Performance

Report

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| Name of service: | McLean Care Mackellar Apex Campus |
| Service address: | 2 Apex Road GUNNEDAH NSW 2380 |
| Commission ID: | 2773 |
| Approved provider: | McLean Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 16 March 2023 |

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

**This performance report**

This performance report for McLean Care Mackellar Apex Campus (**the service**) has been prepared by T 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 7 March 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

Requirement 2(3)(a)

* Ensure that risks are consistently considered in assessment and planning to inform the delivery of safe and effective care for each consumer especially related to restrictive practices.
* Ensure behaviour support plans are individualised and contain recommendations from support services.

Requirement 3(3)(a)

* Ensure that personal and clinical care provided to consumers is best practice, tailored to their needs and optimising their health and well-being, specifically related to consumer preferences in relation to personal care, skin integrity management and restrictive practices management.

Requirement 8(3)(e)

* Ensure the clinical governance framework, including policies and procedures is effectively implemented specifically in relation to the use of restrictive practices.

# 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.

The Assessment Team received mixed feedback from consumers and /or representatives related to consumer dignity and respect. Some consumer feedback around dignity and respect was positive, while other consumers reported, and observations showed that not all consumers are being treated with dignity and respect. The Assessment Team identified some staff practices did not ensure each consumer is treated with dignity and respect

Most consumers and/or representatives provided information confirming their identity, culture, and diversity was being valued. Care planning documentation includes information regarding consumers’ backgrounds, identity, and cultural preferences. Lifestyle programs include cultural and spiritual components and staff were observed assisting consumers to attend religious services.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to customer service and person-centred education for staff, privacy and dignity education for staff, case conferences with consumers to review their care and service plan to ensure it captures correct information and consumer preferences.

The Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team and most of the corrective actions have already been completed by the service and the consumers expressed satisfaction with the outcomes. Therefore, I am satisfied that requirement 1(3)(a) is compliant.

Consumers and/or representatives stated staff respect their culture, and staff provide care and services which are safe. Staff were able to describe individual consumers cultural backgrounds and how this relates to the care they provide. Care planning documentation reviewed reflected consumers cultural needs, interests, and preferences. Organisational policies included information on diverse and culturally appropriate care. Observations confirmed individual consumer rooms to be decorated with personal effects and religious and cultural items of importance to them.

Consumers and/or representatives stated consumers can make decisions about how their care is delivered and who is involved in their care. Most care planning documents identified consumer choices around when care is delivered, and staff described how consumers maintain relationships of choice. Organisational policies included information on consumer autonomy, choice and decision making. Consumers and/or representatives reported they feel consumers can maintain relationships of choice and they feel welcome when they visit or have visitors at the service.

Consumers and/or representatives stated they are supported to do the things they want to do. Staff were able to describe how consumers take risks in a safe way, and most risk assessment forms follow the organisation’s policies, show documented risk mitigation strategies, and are updated as per organisational policies.

Consumers and/or representatives stated they are provided with verbal and written information to help them make day to day choices at the service. The management team and staff explained how information is provided to enable choice for consumers, and observations confirmed information such as the daily menu were displayed in all dining rooms and staff were asking consumers their choice on meals, reminding consumers of mealtimes and activities, and giving them options or the choice to attend.

Consumers and/or representatives described how their privacy is respected and their information is kept confidential. Staff interviewed reported they do not discuss consumers personal information in front of other consumers and described how they lock computers and keep office doors closed. The Assessment Team viewed a privacy framework that underpins how the service manages privacy and confidentiality.

# Standard 2

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

The service does not consistently demonstrate that risks are considered in assessment and planning to inform the delivery of safe and effective care for each consumer. Not all consumers who are subject to restrictive practices have consideration of risks included in their assessment and care planning documentation, specifically related with risk of injuries with the use of bed rails and risk of sedation with the use of psychotropic medications.

Behaviour support plans and other care planning documentation for consumers reviewed by Dementia Support Australia do not include recommended strategies from Dementia Support Australia. Management acknowledged these individualised strategies are not transcribed into consumers’ behaviour support plans which can assist in providing safe, effective, and individualised behaviour support to consumers.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a roll out of new documents containing updated information in relation to restrictive practices, a review of all speech pathology assessments and reports to identify any issues, development of a strategy to ensure correct information entered into consumer care plans post review by health professionals, toolbox education for staff on the importance of allied health interventions.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 2(3)(a) is non-compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are compliant.

The service demonstrated consumer’s assessment and planning identifies and addresses the consumer’s current needs, goals and preferences including advance care planning and end of life planning. The Assessment Team observed the schedule for regular care plan reviews. This schedule, the suite of consumer assessments in the electronic care planning system and the case conferencing records shows there are tools for assessing and understanding consumer needs, goals, and preferences. Consumer care plans capture the outcomes of assessment and the goals and preferences of the consumers.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others which the consumer wishes to include and involves other providers of care where appropriate.

Consumers and/or representatives reported they are involved in assessment and planning on an ongoing basis and are notified when other health care providers were engaged by the service to provide care for the consumer. Review of documentation identified consumers, representatives, and other health professionals including medical officers, allied health professionals, specialists who provide care, are involved in assessment, planning and review of the consumer’s care delivery.

Consumers and/or representatives provided information about being informed of the outcomes of assessments and being offered a copy of the consumer’s care plan. The management team and registered nurses described the system and processes which support this. Staff interviewed stated they are aware of consumers’ care needs, preferences and goals through care plans available at the point of care in the consumer’s bedroom, catering forms in the servery and detailed care plans in the electronic care planning system.

The service demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change. Staff provided the Assessment Team with the schedule for regular care plan reviews and spoke about reviewing care plans regularly and as needed, such as when the consumer’s condition changes, or they are involved in an incident.

# 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. | 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 personal and clinical care provided to consumers is not consistently best practice, tailored to their needs and optimising their health and well-being. This includes consumer preferences in relation to personal care, skin integrity management and restrictive practices management.

At the commencement of the site audit, service management stated they did not have any consumers with an active pressure injury and only had one consumer with a chronic wound. However, the review of care documentation by the Assessment Team showed two consumers with active pressure injuries and five consumers with chronic wounds.

Upon review, the Assessment Team identified that some consumers’ care and services record shows gaps in wound care including delays in wound reviews. Consumers with chronic wounds are reviewed by a wound specialist, however recommendations from the wound specialist are not easily accessible to staff and are not used by clinical staff during wound care.

In relation to chemical restraint, management reported there were three consumers on chemical restraint at the commencement of the site audit. However, a review of consumer care documentation showed multiple other consumers are receiving psychotropic medications without a diagnosed medical condition. The Assessment Team also identified behaviour support plans contained limited information on the restrictive practice in use, potential side effects, or alternative strategies to utilise prior to the implementation of the restrictive practice. The Assessment Team identified that assessment and planning in relation to behavioural supports are not individualised.

In regard to environmental restraint, there is no individualised approach or review of the need for environmental restraint for consumers. All consumers were observed to have restricted environmental access at the service during the site audit.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a review of all consumers personal care charts to ensure the consumer’s personal care regime is reflective of consumer choice, review of all wounds at the service to ensure no immediate risk to any consumer, wound management education for staff, review and deployment of new wound charts and updated wound management procedure, implementation of weekly wound review meetings to monitor all active wounds, update of Behaviour Support and Restrictive Practice Procedures/ Forms, audit of all consumers on psychotropic medication, education for staff on restrictive practices.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 3(3)(a) is non-compliant.

I am satisfied the remaining six requirements of Standard 3 Personal care and clinical care are compliant.

Consumers and/or representatives were satisfied with how incidents are managed and stated that consumers feel safe at the service. Staff were able to describe processes to regularly monitor and provide care to consumers with high risks in relation to their weight loss, falls and management of incidents. Care documentation reviewed, and other information gathered, showed incidents have recently decreased in numbers and there is effective management of high impact or high prevalence risks associated with the care of each consumer.

Consumers and/or representatives stated they have discussed the consumer's advance care directives and end of life wishes with the service’s staff. Staff were able to describe how they ensure a consumer’s comfort and dignity is maximised during the end-of-life stage by providing regular oral care, repositioning, pain medication and any other individualised wishes.

Care staff stated they report any changes in the consumer’s condition to the registered nurses who then assesses the consumer in a timely manner and directs care. Clinical staff were able to describe how they review consumers in case of a deterioration and provide required care such as checking their neurovascular observations, attending head to toe assessment, attending a delirium screen, and referring to a doctor or hospital if required. Care documentation reviewed, and other information gathered, showed timely identification of deterioration, or change in consumers physical, mental and/or cognitive health occur.

The service demonstrated that information about the consumers’ condition, needs and preferences has been documented and communicated effectively within the organisation and with others where responsibility for care is shared. Consumers and/or representatives stated they are notified of any changes and have received a documented care plan.

Staff stated information regarding consumer’s care is shared through handovers and the consumer’s summary care plan. Staff were able to explain how they access information required about individual consumers in their care plans through electronic care documentation, daily handovers, and manual handling information available in consumer’s bedrooms.

The service demonstrated it makes timely and appropriate referrals to individuals and other providers of healthcare services. Consumers and/or representatives stated consumers have access to relevant health providers such as allied health professionals, medical officers, emergency services and specialist services when required. Staff described how the input of other health professionals informs care and services for consumers which aligns with information in the care documentation and consumer feedback.

Management and registered nurses were able to describe the process for referral to the medical officers and other health professionals. Staff advised referrals are often made to Dementia Services Australia, wound specialists, dietitians, allied health staff and community services for consumer assessment and treatment. Care services records reviewed confirm the input of others, including medical officers, allied health professionals and referrals to other health professionals where needed.

The service demonstrated it minimises infection related risks through standard and transmission-based precautions and appropriate antimicrobial management. Consumers and/or representatives reported they are satisfied with the infection control practices at the service and did not raise any concerns.

Staff provided examples of practices to prevent and control infections such as maintaining a clean environment, hand hygiene, the use of personal protective equipment, isolating consumers who show signs of respiratory or gastrointestinal infection and social distancing. Staff demonstrated an understanding of the type of precautions and personal protective equipment they would wear if attending to a consumer in precautionary isolation.

The service has an outbreak management plan including a whole of service response in the event of an Acute Respiratory Infection outbreak, and the service has an Infection Prevention Control lead. Registered nurses displayed an understanding of the principles of antimicrobial stewardship, and care staff reported encouraging fluids for consumers to minimise dehydration and urinary infections.

# 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.

Consumers and/or representatives reported they were satisfied with the services and support for daily living to meet the consumer’s needs, goals, and preferences. Staff were able to describe consumer’s interests, with documentation supporting consumers’ goals and optimising their health and well-being for daily living. Consumer’s care and services records include information about their life, hobbies, cultural and spiritual preferences.

However, some consumers and/or representatives expressed concern around adequate provision of leisure and lifestyle services, especially in relation to one-on-one support and over the weekend. Upon receiving this feedback from the Assessment Team, the service demonstrated they had already identified the need for additional leisure and lifestyle support on weekends and were responsive to consumers’ feedback.

Consumers and/or representatives provided positive feedback about services and supports for consumer emotional, spiritual, and psychological well-being. Staff could describe how they notice when a consumer is feeling low by recognising changes in their mood and behaviours and stated they provide extra time and one-on-one emotional support to the consumer. Care and service records for consumers reflect their faith, beliefs, and spiritual preferences.

The service demonstrated consumers have been provided with services and supports for daily living to assist them to participate in their community within and outside the organisation’s environment, maintain their social and personal relationships and do things of interest to them.

Care and service records reviewed show consumers’ needs and preferences are included to inform the delivery of services and supports for daily living and to enable them to do things of interest to them. Registered nursing and care staff described what is important to consumers and this was consistent with information in consumer care plans.

Consumers and/or representatives confirmed they are supported by other organisations and providers of other care and services. The leisure and lifestyle coordinator said there are other organisations and providers which provide services to support the well-being of consumers. These services include lifestyle services such as hairdressing, support from the National Disability Insurance Scheme, Dementia Services Australia, and the physiotherapist.

Interviews with consumers and/or representatives, staff, a review of the menu, and observations show varied meals of suitable quality and quantity are being provided. Consumers and/or representatives stated the food was of good quality, quantity, and variety.

The property and support services team leader provided evidence of consumer input into the menu via consumer and representative feedback and direct feedback to the kitchen. The service has a dietitian formulated summer and winter menu and recipes were reviewed that met with dietician recommendations.

The service demonstrated that most equipment is safe, suitable, clean, and well maintained for staff and consumer use. The Assessment Team observed cleaning and kitchen staff cleaning equipment. Maintenance and cleaning documentation demonstrate the regular scheduling of equipment cleaning and repair.

Consumers and/or representatives did not raise any concerns with equipment provided by the service. Staff described the proactive cleaning schedule in place to maintain equipment and how to report equipment that was unsafe or in need of repair.

# Standard 5

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

Findings

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

Consumers and/or representatives confirmed the service environment is welcoming, that they feel comfortable at the service and can move around with ease around the service. The service provides private and communal spaces for consumers and representatives to enjoy.

There are dining areas and lounge rooms in each area, activity areas, including a large multi-purpose room at the front of the service and a hairdressing salon. The service has handrails to support consumers’ independence and mobility, and consumers confirmed they have no issues finding their way around the service. Dementia enabling wayfinding signs guided consumers to dining areas, activity areas and out to garden areas.

Consumers and/or representatives stated the service is safe, clean, and well maintained. Regular audits and environmental inspections are undertaken, and the Assessment Team observed fire and security systems in place. The management team, maintenance and cleaning staff explained the systems in place for the cleaning and maintenance of the service environment.

The Assessment Team observed furniture and fittings that were safe, clean, well maintained, and suitable for consumers. Care staff and registered nursing staff reported they had enough equipment to do their job properly, and consumers stated they tell staff if there is anything broken, and it is fixed quickly.

The service provided a list of tasks reported by staff that required attention as well as scheduled preventative maintenance that included legionella testing and water temperature checking.

# 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 confirmed they are encouraged and supported to provide feedback and make complaints. They described the different ways they can provide feedback and said they feel comfortable raising matters with staff and management. Management and staff described the ways they encourage and support consumers and other stakeholders to provide feedback and make complaints.

Information about the feedback and complaints process is provided to consumers and/or their representatives when consumers first enter the service. The Assessment Team observed notices, brochures, and forms for feedback on display and available throughout the service. Secure feedback boxes were observed in each wing. The residential care information handbook includes information about how to provide feedback online.

Regular meetings for consumers and/or representatives provide opportunities to provide feedback and raise complaints, meeting minutes demonstrated consumers and representatives are actively encouraged and supported in this process.

Training is provided for staff on encouraging and supporting consumers to provide feedback. A review of staff meeting minutes demonstrated there are discussions with staff about the feedback mechanisms and handling of complaints. Staff described ways they are able to support consumers and/or representatives who raise concerns.

Consumers and/or representatives confirmed they are aware of advocacy and language services, and other methods for raising and resolving complaints. Complaint documentation demonstrated external complaints mechanisms are being accessed. Management explained the ways they make consumers and/or representatives aware of and provide access to advocates, languages services and external complaints mechanisms.

Notices and brochures about advocacy services and external complaints mechanisms are on display and available throughout the service. This included information about advocacy for consumers from diverse backgrounds, such as indigenous and LGBTQI communities.

Consumers and/or representatives stated management are responsive to any matters they raise. The organisation has policies and procedures for managing feedback and complaints, and for open disclosure. Feedback and complaints are recorded along with any action taken in response to the matters raised.

Issues are handled at a department level and reviewed at the quarterly leadership team meetings. The process is overseen by the facility manager to ensure appropriate action is taken in response to complaints and that a process of open disclosure is used when things go wrong.

The organisation has an open disclosure policy, which includes the principles of open disclosure, a process flowchart, and checklists. An open disclosure information sheet is available at the entrance for consumers and their representatives. Staff are provided training on open disclosure. A review of meeting minutes showed open disclosure is discussed regularly with consumers and staff at their respective meetings.

Consumers and/or representatives confirmed feedback and complaints are used to improve the quality of care and services. Management explained feedback and complaints are incorporated into the continuous improvement process and that the process is overseen by the facility manager.

# 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.

Consumers and/or representatives stated staff are meeting the care needs of consumers and they confirmed they are generally satisfied with the staffing. Management explained they monitor the care needs of consumers to determine the number and mix of staff to deliver the care required and described ways they ensure the workforce is maintained to provide safe and quality care.

Management monitors the call bell response times with daily call bell response reports. Responses longer than ten minutes are reviewed and investigated as necessary. The facility manager stated that following a review of call bell responses it was found that wings where agency staff are allocated have slower response times. This was discussed at handover. Sensor mats are also linked to the call bell system and staff have been reminded to check the sensor mats. The facility manager said they have added a question to the quarterly consumer care satisfaction survey about call bell responses.

Consumers and/or representatives stated staff are kind and caring and consumers are treated with respect. The Assessment Team observed staff interactions with consumers to be caring and respectful. Management explained the values of the organisation promote kind and caring interactions and respect for consumer’s identity, culture, and diversity. Staff are required to follow a code of conduct, and staff demonstrated they knew the consumers well and spoke about them in a respectful manner.

Management stated staff are provided with ongoing training in cultural diversity to ensure the team understand the different cultural needs of consumers. In addition, the service has a cultural diversity committee, which includes twelve staff members who volunteered as diversity champions and consumers from culturally diverse backgrounds. This committee meets quarterly and helps promote cultural awareness and respect.

Consumers and/or representatives were satisfied that staff are trained and competent to deliver the care and services they require. Management explained there are position descriptions that set out the responsibilities and necessary qualifications and skills required for each role. Through the recruitment process staff are chosen who have the qualifications and knowledge to effectively perform their roles.

The facility manager stated all staff are required to complete annual skills competency assessment for hand hygiene, personal protective equipment, manual handling, fire safety, and a range of personal and clinical care.

The organisation’s electronic human resources management system monitors the qualifications, visas, police certificates and other employment requirements and provides alerts to management prior to the expiration of these requirements. A review of staff records shows the service monitors the qualifications, registrations, and competencies of staff.

Consumers and/or representatives indicated staff know what they are doing, and they are satisfied with the care consumers receive. They did not identify any areas where they thought the staff could benefit from extra training. Management stated the recruitment process is supported by the organisation, and new staff members take part in an orientation program and are supported with buddy shifts on commencement of employment. The service provides an ongoing training program for staff which includes annual mandatory training, additional training in response to identified needs, training by external trainers, and on the job training.

Recruitment of staff for the service is supported by organisation’s human resources team and talent and acquisition team. The facility manager liaises with the director of residential services regarding staffing needs. This support includes the incentive schemes for the recruitment and retention of staff.

The organisation has an online training program which includes modules for annual mandatory training along with a range of other topics and links to other training. In addition to the annual mandatory training there are regular toolbox talks and in-service training presented by external trainers. The organisation provides an education calendar and resources to guide presentations.

The service demonstrated they monitor and review the performance of staff, and that there is a formal process for performance review. All staff have an initial performance appraisal during their probationary period at three months and six months and then on the anniversary of employment. It is conducted by supervisors for their own team or by the manager. The facility manager stated staff performance is also reviewed using consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by senior staff.

# 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. | Non-compliant |

Findings

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

The service has a clinical governance framework including policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. However, these are not being effectively implemented in relation to the use of restrictive practices.

The service provided policies relating to antimicrobial stewardship and open disclosure. The antimicrobial stewardship policy includes accountabilities and responsibilities, education for staff, procedures to minimise infections, monitoring and analysis of the use of antibiotics.

The service provided a policy and procedure relating to minimising the use of restrictive practices, however as noted in Standard 3 Requirement (3)(a) this policy is not consistently implemented. The Assessment Team found that there was not a clear understanding of restrictive practice, that the service had failed to identify consumers who were receiving chemical restraint and that behaviour support plans were not individualised and contained limited information.

The Approved Provider responded with a detailed plan for continuous improvement, including but not limited to a review of risk assessments and risk care plans, a review of the clinical directive register, provide education to staff on restrictive practices and restrictive practices documentation.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 8(3)(e) is non-compliant.

Consumers and/or representatives confirmed the service is well run and that they feel comfortable making comments, suggestions, and complaints. Management explained they encourage and support consumers to participate in the development, delivery and evaluation of care and services in a range of ways, including regular meetings for consumers and their representatives, focus groups, resident satisfaction surveys and the establishment of a cultural diversity committee.

Management described how the governing body of the organisation promotes a culture of safe, inclusive, and quality care and services.

The Board is accountable and satisfies itself that the Quality Standards are being met within the service through reporting structures that include key performance indicators, clinical data, feedback/complaints, incidents, high impact/high prevalence risks, recruitment, staffing/rostering, continuous improvements, quality indicators, auditing results, surveys, and education.

Management demonstrated there are effective organisational governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has information systems in place to provide stakeholders with the information they need. Consumers are provided information about the care and services provided when they first come to the service and on an ongoing basis. There are communication processes for staff which include the electronic clinical documentation system, intranet, handover at each shift, messaging systems, emails, and the education/training program.

The service has a continuous improvement system in place and identifies opportunities for improvement through various methods, including consumer feedback, complaints, audits, surveys, staff suggestions, review of clinical indicators, incidents, meetings, organisational initiatives, and external reviews. The continuous improvement process is monitored at a local and organisational level and is supported by an external benchmarking service. A review of the plan for continuous improvement showed improvements are logged, implemented, and evaluated.

Changes to aged care regulation and legislation are effectively monitored by the organisation. Changes are identified through information from a legislative update service, the industry peak body, and government departments. The quality team ensure policies and procedures are updated in line with legislative changes. The organisation provides updates and notifications to management and staff of any new regulatory requirements and any new or updated policies and procedures. Relevant communication and training are provided to staff in relation to changes and new requirements.

The organisation has a risk management framework, which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. The risk management system is monitored at a local level by the leadership team through clinical assessment, daily review and ongoing monitoring, collection and analysis of clinical data, and audits. Oversight is also provided at an organisational level through a process of audits, reporting and escalation. Management explained how risks are managed at the service.

The organisation has introduced a new procedure for recognising and monitoring consumers at risk of deterioration called the ‘White Star’ procedure. It includes a stop and watch process for staff to identify changes to a consumer’s condition and referral to outside services to support consumer’s needs.

The organisation has policies relating to dignity of risk and consumer choice and decision making. Where a consumer may choose an activity that involves some risk, the service uses a risk consultation process to assess the risk and discuss with the consumer and/or representative how they can be supported by the service. Consumers and/or representatives confirmed they are supported in their choice.

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)