Performance

Report

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| Name: | Marco Polo Woonona Care Services |
| Commission ID: | 1032 |
| Address: | 11 Watergum Way, WOONONA, New South Wales, 2517 |
| Activity type: | Site Audit |
| Activity date: | 12 March 2024 to 15 March 2024 |
| Performance report date: | 22 April 2024 |
| Service included in this assessment: | Provider: 835 Illawarra Retirement Trust  Service: 6226 Marco Polo Woonona Care Services |

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 Therese Solomon, 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 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 12 April 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to consumer needs, and optimises their health and well-being, specifically related to wound care and personal care.

Requirement 5(3)(b)

* Ensure the service environment is safe, clean, well maintained, and comfortable for all consumers.
* Ensure systems in place to monitor a safe environment are effective and reviewed frequently for effectiveness.

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

Consumers and/or representatives stated staff treat consumers with dignity and respect. Staff were observed treating consumers with dignity and respect and understood the consumers’ individual choices and preferences. The service has policies and procedures that outline what it means to treat consumers with dignity and respect, and care plans reflected this. Consumers and/or representatives confirmed that consumers are respected and valued as individuals by staff and the service.

Consumers and/or representatives described how staff respect consumers’ culture, values, and diversity, including how the consumer’s culture influence the delivery of care and services. Staff demonstrated how a consumer’s life journey influences delivery of their care, and care planning documentation reflected the consumer’s cultural background, linguistic abilities, and activities of preference.

Staff explained how activities and events in the activity calendar are centred around cultural significance to the consumers. The activities calendar contained a video link to church services and the relevant channel, weekly onsite Catholic and Presbyterian church services, fortnightly communion, and bible study. Documentation evidenced that staff are required to complete training around culturally responsive care and cultural awareness.

The service was able to demonstrate consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice. Consumers and/or representatives acknowledged consumers are supported to maintain relationships with the people they choose. Staff were able to provide examples of how consumers can make choices about their care and services, and how staff assist them in achieving their outcomes.

Staff reported they encourage relationships between consumers and ensure consumers are coming out of their rooms to engage in social interactions. Staff said there are a few consumers who prefer not to socialise with others, these consumers are supported with additional one-to-one visits from staff and lifestyle staff.

Consumers and/or representatives stated they are satisfied with the level of support provided by staff to enable consumers to take risks and live the best life they can. Staff described how and when consumers want to take risks, how the consumer is supported to understand the risks involved in the activity and the possible harm to the consumer. Staff stated consumers are involved in problem-solving solutions to reduce risk where possible.

Management outlined the risk assessment process in the service including respecting consumer rights, consultation with relevant health providers, case conference with consumers and their representatives, risk assessment and documentation including dignity of risk.

Consumers and/or representatives advised they receive up to date information about activities, meals, outbreaks, and other events happening in the service. Information on upcoming activities were observed on noticeboards and in rooms. Review of consumer meeting minutes confirmed up to date information about feedback and complaints, continuous improvement activities and other changes in the service is provided to consumers. The service provided evidence of choices being offered to consumers including catering, lifestyle services and recreational activities.

Consumers and/or representatives stated they have the information they need to make informed choices, including what they want to eat, what activities they want to attend and when they want to retire for the day. Various flyers with complaints information for both internal and external mechanisms, seniors’ rights, Older Persons Advocacy Network, and the Charter of Rights are displayed throughout the service.

Documentation showed consumers engaging in quarterly consumer meetings and food focus meetings. The schedule of consumer meetings for 2024 has been emailed to consumer representatives and families and distributed to consumer. Meetings are identified on the monthly activity program, and representatives and families can join virtually if they are unable to attend on site.

Consumers and/or representatives stated they are confident their information is kept confidential. Care staff described how they maintain a consumer’s privacy when providing care, including knocking before entering a consumer’s room and asking permission prior to entering. The service has an up-to-date privacy policy which includes processes for managing personal information, protecting personal information, security and retention of personal information and data breach responses.

Management advised that staff are trained in and encouraged to engage in practices that are respectful of consumers' privacy and ensure the confidentiality of personal information, for example, knocking on doors and asking for permission prior to entering, closing doors during personal care.

# Standard 2

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

Findings

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

The organisation has policies and procedures to guide staff practice in relation to conducting assessments and developing care plans. Evidence provided showed these policies and procedures are consistently followed by staff. Consumers have care plans that address specific risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.

Consumer with identified risks had risk assessments completed and documented interventions to mitigate the risks. Care documentation contained medical diagnosis for consumers and identified how consumers were affected. Consumers were reviewed by health professionals, including speech pathologist, and recommendations made on how to manage the impact on consumers. Consumers who chose not to follow the recommendations, had a detailed dignity of risk assessment conducted by the service to outline the specific risks with potential impact to the consumer, such as aspiration and choking which could be life threatening.

Management and staff described the care planning and assessment process and how they involve consumers and/or representatives in the process. Consumers and/or representatives confirmed they have been involved in the care planning and assessment process.

Consumer care and service documentation addressed most areas of care and services and contained consumers’ individual preferences or current needs. Consumers and/or representatives provided positive feedback in relation to their needs, goals and preferences being met. Staff described the current needs and preferences of consumers.

Consumers and/or representatives reported they have been involved in conversations around end of life wishes. A review documentation showed there is advanced care plans which contained information about consumers’ end of life wishes. Registered nurses described when conversations around end-of-life planning and advance care planning occurred. Although the conversations were often difficult and not all consumers wanted to have a discussion, they follow up with consumers and/or representatives regularly and provide support and assistance if needed. Conversations were documented in the advance care planning documents or progress notes.

The service has processes in place to ensure 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. Care and service documentation showed case conferences were undertaken with the involvement of the consumers and others they wished to be involved. Health providers involved included physiotherapist, occupational therapist, dietitian, speech pathologist and podiatrist. Consumers and/or representatives confirmed they have been involved in care planning and that consumer needs are being met.

The service has processes in place to enable outcomes of assessment and planning to be documented on a care and services plan and communicated to consumers. Care and service documentation showed discussions around care have been occurring. Staff explained how they keep consumers and/or representatives updated with any changes. The service uses an electronic consumer record information system to record all documentation and generate care plans. The system was able to automatically generate a summary of the care plan and a full care plan capturing all consumer details. Management confirmed consumers and their representatives are provided with a summary of the care plan via variety of methods.

However, the Assessment Team identified areas for improvement in relation to lack of information captured in the summary care plan, and some representatives provided feedback that outcomes of assessment and planning have not been communicated to them, and that they are not aware of their care plan and have not been provided a copy.

The Approved Provider responded with additional documentation to demonstrate compliance and a comprehensive plan for continuous improvement containing actions to address the inconsistencies, including but not limited to improvement made to ensure a detailed care plan, follow up case conferences occurring with identified consumers and/or representatives to discuss outcomes of assessments, provide copies of the care and service plan to consumers and/or representatives.

I acknowledge the concerns raised by the Assessment team, however limited impact was identified on consumers, and consumers and/or representatives provided positive feedback in relation to the communication of outcomes based on assessments and planning.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 2(3)(d) is found Compliant.

The service demonstrated that review of care and services is conducted for effectiveness when circumstances change, or incidents occur impacting on consumer needs, goals, or preferences of consumers. Consumers and/or representatives provided positive feedback and said they had been informed when changes in condition occurred. Registered nurses were able to describe when and how care and service documentation is reviewed.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

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

The Assessment Team found that clinical care provided to consumers is not consistently best practice, tailored to their needs and optimising their health and well-being. This includes the delivery of personal care, wound and skin care. Consumers and/or representatives considered staff are kind, caring and respectful toward them, however, reported that personal care was not always best practice, or tailored to consumer health and well-being.

* A consumer representative stated the service did not consistently provide effective care for his mother during January 2024 when her wound deteriorated. The representative stated he complained to the service after finding a pressure injury acquired in the service was not being managed effectively.
* A consumer at the service with multiple wounds did not have a new pressure injury recognised in a timely manner.
* Consumers stated they receive inconsistent care as staff are frequently changed around due to operational requirements which has impacted on their personal care and preferences.
* Two consumer representatives provided negative feedback in relation to consumers’ personal hygiene.

The service maintains a psychotropic register that identifies consumers receiving chemical restraint medications. Consents are renewed annually or sooner by the medical officer if there is a change. Medication and consents are discussed during the routine three monthly care reviews with senior clinical staff and/or management. The service also has consumers living in the memory support unit and this has been identified as environmental restraint. The process for managing consent is being switched over to the recently introduced electronic medication management system as the renewal/review dates become due. The Assessment Team observed consents and reviews are generally completed according to the schedule, with support plans updated, and changes incorporated and discussed with the decision maker. The Assessment Team reviewed a variety of methods to capture consent noted, including the current paper-based forms, emails, and progress notes.

The Approved Provider responded acknowledging some of the findings within the Assessment Contact report. The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the non-compliance, including but not limited to review of care and service plans, commencing high-risk case management, case conferences with identified consumers and/or representatives, providing training and education to staff in wound management.

I acknowledge the actions taken by the Approved Provider to address the identified Non-compliance, however I feel actions implemented will take time to become embedded into daily practice and will need to be evaluated for effectiveness.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(a) is found Non-compliant.

The service has systems and processes in place to manage high impact, high prevalence risks. There are policies and processes to manage high impact/high prevalence risks associated with the care of each consumer. The service records high impact and high prevalence clinical and personal risks for consumers through the clinical indicator and incident report. A high-risk management register is also maintained, with several consumers having case management for their individual risks. Data is analysed and discussed at the daily, weekly, and monthly quality and clinical staff meetings.

Interventions related to skin integrity include scheduled pressure area care and continence care, the use of pressure relieving devices such as air mattresses, booties and pressure relieving cushions. Management reviews wound care and at-risk consumers and has organised daily monitoring of these high-risk consumers by clinical and senior care staff. Wound reviews and dressings are completed as per wound care plans. Clinical staff described their responsibility and showed their monitoring and wound lists they were allocated to complete during the shift. The review of care charts and progress notes showed staff are providing care, and ensures equipment is in place in accordance with the consumers’ care plans. An external wound care service or the medical officer is also consulted in regard to wound management, wound care plans, wound dressings, wound photographs, and progress is documented in consumer records.

The service monitors falls, high risk consumers and interventions regularly through fall committee meetings. Review of documents and interviews with staff and consumers and/or representatives show reviews and fall management plans are in place. Strategies used to prevent falls or reduce the risk of falls include the use of sensors, crash mats, hip protectors, call pendants, appropriate footwear, bed height, mobility assistive devices, regular toileting schedules, and increased monitoring and sight checks, physiotherapy interventions, medical/ medications reviews. The physiotherapy staff provide falls prevention and exercise sessions for consumers, and additional interventions such as lo-lo beds and bed rails have dignity of risk documentation, and consents for use in place if it has been assessed as a restrictive practice.

Nonpharmacological strategies are considered prior to the consideration of high-risk psychotropic medication and chemical restraint. Behaviour triggers are recorded to monitor frequency and identify trends and the effectiveness of strategies. Consumers are also assessed for underlying causes, such as illness or infection, and referred to Dementia Services Australia, mental health service, or specialists for ongoing review and recommendations.

Consumers who have experienced unplanned weight loss and swallowing risks are monitored closely and reviewed by their medical officer, dietitian, and speech pathologist where necessary. Records show consumers have texture modified diets, nutritional supplements, and need for assistance recorded in their care plans. The Assessment Team observed consumers receiving assistance with meals from staff or family members.

The Assessment team reviewed documentation for consumers receiving regular insulin and found evidence to support the monitoring and management of consumer blood glucose levels, effective administration of insulin, a current escalation plan, and the occurrence of regular medical reviews as required. Consumers with indwelling catheters or who are receiving oxygen therapy, had guidelines for care and escalation of any deterioration, in addition to due dates for change of equipment recorded in their care and service plan.

The Assessment team identified areas for improvement related to staff not consistently identifying and managing risks effectively, and interventions are not always implemented effectively, specifically related to wound management. Documentation reviewed identified the service has introduced processes to monitor and manage high impact/high prevalence risks more effectively.

Consumer records include details of advance care planning or have an advanced care directive in place. Management confirmed starting this conversation is part of the admission process. The service also regularly assesses consumers to aid in recognition of gradual decline and potential need for review of care goals and needs. Management explained how the service supports consumers at the end of life, including pain management and the use of a syringe driver if needed, pressure area care including the use of alternating air mattress, regular oral care, access to the palliative care team from the local health district, and pastoral or other supports as per consumer wishes. Care documentation for a consumer who was recently on an end-of-life pathway demonstrated how these strategies were implemented in line with the consumers’ wishes.

The service has policies and procedures for recognising and managing deterioration of a consumer’s condition. Care staff stated they use a ‘stop and watch’ process which helps them recognise and report any changes in a consumer’s condition to the registered nurse who then assesses the consumer and directs care. Clinical staff described how they review consumers in case of a deterioration and provide required care such attending head to toe assessment and referring to a doctor or hospital if required. Care documentation showed prompt identification of deterioration or change in the physical, or cognitive health of consumers.

Documentation and interviews with consumers, representatives and staff show information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. Care plans and handover meetings show there is communication between registered nurses and care staff about the condition, needs and preferences of consumers. Care recommendations from other health providers are also integrated into the care plans.

Allied health services can access the electronic care management records where they can add progress notes or document assessments as appropriate. The Assessment Team reviewed entries from medical officers, reports from a range of specialist services, clinical and care staff, physiotherapy staff, and other allied health providers throughout the care records.

Staff stated they are informed of changes to a consumer’s condition through their shift report notes, verbally from the registered nurse where there is a change during a shift, and at the clinical handover for each shift. Staff stated they are supported through regular meetings with management to keep them updated about changes occurring that impact them, such as new policies, processes, management systems and education on a variety of topics.

The service demonstrated consumers are reviewed and referred, when necessary, in a timely manner. Review of the care and service records for consumers showed regular reviews by podiatrist, dietitian, physiotherapist, medical officers, and other health care services occur regularly or as required. The results of assessments and recommendations made are updated in the consumer’s care and service plans.

The service demonstrated processes are in place to minimise infection related risks and to support the appropriate use of antibiotics to reduce the risk of increasing antimicrobial resistance. The service has policies and procedures to guide staff in relation to infection control management, the management of outbreaks, and antimicrobial stewardship. There is a mandatory training program for all staff regarding infection control and prevention, including annual competency assessment of hand hygiene and the use of personal protective equipment.

Staff confirmed they have completed infection control training and have ready access to the equipment and supplies they need for effective infection control. Staff demonstrated an understanding of infection related protocols and described ways they can reduce the risk of infection, including regular hand hygiene, vaccinations, use of personal protective equipment, maintaining a clean environment, social distancing and encouraging fluids for consumers.

# Standard 4

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

Findings

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

The Assessment Team received mixed feedback from consumers and/or representatives in relation to consumers receiving safe and effective services and supports for daily living. While some consumers were happy with the activities on offer and services provided, other consumers and/or representatives reported that consumers were not being provided individualised leisure and lifestyle activities optimising their independence, health, well-being, and quality of life.

Most consumers and/or representatives provided positive feedback in relation to the laundry and cleaning services, and some consumers stated they are happy with the activities on offer at the service. However, several consumers and/or representatives reported concerns with regard to the lack of engagement with consumers.

The Approved Provider responded with additional documentation to provide evidence of consumer engagement and activity attendance, as well as with a comprehensive plan for continuous improvement containing actions to address the areas for improvement, including but not limited to improving communication with representatives in relation to activity engagement, case conferences with identified consumers to address their concerns, update lifestyle care plans to reflect individualised preferences, improved documentation to capture consumer attendance or non-attendance as per consumer choice, ongoing recruitment of lifestyle staff.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(a) is found Compliant.

Consumers and/or representatives stated consumers can continue cultural and religious practices at the service and said they are provided emotional and spiritual support when needed. Some consumer and representatives said that unfamiliar staff have impacted their ability to receive the emotional support they need. Care staff described individual strategies to support consumer’s emotional and psychological well-being, and a review of care and services planning documentation demonstrate a strong understanding of consumer’s life journey and how they can be supported by staff.

An external service provider has been engaged to run weekly wellbeing sessions on a Tuesday morning as observed on the activity program. The sessions are designed to reinforce personal identity and purpose, increase social connection, and sense of hope, and improve the day to day living of consumers. Lifestyle staff advised that consumers’ emotional, social, and psychological needs can be supported in diverse ways including facilitating connections with people important to them through technology, lifestyle staff support, church and religious services, and referrals to external services when required. The February 2024 lifestyles survey shows 112 of 114 consumers say staff stop and offer emotional support and reassurance when they are unwell or upset.

Consumers stated they are supported to take part in community activities outside of the service, to visit family, go shopping or pursue a previous interest. Staff described consumers who have personal relationships or who have developed a close friendship. Care and services planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer.

The lifestyle coordinator stated she has built relationships with a range of community services and community groups, volunteer organisations, multicultural organisations and church groups and is reaching out to them to meet the interests of consumers including a local car club who will be supporting the service in holding a ‘Cars at the cafe’ event for consumers, families, and community members on 20 April 2024.

Services and supports are discussed for individual consumers at care evaluations, and the service identifies how big the need is across the service. Through this process they identified and implemented a consumer computer hub, access to audio books and extra shopping trips. A consumer expressed the desire to attend an external dawn service this year, other consumers were consulted, and it was identified that multiple consumers were interested in attending. The service is arranging a bus trip in consultation with the local RSL club on 25 April 2024.

Consumers and/or representatives stated that staff who are providing care were aware of their needs and preferences. A review of care and service documentation showed relevant information was being provided to external agencies engaged in shared care and responsibility. Staff explained the processes used to ensure care and service plans are current, containing up to date information on consumer preferences, dietary needs and assistance required.

The service demonstrated timely and appropriate referrals to other individuals, organisations, or providers of care and services, and described how they collaborate to meet the diverse needs of consumers. Information is recorded on care documents in the consumer record information system and on handover documents to remind staff of the involvement from external services, such as appointments scheduled for consumers and visit times for external agencies, such as Dementia Support Australia. Lifestyle staff reported the service has engaged with the local library and a pet therapy program. The Assessment Team observed photos of consumers participating in the pet therapy program and had conversations with consumers regarding sourcing books from the local library.

The service uses a contract catering service and meals are prepared on site. Menus are changed three monthly, and a dietitian report is completed regarding nutritional value and variety of the menu prior to implementation. The chef collaborates with consumers to try and meet their individual dietary preferences as much as possible. Consumer preferences include organic foods, gluten free requirements, and a range of vegetarian preferences. A consumer food focus group meets monthly to facilitate consumer feedback, review, and discuss any changes, concerns or recommendations regarding the menu and dining service. Consumers are also encouraged to provide feedback either directly, or via feedback forms, and routine internal consumer surveys are conducted regarding consumer satisfaction with the food and dining service.

Consumers and/or representatives provided mixed feedback about meals with many saying they enjoyed the food, and it was good, while other consumers stated they do not like the food at all. Internal survey results for February 2024 showed most respondents rated the food quality, variety, customer service, availability, and speed of service as satisfactory, good, or very good. The chef stated he receives any dietary requirements and changes from the registered nurse, and this is what is followed for meal services. Servery staff showed they have a list that is updated regularly with any dietary changes from the kitchen which they follow when plating meals for consumers.

While overall the recent food survey showed consumer satisfaction, including with speed of delivery, and temperature, the catering management advised the main trend in complaints is about the temperature at which food is served, either being cold, or not hot enough.

Consumers were not rushed to finish their meals, and a variety of drinks are available via a beverage trolley including beers, wine, and juices, and served by the care staff. Consumers in Avondale were supervised or needed assistance with their meals, once staff assisted all consumers in the communal area, staff then assisted consumers who eat in their room. Clinical staff also checked individual rooms to ensure those needing help with meals had assistance or had eaten their meal.

The Assessment Team identified areas for improvement related to the temperature of meals delivered to consumer rooms, identification cards on display of meal trays, and timeliness of meal delivery to consumer rooms.

The Approved Provider responded with additional documentation to provide evidence of consumer satisfaction and engagement with meal services, as well as with a comprehensive plan for continuous improvement containing actions to address the areas for improvement, including but not limited to purchasing of a food delivery trolley to maintain meal temperature, ongoing education with staff detailing service process for the dining room to ensure all team members are well-informed and equipped to execute their duties efficiently.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(f) is found Compliant.

Consumers and/or representatives stated the furniture, fittings, and equipment available assists consumers to be independent, are kept clean and well maintained. Consumers confirmed staff are competent in the use of equipment and said they feel safe when staff use the equipment to provide care and services.

The Assessment Team observed equipment which supports consumers to engage in lifestyle activities to be suitable, clean, and well maintained. Management stated the service is ultimately responsible for the provision of safe, clean, and well-maintained equipment but they have a centralised maintenance team to coordinate preventative maintenance and coordinate the move of essential equipment between services as needed. Equipment coming onsite is tested and tagged, given an ID number, and logged for regular review.

# 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. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

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

Consumers and/or representatives provided positive feedback about the environment, and consumers and visitors confirmed they were satisfied with the cleanliness of the service. Consumers and/or representatives stated if anything needed fixing, they would report it to staff. The interior of the service is mostly clean and well maintained and enables consumers to move freely, both indoors and outdoors. Staff stated they are satisfied with the response and turnaround time when they report an item requiring corrective action and said when they identify a safety issue, they report this through the maintenance log.

However, staff practices with regard to providing a safe service environment were not consistent including when contractors were on site and management was unable to demonstrate the service has an effective system in place to ensure the service environment was safe for all consumers in an ongoing manner.

* It was observed that the floor covering made of cork in the outdoor area at Sherbrook was badly damaged with several splits in floor cover, presenting a tripping hazard for consumers.
* Several large gardening tools including saws, shears and garden trimming equipment were observed left on the raised flower bed in the courtyard area outside Avondale. There were no staff in the area and consumers were free to move around the area.
* Unlocked utility rooms with open doors were observed.
* Consumer doors were observed to be propped open by items such as kettles, vases and furniture causing potential trip hazards for consumers.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions completed to address the Non-compliance, including but not limited to completion of an audit by the site safety representatives to identify consumer doors being propped open unsafely, include replacement flooring in the preventative maintenance schedule, and communication to staff reinforcing safety protocols.

I acknowledge the actions taken by the Approved Provider to address the Non-compliance, however it will take time to embed the actions implemented into daily practice and will need to be evaluated for effectiveness.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 5(3)(b) is found Non-compliant.

The service environment is welcoming and mostly easy to understand. Consumers and/or representatives stated they are happy with the environment, and it supports them in their wellbeing. The facility has six community hubs: on the ground floor, Avondale, Elouera and Sherbrooke and on the first floor Nebo, Kemira and Huntley. Community hubs are clearly signed, and wayfinding is generally easy and supports consumer independence and function. Consumer rooms are single rooms with ensuites and are decorated with personal effects.

The communal areas on the first floor are large and optimise socialising during dining and engagement in activities. Consumers can move freely around and access the lift to the ground floor. Communal areas on the ground floor include outdoor courtyards and these were observed to have well maintained gardens and raised garden beds. Dining and activities areas appear adequate for the number of consumers living in these communities.

The Assessment Team observed the furniture, fittings, and equipment to be generally safe, clean, and well maintained. Consumers and/or representatives expressed satisfaction with the cleaning and maintenance systems at the service. The service has a preventative maintenance program in place for furniture, equipment, and fittings at the service and this is monitored by the organisation’s regional hospitality manager. This includes furniture and fittings in kitchen area such as range hoods, dishwashers and ovens and the calibration of fridges and freezers.

Management advise that the maintenance of any furniture owned by a consumer or representative is their own responsibility however maintenance staff will consider undertaking minor repairs to consumer furniture if this is reported to them. The maintenance log is maintained by two maintenance officers on site who report issues and provide maintenance requests to a regional maintenance/property team and then monitor progress of maintenance tasks through the electronic maintenance log. The maintenance log evidences maintenance is logged and carried out in a timely manner.

# 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. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

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

Consumers and/or representatives provided feedback that staff members and management were approachable should they wish to provide feedback or make a complaint. Most consumers and/or representatives were positive about the response and assistance they receive from care staff and registered nurses when they raise a concern. Consumers and/or representatives spoke positively about the service manager’s open approach and trusted her to address their concerns.

The service has written materials available to consumers and families on how to make complaints. The resident handbook and welcome pack outlines complaint handling mechanisms including consulting with the registered nurse or clinical care manager, raising issues at resident/representative meetings, phoning a central quality and complaints team. Staff described how they respond if a consumer raises an issue or concern, stating they would try to address the issue immediately if possible or would inform the registered nurse who would deal with or escalate the complaint as appropriate.

The service provides information regarding access to aged care advocates, language services and external methods of resolving complaints. Consumers and/or representatives were aware of the various ways they could make complaints or seek assistance regarding their rights, however the Assessment Team identified areas for improvement related to communication between non-English speaking consumers and staff, and medical professionals.

Consumers and/or representatives stated they were aware of advocacy services that are available to them and felt confident using these services if required. Brochures in multiple languages on how to provide feedback and make complaints, how to access language support services and how to access consumer advocacy services including Older Persons Advocacy Network are located in the foyer of the service.

The Approved Provider responded with additional documentation as evidence to support compliance and a comprehensive plan for continuous improvement containing actions completed to address the identified deficits, including but not limited to follow up case conferences with identified consumers, purchasing of a translation device, education and training provided to staff, and translator services discussed at consumer meetings.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 6(3)(b) is found Compliant.

The service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service’s feedback and complaints policy include a section explaining open disclosure. Care staff explained how they applied open disclosure when resolving complaints. Consumers and/or representatives stated the service had addressed concerns they raised about their care and services and apologised when things went wrong.

Complaints in the complaints register were reviewed by the Assessment Team, and all indicated an apology had been made to the consumer and/or representative, the complaint had been investigated and followed up by the relevant department at the service. Staff were able to discuss how open disclosure is used at the service. If a complaint, incident, or mistake is made the staff will contact the consumer and/or representative to apologise, discuss what happened, and investigate the circumstances. Management will inform the consumer and/or representative of the outcome of the investigation and the actions taken to prevent the incident or mistake from reoccurring.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Management stated the trends in complaints were food and medication management. Consumers and staff were able to describe changes made at the service a result of feedback and complaints. The feedback and complaints register provides detailed information around communication with stakeholders and actions taken to address the complaints.

# 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The service demonstrated it has systems in place to ensure the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Consumers, representatives, and staff commented that they feel there are insufficient staff to manage the care needs of consumers, however limited impact on care delivery was identified.

The organisation employs external contractors to provide catering, cleaning, and laundry services with oversight by the regional hospitality manager that attends the service approximately once a week. Consumers and/or representatives stated that care staff are kind and caring but would like additional staff members at the service.

The Approved Provider responded with additional documentation as evidence to support compliance and a comprehensive plan for continuous improvement containing actions to address the identified deficits, including but not limited to follow up case conferences with identified consumers, a comprehensive review of the roster, and discussions with staff regarding their ongoing availability.

I acknowledge the concerns identified by the Assessment Team, however the approved Provider demonstrated a robust system in place to determine the workforce based on occupancy and consumer needs. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(a) is found Compliant.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and/or representatives provided positive feedback with regard to staff treating consumers with dignity and respect. The Assessment Team observed interactions between staff and consumers to be kind, caring and respectful.

The service has a process in place to ensure all staff have the skills and knowledge required to effectively perform their roles. The service has onboarding programs for new staff and ensure staff have the required qualifications and registrations necessary to deliver safe and quality care and services. The organisation has systems and processes for monitory staff qualifications and legislative requirements. Police checks, visas and registrations for registered nurses are monitored for currency through human resources on recruitment and ongoing for new and existing staff. The service has processes for undertaking recruitment including interviews, qualification checks, and reference checks for all potential staff.

New staff are provided with induction training in the form of a boot camp with six hours of orientation covering the service facilities and systems, and mandatory training online which is required to be completed over a four-month period after onboarding. Competency records were reviewed for staff requiring manual handling, hand washing, personal protective equipment and medication management training and assessment.

The organisation has systems and process to ensure the workforce is recruited, trained, and equipped with the knowledge and skills to provide care and services to consumers. The service had identified gaps in staff skills and have implemented training schedules for staff. Whilst some staff have completed this training, gaps continue to be identified and training is ongoing with new staff and staff who have not yet completed their required training.

The service employs an educator to provide induction and orientation at the service. The operations education manager and clinical nurse educator provide support and additional face to face training on site two days per week. Mandatory training is provided online and through toolbox talks as necessary and competencies are undertaken for manual handling, infection control, personal protective equipment, and medication management.

The Assessment Team identified areas for improvement with regard to induction for agency staff, with inconsistent information provided to the Assessment Team.

Since July 2023 a significant amount of training and education has been undertaken. Training is still ongoing in some areas, including wound management, pain management, behaviour management, handover procedures, infection prevention, and recognising emotional needs of consumers.

The Approved Provider responded with additional documentation as evidence to support compliance and a comprehensive plan for continuous improvement containing actions to address the identified deficits, including but not limited to the development of an induction and quick reference guide that will be deployed to all computers to allow easy access for all agency staff, ongoing education and training provided to staff on various topics as required.

I acknowledge the concerns identified by the Assessment Team, however the actions taken by the Approved Provider is appropriate and limited impact on consumers were identified. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(d) is found Compliant.

The service has a system in place to regularly assess, monitor and review the performance of each member of the workforce. The operations manager advised that apart from annual staff appraisals, staff performance is identified through regular reviews of incidents with a focus on risks and trends. Incident management is generally followed up with toolbox talks and issues raised at staff meetings. If staff actions contributed to the incident occurring, then a performance management pathway is undertaken.

Documentation reviewed confirmed that staff had their staff appraisals completed within the last twelve months. Staff annual reviews take place on anniversary of their start date, and staff confirmed they have completed their staff appraisal in the past twelve months.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

The organisation demonstrated that it actively engages and supports consumers in the development, delivery and evaluation of care and services. Consumers and/or representatives advise that they feel supported by the service to have a say in their care and services.

Consumers and/or representatives are engaged in the development and delivery of care and services through a variety of methods, including;

* feedback and complaints from consumers and/or representatives are encouraged by the service and consumers and representatives regularly attend resident meetings.
* Consumer satisfaction surveys are undertaken annually to identify any concerns consumers and/or representatives may have.
* All issues of importance concerning consumer clinical and non-clinical issues are discussed with consumers and/or representatives through regular case conferences.
* The service provides a newsletter with updates on major events such as COVID-19 updates or aged care reforms.
* A food focus group has commenced to gauge consumer satisfaction with meals.

Management advised it is currently in the process of commencing a consumer advisory committee and have had three consumers express an interest in joining the committee.

The organisation’s governing body demonstrated that it has systems and processes to provide safe, inclusive, quality care and services. Consumers and/or representatives expressed satisfaction with services being provided and generally feel safe in the care and services provided.

Board members have been engaged in their role and have corporate governance training and have a diversity of skills including in clinical oversight, aged care, finance, and property. The board meets monthly and reviews quarterly reports from the governance committee and the clinical governance committee. The clinical governance committee reports include clinical indicator records and internal audits. The organisation’s governance committee reports include national quality indicator records, Serious Incident Response Scheme data and other incidents.

Detailed clinical indicator data is reviewed at the service level before being reported to the clinical governance committee for its quarterly report to the board. The board receives an overview of the performance of all the organisation’s sites through a performance score card with a summary of continuous improvement, feedback, and complaints, and highlighting critical matters for review.

The organisation has processes in place to identify areas for improvement and documents these in its plan for continuous improvement. Review of the organisation’s plan for continuous improvement indicates that items identified for improvement have been sourced from previous non-compliance reported by the Commission or deficiencies identified during the transition from the previous organisation. Most items recorded have planned actions however completion dates have been extended and are still outstanding. The outcomes reported include actions to date and there is limited evaluation or analysis of actions to indicate that improvements have been effective.

The executive general manager for finance explained the organisation’s financial reporting and budgeting systems including delegations of authority throughout the organisation and the service. They provided examples of major ongoing improvements at the service requiring significant capital expenditure at the service including the introduction of a new electronic consumer record system, Bestmed medication management introduction and a new Wi-Fi upgrade for the service.

The organisation has systems for receiving information about regulatory obligations from a range of sources such as peak governing bodies, the Commission, and the Department of Health bulletins. Policies and procedures change as a result of legislative changes and are passed on to management and staff via the learning and development team and in weekly huddles.

The organisation has systems in place for reporting Serious Incident Response Scheme incidents and most staff have been trained in reporting incidents, however the process around determining whether incidents need reporting were not consistent. Care staff will report incidents in the incident form on the electronic consumer record system and this is reported to and monitored by the registered nurse. Escalation is then instigated by the registered nurse to the care manager when required and this will then be reported to the regional quality team, depending on the seriousness of the incident and harm caused.

Incident forms reviewed identified that the form contains details of the incident, including dates and individuals affected. Actions included referrals to specialist medical practitioners and additional staff training. Strategies and triggers identified to prevent incidents were not always present or clear. Some analysis was evident to identify the root cause and an evaluation of strategies put in place, however these were not always consistent or present to ensure incidents do not reoccur.

The organisation has systems and processes in place to identify and report feedback and complaints. These include the feedback and complaints register, resident meetings, resident surveys, and incident reports.

The Assessment team identified areas for improvement in relation continuous improvement, incident management and information management.

The Approved Provider responded with additional documentation as evidence to support compliance and a comprehensive plan for continuous improvement containing actions to address the identified deficits, including ongoing staff education and training.

Although I acknowledge the concerns identified by the Assessment Team, the Approved Provider demonstrated compliance through additional documentation provided. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(c) is found Compliant.

The organisation has a documented clinical governance framework and clinical oversight at the governance level. The organisation has systems and practices for managing high impact high prevalence risk which is managed through its clinical governance system. The organisation has policies and procedures in place for incident management. The organisation has systems and processes for managing incidents as they occur including Serious Incident Response Scheme incidents.

The Assessment Team identified areas for improvement in relation to the identification of high impact high prevalence risks, specifically related to wound management and supporting consumers to live their best live, specifically related to personal care preferences.

The Approved Provider responded with additional documentation as evidence to support compliance including a clinical indicator trend report and a comprehensive plan for continuous improvement containing actions to address the identified deficits.

Although I acknowledge the concerns identified by the Assessment Team, the Approved Provider demonstrated compliance through additional documentation provided. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found Compliant.

The organisation has systems and processes in place to monitor clinical care including a clinical governance framework for antimicrobial stewardship, minimising the use of restraint and or open disclosure.

The organisation has an antimicrobial stewardship policy to guide staff in antibiotic use. This is monitored by management and reviewed at regional management meetings. The service has processes in place to minimise infection related risks and to support the appropriate use of antibiotics. Staff understood antimicrobial stewardship and were able to describe how to minimise infections.

The organisation has effective restrictive practices processes in place and the Assessment Team identified the effective management of the use of restraint including chemical restraint. The service has systems in place to manage an outbreak and minimise infection related risks.

Open disclosure policies are in place and documentation reviewed indicate that processes are effective. Staff are aware of open disclosure processes.

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)