Performance

Report

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| Name of service: | McLean Care Yallambee |
| Service address: | 34-40 Margaret Street MILLMERRAN QLD 4357 |
| Commission ID: | 5137 |
| Approved provider: | McLean Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 2 August 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 Yallambee (**the service**) has been prepared by S Turner, 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 dated 24 July 2023.

# 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 | **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.

* Each consumer is to receive safe and effective personal and clinical care that is best practice and optimises their health and well-being including in relation to the management 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

Consumers and representatives said staff treat consumers with dignity and respect and support consumers’ cultural diversity by ensuring their care needs are met in a respectful manner. Consumers felt assured their personal information was kept confidential and said staff respected their privacy. Consumers said they were addressed by their preferred name, and that staff chatted to them about their history and past experiences. One consumer said that whilst they preferred a female carer, if this was not able to be accommodated, they were happy to have a male carer as overall staff were ‘very respectful and gentle’.

Consumers and representatives said consumers felt supported to exercise choice and independence and maintain relationships. One consumer said, ‘you can do your own thing here’ and commented that the service supported them to maintain their independence. Another consumer said staff respected their preference not to participate in group activities. Staff described how they supported consumers to maintain relationships with family and friends and provided examples of meaningful relationships that were facilitated within the service. Staff were familiar with the needs of those consumers who experienced difficulty with communication and described how they supported consumers to communicate by using communication aids.

Care documentation identified consumers’ needs and preferences and provided sufficient information to guide staff in care delivery. Care plans included information about consumers’ preferences relating to dignity and choice, pastoral and spiritual care, behaviour, significant relationships, and life history information. Care documentation outlined consumers’ specific preferences including for some consumers, the gender of staff who deliver care.

Staff demonstrated knowledge of consumers’ cultural backgrounds and spoke about consumers in a way that was respectful and demonstrated an understanding of consumers’ personal circumstances and life journey. They described how they tailored care and service delivery for individual consumers to ensure they felt valued and safe. Staff provided examples of how they delivered culturally safe care including by meeting consumers’ specific religious needs and by supporting consumers to participate in ANZAC Day celebrations. The service celebrated culturally significant days and special events such as consumers’ birthdays.

Consumers said they received the information they needed to make informed choices and that they were supported to take risks in order to live their best life, for example, eating foods not recommended by a speech therapist or smoking cigarettes. Staff described how they supported consumers to understand the benefits and possible harm of risks that they chose to take. Staff said consumers and representatives were involved in problem-solving to reduce risk where possible. Care documentation demonstrated risks were generally discussed, risk assessments conducted and dignity of risk forms completed.

Consumers who used a mobility scooter said staff and/or the physiotherapist had discussed safety issues with them, however care documentation failed to demonstrate that a discussion about risk had occurred and dignity of risk documentation for these consumers was not available. In response to this information management stated that a physiotherapist was scheduled to visit the service 30 June 2023 to assess all consumers who used a mobility scooter and discuss risks with them. The approved provider’s response stated that assessments by allied health staff had been completed prior to the Site Audit and had been inadvertently archived. All consumers were re-assessed following the Site Audit and education has been provided in relation to dignity of risk processes including the associated documentation.

Staff were observed interacting with consumers in a respectful manner and with consideration of the consumer’s personal space and privacy. Staff were kind, caring and patient and chatted to consumers while assisting them with activities of daily living. Information for consumers was observed throughout the service including at the reception area, on noticeboards and displayed through the television.

The service conducted a survey in December 2022 in which 25 consumers participated; survey results demonstrated 100% of consumers said they were treated with dignity and respect by staff who were kind and caring.

# 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

Consumers and representatives were satisfied with assessment and care planning processes and said staff discussed consumers’ care needs and the information in the consumers’ care plan. They said staff were responsive when there was a change in the consumer’s condition. Consumers and representatives said they felt comfortable requesting a copy of the care plan.

Organisational policies and procedures guided staff practice and registered staff described their processes in relation to this. Discussions with senior staff confirmed a consumer centric ethos is reflected in organisational policies and guides consumer partnership in assessment and care planning. Registered staff said there is a discussion about consumers’ advance care planning, including end of life wishes when a consumer enters the service and when a consumer’s condition deteriorates. Registered staff described how they included health professionals in assessment and planning including the physiotherapist, speech pathologist, occupational therapists, dietitians and geriatricians, and evidence of this was found in care documentation.

Staff advised they have access to consumers’ care plans through the electronic care management system and that consumer information is shared at handover. Case conferences were held annually and as required to discuss complex care needs and/or a consumer’s change or deterioration; case conferences included the consumer, the representative and the medical officer. Staff described care plan review processes including following an incident or change in the consumer’s condition and said this included allied health professionals if necessary.

Care documentation demonstrated needs, goals and preferences were addressed and that overall, potential risks to consumers’ health and well-being were considered, including in relation to falls, chronic disease management, wound management, and skin integrity. Care plans were reviewed three monthly by registered staff and additionally, when circumstances changed or there was a change in the consumer’s condition.

# 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 management of restrictive practices did not optimise consumers’ health and well-being, was not best practice and was not aligned with legislative requirements.

The Assessment Team brought forward information that staff did not have a shared understanding of what constitutes a restrictive practice. The psychotropic register did not accurately reflect those consumers receiving a psychotropic medication as a chemical restraint. Perimeter restraint was not identified as a form of restrictive practice and a number of consumers did not have access to the code to exit the locked front door or could not operate the keypad independently.

The Assessment Team observed staff using a form of mechanical restraint to prevent a consumer who had a high risk of falls from mobilising unaided. Consent for this type of restrictive practice had not been discussed with or provided by the representative.

Consumers’ behaviour support plans did not contain individualised strategies to support staff in managing changed behaviours and staff reported using generic strategies such as providing supervision, reassurance, and redirection.

Charting associated with the use of restrictive practice was incomplete and for some consumers failed to detail alternative strategies used prior to the use of a restrictive practice and failed to record monitoring of the restrictive practice.

While the service had policies and procedures in relation to the management of restrictive practices, including using the least restrictive form as a last resort, in practice this was not occurring. A number of consumers were prescribed an ‘as required’ chemical restraint which had not been administered for an extended period of time however, consideration of a review for the reduction or cessation of these medications had not occurred.

These deficiencies were raised with management at the time of the Site Audit and in response the service revised the plan for continuous improvement and advised of the following actions:

* A perimeter restraint self-assessment tool has been completed and identified those consumers who were being restrained without consent. The front door to the service was being adjusted to open automatically; additionally, assessments were being conducted, behaviour support plans developed and consent sought where a need was identified.
* A behaviour management specialist had been engaged to assist management in reviewing care plans and developing behaviour support plans that reflected individual needs.
* Staff education was conducted during the Site Audit with plans developed for further ongoing education sessions.

The approved provider’s response to the Assessment Team’s report included a corrective action plan which informed the plan for continuous improvement. Actions included:

* Staff have received education relating to the use of mechanical restraint, case conferences were held and resources were provided to representatives. Where appropriate, behaviour support plans have been updated and daily monitoring was occurring.
* Staff have received education relating to the definitions of restrictive practice and free movement; observational audits identified that staff practices in the secure unit were appropriate.
* A planned update of behaviour support and restrictive practice procedures and associated documentation had commenced and included specific guidance in relation to the level of detail required in behaviour support planning. The service was prioritised for roll out of these procedures in July 2023. This will be measured by audit of all behaviour support plans, with monthly audits planned.
* With respect to inconsistencies in care documentation, staff received education, documentation was reviewed and feedback provided to staff as required. Monitoring identified that charting was occurring as required; this will be audited to ensure ongoing compliance.
* The approved provider stated medication chart reviews occurred for consumers who were prescribed psychotropic medication that had not been administered for more than three months. It was identified that reviews by the medical officer and discussion with representatives had occurred three monthly and identified the ongoing requirement for the medication in all instances. Consumers and representatives have been provided with resources including written material about older persons’ rights to make decisions about their care, including their medication. Staff and prescribers have been provided with resources from the Department of Health and Aged Care relating to medication management in residential aged care.
* A review of the psychotropic register was completed against resources from the Aged Care Quality and Safety Commission and was found to be compliant.

While I acknowledge the service is actively addressing the deficiencies relating to the management of restrictive practice, the improvements are yet to be fully implemented and evaluated for effectiveness. For the reasons detailed, I am satisfied Requirement 3(3)(a) is Non-compliant.

I found the remaining six requirements under Standard 3 Compliant.

Consumers and representatives provided positive feedback about the care provided at the service. They said staff were quick to identify when there had been a change or deterioration in a consumer’s health and referrals were made as required. Consumers and representatives felt confident staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort.

Care documentation contained sufficient information to guide staff; staff said they received up to date information about consumers through the electronic care management system and via handover processes. Care documentation and medication records demonstrated effective care delivery in relation to management of complex care including for example diabetes, wound care, and pain. Medical officers’ directions were followed when there was a change in the consumer’s condition and referrals were made to other health specialists when a need was identified.

The service had a suite of policies, procedures, and tools to guide staff practice including recognising consumers at risk of deterioration and the palliative care pathway. Staff described the palliative care pathway, resources available to them to support consumers nearing end of life, and ways in which they maintained the comfort of consumers, including through the provision of one-on-one support for the consumer and their family.

Consumers and representatives said staff washed their hands frequently and wore masks. There were policies and procedures in relation to antimicrobial stewardship, infection control, and an outbreak management plan. The service had influenza and COVID-19 vaccination programs for staff and consumers and had appointed infection prevention and control leads. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

Staff demonstrated a detailed understanding of consumers’ care needs and the processes in place to support care delivery. Staff could describe the main risks to consumers and the risk mitigation strategies that were in place. Where consumers had experienced a fall there was evidence of observations being completed, assessments conducted, care plan review and referrals to the medical officer and allied health professionals such as the physiotherapist and the occupational therapist.

Registered nurses could describe how they monitored consumers and were aware of escalation processes should a consumer’s condition change. Incident reporting, training records and clinical data reflected monitoring and clinical oversight of consumers’ care delivery. Management analysed clinical incidents and quality indicator data and this was reported to the organisation.

Monthly clinical risk meetings were held to discuss management of high-risk consumers. Topics included behaviour management, falls, wounds, unplanned weight loss and pain. A daily management meeting occurred which included senior clinical staff and registered staff who discussed emerging issues, including clinical concerns.

# Standard 4

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

Findings

Consumers and representatives said the service supported consumers’ independence and encouraged them to participate in activities that were of interest to them and met their lifestyle needs. Consumer feedback included ‘I enjoy all the activities’ and ‘you can do your own thing’; one consumer spoke positively of the activities that were provided during the COVID-19 pandemic. Consumers provided examples of how they continued to participate in the broader community, leaving the service to play board games with others or attend craft groups. Consumers said that spending time with others was important to them.

Consumers and representatives said the service supported the consumers’ emotional, spiritual, and psychological well-being. One consumer said the service accommodated the needs of people from varied faith backgrounds including Anglican, Catholic, Lutheran, and Presbyterian denominations through providing regular church services. Another consumer reported little interest in attending a church service; their care plan reflected this and further stated the consumer enjoyed celebrating Christmas, Easter, and birthdays.

Consumers provided examples of how staff and volunteers supported them when they were feeling sad. One consumer said staff spent one on one time with them and shared a cup of tea; while another consumer said that the volunteer that visited them was a ‘good listener’ and enjoyed playing table games with them. Staff said they can access a pastoral care worker to spend time with the consumer if the consumer is identified as requiring spiritual or emotional support.

Positive feedback was received from consumers and representatives about the food services including the quality of the food and the quantity provided. Consumers said the ‘food is amazing’, ‘they cook the eggs just the way I like them’, ‘you’d never go hungry here’ and that consumers ‘wouldn’t get any better (food) anywhere’. A consumer survey conducted in December 2022 with 25 consumer respondents reported high levels of satisfaction with the food.

Lifestyle staff were familiar with consumers’ varied interests and could describe strategies to promote their involvement. They described how the service’s lifestyle program is designed with input from consumers through surveys, questionnaires, consumer meetings and consumers’ preferences detailed in lifestyle documentation.

Lifestyle staff said they liaise with various church groups and community organisations and organised entertainers to perform concerts. They said they made arrangements for the hairdresser to attend the service on a regular basis. Staff said they have liaised with a dementia advisory body who had provided advice and recommendations about lifestyle activities for consumers with changed behaviours.

Care documentation identified the interests and activities that were important to consumers and provided information to support individual choice, daily living, wellbeing, and service delivery. The Assessment Team, through discussion with consumers, confirmed that activities documented in care planning documentation were aligned with consumers’ interests. Staff described how they maintained accurate and current records that included consumers’ likes and dislikes and their personal information. Hospitality staff explained how they access information relating to consumers’ dietary needs, allergies, and food intolerances and that this included hard copies, electronic messaging, and a white board in the kitchen.

Consumers were observed participating in group and individual activities including exercise based programs, movies, trivia, bingo, and carpet bowls. Consumers said they enjoyed ‘keeping busy and helping staff’ and were observed participating in activities that were meaningful to them, for example folding a basket of washing.

Equipment used was clean and well-maintained. Staff could outline the process for reporting equipment decline and failure and the process for ongoing maintenance. Staff said they had access to adequate equipment to assist consumers with daily living and lifestyle activities.

# 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 service was welcoming, well signed, had wide corridors with handrails, and was easy to navigate. Consumers’ rooms were spacious and generally decorated with their own furnishings and personal items; most consumers had access to personalised outdoor areas which reflected individual tastes. The memory support unit had recently been renovated and included a large outdoor space which was accessible to consumers who resided in this area.

Consumers and representatives said consumers’ rooms and common areas were clean and well maintained. Consumers said staff attended maintenance promptly and that cleaning occurred on a regular basis.

The Assessment Team observed consumers navigating indoor areas and some were observed using a personal identification number to open doors; one consumer said they had been provided a swipe card to support their access to the memory support unit. However, some consumers were not able to move freely both inside and outside the service. For example, the Assessment Team observed that on occasion an automatic door in the memory support unit that allowed access to the outside area was locked; there was though another door that remained unlocked. Additionally, the service’s front door had a keypad that required a personal identification number to exit the building and some consumers were unable to use this. The service commenced actioning this during the Site Audit and the approved provider’s response to the Assessment Team’s report is provided in further detail under Standard 3. I am satisfied that consumers’ ability to move freely within and outside the service has been addressed.

Maintenance staff said that an electronic maintenance register was reviewed daily and maintenance requests were prioritised and delegated to maintenance staff or contractors; the service had a range of external contractors available. The electronic maintenance register demonstrated that maintenance requests were actioned in a timely manner. Preventative maintenance records demonstrated monitoring processes were in place for scheduled building and equipment assessment and maintenance.

Cleaning staff explained the cleaning schedule and the frequency of cleaning that occurred; this was confirmed through review of the service’s cleaning schedule. The Assessment Team observed that high touch points were cleaned frequently.

Equipment, fittings, and furnishings were observed to be well-maintained, clean, and safe for consumers’ and visitors’ use. Cleaning trolleys and medication trolleys were clean and stored securely.

# 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

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints; they described the various methods available to do so including speaking to management or staff directly, attending consumer meetings, and through the use of feedback forms. They were confident their complaints would be resolved and addressed promptly. Consumers and representatives said they were aware of advocacy and language services available to consumers and referenced the promotional material displayed at the service.

The service had policies, procedures and education material addressing feedback, complaints management, and the open disclosure process and these provided guidance for staff. Staff said they had received training on open disclosure and were able to demonstrate an understanding of the principles of open disclosure and the complaint handling process when feedback or a complaint was received from consumers and representatives.

Management advised in addition to the feedback and complaints system, consumers were encouraged to provide feedback in monthly consumer meetings, via consumer and representative surveys and during the care plan review process.

Management advised the service analysed complaints, feedback, and concerns, and identified trends using this information to inform continuous improvement activities across the service. Management and staff said feedback and complaints were discussed during staff meetings, as well as at handovers, and provided staff the opportunity to contribute to improvements and be part of the solution. The service’s plan for continuous improvement evidenced feedback and complaints were used to influence and improve the quality of care and services provided.

Staff described how they would try to resolve any issues and seek assistance from the representative if a consumer with a cognitive impairment or difficulty communicating wished to raise a complaint or provide feedback. Staff said they reported complaints to registered nurses and/or management staff.

Feedback forms and return boxes were located throughout the service. Documentation demonstrated complaints mechanisms including advocacy networks were discussed at monthly consumer meetings and that consumers used these opportunities to provide feedback. The service’s feedback register included evidence of consultation with consumers, actions taken and the application of an open disclosure process.

# 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

Consumers and representatives were satisfied with staffing, said consumer care was provided in a timely manner and that staff were very kind and respectful. Consumers felt the workforce was competent and that staff had the knowledge and skills to deliver care in accordance with consumers’ needs and preferences.

Staff were observed attending to consumers promptly, were patient when assisting consumers with their meals, and spoke to consumers in a kind and caring manner.

Staff received cultural diversity and safety training during orientation and had to read the organisation’s diversity plan which included a requirement that consumers will be treated with respect.

Care staff said their colleagues consistently treated consumers in a kind, caring and respectful manner and described how they would feel comfortable addressing inappropriate behaviour with a staff member directly or reporting the matter to management should a need arise.

New staff provided evidence of qualifications to the organisation prior to commencement of employment. Police checks and Australian Health Practitioner Regulation Agency expiry dates were recorded within a register. The service’s police check register identified all staff criminal record checks were up to date.

New staff received a week of buddy shifts and ongoing staff competency was determined through line manager feedback, performance assessments, consumer and representative feedback, surveys and reviews of clinical records and care delivery.

Staff considered they were appropriately trained, supported, and equipped to perform their roles. Management monitored staff compliance with mandatory training through an electronic learning management system and provided staff with additional training if/when a need was identified.

The Assessment Team reviewed the ongoing mandatory training modules which identified training was provided on a range of topics including and not limited to, consumer protection, hand hygiene, infection control, code of conduct and privacy awareness. Review of training reports identified high rates of compliance.

However, restrictive practices training was not provided in the mandatory orientation training and deficits in staff knowledge regarding the use and minimisation of restrictive practices for consumers were identified and discussed with management. The service addressed this by updating the plan for continuous improvement with actions to include adding restrictive practice training to the orientation program and completing toolbox training over the next month for all staff. Overall, I am satisfied staff were trained and equipped to deliver care and services to consumers as feedback from consumers and representatives was positive; staff demonstrated a sound understanding of their roles and responsibilities; and knowledge deficits identified in relation to restrictive practices were actioned and addressed by the service at the time of the Site Audit.

There were systems in place to regularly assess, monitor and review staff performance. Staff confirmed they were regularly engaged in their professional development and were provided opportunities to request specific training relevant to their role. New staff undergo a three-month probationary period and six-month performance reviews. Ongoing performance management was conducted on an annual basis, with regular performance ‘conversations’ with staff throughout the period. The Assessment Team reviewed completed appraisals for staff which identified staff and manager input and areas for development, as well as the management of poor performance.

Management said it used consumer and representative feedback through complaints and surveys to monitor staff behaviour and to ensure interactions between staff and consumers met the organisation’s expectations. When an issue was identified performance management processes were initiated and staff retraining occurred to resolve concerns. Call bell data was reviewed by management to identify, investigate, and action extended response times.

# 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

Effective organisation wide governance systems were identified in relation to continuous improvement, feedback and complaints, workforce management and financial management. There were systems and processes, including feedback and complaints mechanisms, to improve the quality and safety of care and services; examples of improvements made were brought forward.

The service had a workforce governance framework that ensured an appropriate number of skilled staff to deliver care in accordance with consumers’ needs and preferences.

Information systems included policies, procedures and an electronic care management system that provided care staff, registered staff and external contractors varying levels of access to consumer information relevant to the staff member’s role. Staff said information was readily available to support them in undertaking their roles. Consumers and representatives were satisfied with the way information was managed and provided to them however, the Assessment Team found deficiencies in the storage of information relating to dignity of risk.

With respect to regulatory compliance, the service had policies and procedures including in relation to the use of restrictive practices however deficits were identified in this area of practice and further detail of this is provided under Standard 3. The service demonstrated an understanding of its obligations in relation to the Serious Incident Response Scheme and overall, reporting occurred within required timeframes. Information in the Assessment Team’s report generally demonstrated the organisation was aware of its regulatory responsibilities.

I have carefully considered the information in the Assessment Team’s report and in the approved provider’s response. I have considered the weight of information relating to the management of restrictive practices under Standard 3. I note the service was responsive to feedback from the Assessment Team and initiated actions to address these deficiencies during the Site Audit. Further, the approved provider submitted a corrective action plan as an element of the response that included staff education, documentation review and increased monitoring and auditing to ensure ongoing compliance with organisational requirements and regulatory responsibilities. I am satisfied Requirement 8(3)(c) is Compliant.

I found the remaining four requirements under Standard 8 Compliant.

Consumers said the service was well run and that they had multiple opportunities and avenues through which they could provide feedback on care and services. Management staff advised consumers can provide feedback through monthly consumer and representative meetings, through the ‘resident of the day’ process, and by completing surveys and feedback forms. The service demonstrated how consumers were involved in choices about flooring, furniture, and design during recent renovations of the dining and activities area.

The service’s governing body promoted a culture of safe, inclusive, quality care and services. Management provided examples of how the governing body monitored the service in relation to the Quality Standards, and how the governing body ensured it was accountable for the delivery of care and services across the organisation. The organisation’s governance framework involved a leadership structure with the governing body (the Board) holding overall accountability for quality and safety in the organisation.

The service conducted regular quality audits against various areas of the Quality Standards and used this information in conjunction with clinical data to identify deficiencies in care, policies, or procedures. The organisation received monthly quality reports from the service which were reviewed by the quality team. This information was reported to the executive leadership team and to the Board and was used to identify the service’s compliance with the Quality Standards, enhance performance, mitigate risks, and to monitor and take accountability for overall care and service delivery.

The organisation had documented procedures and clinical care pathway guidance for managing high impact and high prevalence risks. Incidents were reviewed daily to ensure the response was appropriate and to identify trends. The service provided an example of an increased trend in falls which resulted in a review of falls management procedures, the development of a new policy and the provision of additional staff training in falls risk and post-fall care.

Consumers were supported to live their best life. This occurred through direct consultation with the consumer and their representatives to identify consumers’ individual needs and preferences regarding care and services. This occurred during the admission process, ‘resident of the day’ program, and consumer feedback.

The service had policies and procedures relating to open disclosure, antimicrobial stewardship, and the use of restrictive practices. Staff and management were generally able to describe the processes relating to open disclosure and anti-microbial stewardship and how they were used to improve care delivery. While some deficits were identified in relation to restrictive practices these have been considered under Standard 3 and remedial action has been implemented.

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)