Performance

Report

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| Name of service: | Meercroft Care |
| Service address: | Clements Street DEVONPORT TAS 7310 |
| Commission ID: | 8788 |
| Approved provider: | Meercroft Care Inc |
| Activity type: | Site Audit |
| Activity date: | 5 December 2022 to 8 December 2022 |
| Performance report date: | 18 January 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 Meercroft Care (**the service**) has been prepared by C Spiller, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 6 January 2023

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 1(3)(d)- the provider ensures appropriate risk assessments are in place to ensure consumer are supported to take risks to enable them to live the best life they can.
* Requirement 2(3)(b)- the provider ensures changes in care are accurately reflected in care planning.
* Requirement 2(3)(e)- the provider ensures care plans are consistently reviewed and updated following incidents such as falls and deterioration, including changes in mobility and restrictive practice.
* Requirement 3(3)(a)- the provider ensures clinical care such as wound care, restrictive practice and pain management is best practice and aligned to consumer needs.
* Requirement 3(3)(b)- the provider ensures high-impact risks such as the use of restraint, behaviours, weight changes and falls are consistently managed in accordance with best practices and consumer needs.
* Requirement 3(3)(d)- the provider ensures consumer deterioration is consistently recognised and managed.
* Requirement 3(3)(e)- the provider ensures incidents are consistently and completely recorded.
* Requirement 3(3)(f)- the provider ensures consumers are referred for mental health and behavioural issues as necessary.
* Requirement 8(3)(d)- the provider ensures high impact, high prevalence, risks for consumers and the assessments of risks are managed consistently.

# 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. | Non-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

This Quality Standard is non-compliant as Requirement1(3)(d) is assessed as non-compliant.

While consumers confirmed they are supported to take risks to enable them to live as they wish, the service is not ensuring risks are managed to prevent harm to consumers and staff. The smoking area of the service does not provide equipment to suppress a fire. Not all smokers were supervised. Two consumer who smoked did not have a current risk assessments in place. Consumers mobilising in motorised scooters had not been risk assessed.

In their response, the approved provider stated that consumers are advised that the service is a non-smoking site and it is not permissible to smoke within the facility or the grounds. They stated there is not a smoking area, as reported by the Assessment Team. They said the policy is currently being updated and will be provided to consumers who are known to smoke, advising that a risk enablement form will be completed for each consumer who wishes to smoke, explain the risks and offer support to cease smoking. In regard to consumers with motorised scooters, the approved provider stated that risk assessment and enablement forms will be updated and consumers advised of the risks and care plans updated accordingly.

I have reviewed the information presented by the Assessment Team in conjunction with the approved providers response. While the approved provider states the site is a non-smoking site, there are consumers residing at the site who wish to and are currently smoking, therefore, it would be a reasonable expectation to ensure the risks are assessed and adequately managed to ensure the safety for consumers who smoke and those who do not. In additional risk enablement forms were not in place for use of a motorised scooter. By not having adequate risk assessments and equipment in place, for these consumers, the service is not supported these consumers to take risks to enable them to live the best life they can. Therefore, I find the service non-compliant with Requirement 1(3)(d).

I am satisfied the remaining five requirement are compliant.

Consumers and their representatives said consumers are treated with dignity and respect, and their identity, culture and diversity are valued as individuals. Staff treat consumers with respect and understand individual choices and preferences. Consumers’ care planning documents included information about their preferences and people important to them. The service has policies and procedures which include consumers’ rights.

Consumers and their representatives said the service provides care and services that are culturally safe. The Charter of Aged Care rights is prominently displayed and the service has policies and procedures to align with dignity and respect for the consumer.

Consumers and their representatives said they were supported to exercise their own choice and independence and decision-making about how the care and services are delivered to meet their needs. Observations made by The Assessment Team confirmed that staff were assisting consumers in maintaining relationships with their friends and families.

Consumers and their representatives said they are informed of lifestyle activities on offer. The service displays and emails consumers and their representative’s relevant information, including activities calendars, meeting minutes, visiting requirements, menus and newsletters. Current documentation is made available and displayed to support consumer choices.

Consumers and their representatives said they are confident information is kept confidential and consumers' privacy is maintained. Care staff described how they maintain a consumer's privacy when providing care. Staff were observed knocking on bedroom doors and waiting for a response before entering. Nursing stations, where the computers and consumer files were retained, were always locked and could only be accessed through authorised key cards.

# 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. | Non-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. | Non-compliant |

Findings

I am satisfied Standard 2 is non-compliant, as Requirement 2(3)(b) and 2(3)(e) have been assessed as non-compliant.

The service was found non-compliant with Requirement 2(3)(a), 2(3)(c) and2(3)(e) during an Assessment Contact from 23 to 24 March 2022. The service did not demonstrate that risks and planned care were discussed with consumers and that all risk to their health and well-being had been identified, consumers and representatives are always involved in discussions related to care planning and information in consumer care plans is updated during the regular review to reflect consumer care needs.

In relation to Requirement 2(3)(a), the Assessment Team received feedback from two consumer representatives who were unsatisfied with the assessment and care planning processes. Risk assessments and care plans in relation to end-of-life pathways, including deterioration in mobility and restrictive practices, were not completed in a timely manner for one consumer. Another consumers’ assessment and planning did not include the consideration of risks for locking a consumers bedroom doors.

In their response, the approved provider refuted some of the Assessment Team findings in regard to 2(3)(a), providing additional information about the named consumers that clarified some of the issues. End of life plans for one consumer had not been completed, as the request of the representative, rather than omission and a consumer door was locked from the outside to prevent other consumers’ from entering. Documentation for both for these consumers has been reviewed and updated. Emails have been sent to all staff about not locking room doors, unless the consumer has requested it, and documentation should be completed. The service acknowledged that they may not use the terminology such as care plan review and restrictive practice when consulting with consumer and/or their representatives. In addition, the approved provider states they have implemented a process ensuring care plan review consultation documentation is provided in writing.

I am satisfied that issues raised by the Assessment Team for the two named consumers have been clarified and or resolved, and were isolated incidents. Since the audit, a process has been put in place to ensure care plan reviews are reconfirmed and followed up in writing with the consumer and their representative. Therefore, I assess Requirement 2(3)(a) as compliant this time.

In relation to Requirement 2(3)(b), the service did not demonstrate that assessment and planning are effective for all consumer’s current needs including for consumers at the end of life. Assessment, care planning and end-of-life pathways to guide staff for consumers at the end of life have not been completed in a timely manner for one consumer. Changes in pain and weight management strategies were not reflected in care planning. Preferences related to catheter care management is not included in the care planning for one consumer. Assessment and planning have not addressed needs and preferences for pain relief for another consumer.

The approved providers response detailed actions to address the issues identified, including; reminders to nursing staff on pain management process, update of pain policy, review of nutrition and hydration assessment, and increasing visibility of management strategies.

I have weighed up the information available to me, and note the approved providers quality improvement actions to address the deficits found, however these are not fully implemented and not yet evaluated for effectiveness. The Assessment team has provided numerous examples, where care has not been effectively assessed and planned. Therefore, on balance, I assess Requirement 2(3)(b), as non-compliant.

In relation to Requirement 2(3)(c), three consumer representatives were not satisfied that their direct involvement is accurately documented. Assessment and planning have not been provided in partnership with consumer decline. Options for pain, diet and restrictive practice have not been discussed with the representative. Partnership and consultation have not been consistent, as one representative could not recall being consulted on care planning or restrictive practice.

The approved providers response described the process that will now occur following care plan review. A consumer/representative consultation form will be completed and provided in writing to confirm care plan discussions. The service acknowledged that they may not use the terminology such as care plan review and restrictive practice when consulting with consumer and/or their representatives. The issues flagged in the Assessment Team report regarding the named consumers have been addressed.

The approved provider has acknowledged the issues identified for the named consumers and has described the process that will be followed. Therefore, I am satisfied the service is compliant with this Requirement 2(3)(c).

In relation to Requirement 2(3)(d), four consumer representatives were not satisfied that the outcomes of the assessment and planning have been effectively communicated to them. For example, current care planning does not reflect consumer decline and ongoing needs such as restrictive practices. In response to representatives stating they did not receive copies of care plans, the approved provider acknowledges that they may not use terminology such as care plan review or restrictive practice, however they regularly consult about changes and reviews with consumers and representatives. From here on in, the approved provider states, after a care plan review, they will reconfirm discussions and provide a care plan review document in writing.

I am satisfied, on balance, Requirement 2(3)(d) is compliant. The issues raised by the Assessment Team have been addressed, overall consumer representatives were satisfied with the care provided and going forward the provider has committed to reconfirming and providing written follow up to confirm any care plan changes.

In relation to Requirement 2(3)(e), the service did not demonstrate that the information in consumer care plans is updated during the regular review to reflect consumer care needs. Three consumer representatives were unsatisfied that the care plans were updated to reflect the current consumer needs. Care plans are not consistently reviewed and updated following incidents such as falls and deterioration, including changes in mobility. Changes in restrictive practices were also not always reflected in care planning.

In their response, the provider stated they would address deficits found by the Assessment Team, with ongoing of monitoring restrictive practices and updating the falls assessment procedure so that timely updates occur consistently. I have assessed the information available to me, and while I note the approved provider is taking steps to address the issues, they have not yet been fully embedded or evaluated for effectiveness. Therefore, on balance, the service is non-compliant with 2(3)(e).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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

This Quality Standard is assessed as non-compliant as 5 Requirements have been assessed as non-compliant.

The service was found non-compliant with Requirements 3(3)(a), 3(3)(b) and 3(3)(d) during an Assessment Contact from 23 to 24 March 2022. The service did not demonstrate that each consumer consistently gets safe and effective personal and clinical care, receives effective management of high-impact or high-prevalence risks and deterioration/change in condition is responded to in a timely manner.

During the site audit, the Assessment Team found clinical care such as wound care, restrictive practice and pain management was not completed in accordance with best practice and consumer needs. Effective management of consumer high-impact risks such as the use of restraint, behaviours, weight changes and falls is not consistently performed in accordance with best practices and consumer needs. The Assessment Team found consumer deterioration was not consistently recognised and responded to in a timely manner. Assessment and monitoring and identifying changes in mental health did not consistently occur.

In their response, the approved provider has outlined improvements to address the deficits found by the Assessment Team. These include; implementing a wound care nurse position to ensure wound measurements are undertaken, following up with individual staff learning needs, enhancing quality of photography of wounds, provision of additional training for nursing staff in relation to risks, consent and documentation requirements.

The provider has committed to several quality improvement strategies, these have not been fully implemented or assessed for effectiveness. I encourage the provider to embed into practice and evaluate. The Assessment Team compiled evidence demonstrating deficits across these three requirements Therefore, Requirements 3(3)(a), 3(3)(b) and 3(3)(d) are assessed as non-compliant.

In relation to 3(3)(c), the Assessment Team found some staff were not aware of one consumer’s end of life care needs, and documentation did not accurately reflect this care. The approved provider submitted additional information in relation to the named consumer that clarified and responded to the issues raised by the Assessment team. As this was an isolated issue and end of life care documentation is now completed, I have come to a different finding to the Assessment team and assess the service compliant with Requirement 3(3)(c).

In relation to Requirement 3(3)(e), the Assessment Team found information about the consumer’s condition, needs and preferences are not consistently documented and communicated within the organisation and with others where responsibility is shared. A representative’s request to lock the consumer door was not communicated in care planning or restrictive practice documentation. Incidents, such as falls, were not reflected in consumer- documentation. Some consumer incidents were recorded in the progress notes as incomplete and waiting for review so that required preventative changes required do not always occur in a timely manner. Management acknowledged the gaps in documentation identified by the Assessment Team.

In their response, the approved provider stated that there has been improvements in completion of incident forms, and that falls risk assessment tools were completed, however did not provide further evidence. In making a decision, the Assessment team presented significant evidence of deficits with documentation and communication of the consumer’s condition, needs and preferences. The Approved provider has committed to improving documentation, but not outlined what specific strategies will be employed to achieve this and how effectiveness will be measured or evaluated. Therefore, I assess the service as non-compliant with Requirement 3(3)(e).

In relation to 3(3)(f), two consumers had mental health diagnoses, and the Assessment Team found no evidence that a referral to a service to monitor and manage their conditions occurred. One consumer was not referred to other providers for wound care requested by the representative. In their response, the approved provider supplied additional information for the absence of a consumer wound referral, stating the General practitioner had not considered a referral necessary. The service will follow up with the representative to revisit this with their GP. In regard to the absence of mental health referrals for two consumers, the Service stated it will conduct an audit of behavioural incidents to ensure timely referrals occur.

I have considered the information the provider submitted to address the issues for the named consumers. I am satisfied these actions have addressed the issues for the named consumers, but note that the services’ planned improvement actions to audit incidents related to behaviour to ensure timely referral to mental health and behavioural issues has not yet been completed or evaluated at the time of the Performance Report. Therefore, I find the service non-compliant with this Requirement.

The remaining requirement 3(3)(g) is assessed as compliant.

The service has infection prevention and control processes to minimise the risk of infection to consumers, staff and visitors. Consumers and their representatives were satisfied with the service’s management of infections and during the service’s COVID-19 outbreaks. Representatives said that they understood the rationale of the screening process and the required wearing of masks when visiting consumers. Management and staff described their knowledge of antimicrobial stewardship and the strategies they use to minimise infection-related risks.

# 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

This Quality standard is assessed as compliant as all seven requirements are compliant.

Consumers are provided with support to optimise their independence, health, well-being and quality of life. Lifestyle staff develop a monthly group activity calendar based on the consumers’ preferences at the service. Social and lifestyle care plans include individualised goals and preferences. The service has a volunteer program to expand its support program for consumers who prefer not to engage in group activities.

Consumers and their representatives said consumers’ emotional, spiritual, and psychological well-being is supported. Staff described how consumers are supported emotionally, spiritually, and psychologically. Care planning documentation includes information on consumers’ emotional, spiritual, and psychological needs.

Consumers and their representatives said the service offers services and supports that enable them to participate in the community, have relationships and do things of interest to them. Care planning documents contained information on consumers’ interests and identified the people important to them.

Overall, consumers are satisfied information regarding their needs and preferences is effectively communicated between staff at the service. Overall, documentation reviewed by the Assessment Team, including care plans and progress notes, demonstrated the safe and effective sharing of consumer information between staff. Of those consumers sampled, their lifestyle care plan documentation was up-to-date and relevant to their current needs and preferences.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Consumer care planning documentation shows that the service collaborates with external providers to support the diverse needs of consumers. Lifestyle staff said the service engaged external providers when the service could not provide specific activities the consumers wished to do.

Most consumers and their representatives said they receive ample and quality meals. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Staff were observed assisting, encouraging, and offering choices with meals during the site audit. The service has a process to gather consumer feedback on meals, which is incorporated into the menu.

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

# 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

This Quality Standard is assessed as compliant as all three requirements are compliant.

Consumers said it was easy to get around the service and felt comfortable within the service. The service environment is welcoming, and living areas have natural light and corridors are sufficiently lit. The building has adequate signage to assist consumers. Consumers can contribute to the service environment through feedback forms, asking staff members to log maintenance issues and ‘resident’ meetings.

Consumers and their representatives reported that the environment is clean and well-maintained. Maintenance programs include essential services, preventative maintenance schedules, reactive maintenance processes and the use of external contractors when required.

Consumers and their representatives commented positively on how the rooms, communal areas and outdoor areas are maintained. The Assessment Team observed that furniture, fittings, and equipment are safe and clean.

# 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

This Quality Standard is compliant as am satisfied all four requirements are compliant.

Consumers are aware of the feedback processes and comfortable raising concerns and providing feedback to management and the staff at the service. Staff said they try to address consumers’ concerns and if required, will escalate the consumers’ concern to their direct supervisor or management.

Some consumers said they are aware of advocacy services, some were not. Management said information for advocacy service is in every newsletter sent to consumers and their representatives, and new consumers are informed on entry to the service.

Consumers and their representatives were satisfied with the process management followed to resolve complaints raised or feedback they provided. Management described using open disclosure principles when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary. Care staff interviewed were not familiar with the term “open disclosure”, however, they described how they would escalate incidents to their direct supervisor.

Feedback from consumers and their representatives indicated the service reviews their feedback and complaints to improve the quality of care and services. Management described how the complaints process is used to inform its plan for continuous improvement of the service. Feedback and complaints documentation reviewed by the Assessment Team identified that appropriate action was taken to resolve complaints and that systemic improvements were being made to the service.

# 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

This Quality Standard is compliant as all five Requirements are assessed as compliant.

The service was non-compliant with Requirement 7(3)(d), during an assessment contact in March 2022. The service did not demonstrate workforce was participating in training, both mandatory and other educational sessions. Remedial actions included; monitoring staff mandatory training via an online portal and development of a mandatory training matrix, Clinical staff confirmed that training was provided to address deficits in knowledge of wound management.

I am satisfied, on balance, the remaining four requirements are compliant.

The service demonstrated adequate staffing mix/levels. Consumers gave a mixed response on staffing, with some concerns about call bell response time. Call bell response times continue to be monitored, and actions are taken to address any delays. Most staff indicated they have sufficient time to complete their tasks within their shift.

Consumers said staff interact in a kind and caring manner. Staff are knowledgeable and respectful of consumer backgrounds, culture and diversity. Staff addressed consumers by name and provided information they could understand. The service policies reflect dignity, respect, and diversity. Observations of staff practice were consistent with consumer feedback.

Consumers and their representatives said staff know what they are doing, indicating that nursing staff have the skills to look after the specialised nursing care needs of the consumers. Consumers provided mixed feedback regarding the skills and knowledge of staff employed in other roles at the service. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge.

The service has formal and informal processes for monitoring and reviewing the performance of each workforce member. This process includes day-to-day monitoring and a formal documented performance appraisal.

# 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. | Non-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

This Quality Standard is assessed as non-compliant as 8(3)(d) is assessed as non-compliant.

The service was found non-compliant with this requirement 8(3)(d) during an assessment contact in March 2022. The identified deficits included the service not applying the organisation’s risk management framework effectively to manage clinical incidents, specialised clinical care, and reporting risks and incident data.

The service has risk management practices in place, however, the Assessment Team identified deficits where staff practice is not consistently managing high impact, high prevalence, risks for consumers and the assessments of risks (see Standard 3(3)(b)). The Assessment Team has identified deficits in risks assessments where consumers chose to continue smoking and use scooters (Standard 1.3(d)).

In their response, the Approved provider has stated all residents who chose to continue smoking will have a risk assessment completed and ensure the updated ‘Smoke Free Environment policy’ has been read by those who choose to smoke and request their signatures that they have understood. Memory Support Unit staff will be reminded of the process to follow should a resident or their representative request the door to be locked and appropriate documentation completed. The evidence compiled by the Assessment Team has persuaded me that these risks are not being consistently managed for each consumer at the service. Therefore, I find the service no compliant in Requirement8(3)(d).

I am satisfied the remaining requirements are compliant.

Consumers and their representatives said they are engaged in care planning and service provision are invited to attend resident/relative meetings. They said they are kept informed of any changes occurring in the service. The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivering and evaluating care, lifestyle and services.

The organisation has a suite of policies, procedures and work instructions that support and guide management and staff to provide a safe and inclusive culture for consumers and stakeholders. Management and staff were able to describe how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its involvement in this delivery.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance.

The service demonstrated clinical governance framework which includes oversight of antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service has documentation in place governing all 3 areas, and the Board is engaged in monitoring the service’s performance in these areas.

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)