Performance

Report

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| Name: | Mercy Place Ave Maria |
| Commission ID: | 3269 |
| Address: | 25 Graham Street, SHEPPARTON, Victoria, 3630 |
| Activity type: | Site Audit |
| Activity date: | 12 February 2024 to 15 February 2024 |
| Performance report date: | 4 April 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 2027 Mercy Place Ave Maria |

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 Ave Maria (**the service**) has been prepared by Jodie Earnshaw, 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 20 March 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(a) – Ensure the service conducts assessments and planning, including consideration of risks to the consumer’s health and well-being, that informs the delivery of safe and effective care and services. Relevant risks to a consumer’s safety, health and well-being to be assessed, discussed with the consumer, and included in planning a consumer’s care.
* Requirement 2(3)(e) – Ensure care and services plans are up-to-date and meet the consumer’s current needs, goals and preferences.
* Requirement 4(3)(b) – Ensure consumers are provided with services and supports for their emotional, and psychological well-being.
* Requirement 7(3)(a) – Ensure the service’s workforce is planned to enable the delivery and management of safe and quality care and services and allocates staff to support continuity of care and services and build relationships of trust with consumers.

# Other relevant matters:

I have considered the information included in the Site Audit report alongside the Approved Provider’s response and compliance history. I have balanced the information available, weighted against both positive and negative feedback from consumers and representatives. I have found some areas compliant due to the body of evidence in the Approved Provider’s extensive response, but I have also elected to focus on the non-compliance in the most relevant requirements.

# Standard 1

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

Findings

Consumers and representatives advised staff treat consumers with dignity and respect. Staff were observed engaging with consumers in a dignified and respectful manner and understood the consumers’ identity and cultural background.

Care documentation reflected the history and background of consumers and what was important to them to maintain their identity. The Service has an Equity and Inclusion Policy to guide staff practice.

The Service delivers culturally safe care and services through supports provided to consumers that meet their recognised needs and expectations with community, cultural customs, beliefs and planning of care and services.

Staff were able to describe how consumers' diverse backgrounds influence the delivery of care and services provided to them. The service has access to Translating and Interpreting Services as necessary and flyers for this service are displayed in the reception area of the service.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. The Service had policies relevant to Consumer Rights and Responsibilities and decision making to guide staff practice to support consumers with choice, and decision making.

Consumers felt they could communicate their decisions, make connections with others, and maintain their relationships of choice. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services.

Consumers were supported by staff to take risks and live their best life. Care documentation described areas in which consumers were supported to take risks, with risk assessments completed and strategies for managing risks included in care directives for staff to follow. Examples of such risks are consumers who use mobility scooters to access the community and those who choose to smoke. Risks were assessed and discussed with consumers and /or representatives, and dignity of risk documentation was in place as necessary which identified risks and included strategies to mitigate the risk.

However, the Site Audit report raised areas where the service had not identified nor supported one named consumer to take risks related to alcohol consumption.

The Approved Provider, in its response, refuted the Assessment Team recommendations and described how the service has managed this situation, including how clinical staff determined this situation did not require a formal Dignity of Risk process as the service does so where a consumer chooses not to follow the advice of a healthcare professional, which the response advised, in this instance is not the case. The response demonstrated documented evidence to support that the service has maintained compliance under this requirement and provided examples of additional actions taken including an updated risk assessment for the named consumer.

The Approved Provider’s response also refutes the Site Audit report information in relation to one named consumer’s falls causation and details how Dignity of Risk training is included in the local orientation day that all clinical and care staff undertake within the first four weeks of commencing at the service. The response demonstrated documented evidence to support that the service has maintained compliance under this requirement including providing supplementary evidence of documentation related to falls for one named consumer.

I am satisfied that adequate consideration to risk management and dignity of risk processes are occurring and training and information is available to staff, for consumers who are or wish to engage in risk taking activity of their choosing.

Consumers were provided with information enabling them to make informed decisions about their care and services and exercise choice in how their needs, goals and preferences were met. Consumers reported satisfaction with the information provided by the service, and that information was easy to understand and helped them to make informed choices.

Whilst consumers overall reported their privacy and dignity was respected by staff and staff described how they maintained consumers’ privacy when providing care; the Site Audit report raised areas where consumer feedback revealed not all staff were consistently respecting consumers' privacy by not always knocking on consumer doors prior to entering the room. The Site Audit report also raised that staffing areas that hold sensitive and confidential information was not consistently secure as per the service procedure.

The Approved Provider’s response acknowledges the observations by raised in the Site Audit report and details how the organisation’s information management systems ensured consumer information was kept confidential. The response describes the actions taken to maintain compliance under this requirement including electronic communication to staff and internal consumer satisfaction surveying.

I am satisfied that adequate measures have been taken to ensure consumer privacy is respected and their personal information is kept confidential.

Staff are guided by an organisational privacy policy which specified how information was collected and managed to ensure the organisation’s protection of information.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response. I am persuaded by the Approved Provider’s response that adequate measures are in place or have been taken to ensure compliance under this Standard. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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. | Not 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. | Not Compliant |

Findings

The organisation had policies and procedures in regard to assessment and planning and relevant to this standard to guide staff practice.

Overall, consumers and representatives expressed satisfaction with assessment and care planning processes which result in the delivery of safe and effective care and services to consumers. However, one named representative expressed dissatisfaction in the care planning process, specifically in relation to risk related to health conditions of the consumer.

Whilst care documentation reflected the consideration of potential risks to consumers’ health and wellbeing, the Site Audit report raised areas where the service had not identified risks for a second named consumer in relation to alcohol consumption.

Overall, the service demonstrated a consistent approach to assessment and care planning is undertaken with consideration of risks and included the use of validated risk assessment tools to identify risks to consumers and inform care documentation which provided strategies to minimise risk to consumers. However, some care planning documentation identified diabetes and oxygen management assessments had not been completed for all consumers. The Approved Provider’s response advised relevant information for the management of the named consumer's conditions was available to staff but acknowledges the gaps raised in the Site Audit report and of actions under consideration to remedy the deficiencies identified.

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers’ care and services, including consideration of consumer’s wishes for end-of-life care.

Staff were able to describe assessment and care planning processes and how consultation occurs with the consumers and representatives. Care documentation evidenced the involvement of the consumer, those the consumer wishes to be involved, and the outcomes of assessments were documented within the care and services plan.

The service had an electronic care management system. Review of consumer care documentation identified assessment and planning included the consideration of individual consumers’ risk and reflected the consumer’s current needs, goals and preferences, including advance care planning.

Consumers and representatives said staff discuss consumers’ care needs with them and are informed of the outcome of assessments. Care documentation detailed other organisations including Medical Officers and other allied health services were involved in the assessment and planning for consumers.

The service conducts a ‘Resident of the day’ process where a 6-monthly consumer care needs review and analysis is undertaken, in consultation with the consumer and /or representative. Some consumers and representatives reported not having received a copy of care planning documentation or being offered case conferencing meetings by staff at the service.

The Approved Provider, in its response, disagreed with the Assessment Team's recommendations and described how consumer review and consultation occurs. The response demonstrated documented evidence to support that the service has maintained compliance under this requirement and provided examples of additional actions taken including:

* communication to clinical staff to ensure case conferences and the offering of care planning information is documented.
* Senior clinical staff to conduct regular clinical file reviews to ensure appropriate actions have occurred and are documented.
* Ongoing work on the electronic care management system for improved functionality
* Implementation of a case conference schedule

I am satisfied that adequate measures have been taken and planned to ensure outcomes of assessment and planning are effectively communicated.

Staff said they have access to care planning information through the electronic care management system and were able to describe the care planning review process and advised care planning documentation was reviewed every 6 months. However, the Site Audit report identified in some consumer care documentation that when circumstances changed or when incidents occurred there were gaps in documentation and care planning processes.

Whilst the service demonstrated care plans are reviewed regularly and the ‘the Resident of the Day’ process, several care plans or assessments were overdue for review or not reflective of a change of circumstances or incidents impacting the needs of consumers.

Registered staff reported having insufficient staff to complete all required assessments and care plan updates.

The Approved Provider, in its response, acknowledges assessments and care planning is not consistently reviewed in the 6-month time frame, due to a lack of registered nurses. The response demonstrated a commitment by the service to implement ongoing actions including:

* Ongoing consumer assessment by implementation of an action plan and schedule to ensure care planning information is current.
* Ongoing recruitment of registered staff.
* The service has implemented changes to its diabetic management treatment plan and care modules.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response.

I am persuaded by the Approved Provider’s response that adequate measures are in place to ensure outcomes of assessment and planning are effectively communicated. However, I am satisfied the service has not consistently applied consideration of risks to the consumer’s health and well-being and reviewed care and services when circumstances change or when incidents occur to inform the delivery of safe and effective care and services.

Improvement measures implemented and committed to will take time to be embedded and evaluated for effectiveness. Therefore, it is my decision that requirements 2(3)(a) and 2(3)(e) and the overall quality standard are not compliant.

# 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. | 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

Consumers and representatives did not all consider consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences. Whilst staff were aware of the personal and clinical needs of consumers and how to meet those needs, they reported personal and clinical care provided was not always tailored to consumer’s needs and was not always reflective of their current needs and preferences due to workforce pressures and handover practises.

Management reported staff are aware of consumer needs and preferences through multiple processes including handover, care planning documentation, message boards and staff have access to policies that reflect best practice. Whilst, as previously discussed care planning/ assessments are not all up to date, overall consumer care documentation demonstrated for most consumers, effective assessment, management and evaluation of clinical care needs including restrictive practices, falls risk, wound care and pain management.

Whilst one consumer had a wound incorrectly categorised, the Site Audit report found that wound care management is generally completed as prescribed and consumers whose wounds require escalating are referred to specialist wound services as required.

The service was able to demonstrate consumers experiencing chronic pain receive regular pain assessments and evaluation, through a suite of assessment tools. Care documentation included both pharmacological and non-pharmacological interventions recorded, and staff identified a number of ways they recognised pain in consumers.

Assessments, informed consent from consumers and /or representatives and monitoring were demonstrated where restrictive practises were in place. Individualised behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register. Care documentation confirms where restrictive practises are applied, regular review and input by the Medical Officer and other external support services occur as required.

The Approved Provider, in its response, disagreed with the Assessment Team's recommendations and provided supporting evidence of how the service has maintained compliance under this requirement and provided examples of additional actions taken including:

* previous communication with one named consumer around care and complaints raised.
* documentation provided to clarify consumer needs and health conditions.
* Senior rostering and human relations staff will hold a clinical and care staff meeting without management present to determine staff concerns, discuss how the service determines the roster to be adequate, and to advise staff of assistance available to them.
* an improved handover document was implemented on 19 March 2024: providing staff with increased information about more areas of the consumer’s care.
* introduction in December 2023 of new classification decision-making tools for pressure injuries, skin tears, arterial and venous ulcers and incontinence-associated dermatitis to support improvement in classifications.
* updated Skin Integrity Care Module and wound management was the Learning Calendar topic for January and February 2024.
* clinical staff to ensure case conferences and the offering of care planning information is documented.
* Senior clinical staff to conduct regular clinical file review to ensure appropriate actions have occurred and are documented.
* Ongoing work on the electronic care management system for improved functionality
* Implementation of a case conference schedule

I am persuaded by positive consumer feedback on the clinical care and services provided as well as the response by the Approved Provider, that the service is ensuring that safe and effective personal care is delivered to consumers. I have considered the matters raised related to staffing under requirement 7(3)(a). I would encourage the service to continue to liaise with the named consumers and representatives to ensure satisfaction with the care and services received by the consumers.

The service has effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. The service has a suite of policies to guide staff in the identification and management of high-impact and high prevalence risks associated with the care of consumers. Management identified falls, skin integrity and medication incidents as the Service’s current high-impact high prevalence risk associated with the care of consumers. I note the Site audit report raises deficiencies under requirement 3(3)(b) however I consider the Approved Provider’s response and other areas of this report has addressed these issues sufficiently.

Care documentation mostly identified consumers at risk, and staff were able to describe risks to the consumers including falls, and the risk mitigation strategies to support consumer care delivery.

The Service had policies and procedures which guided staff practices in relation to the management of consumers requiring palliative and end of life care. Care planning documentation demonstrated consumer’s end of life wishes are recorded to guide staff to support end of life care.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition. Clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions. Consumers and representatives said consumers receive the care they need and that the service is responsive to changes identified to consumers’ health.

Consumers and representatives were not confident that consumers’ needs, and preferences were known by and effectively communicated between staff. Staff described the ways in which information was shared amongst staff, including within the electronic care management system, through handover and staff meetings. However, staff raised these methods are not consistently effective. The Approved Provider, in their response, described how handovers occur at the service and committed to ensuring all staff are aware of how and where to access detailed handover information. I also note other areas of the Site Audit report that demonstrates that consumers’ needs, and preferences were known by and effectively communicated between staff.

Some consumers and representatives reported satisfaction with the care consumers receive at the service which included timely referrals to specialists involved in consumer care. Consumers have access to relevant health professionals, such as allied health practitioners and other medical specialists. Referrals of an appropriate nature are timely and occur when needed. The Site Audit report provided some examples where this was not always the case, however, the Approved Provider’s response under this and other requirements has addressed these concerns sufficiently.

Consumers and representatives stated they are satisfied with infection control practices at the services. The service has an Infection prevention and control lead and documented policies, and procedures, to guide staff practise in relation to COVID-19, antimicrobial stewardship, and infection control. Staff described the ways the Service ensured minimisation of infection related risks including the use of personal protective equipment, hand hygiene and pre-entry screening to the Service.

The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, staff education and through standard transmission-based precautions to prevent and control infection.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response. I am persuaded by the Approved Provider’s response that adequate measures are in for the provision of personal care and clinical care. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# 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. | Not Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said staff supports the consumers to maintain their independence, the service’s lifestyle program supports consumers’ lifestyle needs, and staff assists consumers to be as independent as possible. One named consumer reported not feeling supported to attend activities due to their health condition. The Approved Provider, in its response, refuted the Assessment Team recommendations and demonstrated documented evidence to support that the service has maintained compliance under this requirement and provided examples of additional actions taken including:

* provided the consumer leisure care plan detailing the consumer's choice not to attend activities at the service.
* consultation with the named consumer and an updated leisure assessment with planned changes to one-on-one support as per the consumer’s preferences.

I am satisfied that adequate measures have been taken to support the named consumer and maintain compliance under this requirement.

Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Care documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. The Service’s regular activities program was inclusive for all consumers catering for different needs and interests; and included a variety of activities and entertainment.

Whilst most consumers were provided with emotional, spiritual, and psychological support when needed, three consumers expressed dissatisfaction with the emotional and spiritual support provided. Care documentation demonstrated these consumers had not received emotional and spiritual support recently. Pastoral Care plans were identified in the Site Audit report as being overdue. The Approved Provider’s response advised, whilst the named consumers had not specifically requested support, it was expected that support would have been offered to them. The response did not provide any information on further support offered or planned for these consumers.

The service holds non-denominational spiritual services weekly and provides weekly community outings such as attending the hydrotherapy pool. The service operates a bus with varied outings 4 times per week.

Consumers were supported to stay connected with people important to them and to do the things of interest to them. Consumers were observed to be engaged in activities and receiving visitors at the service.

Consumers reported they felt information about their daily living choices and preferences was mostly communicated effectively and staff mostly understood their needs and preferences. Information about consumers was shared in a variety of ways and staff knew consumers’ individual preferences and organisations involved in their care. Care documentation for consumers provided adequate information to support safe and effective care as it related to services and supports for daily living.

Timely and appropriate referrals occurred to other individuals, organisation, or providers in collaboration to meet the diverse needs of consumers.

Consumers reported meals were varied and of suitable quality and quantity, that their dietary needs are catered to consistently and that alternate options are available.

Staff described how they ensure a variety of menu options to suit consumer preferences and dietary requirements. The service seeks consumer feedback, and a dietician conducts regular review of the seasonal cyclic menu. The service has processes and systems to comply with relevant food safety practises and regulatory requirements.

Consumers had access to equipment that was fit for purpose, and well maintained, to assist them with their daily living activities. The service has planned and reactive maintenance schedules which also includes the regular maintenance and cleaning of mobility equipment. Staff reported having access to suitable, safe and clean equipment, including lifestyle and activity items.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response.

I am persuaded by the Approved Provider’s response that adequate measures have been taken to maintain compliance under requirement 4(3)(a), however, I am satisfied the service has not consistently provided emotional and spiritual support to all consumers.

Therefore, it is my decision that requirements 4(3)(b) and the overall quality standard are not compliant.

# 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 described ways the service made them feel welcome and enables them to maintain their independence and a sense of belonging. Consumer rooms were personalised, with their personal belongings, including photographs, furniture and artwork on display.

Staff described ways in which consumers and their visitors are welcomed to the service and encouraged to engage in the community of the service.

Areas of the service environment supported the consumer's interaction and to be engaged. Service areas were easy to navigate and with fittings and furnishings appropriate to the function of the room.

Consumers were observed to be moving freely around the service including the use of mobility equipment or with staff assistance.

The service was observed to be presented in a clean, comfortable, and well-maintained manner. Consumers were observed to freely move around the service both inside and outside. Consumers reported the service was cleaned regularly. Cleaning and maintenance staff described the process to ensure all tasks were completed and monitored. The internal and external living environments enabled consumers to move around freely and undercover in the outdoor areas.

The service had effective systems and scheduling to ensure that furniture and equipment were safe, clean, and well maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were supported to give feedback or make a complaint and said they felt encouraged, safe and supported in doing so. Staff described processes in place to encourage and support feedback and complaints. Feedback forms were located around the service. Feedback is sought and discussed during consumer meetings.

Consumers and representatives said they are aware of advocacy and language services that are available to them. The service provides consumers with a ‘Resident Handbook’ which includes information on how to raise a complaint with external organisations.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy and translation services available for consumers and representatives. The service’s internal and external complaints mechanisms included a dedicated complaints electronic mail address where consumers and representatives can submit complaints information if they choose.

Consumers and representatives were confident management would address and resolve any concerns which were raised. One named consumer reported receiving an apology following lodging a complaint and one named consumer advised of an ongoing complaint management process with management.

The service maintains a feedback register demonstrating the review and actions taken in response to feedback or a complaint and how this information is used to improve the quality of care and services for consumers.

The service has an open disclosure procedure detailing the service’s responsibilities when dealing with a complaint and undertaking the open disclosure process. Staff demonstrated an understanding of the principles of open disclosure, and described how it is applied in their role.

# 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. | Not 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

Whilst the service has systems and processes in place to ensure there is sufficient staff rostered across all rostered shifts and call bell response times were monitored, some consumers and representatives considered staff response to calls for assistance was not provided in a timely manner. Staff considered there were insufficient staff to deliver care and services in accordance with the consumers’ needs and preferences.

Management described the process for ensuring the service is adequately staffed, including ensuring the planned roster allocations are met, however, Management advised the service requires more Registered Staff. Staff and consumers described instances of how the staffing levels have impacted on the care and service provided to consumers.

The Approved Provider, in its response, refuted the Assessment Team recommendations and provided examples of additional actions taken under this requirement including:

* provided a call bell response summary for named consumers. I note such a document does not conclusively demonstrate timely response is necessarily provided.
* Undertaking consultation with the named consumers and staff regarding concerns raised regarding staffing.
* Advised complaint data analysis demonstrates that the service has not received any complaints this financial year related to staff number or sufficiency.

I also note the response suggests staff culture contributes to consumer perception of insufficient staff. The response also states a meeting will be held with staff to discuss the roster, staff concerns and options available to them if they ‘continue to be unhappy with their employment’.

Consumers and representatives consider consumers received care and services from people who were kind and respectful. Staff interactions with consumers was observed to be respectful. Staff had a shared understanding of consumers and what was important to them.

Management described how they determine whether staff are competent and capable in their role, which included observations of performance, registered staff's current registration with their governing body, and completion of mandatory training programs. The service provides an orientation program and ‘buddy’ shifts for new employees.

Management described how the workforce is recruited, trained, and equipped to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, monitor staff performance, and professional registrations. Management reported staff are assessed and monitored through performance development reviews which are to be completed annually, however, acknowledged compliance with performance reviews was low. Management advised they commenced at the service mid-2023 and implemented an ongoing plan to complete all performance reviews.

Whilst the Site Audit report raises deficiencies and consumer dissatisfaction with staff training and knowledge, I am satisfied the service has adequate processes and systems to ensure the workforce is competent and recruited and trained to deliver the outcomes required by these requirements. I have elected to consider this information under Standard 3.

Furthermore, The Approved Provider, in its response, refuted the Assessment Team recommendations and demonstrated documented evidence to support that the service has maintained compliance under this requirement and provided examples of additional actions taken including:

* Implementation of a new electronic learning platform.
* Provision of staff training related to respiratory management including oxygen therapy.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response.

I am persuaded by the Approved Provider’s response that adequate measures are in place to ensure outcomes of requirements 7(3)(c), 7(3)(d), and 7(3)(e), are adequately maintained. However, I am satisfied the service has not consistently applied consideration to consumer satisfaction and outcomes related to a planned workforce that enables the delivery and management of safe and quality care and services.

Therefore, it is my decision that requirement 7(3)(a) and the overall quality standard are not compliant.

# Standard 8

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

Findings

Consumers and representatives advised the service is well run, they are engaged in the development of care and services, and they can partner in improving the delivery of care and services and overall expressed satisfaction with the care and services provided to them.

Management described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, feedback forms, food focus groups, audits and by providing direct feedback to management. Management provided examples of how improvements have been implemented as a result of consumer feedback.

Consumers reported the service was safe and promoted a culture of inclusive and quality care. The organisation’s governing body, the Board, promotes a culture of safe, inclusive and quality care and services. The Board is informed by various reports on the service, including monthly audits, clinical indicator data, complaints, incidents, and governance reports and is supported by the organisation’s sub-committees in the review of data and risk at the service. Staff advised they were able to access the information they needed to perform their roles and demonstrated an understanding of consumers with high-impact or high-prevalence risks.

The service was able to demonstrate established governance frameworks, policies and procedures that support the management of risk associated with the care of consumers.

Consumer feedback, audit and survey results, and the analysis of clinical indicators were used to inform continuous improvement activities. The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is generally planned to facilitate the delivery of safe and effective consumer care. Staffing has been considered under requirement 7(3)(a).

Management was able to demonstrate financial governance systems and processes and described examples of how additional budget was sought and granted for particular projects of benefit to consumers. The organisation monitored changes to legislative requirements and disseminated information to staff through staff meetings and electronic mail correspondence.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The Service had policies and procedures in relation to incident reporting which includes incidents to report under the Serious Incident Response Scheme. Staff demonstrated an understanding of these procedures and requirements. The Service records incident documentation within the electronic care management system.

The organisation has a clinical governance framework and practises which directs the service on how to manage high-impact and high-prevalence risks, antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how they are implemented within their daily practise.

Whilst the Site Audit report raised deficits under this standard, I am satisfied that the service has adequate organisational governance structures in place.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

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