship or open disclosure. The service has not been able to demonstrate that adequate or appropriate clinical care is being provided to consumers.

The approved provider responded to the Assessment Team’s report and advised that they only stopped visiting for consumers when it was mandated and during outbreaks when they would allow one visitor for the consumer. The provider also advised that they have regular board meetings and that the board has been receiving clinical data and the clinical indicators. The information provided does not satisfy me that consumers are engaged in the development, delivery and evaluation of care and services or that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services. It is also not evident that the governing body have effective governance, risk management or a clinical framework to provide safe, effective quality care to consumers.

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 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)