Performance

Report

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| Name: | Mercy Place Albury |
| Commission ID: | 2667 |
| Address: | 578 Poole Street, ALBURY, New South Wales, 2640 |
| Activity type: | Site Audit |
| Activity date: | 4 June 2024 to 6 June 2024 |
| Performance report date: | 25 July 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 1025 Mercy Place Albury |

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 Mercy Place Albury (**the service**) has been prepared Tracey Clerke, 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 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 10 July 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 3(3)(a) – the service should ensure the delivery of safe and effective personal and clinical care that is tailored to the consumers’ needs and promotes their health and well-being including the management of each consumer’s personal care such as continence, changed behaviour, and weight loss.
* Requirement 6(3)(d) – the service must demonstrate feedback and complaints are consistently reviewed and utilise to improve quality of care and services.
* Requirement 7(3)(d) – the service must demonstrate staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards. The service has processes in place to identify, address and evaluate the ongoing training needs of staff.
* Requirement 8(3)(c) – the service must demonstrate the organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, and feedback and complaints.
* Requirement 8(3)(d) – the service must demonstrate risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers. The service has an incident management system that ensures effective monitoring, analysis and trending of incidents, and implementation of suitable risk mitigation strategies to prevent further incidents.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team report recommended that this Standard was not met due to identified deficits with Requirements 1(3)(a) and 1(3)(d). Deficiencies identified included:

* the service not demonstrating that consumers are treated with dignity and respect in difference aspects of care,
* consumers are not supported to make daily choices which can promote their quality of life.

Notwithstanding the Assessment Team report recommendation, following consideration to the Approved Provider’s response I have come to a different view.

With regard to Requirement 1(3)(a), the Assessment Team report identified through observation, and staff, consumers and representatives’ interview, deficiencies in relation to the provision of different aspects of care and staff interaction that has impacted consumers’ dignity and respect.

With regard to requirement 1(3)(d), the Assessment Team report noted some consumers and representatives expressed uncertainty of the opportunity to make daily choices that can enable them to live the best life they can, and staff interview did not demonstrate awareness of consumers who wish to access the community.

The Approved Provider submitted a response which provided further context around the comprehensive information provided to consumers on an ongoing basis in relation to raising any concerns with care provision and the process of taking risks to improve their quality of life. The response demonstrates additional actions which support ongoing objectives to address the previously identified deficits related to Requirements 1(3)(a) and 1(3)(d). It is noted that the service has provided additional evidence of risk care plans for identified consumers and some consumers who choose to undertake risks to live the best life they can. The Approved Provider’s response also included information completed during the site audit to address individual feedback with identified consumers, investigating further concerns raised related to specific circumstances. Some of the deficits identified on the Assessment Team report were known to the service prior to the site audit and ongoing actions have been implemented and evaluated including the identification of further staff education on respectful communication and workplace culture. In coming to my decision for these Requirements, I acknowledge the Approved Provider’s further context around the deficiencies identified and the actions they have taken to address the deficits, evidence of additional documentation provided with the response, and staff knowledge in relation to supporting consumers to live their best lives in ways meaningful to them. As a result, I find Requirements 1(3)(a) and 1(3)(d) as compliant.

I am satisfied the remaining four requirements are also compliant, consistent with the Assessment Team recommendations.

Consumers and their representatives expressed satisfaction that the care they receive is culturally safe. Staff provided examples of how they support consumers’ individual needs in line with the care planning documentation and described the process of identifying consumers’ family connections, cultural beliefs and preferred customs during the initial family discussions. Care planning documents describe consumers individual cultural requirements including personalised approaches and recognition of previous life experiences.

Overall, consumers and representatives said the service supports them to make choices, maintain relationships they choose to have, and decide how care and services are delivered to meet their needs. Staff described the people important to the consumers and strategies they implement to maintain their connections. Care planning documentation reflected relevant information on how consumers are supported to exercise choice and independence including with those who they choose to maintain relationships with. The service administers relevant systems and processes in place to ensure all consumers can exercise choice and independence.

Consumers and representatives confirmed they receive current and timely information enabling them to exercise choice including matters relating to service operations, such as special events, accreditation visits, and as well as monthly newsletters, daily menus, activity calendars and consumer meeting minutes. Staff described different avenues of how easy to understand and accessible information is communicated to consumers, including personalised strategies to communicate information to consumers with cognitive difficulties. The Assessment Team report included observation of information displayed and regular clear updates announced on speaker.

Consumers are satisfied their privacy is respected by staff and their information is kept confidential. Staff described how they maintain consumer privacy when providing care and demonstrated knowledge of the importance of maintaining consumers’ information confidential. The service has systems and processes in relation to maintaining confidentiality of information including password protected information management system and automatic shutdown of computers when not in use, locked drawers for paper files, training to staff on privacy, and ensuring consumer information is only provided to nominated person.

# 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

The Assessment Team recommended Requirements 2(3)(a) and 2(3)(e) were not met, however, I have come to a different view. The Assessment Team reported that the service was unable to demonstrate:

* assessment and planning are available to reflect the risks to consumer health, and strategies were documented to guide staff in the delivery of care.
* regularly reviewing care and services when incidents happen and changes in consumers care needs occur.

With regard to Requirement 2(3)(a), while consumers and representatives provided positive feedback regarding the effectiveness of assessments and care planning in identifying risks and the service has established policies and procedures for conducting assessments and developing care plans on a scheduled basis, the Assessment Team report and the service identified a number of assessments aimed at identifying consumer risks have not been promptly completed or addressed.

The Approved Provider response provided further context around identified concerns. I acknowledged that the refusal of the Assessment Team to receive evidence following the site audit is line with the Commission protocol. The Approved Provider response outlined the nature of the assessments that were identified as overdue for completion and indicated these are considered low risks to consumers’ care. Notwithstanding the potential impact of these to consumers’ health and wellbeing, however, the identification of the deficits by the service and the inclusion of this to the PCI will support ongoing oversight and update required to address the deficiencies identified. As a result, I find this Requirement compliant.

With regard to Requirement 2(3)(e), while consumers and representatives provided positive feedback about the review of their care and services, they indicated they are unaware if incidents are investigated by staff to identify the root cause. The Assessment Team report identified the lack of meaningful assessments and reviews when consumers’ conditions or needs change including when consumers experienced changed behaviour and weight loss.

The Approved Provider response provides evidence and information dated February 2024 to demonstrate the review and investigation of all consumers who experienced weight loss, and further context on the provision of the specialist recommendations through recording of information in the medication charts. The Approved Provider acknowledged documentation of actions and behaviour strategies was not optimal for consumers who were involved in the changed behaviour incident in April 2024, there were no further incidents recorded in the last 3 months. As a result, I find this Requirement compliant.

I am satisfied the remaining three requirements are also compliant, consistent with the Assessment Teams recommendations.

Consumers and representatives said care and services were planned around what is important to consumers and confirmed end of life wishes and advanced care planning discussions is undertaken at the initial care planning process during admission. Management and registered staff described the process of ensuring consumers’ needs, preferences, and end of wishes are captured and reflected in assessment and care planning documentation. A review of care files in relation to advance care planning reflected care tailored around consumers personal preferences and how they want to have their care delivered during the end-of-life phase. The service has policies and procedures to guide staff in relation to assessment and planning, including advance care and end of life care planning including a booklet and form provided to consumers or representatives to complete.

Overall, consumers and representatives described their participation and involvement of others who they wish to involve in the assessment, planning and review of their care. Staff and management discussed how the consumers, representatives, other health professionals and external health services collaborate to ensure the delivery of safe and individualised care. A review of care documentation reflects communication from representatives and input from other health professionals and management were able to describe how consumers are included in the partnering process during the care plan reviews.

Overall, consumers and representatives sampled described how staff regularly communicate relevant information and any changes in care and confirmed being offered a copy of their care plans or informed their availability as requested. Care documentation review and staff interview evidenced consumers’ assessment outcomes are communicated through care conferences and documented in the consumer’s care plan. The service’s response following feedback from the Assessment Team during the site audit included clarification of the care plan consultation process, feedback from representative, and further discussion with the representative to ensure care plan information is provided as requested.

# 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. | Not 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

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

The Assessment Team recommended Requirements 3(3)(a) and 3(3)(b), were not met as the service was unable to demonstrate:

* the management of each consumer’s personal care including continence, changed behaviour, and weight loss were aligned with best practice, tailored to their needs, or optimised their health and well-being.
* effective management of medication incidents and high impact/high prevalence incidents such as bruising.

With regard to Requirement 3(3)(a) consumers and representatives indicated they are satisfied consumers receive safe and effective for most areas of personal and clinical care, some consumers and representatives expressed concerns in relation to personal care including continence and hygiene that were not tailored to consumers’ needs, or optimised consumer health and well-being. The Assessment Team report identified weight loss and changed behaviour management has not been effective and safe which have put consumers at risk and had an impact to their health and wellbeing. One consumer identified with chemical restrictive practice did not have informed consent completed, however, following the service identification prior to the site audit, the medication was ceased as it has not been used for 2 years.

The Approved Provider response provided further context around identified concerns. While I acknowledge that there is evidence and information to support the Approved Provider’s action to address the concerns raised in relation to the lack of appropriately sized continence aids, and the completion of updated behaviour support plans for sampled consumers, there is ongoing concern on the contemporaneous implementation of recommended care strategies in relation to consumers’ personal care impacting consumer’s weights and well-being. As a result, further time is required to ensure effective implementation and to embed these practices, and to undertake evaluation for effectiveness. As a result, I find Requirement 3(3)(a) not compliant.

With regard to Requirement 3(3)(b), the service did not demonstrate effective management of high impact high prevalence risks to consumers including risks associated to their skin integrity and medication management. The Assessment Team report noted incidents are not appropriately investigated and interventions to minimise risks were inadequate.

The Approved Provider response provided further context and evidence of incident investigation, progress notes entry for one consumer sampled, and the Approved Provider indicated there were no medication incidents that resulted to harm to consumers. The Approved Provider response also included the organisation’s process in relation to reporting and recording bruising as an incident. It is acknowledged that the organisation is implementing a new end-to-end incident management system in the last quarter of 2024 which includes a whole separate section for bruises. As a result, I find this Requirement as compliant.

I am satisfied the remaining five requirements are also compliant, consistent with the Assessment Teams recommendations.

Consumers and representatives confirmed staff communicate with them and discuss consumer needs, goals, and preferences when nearing end of life including pain management and further treatment they wish to have. Staff described the palliative care pathway and how they support consumers nearing end of life with the resources that are available. A review of end-of-life care for sampled consumers who are at the end of life and consumers who recently passed away at the service demonstrated their needs and preferences were provided in line with their wishes. The service has in-service palliative care specialist available to review consumers and policies and procedures are available to guide staff in managing consumers on end-of-life care.

Consumers and representatives are confident staff manage and respond to consumer deterioration promptly. A review of documentation reflected appropriate actions taken in response to deterioration or change in a consumer’s health status. Management and staff interview described guidelines and training for recognising and responding to deterioration in consumers’ condition provided to relevant staff. The service demonstrated how deterioration or change in a consumer’s condition is recognised and responded to in a timely manner and communicated to consumers and representatives.

Consumers and representatives interviewed indicated consumers’ needs and preferences are effectively communicated in a timely manner and that they do not have to repeat information to advise staff changes in consumers’ care. Staff were able to describe the process of information sharing during the shift handover and through staff meetings and how changes are documented in progress notes and the handover sheet. Care documentation reflected information regarding the consumer’s health status, needs, and preferences are communicated with others who share responsibility for care. The service demonstrated how information is effectively shared with external services involved in care as required. A range of avenues was observed to ensure communication of consumer care needs is effective including shift handover, and the use of clinical software system to alert staff of time sensitive messages.

Consumers and representatives confirmed access and referral to relevant health professionals such as allied health professionals, medical officers, local hospitals, pharmacies, emergency services, and specialist services when required. A review of care documentation reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff interviewed described the process of referral to the medical officer, other allied health professionals, and external specialist services.

Consumers and representatives generally provided positive feedback with the service’s infection prevention and control practices and other outbreak precautions in place. Staff demonstrated understanding of the standard precautions as the minimum work practice required to achieve a foundation level of infection prevention and control and strategies they implement to minimise infection. A review of documentation evidenced consumers who tested positive for COVID-19 during the outbreak in March 2024 were provided with timely and appropriate treatment. The Assessment Team report noted delays in reporting COVID-19 outbreak to the Public Health Unit, I have considered this information in Requirement 8(3)(c).

# 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 provided positive feedback on the safe and effective support and services they receive from the service which optimise consumer independence, quality of life and well-being. Staff described knowledge of consumer needs and their preferred activities and identified consumers individual preferences including those who chooses not to participate in various activities. Care planning documentation identified consumer preferences and choices and the supports and services required to allow individual consumers to do the things they want to do. The Assessment Team report included observation of consumers engaged in a variety of social, leisure and lifestyle activities during the site audit and noted process of developing planned lifestyle events through various avenues including from consumer feedback and meetings.

Consumers and representatives described a range of services and supports available to promote their emotional, spiritual, and psychological well-being including regular church services and the availability of the service’s religious carer to provide them with one-on-one support. Staff demonstrated knowledge of and described strategies on how they promote and support individual consumers’ emotional, spiritual and psychological needs. Care planning documentation included information on emotional, spiritual and psychological needs and preferences. Lifestyle staff described how they will schedule regular one on one chats with consumers as part of their emotional care. The service has in-service pastoral care associate who described emotional, spiritual, and psychological needs and preferences of individual consumers.

Consumers are supported to participate in their community within and outside the service, maintain social and personal relationships, and do things of interest to them. Staff described the interests of individual consumers as well as consumer familial and personal relationships. Care planning documents, including those undertaken during the initial assessment process, identified consumer interests, goals, preferences, and family relationships. The service provides support to ensure social and personal relationships of consumers is maintained including supporting consumers who wish to access the community and have private meals with their families.

Overall consumers provided positive feedback that staff who care for them are aware of their needs and preferences, know when changes in their condition occurs, and effectively communicates their care with others who have shared responsibility of care. Staff said they are informed of changes to consumer needs and preferences through shift handover, alerts in the electronic management system, progress notes, and talking to consumers one on one prior to shift handover. Changes to a consumer’s needs or preferences are reflected in their care plan and progress notes and communicated through verbal handover. The Assessment Team report included observation of staff having conversation with consumers in their rooms in relation to their care prior to daily shift handover.

All consumers interviewed said they have access to other services should they desire, and appropriate and timely referrals are undertaken by the service. Lifestyle, clinical and care staff identified the involvement of others in the provision of support and services. This includes input from volunteers, representatives of faith, community groups, organisation’s foundation, allied health professionals, and specialist organisations including palliative services. The service provides additional support to consumers who do not have nominated representatives, and those who have suffered health and psychological decline through their in-service pastoral carer support and palliative care services.

Consumers provided mixed feedback about the provision of choice and quality of meals at the service. The service demonstrated that a variety of meals are provided with the menu adjusted following feedback from consumers during the consumer focus groups. The menu is prepared in consultation with a chef and has the oversight of the organisation dietitian. Consumer meals are offered in accordance with dietitian and speech pathology recommendations following clinical assessments as required. Care planning documents note consumers’ food needs, likes, dislikes and food allergies. Menu choice and alternative options are available at all mealtimes. The service’s response following feedback from the Assessment Team during the site audit included immediate actions to address the gaps identified including updating of the kitchen board to reflect the specific dietary needs of a consumer and reviewing of the service process in relation to providing consumers with meal options.

All consumers are confident, and the service mostly demonstrated that equipment is safe and suitable for consumer and staff use, clean and well maintained. Staff confirmed they have access to equipment when they need it and the Assessment Team report included observation that equipment is cleaned and appeared safe and well-maintained. The service’s response following feedback from the Assessment Team during the site audit included information that a new chair for the hair dressing salon have been ordered.

# 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

Consumers and representative said the service environment is welcoming, support personalised space for them to live comfortably, and confirmed they are able to spend private time with their representatives which promotes their sense of belonging. The service has 2 traditional wings and 7 households with their own kitchen, laundry, courtyard, and private space to enable consumers to maintain their independence and function. Although the Assessment Team report identified confusion in relation to way finding, this did not appear to have impact on any consumers. The service’s response following feedback from the Assessment Team during the site audit included the consideration of implementing updated signages around the service.

Consumers and their representatives provided positive feedback relating to the safety, cleaning, and maintenance at the service. The service is located on 2 levels with elevator accessible to consumers who wish to access both levels within the service. The Assessment Team report included observation of consumers moving inside and outside the service, accessing activities within the service and amenities between levels including the café on level one. The service’s door codes are clearly posted above the keypad at each door. Maintenance schedules detail both regular preventative and reactive maintenance and the service evidenced maintenance work which was completed within reasonable timeframes in line with the service’s systems and process in place.

The service generally demonstrated the furniture and equipment used at the service are safe, well-fitted, and suitable for consumer’s needs. Documentation, including preventative and reactive maintenance systems, demonstrated the ongoing monitoring and timely response by staff to required repairs at the service. The Assessment Team report noted the service immediately actioned during the site audit the identified issues in relation to consumers’ movement sensor equipment, sliding doors, and cleanliness of the covered balcony and windows.

# 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. | Not Compliant |

Findings

I have assessed this Quality Standard as non-compliant as one of the five Requirements 6(3)(d) is non-compliant.

The Assessment Team recommended Requirements 6(3)(c) and 6(3)(d), were not met, however, I have come to a different view. The Assessment Team reported that the service was unable to demonstrate:

* effective response and actions were taken to address complaints,
* review of feedback and complaints to improve the quality of care and services.

With regard to 6(3)(d), consumer and representative feedback varied, with concerns initially raised about insufficient staff and menu options, which were subsequently addressed by the service. However, representatives who had lodged complaints with the Commission did not perceive improvements in care and services and indicated the issues are ongoing. Complaints raised included medication incidents, specialist recommendation not adhered to, lack of communication from the medical officer and staff, and issues with consumer personal care.

The Approved Provider response included the development of a PCI outlining specific strategies to address complaints management, including the appointment of an independent feedback team to oversee and manage all complaints at the service until further notice. The PCI also outlined completed key actions including prioritising the service in the initial implementation of an electronic feedback system, reviewing and updating the service’s feedback register, education sessions for key personnel, and a satisfaction survey regarding feedback processes was distributed to all primary contacts. The PCI also included the overarching process which indicates complaints involving multiple elements will undergo independent review by the internal feedback team and quality team. It is acknowledged that significant work has been actioned and completed which is evidenced by the updated PCI, however, further time to ensure this approach is sustained is required. As a result, I find Requirement 6(3)(d) not compliant

With regard to 6(3)(c), mixed feedback from consumers and representatives was received in relation to the service response to complaints raised. While the service has put in place processes to respond to complaints generally, documentation review and consumer and representative interview identified outstanding complaints from consumers which have not been acknowledged or actioned with an open disclosure process. Consumer and representative complaints relating to lack of incontinence aids which has not been addressed since March 2024 until the day prior to the site audit. Management acknowledged a consumer complaint was not recorded in the register, however, explained that feedback was provided to the consumer cohort including all consumers who were affected with the national shortage of continence aids.

The Approved Provider response demonstrated that the service has addressed the concerns raised, however, consumers and representative do not feel confident actions taken are sustainable. It is noted that these concerns had been raised previously and had significant impact on consumer experience, a contemporaneous resolution to the concerns may have reduced the impact to those involved. Notwithstanding this, with consideration to the available information, and the Approved Provider response, I find this requirement compliant.

I am satisfied the remaining two requirements are also compliant, consistent with the Assessment Teams recommendations.

Overall, consumers and representatives said they are aware of the complaints process, the location of the feedback and complaints forms, and are comfortable making complaints. Complaints can be made by completing a complaints form, attending the consumer’s meeting or speaking directly to clinical and care staff or management. Management described a range of avenues consumers can raise their feedback and complaints including their open-door policy, through case conferences, and one on one discussions with staff or management. Staff indicated the process of responding to consumers who requires assistance to raise a complaint including providing immediate solution if within their scope, escalating to the registered staff, and encouraging consumers to use the feedback form. The Assessment Team report included observation of feedback boxes located around the service.

Consumers and representatives are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints within and outside the service. Staff identified advocacy and language services posters and contacts available to consumers and described the process on how they would support consumers to access this information. A review of documentation evidenced information sessions on advocacy services and consumers rights was provided to consumers during the consumer and representatives meeting.

# 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. | Not Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as one of the five Requirements 7(3)(d), is non-compliant.

The Assessment Team recommended Requirements 7(3)(b), 7(3)(d), 7(3)(e) were not met, however I have come to a different view. The Assessment Team reported that the service was unable to demonstrate:

* kind, caring, and respectful interaction with consumers,
* staff are trained and equipped to deliver appropriate care to consumers.
* regular review of workforce performance.

With regard to Requirement 7(3)(d), while all interviewed staff confirmed receiving induction upon commencement of employment, including online mandatory training, the Assessment Team report identified deficiencies including low completion rate of mandatory manual handling training and low participation in attendance for pressure injury training. The Assessment Team report also noted gaps in staff knowledge in relation to infection prevention including urinary tract infection identification and training not provided relevant to antimicrobial stewardship and following medication incident.

The Approved Provider response provided further context and information around identified deficits. It is acknowledged that the response included evidence of training schedule reflecting further education on wound management, and the Approved Provider acknowledged the deficiencies in relation to the provision of mandatory manual handling training. The Approved Provider outlined further explanation of the changes in the mandatory training schedule and the planned action to implement a new human resource system aimed at improving tracking of education completion rates, particularly focusing on enhancing follow-up procedures for mandatory training, however, the high volume of staff not completing the mandatory training is significant. As a result, I find Requirement 7(3)(d) not compliant

With regard to 7(3)(b), while most consumers stated staff were kind and caring, there were documented instances and consumer interview where staff behaviour did not align with kindness, care, and respect. The Assessment Team report identified the service did not demonstrate identification and follow up of complaints and incidents reported relevant to staff interaction with consumers. Interviews with consumers and staff highlighted feedback where management were rude and disrespectful towards consumers and staff used inappropriate language to address a consumer.

The Approved Provider response submitted demonstrated general context of the deficits raised have been identified prior to the site audit and actions have been taken to address the deficits including the ongoing performance management of particular management and staff education on respectful communication and workplace culture is underway. While it is acknowledged consumers have stated how the deficiencies have impacted their care, I am reassured that the implemented actions address these concerns. As a result, I find this Requirement compliant.

With regard to Requirement 7(3)(e), management conducts annual performance reviews aligned with each staff member’s anniversary start date. A new electronic human resources system is planned to enhance scheduling and ensure compliance with organisational standards. However, the Assessment Team report identified incident including staff aggression and Schedule 8 medication errors that has not been adequately followed up. Documentation review identified that clinical meeting minutes lacked essential information or contained inaccuracies, revealing inconsistencies in the service’s processes.

The Approved Provider response provided further context in relation to the implemented actions taken prior to the site audit to address the identified concerns including the management of the two employees involved in the incident of staff aggression through the human resource process. The Approved Provider also acknowledged the concerns raised in relation to the key personnel performance and is implementing strategies on-site to address these issues including performance management and deployment of senior management to manage the service. Notwithstanding the potential impact of the deficiencies in the key personnel performance to consumer care, with consideration of the available information and the actions taken by the Approved Provider as part of their commitment to improving operational effectiveness and staff accountability within the organisation, I find this Requirement as compliant.

I am satisfied the remaining two Requirements are compliant, consistent with the Assessment team recommendations.

Consumers and representatives interviewed mostly said they are happy with the current staffing levels which is designed to support the service's two care models. The workforce is planned and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. The service outlined staff recruitment initiatives including consultation with their peak body, overseas nurse sponsorship, and a new graduate program. A review of documentation and management interviews identified issues in relation to call bell response time monitoring. The service’s response following feedback during the site audit included the actions taken to investigate and analyse the issues with call bell response time including a time in motion study of the evening shifts which identified that staff were able to perform their roles effectively and were involved in the development of new duty lists.

Consumers and representatives indicated their confidence that staff have skills and knowledge to perform their tasks. Staff have relevant qualifications to perform their roles including two staff who completed Infection Prevention and Control training. Ongoing monitoring of staff skills and qualifications occurs, including competencies for relevant staff. The Assessment Team report identified some knowledge gap in relation to areas of infection prevention and control and antimicrobial stewardship and staff performance following medication incident, I have considered this information under Requirement 7(3)(d).

# 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. | Not 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. | Not Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as two of the five Requirements 8(3)(c) and 8(3)(d), are non-compliant.

The Assessment Team report recommended Requirements 8(3)(c) and 8(3)(d), were not met. The service was unable to demonstrate:

* effective organisation wide governance systems relating to continuous improvement, information management, and feedback and complaints.
* often not a sufficient investigation or analysis of the incident to prevent further occurrences and minimise risk to consumers.

With regard to Requirement 8(3)(c), while the organisation described having governance systems for continuous improvement, information management, and feedback and complaints, they were unable to demonstrate effective implementation of these systems in practice. Management indicated that the organisation has established processes for addressing these areas, however, the Assessment Team report identified several significant deficiencies in relation to availability and consistency of information, recording and completion of concerns outlined in the Plan for Continuous Improvement (PCI), the increased number of complaints at the service in last 6 months including complaints made to the Commission, and the delay in reporting of COVID-19 outbreak.

The Approved Provider submitted a response adding further context and clarification around identified concerns. While it is acknowledged that the Approved Provider refuted some of the evidence outlined in the Assessment Team report, and the response outlined the process of managing the organisation wide PCI and the actions implemented to minimise medication incidents, there continue to be concerns related to the overarching principles associated with the effective management of feedback and complaints. It is acknowledged that significant work has been actioned which is evidenced by the updated PCI, however, further time to ensure this approach is sustained is required. As a result, I find Requirement 8(3)(c) not compliant.

With regard to 8(3)(d) while the existing organisation risk management system is effective in capturing information; the service was unable to demonstrate effective investigation or analysis of incidents to prevent further occurrences and minimisation of risk to consumers including incidents of abuse and neglect to consumers. Management indicated the organisation has an established system and processes for identifying and managing high-impact or high-prevalence risks associated with the care of consumers and effective management of incidents. The Assessment Team report identified skin integrity issues, staff practices, and medication incidents were inadequately managed. The Assessment Team report also noted inaccurate reporting of incidents including Serious Incident Response Scheme (SIRS). While the service manager had the capability to analyse call bell wait times through the system, senior management acknowledged this had not been done.

The Approved Provider’s response added further context and clarification around identified concerns. To address high-impact, high-prevalence risks such as bruising, management took proactive measures including thorough skin checks with consent from consumers, weekly nurse checks of wounds, and staff education sessions. Strategies were also put in place to address medication incidents and staff practices, aiming to improve knowledge and practice standards. While it is acknowledged that the response refers to the organisation wide process in place and the inconsistency of information outlined in the Assessment Team report, there continue to be concerns related to the overarching principles associated with the identification, managing, and prevention of incidents. It is acknowledged that the organisation PCI included implementation of a new incident management system, however, this has not been completed. Further time is required to ensure this approach is implemented and the current system is effectively implemented. As a result, I find Requirement 8(3)(d) not compliant.

I am satisfied the remaining three Requirements are compliant, consistent with the Assessment Team recommendations.

Consumers are able to provide feedback to staff and management about their care and services and feel included and supported. The organisation has a number of mechanisms in place that it uses to engage consumers in the development, delivery and evaluation of care and services that include consumer participation in the consumer advisory group, consumer meetings, food focus meetings, case conferences and care plan evaluation. The Assessment Team report included observations on information displayed on the communication boards in relation to scheduled meetings and the committee members. The service evidenced implemented improvement actions following discussion with consumers including providing fob access to the reception area and dividing spaces to provide more accessible spaces for consumer gatherings or activities.

Consumers feel safe and are living in an inclusive environment where they are provided quality care and services. An organisational structure, including their sub-committees, govern the delivery of quality care and services across the organisation. The organisation’s quality advisory committee is advised by the service specific quality meetings which address quality and safety data. Interview with senior management identified improvements made in consultation with the Board to ensure safe and quality care in relation to wound management, falls prevention, and medication management.

The organisation demonstrated an effective clinical governance framework which includes oversight of minimising use of restraint, antimicrobial stewardship, and open disclosure. The framework outlines clinical meetings where issues, concerns and trends are identified, analysed, investigated and reported at the board level. Staff interview and documentation review demonstrated training in response to clinical and care issues is undertaken. Management and staff were able to describe how open disclosure is practiced when incidents occur, and things go wrong.

1. The preparation of the performance report is in accordance with section 40A – site auditof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)