Performance

Report

**1800 951 822**

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| Name of service: | Mary Potter Nursing Home |
| Service address: | 4 Lewisham Avenue WAGGA WAGGA NSW 2650 |
| Commission ID: | 2731 |
| Approved provider: | The Mary Potter Nursing Home and The Ethel Forrest Day Care Centre Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 14 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 Mary Potter Nursing Home (**the service**) has been prepared by V Stephens, 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
* Infection Control and Monitoring Checklist dated 13 September 2022
* the provider’s response to the assessment team’s report received on 24 October 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **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) – the approved provider ensures each consumer receives safe and effective clinical care in relation to wound and pressure injury identification and management.
* Requirement 3(3)(g) – the approved provider remedies deficits in the service’s Outbreak Management Plan, ensures sanitising wipes are available throughout the service and improves staff hand hygiene practices and personal protective equipment use.
* Requirement 4(3)(a) – the approved provider ensures each consumer has sufficient access to pressure relieving chairs to prevent consumers spending time in bed for the sole purpose of pressure relief.

# 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

I have assessed this Quality Standard as compliant as six of the six specific requirements are compliant.

The Assessment Team recommended Requirement 1(3)(c) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view.

The Assessment Team found that while the service supports consumers to involve others in their care and maintain relationships of their choosing, the service did not ensure all consumers can make decisions about their care and the way care and services are delivered. One consumer reported they were not able to exercise choice in relation to meals and another consumer reported that their personal choices and preferences were not respected.

The approved provider responded to the site audit report and submitted evidence to demonstrate that both sampled consumers have subsequently been consulted about their preferences, issues have now been resolved and apologies offered. I am satisfied consumers are supported to exercise choice and make and communicate decisions regarding how care and services are delivered. Accordingly, I find the service compliant with Requirement 1(3)(c).

I am satisfied the remaining five requirements of Standard 1 are compliant.

The majority of consumers report that they are treated with dignity and respect and their identity, culture and diversity are valued. Staff were observed treating consumers with dignity and described the cultural needs and preferences of consumers and how this influences care provision. All sampled consumers were satisfied that their cultural needs are respected and that care is culturally safe.

Consumers outlined a range of activities involving risk which they continue to undertake in order to live lives of their choosing. Paper-based risk assessments were in place for most sampled consumers and included strategies to minimise risk. However, computer-based risk reviews and other related documents lacked clarity and it was not always evident that risk reduction strategies were implemented.

Sampled consumers and their representatives stated they receive timely information. Staff explained how consumers are provided with information regarding meal and activity options. Menus and activity calendars were displayed throughout the service.

Consumers and representatives were satisfied that consumer privacy is protected, and personal information remains confidential. Consumers gave examples of how staff ensure their privacy, and staff reports aligned with these examples.

# 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

I have assessed this Quality Standard as compliant as five of the five specific requirements are compliant.

The Assessment Team recommended all requirements in Standard 2 were not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. My reasons and findings are explained for each requirement below.

The Assessment Team recommended Requirement 2(3)(a) was not met. The Assessment Team found the service did not demonstrate that risk assessment and planning for all consumers was effective, as timely risk assessments were not always performed. Pressure injury risk assessments were not accurately documented in wound charting. Restrictive practice consent assessments did not identify the potential risks of the restrictive practice.

In its response the approved provider submitted evidence to demonstrate that risk assessments have now been completed for relevant consumers identified in the Assessment Team report. Based on this evidence, I am satisfied consideration of risk informs the delivery of safe and effective care. Accordingly, I find the service compliant with Requirement 2(3)(a).

The Assessment Team recommended Requirement 2(3)(b) was not met. The Assessment Team found the service did not demonstrate assessment and planning is effective for all consumers’ current needs including consumers at end of life. In addition, consumers admitted for respite care do not always have current and accurate assessments and care plans completed.

In its response the approved provider submitted evidence to demonstrate that care assessment and planning documents have now been completed for consumers identified in the Assessment Team report. The service has also completed reviews of all consumer files to ensure assessments and care plans support the delivery of safe and quality care. Care plan review audits are also undertaken regularly. Based on the approved provider’s response, I am satisfied the service’s assessment and planning identifies and addresses consumer needs and preferences, including end of life care. Accordingly, I find the service compliant with Requirement 2(3)(b).

The Assessment Team recommended Requirement 2(3)(c) was not met. The Assessment Team found the service did not demonstrate effective ongoing partnerships with consumers or their representatives in the assessment, planning and review of consumer care and services. The Assessment Team found partnership has not always been effective when consumers enter the service and in relation to decision-making regarding palliative care.

In its response the approved provider acknowledged that while one consumer’s case conference had been delayed, the consumer had still been an active partner in their care and were satisfied with the care they received. The approved provider also submitted evidence to demonstrate ongoing partnership with consumers identified in the Assessment Team report, including partnership upon entry to the service and consultations involving family. I accept the evidence presented by the approved provider and find that the assessment and planning at the service is based on an ongoing partnership with consumers and others they wish to be involved in their care. Accordingly, I find the service compliant with Requirement 2(3)(c).

The Assessment Team recommended Requirement 2(3)(d) was not met. The Assessment Team found that while most sampled consumers and representatives were satisfied with communication regarding care, sampled care documentation did not reflect assessment and planning is consistently communicated to the consumer as restrictive practice and advance care planning documentation had not been signed by representatives for two sampled consumers.

In its response the approved provider submitted evidence to demonstrate that advance care planning documentation had been completed for a sampled consumer in 2021 and that the other sampled consumer identified by the Assessment Team in this requirement was not subject to a restrictive practice. I accept these arguments and place great weight on evidence from the Assessment Team report of sampled consumers and representative expressing satisfaction with communication regarding care assessment and planning outcomes. Accordingly, I find the service compliant with Requirement 2(3)(d).

The Assessment Team recommended Requirement 2(3)(e) was not met. The Assessment Team found that while the service has processes to review consumer care and services on a scheduled basis and when changes occur, the service did not adequately demonstrate that current systems are effective when an incident occurs as the electronic system is not effective in alerting staff to perform neurovascular observations following a fall.

I have reviewed evidence from the Assessment Team report and the approved provider’s response relating to the consumer sampled in this requirement, and I am satisfied the service adequately reviewed this consumer’s care post-fall. Further, I am not satisfied there is evidence the electronic system has contributed to poor care outcomes for consumers. Accordingly, I find the service compliant with Requirement 2(3)(e).

# 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. | 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as two of the seven requirements are non-compliant.

The Assessment Team recommended Requirement 3(3)(a) was not met. The Assessment Team found the service was unable to demonstrate all sampled consumers receive care that is safe, effective and optimises their well-being. In relation to one sampled consumer, effective pain and wound care evaluation was not completed in accordance with best practice or consumer needs.

In its response the approved provider acknowledges that improvement is required in staff documenting the effectiveness of administration of analgesia and the service will further strengthen their practice through staff education and auditing. The approved provider also submitted documentation which demonstrated consistent repositioning of this consumer to mitigate the risk of pressure injury. The approved provider did not respond in relation to specific deficits in wound care identified by the Assessment Team for this sampled consumer, whose pressure injury has gradually deteriorated. However, the Plan for Continuous Improvement submitted with the approved provider’s response indicates staff training on pressure injury risk assessment procedures will be completed by 30 November 2022.

I am mindful that this consumer is able to independently communicate their needs and has reported satisfaction with the care they receive. However, I am also mindful of evidence presented in the Assessment Team report which details how the wound has deteriorated over a period of several months. I am also cognisant that a wound which has deteriorated from a stage 1 to a stage 4 rating can have a severe impact on consumer well-being. I have also considered evidence presented elsewhere in the Assessment Team report that another consumer had ulcers which worsened over several months, becoming infected. I note this consumer’s representative stated the wounds only started to heal after the representative personally engaged an external wound care nurse. Based on the evidence before me in relation to wound and pressure injury care and management, I am not satisfied each consumer receives safe and effective care. Accordingly, I find the service non-compliant with Requirement 3(3)(a).

The Assessment Team recommended Requirement 3(3)(b) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service does not consistently manage high impact or high prevalence risks relating to falls management and hyperglycaemia. Post-fall neurological observations were not completed as per the service’s policy for one sampled consumer, and no actions are documented regarding how the service managed a diabetic consumer with elevated blood glucose levels.

In its response the approved provider acknowledges that the service has room for improvement in documentation practices and managing falls and hyperglycaemia. The approved provider also submits that there was no requirement to complete neurological observations following a sampled consumer’s discharge from hospital as extensive testing and investigation was undertaken at the hospital. I accept this argument. In relation to a diabetic consumer with elevated blood glucose levels, the approved provider submits that the consumer often refuses to have levels taken or to be administered insulin and the service respects their choice. I also accept this argument. I accept the evidence presented by the approved provider and find that there is no information before me that the service has not demonstrated effective management of high impact or high prevalence risks. Accordingly, I find the service compliant with Requirement 3(3)(b).

The Assessment Team recommended Requirement 3(3)(c) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service did not consistently demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed. A representative of a consumer residing in the hospice at the service stated that end of life discussions had not occurred, nor had palliative assessments, care plans or end of life pathways been completed.

In its response the approved provider submits the sampled consumer is not nearing the end of their life and submitted evidence of family consultation and an advance care directive. On this basis, I am satisfied the service recognises and addresses care needs for consumers nearing end of life. Accordingly, I find the service compliant with Requirement 3(3)(c).

The Assessment Team recommended Requirement 3(3)(d) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service did not demonstrate that deterioration or changes relating to the consumer’s condition is recognised and responded to in a timely manner. Although consumer weight loss was recognised, the response to the weight loss did not occur as per the service’s policy and procedure.

In its response the approved provider submits that following the identification of the weight loss, a general practitioner was notified and they prescribed a nutritional supplement. The service respected the consumer’s wishes not to take the nutritional supplement. I also note evidence from the Assessment Team report which demonstrated the sampled consumer stopped losing weight in August 2022. I am satisfied the service recognises and responds to deterioration in consumer condition. Accordingly, I find the service compliant with Requirement 3(3)(d).

The Assessment Team recommended Requirement 3(3)(e) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service did not consistently update handover information for a consumer with changed mobility needs. In its response the approved provider submits there is conflicting information in the Assessment Team report regarding missing handover information and I agree with this assertion. The approved provider submitted progress note documentation dated 1 September 2022 which evidences review of the sampled consumer’s mobility. I have reviewed a range of other care planning documents submitted by the approved provider in relation to other requirements, and I am satisfied the service has effective processes to document and communicate consumer information. Accordingly, I find the service compliant with Requirement 3(3)(e).

The Assessment Team recommended Requirement 3(3)(f) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service did not refer a consumer that required mental health support to allied health professionals. In its response the approved provider submits progress notes and a discharge summary evidencing timely and appropriate referrals to external care providers. I have reviewed a range of other care planning documents submitted by the approved provider in relation to other requirements, and I am satisfied the service makes timely referrals to allied health professionals. Accordingly, I find the service compliant with Requirement 3(3)(f).

The Assessment Team recommended Requirement 3(3)(g) was not met. The Assessment Team observed staff practices during the site assessment which did not prevent and control infection-related risks including wearing masks incorrectly, touching masks, removing masks to speak and not performing appropriate hand hygiene. The Assessment Team observed limited amounts of sanitiser wipes throughout the service and noted gaps in the service’s Outbreak Management Plan.

In its response the approved provider submits that breaches in infection prevention and control practices are not acceptable and they will improve and strengthen the service’s practices by conducting hand hygiene and mask fitting competencies for all staff, and by ensuring sanitiser wipes are available throughout the service.

While I acknowledge the remedial action planned by the approved provider, I note from the Plan for Continuous Improvement submitted that these actions are schedule for completion by 30 January 2023. I therefore find these actions are yet to fully implemented and evaluated for effectiveness. I am not satisfied the service currently has fully effective infection prevention and control practices. Accordingly, I find the service non-compliant with Requirement 3(3)(g).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Non-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

I have assessed this Quality Standard as non-compliant as one of the seven requirements is non-compliant.

The Assessment Team recommended Requirement 4(3)(a) was not met. Noting that most sampled consumers expressed satisfaction with the activities offered at the service, the Assessment Team found that while the service is providing a range of activities and attempting to tailor activities to consumer preferences, the independence and quality of life of some consumers is currently impacted by a lack of comfort chairs. The Assessment Team were advised by clinical staff that four consumers are in bed around 4:15pm for pressure relief purposes. In addition, a visiting allied health professional suggested that the service’s lack of comfort chairs is partly responsible for immobile consumers spending significant amounts of time in bed, which isolates them from their external surroundings.

In its response the approved provider submits the visiting allied health professional is not a regular staff member and that they would not be aware that a range of equipment had been ordered by the service. The approved provider submitted a number of invoices demonstrating equipment has been ordered, including slings and shower commodes on 23 August 2022 and floor sensor mats on 20 September 2022. An invoice for comfort chairs is dated 6 October 2022. The approved provider also states that when there is a need for particular equipment, they either purchase or rent the equipment.

While I acknowledge the approved provider has ordered additional comfort chairs, there is no evidence before me that the service currently has enough comfort chairs to ensure consumers are not spending longer periods in bed than necessary. The insufficient number of comfort chairs at the service results in some consumers not receiving adequate supports for activities of daily living, which impacts their independence, well-being and quality of life. Accordingly, I find the service non-compliant with Requirement 4(3)(a).

I am satisfied the remaining six requirements of Standard 4 are compliant.

Most consumers and representatives said their emotional, spiritual and psychological well-being is supported at the service. Staff explained how they recognise if a consumer is feeling low, and how they respond. Review of sampled consumer’s care planning documentation demonstrated pastoral care assessments and information regarding spiritual and emotional support needs. Social activity charting for relevant sampled consumers confirmed attendance at onsite church services and pastoral care.

Sampled consumers said they can access the community and care planning documentation demonstrated the service supports them to do so. Staff provided examples of how they support consumer relationships with those outside the service and with other consumers. Assessment Team observations supported these reports. Consumers and representatives described activities of interest and how consumers are supported to engage in these. Care planning documentation mostly reflected important relationships, preferred activities and the necessary consumer supports required.

Most consumers and representatives said staff understand their needs and preferences. Representatives said they are updated on changes. Staff explained they are kept informed via handover meetings, printed handovers, progress notes, and messages via the online care planning system. Staff were able to demonstrate knowledge of sampled consumer care needs. Care planning documents and staff handover sheets contained pertinent information regarding consumer needs and preferences, although some lacked detail.

The service demonstrated timely and appropriate referrals to external providers of care and services. Staff outlined the regular use of volunteers to supplement the activities program.

Most consumers reported satisfaction with the quality and quality of meals at the service, and the variety available. Staff outlined the use of an online catering program which assists the service to tailor meals to consumers dietary needs. A range of alternative meals are also offered. Review of sampled consumer care plans demonstrated that dietary needs were documented for most consumers.

Consumers and representatives reported satisfaction with equipment where provided. Staff said the mobility equipment they need is available, and maintenance issues are addressed promptly. Equipment was mostly observed to be clean and in good condition.

# Standard 5

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

Findings

I have assessed this Quality Standard as compliant as three of the three specific requirements are compliant.

Consumers and their representatives said they feel welcome and comfortable at the service. Consumers and visitors were observed using communal areas and moving independently around the service. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction.

Consumers and representatives reported the environment is comfortable, clean and well maintained. Maintenance and cleaning staff demonstrated the service’s preventative and reactive systems and schedules that ensure the service is safe, clean and well maintained. The Assessment Team noted consumers can freely access internal and external areas of the service and the living environment is suitable for use.

The Assessment Team observed furniture, fittings and equipment to be clean and well maintained. Consumers reported feeling safe using equipment including mobility aids and lifting equipment. Staff were able to describe the process by which equipment, furniture and fittings is cleaned and maintained.

# 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 its 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

I have assessed this Quality Standard as compliant as four of the four specific requirements are compliant.

Most sampled consumers and representatives said they feel comfortable to provide feedback and make complaints. Management said feedback is invited at consumer and representative meetings and at food focus groups. Clinical and care staff said they would attempt to resolve consumer concerns directly if approached or would pass concerns on if necessary. The Assessment Team observed feedback forms, consumer experience brochures and feedback lodgement boxes at the service.

The service’s resident handbook contains information on feedback avenues and information regarding advocacy services was observed on display at the service. The service is taking appropriate action in response to most complaints and mostly using an open disclosure process when things go wrong.

It was evident that not all consumer and representative feedback is captured. One sampled consumer and one representative reported verbal complaints which were not identified by the Assessment Team in the complaints register provided by the service. It was also evident that not all consumer feedback that is captured feeds into continuous improvement via the service’s continuous improvement plan. Despite these deficits, information provided by the service demonstrates that improvements are made to the quality of care and services in response to feedback and 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

I have assessed this Quality Standard as compliant as five of the five specific requirements are compliant.

The Assessment Team recommended Requirement 7(3)(e) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service did not demonstrate that regular assessment, monitoring and review of staff performance occurs as five sampled staff members had not had a performance review in 2022. Management advised there is a backlog of annual performance reviews due to recent COVID-19 outbreaks at the service. Management stated they will add staff performance reviews as an improvement activity on the continuous improvement register.

In its response the approved provider submits that the service has a performance appraisal procedure which comprises a suite of tools that are used to monitor and evaluate staff performance. The approved provider submits this requirement does not prescribe the frequency of staff appraisals, nor is it stipulated elsewhere in legislation. The approved provider acknowledges they are running behind on their performance appraisal schedules due to a number of factors, however the service has formal appraisal processes in place, as evidenced in the service’s staff appraisal calendar and completed appraisals attached to their response.

I have reviewed the staff appraisal calendar and appraisals provided by the provider and agree with their submission that the Assessment Team report contains errors and contradictory information. The staff appraisal calendar demonstrates staff performance reviews have been scheduled at regular intervals, and I accept a number of staff have had formal appraisals in the last 12 months. Accordingly, I find the service compliant with Requirement 7(3)(e).

I am satisfied the remaining five requirements of Standard 7 are compliant.

The workforce is planned to ensure the correct skill mix and number of staff in various roles. Eleven consumers and/or representatives expressed satisfaction with staffing numbers. However, consumers provided mixed feedback regarding call bell response times. Care and clinical staff said they are busy but are managing their assigned work within their shifts. A review of the roster indicated unfilled shifts were rare in the fortnight prior to the site audit.

Sampled consumers and representatives were satisfied staff were kind, caring and gentle when providing care. This aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers.

Sampled consumers and representatives expressed satisfaction with staff knowledge and documentation demonstrates staff have qualifications relevant to their role and their competency is monitored. Training records demonstrate staff are required to complete a range of core education and competencies.

Sampled consumers and representatives were satisfied staff were trained and supported to provide quality care and services to meet their needs. Staff expressed satisfaction with the training provided and were able to access additional training where required.

# 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

I have assessed this Quality Standard as compliant as five of the five specific requirements are compliant.

The Assessment Team recommended Requirement 8(3)(c) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found that while the service demonstrated effective governance systems in relation to continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints, the Assessment Team found that information management is not effectively managed, as handover information utilised by staff does not reflect current clinical consumer information.

I found that the service is compliant with Requirement (3)(3)(e) after reviewing a range of care planning documents submitted by the approved provider in relation to other requirements. I am satisfied the service has effective processes to document and communicate consumer information, including handover information. Accordingly, I find the service compliant with Requirement 8(3)(c).

The Assessment Team recommended Requirement 8(3)(d) was not met, however I have considered the evidence in the site report and the approved provider’s response and have formed a different view. The Assessment Team found the service had effective risk management systems and practices in place with the exception of effective monitoring and management of falls and hyperglycaemia. I accept the evidence presented by the approved provider in Requirement 3(3)(b) and find that there is no information before me that the service has not demonstrated effective management of high impact or high prevalence risks. Accordingly, I find the service compliant with Requirement 8(3)(d).

I am satisfied the remaining five requirements of Standard 8 are compliant.

The service demonstrated consumers and representatives are involved in the development, delivery and evaluation of care and services. Management seeks input from consumers and their representatives through participation in consumer meetings, surveys and individual conversations. The service maintains a continuous improvement register to record and action improvement ideas.

The service demonstrated a culture of safe, inclusive and quality care and services. Overall, consumers and their representatives expressed feeling safe at the service and living in an inclusive environment with provision of quality care and services.

Management explained a clinical governance framework is in place and provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. While I am cognisant I have found clinical care deficits in relation to wound and pressure injury management in Requirement 3(3)(a), I am not satisfied these deficits are systemic or indicate broader deficits in the service’s clinical governance framework.

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)