Performance

Report

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| mecwacare Noel Miller Centre | 16 September 2022 |
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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 mecwacare Noel Miller Centre (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 site audit report received on 12 September 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 | **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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 stated, and observations confirmed, staff treated them with respect and dignity whilst upholding their individual values, culture and beliefs. Staff could describe what it meant to treat consumers with dignity and respect; and ensured these practices were part of providing care and services. Care planning documentation was individualised and reflected the diversity of the consumers in such areas as religion/spirituality, life history and interests.

Representatives described how staff used bi-lingual cue cards and non-verbal cues to communicate with consumers from different cultural backgrounds. Care planning documentation defined clear goals, consumer preferences, included strategies to facilitate effective communication and were reflective of consumer’s spiritual and relationship preferences.

Consumers and representatives said consumers were supported to exercise choice in making and communicating their decisions about the care they receive and the people involved in providing care. Consumers felt the service encouraged and supported them to connect with and maintain important relationships, including using electronic devices to assist consumers to remain communicate and connect with others, when the service was in lockdown. Staff advised they supported consumers to make informed choices about their care and services.

The service’s dignity of risk policy provides guidance in supporting consumers to make choices. Consumers said they are supported to take risks and staff could describe how they assisted consumers to engage with risk, including smoking or their choice not to use equipment when mobilising, by discussing strategies to reduce the chance of harm with them. Care documentation supported risks had been assessed and interventions implemented to minimise the risk.

Consumers and representatives advised they received the necessary assistance and information to support decision making related to their care and lifestyle, however for those who are unable to attend consumer meetings in person, they expressed they would like support to do so virtually. Staff were able to explain verbal and non-verbal communication methods they used to provide consumers with information. Care plans were individualised and were mostly reflective of consumer input and feedback. Menus were displayed and staff were observed assisting consumers with their meal choices.

Consumers expressed their personal privacy was respected and maintained, particularly around the provision of care services. Care planning documentation recorded consumers personal privacy preferences and based on observations made, staff were knocking on consumers doors and awaiting a response prior to entering their room. Staff maintained privacy by ensuring nursing stations and computers were always secured and ensured dignity is maintained during the provision of care. The service had an up-to-date privacy policy, and this was incorporated into the ‘resident information handbook’.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumer’s documentation confirmed falls or skin integrity risks had been identified and strategies to inform safe and effective care delivery had been recommended. Consumers and representatives advised they were contacted for resident of the day assessments to discuss consumer’s needs and changes to care, however were unaware of broader assessment and care planning processes. The service had policies and procedures for assessment and care planning processes, for consumers accessing permanent and respite care.

Care planning documents reflected consumer’s goals, needs and preferences including advance care plans, and end of life care wishes. Staff members were able to describe consumer’s wishes and needs when nearing end of life and how they would support consumers to achieve those goals. Representatives indicated they were involved in the planning of end of life care.

Staff described the care planning and review process and how consumers and representatives were involved. Staff also said other health services, such as dieticians, were involved in the care planning process. Representatives expressed they were pleased with the way the service consulted and informed them of changes in the consumers condition.

Although most consumers and representatives advised they were unaware of the details of the care planning process, they advised they were informed by the service of any changes or updates to consumer’s needs. Staff demonstrated how they communicated results of assessments and conducted reviews of care plans with consumers and representatives and updated the information in the electronic care management system.

The service demonstrated how it reviewed consumers goals, needs and preferences every 2 months or when there was a change to the consumer’s condition. Staff advised how changes were communicated within the service, such as discussion at handover meetings. Care planning documentation identified how representatives were contacted following care plan reviews, such as after a clinical incident involving behaviour escalations or medication changes.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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. | 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 Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the Provider’s response and find the service compliant this requirement.

Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Site Audit Report included information which supported high impact or high prevalence risks associated with the care of each consumer including falls, wounds, weight loss and consumer’s complex needs were effectively managed, however, deficits in the management of smoking and failure to report an alleged incident of physical abuse between consumers were identified.

I have not considered the evidence brought forward in relation to a failure to report an alleged serious under this Requirement, due to the conflicting evidence included in the Site Audit report and note, as soon as management became aware of the allegation it has been reported as a serious incident, therefore, I have considered this information under Requirement 8(3)(d).

For a named consumer, who chooses to smoke, I note their smoking risk assessment, dignity of risk consent form and smoking care plan documented strategies to support their safety while smoking, including their cigarettes to be stored at the nursing station, staff are to escort them outside, remind them of the location of the outdoor smoking area and to be supervised from a distance. I also note the consumer had been offered a smoking apron to wear, while smoking but chooses not to do so. I consider these strategies support the management of the risks of smoking for the consumer.

I note the Site Audit report detailed the potential risk, relating to the consumer’s ability to use a lighter, had not been assessed, however, other information contained in the site audit report supports the consumer’s manual dexterity to smoke had been assessed and this was also supported by documentation included in the provider’s response. I also note the number of cigarettes the consumer was permitted to have per day had not been documented. I do not consider this omission supports non-compliance with this Requirement.

I also note, while the consumers cigarettes were to be stored at the nursing station; staff were to escort the consumer outside and remind them of the location of the smoking area, I acknowledge, staff were not interviewed to understand if these strategies were implemented. I also acknowledge the providers response which confirms while no staff were observed supervising the consumer, staff have direct line of sight to the smoking area and the consumers care plan documents supervision from a distance is to occur. I consider it is reasonable that staff were supervising the consumer without them being observed and consider this supports compliance with this requirement.

I have also considered the documentation submitted by the provider which substantiates smoking risks to the consumer were reviewed as part of the 2monthly care plan review processes and note strategies to support their safety have been updated 8 times since their entry to the service.

Overall, I am persuaded by the documentation and clarifying information included in the provider’s response and consider high impact or high prevalence risks associated with the care of each consumer are effectively managed.

I find the remaining 6 Requirements of Quality Standard 3 are Compliant as:

Consumers and representatives believed consumers received personal and clinical care that was safe and personalised to their preferences. Care documentation demonstrated appropriate follow up to changes in condition, including pain and wounds and whilst the medication register evidenced regular reviews of psychotropic medications, consumer’s diagnoses were not recorded.

Care planning documentation demonstrated consumers end of life wishes, needs, goals and were recorded. Staff understood their roles and responsibilities to support consumer’s end of life needs, goals and preferences in line with their scope of practice. Representatives described consumers at end of life had their pain and comfort managed. The service had palliative care policy and resources to guide staff in their practice and support consumers through the last stage of life.

The service had policies to guide staff in relation to identifying deterioration and responding to deterioration in a timely manner. Care documentation was observed to contain records of where deterioration or changes of a consumer’s mental health, cognitive or physical function, capacity or condition occurred, were recognised and responded to in a timely manner. Changes were responded to through systems including consumer reviews, clinical incidents, progress notes, feedback from staff and consumers and all other relevant charting including pain and behaviour.

Staff members confirmed they received handovers at the commencement of shift where information was shared to communicate consumer’s current needs, goals and preferences. Care planning documentation demonstrated the process of escalation to consumer’s medical officer and their representative when the consumer experienced a change in condition, when a clinical incident occurred or when they were transferred to or returned from hospital. A physiotherapist described their role in assessments for regular care planning reviews as well as post incident reviews, they described their access to the care documentation system and their contribution to handovers to ensure all staff were aware of changes.

Care planning documentation demonstrated timely and appropriate referrals to other service providers and individuals which included dietitians, physiotherapists, speech pathologists, geriatrician and medical officers. Care documentation evidence their recommendations made were recorded. Staff understood the referral process and how recommendations were included in care plans to ensure care and services were effective. Consumers and representatives stated they were referred to other service providers as required.

The service had documented policies and procedures to guide staff in antimicrobial stewardship, infection control and management of an outbreak of an infectious disease. Staff demonstrated an understanding of the steps that they should take to reduce the need for antibiotic prescribing. Staff were observed staff wearing personal protective equipment in line with the service’s current guidelines. Staff, visitors and contractors were being screened for COVID-19 prior to entry.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 Assessment Team recommended this requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Provider’s response and find the service compliant with this requirement:

* Where meals are provided, they are varied and of suitable quality and quantity.

The Site Audit report contained negative feedback from some consumers and representatives who reported food served was cold, late, not what they had chosen from the menu and specific requests for foods were not met. Additionally, documentation reviewed supported consumers had raised complaints in relation to the meals and feedback at meetings also included food was poorly presented and portions were too small.

The Provider refutes the information contained in the site audit report and provided additional and clarifying information in its response.

While the site audit report indicates management had not responded to feedback and complaints in relation to food and their actions had not resulted in improvements. I note additional information has been provided within the Site Audit report and the provider’s response which substantiates these concerns had been actioned and were being addressed, I have considered this information further under Requirements 6(3)(c) and Requirement 6(3)(d) where it is more relevant.

In response to meals being served cold, I note the service provider had already identified this concern and had installed bain-maries into meal service areas to ensure meals were served warm and documentation supports this was effective, due to the positive feedback being received from consumers. I also note, for a named consumer, who raised concerns in relation to the temperature of the food, the service continues to work collaboratively with them to ensure their needs are met.

In relation to meals being served late, I note the provider has advised, to maximise staff availability to serve food from the bain-maries and to prepare the meals served on trays for consumers who choose to eat in their rooms, there are different mealtimes scheduled in different areas of the service, and this may have contributed to the perception of meals being served late.

For a named consumer, who advised they are served meals they are unable to eat due to a medical condition, the consumer also advised they are able to request alternate meals and have food on hand should this occur. I also note the service confirmed on one occasion, the consumer had been served the incorrect meal and this was immediately replaced at the time and acknowledge the service has a ready supply of alternate and short order foods available to meet differing consumer requests. I consider this supports compliance.

For a representative, who had requested eggs be added to the consumer’s meal requests, I note this had not been brought to the attention of management, and upon this feedback, the consumers dietary profile has been updated. I also note the service continues to work with allied health professionals to ensure the meal portions are appropriate for the consumer and documentation submitted evidenced portions had been reduced from an extra large to large serve in response to wastage.

Overall, I am persuaded by the documentation and clarifying information which supports the service works collaboratively with consumers to ensure their meals are varied, and of suitable quality and quantity.

Therefore, I find Requirement 4(3)(f) is compliant.

I find the remaining 6 Requirements of Quality Standard 4 are Compliant as:

Consumers said they received services and supports for daily living which met their needs and preferences, supported their independence to maintain a sense of wellbeing. Documentation reflected consumers goals, preferences and needs and informed the type of services provided to consumers. Staff could describe what was important to consumers and the activities they like to participate in.

Consumers advised the service provided meaningful activities of daily living that promoted their emotional, spiritual and psychological well-being and they felt supported to follow their spiritual beliefs. Staff described actions taken when consumers felt low including spending individual time with consumers, accessing external supports such as pastoral carers, psychologists and qualified music therapists. Care planning documentation included information which identified consumers emotional, spiritual and well-being preferences.

Consumer and representatives said consumers were supported to engage with the internal and external community, maintain social connections and pursue activities of interest. However, representatives also said there were insufficient lifestyle activities in the memory support unit, particularly on the weekends. Staff advised, and the activities program confirmed, self initiated activity packs, jigsaw puzzles, music therapy and afternoon movies were being held on the weekends. Care plans, other documentation and observations, demonstrates how consumers are supported to visit family external to the service.

Consumers said their conditions, needs and preferences were communicated within the organisation in a timely manner and consent was sought before any information was shared with others. Care documentation provided adequate and timely information to support the provision of effective and safe care. Staff explained how they receive updates on changes to consumer’s conditions and how this was documented and escalated to the medical officer and other specialists as needed.

Care planning documents reflected the involvement of others in the provision of lifestyle support to consumers, such as reviews by allied health providers, dieticians or support provided by volunteers. Staff described accessing external organisations including entertainers and volunteer to supplement the activities program.

Consumers confirmed equipment provided is accessible, safe, suitable, clean and well-maintained. Staff interviewed said they had access to equipment as required and could explain procedures in place to maintain hygiene and ensure safety. Equipment to support consumers with their mobility and to engage in lifestyle activities was observed to be clean and free of defect. Preventative maintenance reports confirmed maintenance checks on equipment were up to date.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service compliant with this requirement.

The service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

The Site Audit report confirmed communal areas were clean, consumers felt safe and comfortable; and consumers were observed moving freely both indoors and outdoors, however, negative feedback from some consumers and representatives was bought forward on the frequency of cleaning and the detailed cleaning of floors or carpets. Documentation supported complaints on cleaning had been lodged. Consumer’s bedroom floors were described as dirty as there were crumbs present and carpets were generally in need of cleaning. Additionally, a fire hazard was observed within the designated smoking area as the ashtray was unsecured and located within mulch on a garden bed.

While the site audit report indicates a large number of complaints have been lodged, I considered this information further under Requirements 6(3)(c) where it is more relevant.

The providers response refutes the claims brought forward in the Site Audit Report, stating the vacuuming and detailed cleaning is attended to weekly, with spot cleaning, bins emptied, and bathrooms cleaned daily. The service advised staff can request additional cleaning as required to address any needs or issues identified. The Provider advised they were not advised of areas which required additional attention during the audit and would have directed immediate detailed cleaning to be undertaken, however, in response to the site audit the service has conducted an environmental audit review and has added further questions to the consumer survey to seek further feedback about cleanliness.

In relation to the observations of crumbs on the floor, I do not consider this to support non-compliance with this requirement.

In relation to a named consumer who advised they would like to see additional cleaning undertaken, the Provider advised the site audit report did not contain any quantifying details as to where the consumer had identified deficiencies and advise they will continue to work with the consumer to understand their concerns.

For the named consumer who raised concerns regarding the frequency of their room being cleaned. I acknowledge the providers advice which substantiates the consumer often refuses cleaning staff access to their room and note the services commitment to continue to work with the consumer to ensure their preferred cleaning schedule and preferences are able to be met.

In regard to the potential fire hazard, I note the provider disagrees the ashtray was amongst flammable garden materials and describes the ashtray to have been in a different location to which it was described in the site audit report. As the information is contradictory, I consider the immediate actions undertaken by the service during the site audit to replace the ashtray with an enclosed free-standing unit located on the concrete floor of the smoking area will have negated any perceived risks. Additionally, the service has assessed the smoking area and surrounding gardens, and these were observed to be free of any cigarette butts indicating these were not being disposed of properly.

Overall, I have placed weight on the observations which describe the majority of the service area as clean and well maintained, and consider the immediate actions undertaken by the service demonstrates their commitment to providing a safe environment.

Therefore, I find Requirement 5(3)(b) is compliant.

I find the remaining 2 Requirements of Quality Standard 5 are Compliant as:

The service was observed to welcoming and easy to navigate, there was a single point of entry to facilitate screening of staff, visitors and contractors. The service had several lounge, dining, communal areas and outdoor courtyards. Consumers and representatives said the environment was comfortable and optimised their independence, interaction and sense of belonging. The memory support unit was observed to be calm, quiet and relaxing.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. Most consumers and representatives confirmed the furniture provided met their needs and was safe, clean and operational. Staff could describe processes in place to ensure equipment was safe, hygienic, suitable for use and stored appropriately. Preventative and reactive maintenance logs evidenced regular maintenance of the service environment with the only outstanding issues being the most recent entries.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 Assessment Team recommended 2 of these requirements were not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service compliant with 2 of these requirements.

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Site Audit report evidenced the service had an open disclosure policy for responding to feedback and complaints and staff understood and applied these principles. However, feedback from some consumers and representatives identified the service did not always acknowledge or undertake appropriate actions in response to their concerns.

The provider’s response refutes the findings and advised the service has established systems, supported by policies and procedures, identify clear responsibilities, timeframes and accountabilities for recording, managing and responding to complaints and other feedback.

In considering the evidence used to support non-compliance, I note the site audit report highlights the complaints documentation provided did not contain any actions in response to complaints, however, I acknowledge the providers advice which supports the document reviewed was an extract derived from the complaints management system and did not include all information available within the complaints management system. I understand while access to the complaints management system was offered it was declined. I also note information contained in the site audit report which demonstrates the service had undertaken actions in response to an increasing trend in food complaints and consider this supports compliance with this Requirement.

For consumers, who said complaints are not actioned, these consumers had submitted complaints to the Commission and records confirm, these complaints had been resolved to the satisfaction of the consumer. I acknowledge there is one complaint in relation to missing laundry that is still outstanding and the service’s commitment and actions taken in response, demonstrate compliance with this Requirement.

Overall, I am persuaded by the documentation and clarifying information included in the provider’s response which supports actions have been taken in response to complaints.

Therefore, I find Requirement 6(3)(c) as compliant.

The same consumers and representatives who raised concerns under Requirement 6(3)(c) also raised concerns in regard to the Provider applying the learnings from closed complaints to improve the delivery of care and services. Consumers and representatives do not believe the service improved care and services, especially in regard to the quality and quantity of meals served at the service.

The Provider refuted this finding and provided clarifying information, advising the service actively works on improvement opportunities identified in complaints and this was fully documented in their electronic feedback system.

In response to the evidence brought forward in the Site Audit report, I have taken into consideration my findings under Requirement 6(3)(c) and based on the clarifying information undertaken by the provider which supports catering and cleaning had been identified as a complaints trend and the service had used this information to look at its contractual arrangements with the supplier of those services and consider this supports compliance with this Requirement.

I also note the evidence contained in the site audit report demonstrates positive consumer feedback was being received in relation to the changes made by the service or the concerns had been resolved and consider this demonstrates those changes were effective.

Overall, I am persuaded by the documentation and clarifying information included in the Provider’s response and consider feedback and complaints are reviewed and used to improve the quality of care and services.

Therefore, I find Requirement 6(3)(d) as compliant

I find the remaining 2 Requirements of Quality Standard 6 are Compliant as:

Consumers and representatives advised they knew how to make complaints and offer feedback and said their feedback was acknowledged. Staff knew how to support consumers to provide feedback and how to assist them to access external supports such as advocates and translator services. Minutes of monthly consumer and representative meetings documented how the service encouraged consumers and representatives to provide feedback.

Consumers and representatives were aware of how to access external support services such as advocacy. The service displays information in areas throughout the facility which detailed how to access advocates and language services to raise and resolve complaints, the information was displayed in various languages. Staff advised they recognise where consumers may have language barriers and required assistance to make a complaint and how they assisted them to access to interpreter services.

# Standard 7

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| Human resources | | Compliant |
| 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 Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the Approved Provider’s response and find the service compliant with this requirement.

* 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.

The Site Audit report evidenced most consumers receive care that is safe and personalised to their needs, with some consumers regarded the care they received unfavourably, the service has a system to plan the roster based on occupancy and the care needs of consumers; and casual staff are used to fill unplanned leave, with the use of agency staff kept to a minimum. However, negative feedback was received in relation to the timeliness of staff responding to consumers calls for assistance, staff availability to provide personal care, assistance at meals or activities on weekends and staff are rushed. Additionally, roster allocations were not permanently filled and call bell monitoring data identified a small proportion of calls were attended outside of the desired benchmark.

The provider’s response refutes the findings and advises systems, supported by policies and procedures, are in place to ensure the workforce available, is sufficient to meet the needs of consumers, with a service specific roster implemented. I acknowledge the provider’s response which confirms some shifts have not been allocated permanently, however consider it reasonable, these shifts are filled through allocation of casual or other part time staff.

I note the provider has confirmed the staffing profile of the service has not been reduced despite the service having a significant portion of allocated beds, unoccupied at the time of the audit. I also acknowledge the Site Audit report confirms staff said in the event of unplanned leave, strategies such as approaches to casual staff or extension of hours are used to replace staff and this is confirmed by consumer feedback. This supports compliance with this requirement.

In relation to staff availability to assist with personal care, meals and provide activities, I acknowledge the provider’s response, where it has been demonstrated the provision of personal care and meal support is based on the preferences of the family. I also note the Site Audit report confirms activities are delivered by qualified staff on one day of the the weekend and acknowledge the providers response which confirms care staff organise and deliver other activities on the weekend, and agree these activities without the need to roster or allocate specific lifestyle qualified staff. Therefore, I consider these examples do not support non-compliance with this Requirement.

In response to delays in staff attending to calls for assistance, I note for 2 named consumers, the provider indicates one consumer often calls for assistance then returns to sleep. For the other consumer, I note the evidence brought forward indicates the consumer’s call bell has not been responded to, for excessive periods of time, on occasions over a 3 month period and the consumer reports this coincides with their request for asthma relieving medication. However, I consider the documentation submitted by the provider which supports the consumer has not requested or required this medication at these times and has also been observed to be out of their room at other times the call bell has been activated. I accept the providers response these call bell activations have been at times made by staff and not the service’s commitment to continue to work with these consumers to ensure timely response to calls for assistance and staff responses are in line with their personal and cultural preferences.

In relation to consumer feedback of staff rushing, I note the Site Audit report does not contain any observations made, which supports this feedback nor do any staff interviewed indicate they have insufficient time to complete their duties. Therefore, I have not considered this information as part of my findings.

Overall, I am persuaded by the documentation and clarifying information included in the provider’s response and consider the numbers of the workforce is planned, and has the skills mix to meet consumer needs to deliver safe and effective care.

Therefore, I find Requirement 7(3)(a) as compliant.

I find the remaining 4 Requirements of Quality Standard 7 are Compliant as:

Consumers and representatives expressed staff were kind, caring and gentle when providing care. Staff interactions with consumers were observed to be aligned with individual consumer’s care plans and reflected their identify, culture and diversity. Staff demonstrated an understanding of the consumers, including their needs and preferences such as what languages the consumers spoke, calling them by their preferred name and engaging with them in a personalised and friendly manner.

Consumers and representatives spoke positively in relation to staff’s competency and knowledge required to perform their roles. Staff demonstrated an awareness of the training and education requirements for their roles, could explain the mandatory training modules and described how they met the minimum qualifications and knowledge for their role. Management outlined ways in which the service ensured the workforce was competent, had the requisite qualifications and knowledge to effectively perform their roles as criminal history certificates, professional registration (where required) and mandatory training records for staff were monitored. Position descriptions were observed for all organisational roles identifying qualifications and experience required and a summary of the position and responsibilities and duties of each role.

Consumers and representatives were confident in the ability of staff to care for them and spoke of the staff positively. Staff described mandatory training and advised the service offered many training opportunities and encouraged feedback about their training and support needs. Management advised COVID-19 had delayed the staff ability to attend some training, and they had a plan to address staff completion rates.

Management described processes to assess, monitor and review the performance of staff working at the service, and the staff appraisal register demonstrated most staff’s annual appraisals had been completed. Staff were able to confirm appraisals of their performance occurred annually and described the performance appraisal process. The service had policies and procedures to guide the management and monitoring of staff performance.

# Standard 8

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

## Findings

The Assessment Team recommended 2 of these requirements were not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service compliant with 2 of these requirements.

* 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.

* 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.

The Site Audit report evidenced the organisation had effective governance systems relating to information management, continuous improvement, financial governance and regulatory compliance. Staff were well informed and demonstrated their adherence to governance systems which had been established by the service. Policies and procedures were updated and available to staff reflecting organisational governance systems. However, the deficits in the governance systems relating to workforce management and feedback and complaints were recommended to be ineffective.

The issue of workforce management has been considered under Requirement 7(3)(a) and the requirement was found to be compliant. The evidence used to support ineffective feedback and complaints governance was also considered under Requirements 6(3)(c) and 6(3)(d) where both requirements were also found to be compliant.

Therefore, I find Requirement 8(3)(c) is compliant.

The Site Audit report brought forward evidence which supported the service had failed to report an allegation of alleged abuse in relation to a consumer reporting to a representative or another consumer they had sustained an injury due to another consumer.

In their written response the Provider provided clarification and background information about the consumers capability to provide such information as the consumer has been assessed as have communication deficits which would preclude them from having been able to communicate such an incident. The Provider further asserts the allegation had not been reported to staff and I acknowledge, as soon as this feedback was provided and the provider became aware of the allegation, a serious incident report has been made. This supports compliance with this Requirement.

Overall, I am persuaded by the service’s immediate actions and clarifying information included in the provider’s response which supports effective incident management systems are implemented and enacted in response to an allegation of abuse or neglect of a consumer.

Therefore, I find Requirement 8(3)(d) is compliant.

I find the remaining 3 Requirements of Quality Standard 8 are Compliant as:

Consumers and representatives stated they had ongoing input into how consumer’s care and services were delivered, and they felt the service mostly encourages their participation through mechanisms such as care planning, resident meetings and ‘have your say’ forms. The organisation had effective systems to engage and support consumers in the development, delivery and evaluation of care and services, including regularly contact from the service to discuss any concerns or changes to medications and information relative to consumers care and services.

The service’s Board meets monthly to monitor the performance of the service and ensure they are accountable for the delivery of safe, inclusive and quality care and services. The Board receives various reports, generated by the service, outlining. information relating to internal audits, consumer, representative and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis. The Board used this information to identify the services compliance with the Quality Standards, to initiate improvement actions to enhance performance, and monitor care and service delivery. The service identified areas of improvement driven by consumer and resident feedback, such as the improvements made during COVID-19, incorporating an additional glass screen within the airlock so families could visit relatives in a safe way and pre-book a time for the visit.

The organisation’s clinical governance framework included policies and practices in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Most staff had been trained about the policies and were able to provide examples of their relevance to their work, such as obtaining consent for restrictive practices, trialling alternative interventions, monitoring restrictive practices when in use and reviewing the use of the practice regularly.

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-2)