Performance

Report

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| Name of service: | Mercy Place Ballarat |
| Service address: | 60 Corbett Street BALLARAT EAST VIC 3350 |
| Commission ID: | 4577 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 21 November 2022 |

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 Ballarat (**the service**) has been prepared by M. Nassif, 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.
* the provider’s response to the assessment team’s report received 23 October 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 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.
* Requirement 8(3)(d) - effective risk management systems and practices including managing and preventing 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

Consumers and representatives said staff treat them respectfully, particularly in relation to their culture and identity. Staff were observed treating consumers with dignity and respect and were familiar with individual consumer needs, preferences, and choices. These were also accurately reflected in care planning documents.

Consumers and representatives said service delivery is culturally safe. Staff understood consumers’ cultural needs and knew how to ensure daily care is delivered considering the consumer’s culture. Staff provided examples of learning languages spoken by consumers or a translation book to assist with communicating with consumers when delivering care.

Consumers and representatives said consumers were supported to exercise choice and independence, making decisions about their own care and to maintain relationships. Staff gave examples of how they supported consumers’ choices. The service had policies to guide staff on ensuring consumers choice and independence is optimised.

Consumers provided examples of how they are supported by the service to take risks. Staff described how they support consumers in taking risks and identified which consumers had chosen to and were supported in taking risks such as those who chose to smoke despite medical officer recommendations not to. Risk assessments were undertaken to ensure consumers understood the possible harm when making decisions about taking risks and included strategies to mitigate risks.

Consumers and representatives said they receive information, such an activities calendar and menu, to enable them to exercise choice. The activities calendar and menu was displayed around the service.

Consumers and representatives stated their privacy was respected and their information is kept confidential. Staff gave examples of how they respected the consumers’ privacy and ensured their personal information was kept confidential such as closing the doors and blinds when changing the consumers and not discussing the consumers’ needs with others in the open. This was consistent with observations.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives were satisfied with assessment and care planning processes, including consideration of risks. Clinical and care staff demonstrated knowledge of consumer's risks and described strategies to ensure safe and effective care. The service had policies and procedures to guide staff in assessment and planning of risk management. Care planning documents reflected assessments had been completed for consumers and where risks identified, individual interventions to minimise risks were incorporated into consumers care plans.

Consumers and representatives said they discussed with staff end of life needs and preferences of consumers. Staff described the needs and preferences of consumers, which aligned with consumer feedback and care planning documents.

Consumers and representatives confirmed they provide input into the assessment and planning process. Staff said they regularly liaise with consumers, representatives as well as other allied health professionals and the medical officer. This was reflected in care planning documents which evidenced the inclusion of multiple health disciplines and services into assessment and planning.

Representatives said they are updated on outcomes of assessment and planning and have been offered a copy of consumer’s care plans. Care planning documents evidenced communication with consumers and representatives regarding outcomes of assessment and planning and a copy of care plans had been offered and is readily available.

Representatives confirmed the service communicates with them following any change in circumstances or incident, including an update of any changes to the consumer's care plan. Review of care planning documentation confirmed they are reviewed every 3 months and staff follow a roster to ensure reviews are done in a timely manner.

# 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

The Assessment Team recommended Requirements 3(3)(b) and 3(3)(e) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(b), the Site Audit report brought forward the following deficiencies:

* Incidents were not recorded where two consumers were impacted by the behaviours of another consumer.
* No records of an incident recorded when one consumer was found with unexplained bruises.
* Care planning documents did not identify one consumers’ modified food and fluid requirements as specified by the speech pathologist, resulting in a risk of choking.

The deficiencies brought forward highlight issues in incident management and therefore has been considered under Requirement 8(3)(d) where it is relevant and found to be non-compliant. The deficiencies also highlight issues around management of consumers with challenging behaviour, however the Site Audit report did not bring forward sufficient information regarding management of the consumer’s behaviour to manage impacts the consumer’s behaviour is having on other consumers. Therefore, I am unable to form a view and hence have not considered this example.

The provider’s response did not address the consumer at risk of choking as their care planning document did not identify food and fluid requirements. However, the Site Audit report did not bring forward sufficient information in relation to the consumer’s care planning documents and incidents of choking to evidence that the service is not managing the consumer’s risk of choking. Therefore, I am unable to form a view and hence have not considered this example.

The evidence presented under this Requirement is insufficient alone to support that high impact and high prevalent risks are not effectively managed. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(b) compliant.

Regarding Requirement 3(3)(e), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement:

* Some staff said they did not always have time to document notes to inform others where delivery of care is shared with others.
* Some staff said they have insufficient time to read progress notes so are unaware of changes for consumers. The Site Audit report provided 2 examples of where staff were unaware of changes for consumers as they did not have time to read updated care planning documents. The examples showed that consumer’s needs were documented however staff members were not informed about the changes in a timely manner due to not having time as a result of insufficient staff. Therefore, the examples are considered under Requirement 7(3)(a), where they are relevant, to support a finding of non-compliance.

The provider’s response disputed the above deficiencies and stated staff are aware that their first task on the commencement of any shift is to review handover documents. The response evidenced training staff must undertake regarding the handover process which includes signing the handover sheet to acknowledge completion of the handover process. The handover sheet provided in the response was inconsistently completed. The response did not address the deficiency in relation to staff saying they have no time to document notes.

I consider the provider’s response is not persuasive. However, the Site Audit report did not bring forward examples of notes that were not documented by staff or any significant impacts the deficiencies have had on consumers. The evidence presented under this Requirement is insufficient alone to support that information about the consumer’s condition, needs and preferences is not documented and communication within the organisation. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(e) compliant.

I am satisfied that the remaining 5 requirements of Quality Standard 3 are compliant.

Consumers and representatives felt that consumers are receiving care that is safe and right for them and optimises their health and wellbeing. Staff reported they access senior staff to receive support and guidance in relation to best practice care and processes, or if care needs have changed. Care planning documentation reflects consumers are receiving individualised care that is safe, effective, and tailored to their specific needs and preferences.

Consumers and representatives confirmed the service supports consumers with the palliative care approach provided by the service. Staff were familiar with resources available to them to support consumers nearing end of life. Care planning documents evidenced end-of-life needs are met in line with consumer wishes and comfort is maintained.

Consumers and representatives said the service responded to changes or deterioration in consumers’ condition, health, or ability. Care planning documents reflected timely action taken in response to a deterioration or change in a consumer’s health. Staff described the escalation process in the event of identified deterioration.

Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described processes and examples of referrals to other services. Consumers and their representatives expressed satisfaction with access and referral to their medical practitioner and other health professionals as needed.

Staff demonstrated knowledge of infection control practices relevant to their duties. The service has access to a trained infection prevention and control lead and maintains a site-specific COVID-19 outbreak management plan. Staff were observed following infection prevention procedures, including the use of masks when interacting with consumers.

# 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

The Assessment Team recommended the Requirement 4(3)(f) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 4(3)(f), the Site Audit report brought forward the following deficiencies:

* Nine out of 12 consumers and representatives did not feel that meals provided at the service were sufficiently varied and of suitable quality and quantity.
* Meals were described as bland and boring with a lack of choices/variety on the menu.
* Staff were not familiar with consumers’ meal choices and preferences as reflected in care planning documents.

The provider’s response provided clarifying information in support of compliance. This included recent survey results which showed that, of the 50 consumers surveyed, most were happy with the variety, quality and quantity of food. The response outlined how consumers are offered choice in their meals and can request for a specific meal to be prepared. The response also outlined processes in place for staff to gain access to up-to-date information on consumers’ dietary needs and preferences.

I am persuaded by the provider’s response which demonstrated that meals are varied and of suitable quality and quantity. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(f) compliant.

I am satisfied that the remaining 6 requirements of Quality Standard 4 are compliant.

Consumers said they receive safe and effective services and feel supported by the service to engage in lifestyle activities to meet their needs and preferences and optimised their independence, health, and well-being. Staff were familiar with consumers’ needs and preferences as reflected in care planning documentation.

Consumers said their emotional, spiritual, and psychological well-being were supported by the service. Staff knew how to support consumers’ emotional and spiritual well-being. Care planning documents reflected consumers’ spiritual needs and how staff could support them and religious activities they wish to attend.

Consumers said the service provided support for their daily living by assisting them with outings to the outside community, to participate in activities that are of interest to them, and to maintain social relationships. Staff provided examples of supporting consumers to engage in a range of activities. Care planning documents reflected consumers’ preferences for lifestyle activities.

Consumers and representative stated staff were aware of consumers’ needs and preferences and felt that relevant information is shared as needed. Staff demonstrated understanding of the needs and preferences of consumers and how they go about obtaining and sharing the information such as through handover processes.

Staff and representatives confirmed consumers who were utilising other organisations to participate in activities. Care planning documents showed collaboration with external providers to support the timely referral of consumers to organisations and reflected the involvement of others in the provision of lifestyle supports.

Consumers said equipment provided was clean and well-maintained and staff described maintenance processes to address faulty equipment. Preventative and reactive audits were observed to be in place, up to date and occurring regularly in the service. Equipment in use was observed to be clean and well-maintained.

# 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 representatives said the service environment is welcoming and makes them feel at home. Staff described support provided to consumers to ensure they feel at home such as taking a consumer grocery shopping. The service was observed to be homely and consists of small groups of consumers living in a house-like arrangement, with each house having its own kitchen, dining and laundry area. A café, hairdressing salon, grocery store, chapel and pub is also available at the service.

Consumers said the service environment is clean, comfortable, and well-maintained and were observed accessing indoor and outdoor areas frequently. Staff confirmed consumers are not confined to their rooms and are free to walk around and outside the service. While fire safety doors were observed to be blocked by equipment, when raised with management a notice was sent to staff and the obstructions were removed immediately. The Site Audit reports notes that the service has experienced a few power outages in 2022 and management were unaware of an existing power outage emergency action plan in place. Management advised they are in the process of obtaining an onsite generator. No impacts on consumers as a result of power outages was identified and consumers said they felt sate in the service.

Consumers said furniture and equipment around the service was safe, clean, and well-maintained. Staff demonstrated an understanding of maintenance processes including reporting hazards and faulty equipment to maintenance staff. Maintenance logs evidenced that maintenance issues are actioned in a timely manner. Equipment and furniture were observed to be clean and well-maintained and the call bell system was working.

# 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

The Assessment Team recommended Requirements 6(3)(c) and 6(3)(d) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 6(3)(c), the Site Audit report brought forward the following deficiencies:

* Most consumers and representatives expressed concerns over staffing levels.
* Two consumers raised concerns around meals and there was no evidence these concerns were documented in the service’s feedback register.
* One consumer complained about mistreatment from another consumer however this was not recorded in the service’s feedback register.
* One representative complained of an incident where their loved one was impacted by the challenging behaviours of another consumer. There was no evidence of an apology from the service to the representative.
* One representative’s raised concerns about their loved one being out of bed more frequently and clothing not being labelled was not recorded in the feedback register. The representative said that despite raising their concerns with staff about their loved one not getting out of bed more frequently, nothing has changed.

The provider’s response provided clarifying information, including what the service considers to be a complaint and what are ongoing ‘operational conversations’. In relation to each of the deficiency raised above:

* The evidence provided in the Site Audit report does not clarify if concerns around staffing were recorded in the service’s feedback register. However, management appeared to be aware of staffing concerns and the response evidenced recruitment of additional staff and use of agency staff to address concerns. The effectiveness of additional recruitment is relevant to Requirement 7(3)(a) where this information has been considered to support non-compliance.
* In relation to concerns raised by 2 consumers about meals:
  + The response provided that for one consumer their concern was around food being bland which does not fit within the service’s definition of a complaint. The response further provided that the consumer’s preferences and dislikes were discussed as part of their nutrition assessment and care planning.
  + For the second consumer, the response clarified that the consumer had not previously raised concerns with staff about meals and first heard of this through the Assessment Team which is why the consumer’s concerns were not recorded in the feedback register.
* In relation to the consumer who complained about mistreatment from another consumer, the response provided that there was a personality clash between the 2 consumers and this concern did not fall within the service’s definition of a complaint.
* In relation to the representative who complained of an incident and was not offered an apology, the response stated there was a misunderstanding and an apology was given as soon as the misunderstanding was clarified. The Site Audit report only brought forward one example where open disclosure was not used. This appears to be an isolated event and no evidence of further occurrences was brought forward to suggest systemic issues of open disclosure not being used.
* In relation to the last representative raising concerns about their loved one not getting out of bed and issues around labelling clothing, the Site Audit report provided that the representative said they don’t like causing issues, so have not raises any concerns. Rather they speak directly to staff if they have concerns for an immediate resolution.

I am persuaded by the provider’s response and the evidence presented under this Requirement is insufficient alone to support that appropriate action is not taken in response to complaints and an open disclosure process is not used when things go wrong. Therefore, based on the evidence before me, I find Requirement 6(3)(c) compliant.

Regarding Requirement 6(3)(d), the Site Audit report brought forward the same deficiencies under Requirement 6(3)(c) which have been considered there as they are more relevant. The Site Audit report also outlined the service’s compliance action plan which lists a number of items that have not been started and that management explained that the plan was not up to date but did not provide further evidence of this. The provider’s response disagreed with this information and stated evidence was provided to the Assessment Team of updates of the compliance action plan.

The provider’s response included evidence that results of a consumer engagement survey was incorporated into the service’s continuous improvement plan to demonstrate feedback and complaints are used to improve the quality of care and services. Though the Site Audit report found that items on the service’s compliance action plan had not yet been started, I consider this evidence alone is insufficient to support that the service does not review and use feedback and complaints to improve the quality of care and services. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(d) compliant.

I am satisfied that the remaining 2 requirements of Quality Standard 6 are compliant.

Although 2 representatives raised concerns that their feedback may impact on consumer’s care, most consumers and representatives said they know how to provide feedback and would feel comfortable doing so. Staff were aware of their role in supporting consumers to raise concerns and management described the various ways consumers and representatives are encouraged to provide feedback or make a complaint.

While consumers and representatives were aware of external mechanisms to make a complaint, they said they felt comfortable approaching staff and management directly. Brochures and posters were observed displayed throughout the service providing information on internal and external feedback and complaints processes as well as contact information for external advocacy services. Staff described how they would contact advocacy and language services if they identified consumers who wanted to discuss issues or make a complaint via advocates or interpreters.

# 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Assessment Team recommended Requirements 7(3)(a), 7(3)(d) and 7(3)(e) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(a), the Site Audit report brought forward the following deficiencies:

* Twelve of 21 consumers and representatives said there was not enough staff or consistent staffing. Some consumers and representatives provided examples of impacts staffing levels had on the health and well-being of consumers. For example:
  + One representative said short staffing resulted in the transfer of their loved one to hospital post fall rather than managing their fall in house. The representative also said their loved one is not ready for outings as staff do not have time to assist them to get ready, despite the representative leaving notes in the diary regarding the consumer’s appointments.
  + Another representative said staff are very busy and do not have time to encourage their loved one to get out of bed. The representative said their loved one enjoys staying up late however they are put to bed early so they are not interfered with by consumers with challenging behaviours. The representative said their loved one needs to go to the toilet after evening meals however there are no staff to help them.
  + Another representative said staff are busy cooking and looking after consumers with behaviours of concern and would like to see more staff as the care needs of their loved one increases. The representative did not discuss the impacts staffing levels has had on the care and services their loved one received.
* Staff said staffing levels impact on their ability to read progress notes and consumer alerts, resulting in mistakes impacting on consumer safety. For example:
  + One staff member said they are rushed when doing medication administration rounds and have made medication errors whereby they did not know the consumer they were administrating medication to. Though there was no serious consequence to the consumer, the staff member was upset by this incident.
  + Another staff member said they administered the incorrect fluid consistency to a consumer as they were not aware of changes in the consumer’s dietary requirements until after the fact as they did not have time to read alerts prior to the commencement of their shift. There were no consequences to the consumer as a result of the incident.
* Call bell data evidenced timely responses however staff said they sometimes answer call bells promptly and advise consumers they will come back later as they are busy.

Management acknowledged that staffing is challenging and said they are continually recruiting. Management said they have used agency staff although sometimes agency have not been able to supply staff either.

The provider’s response addressed some of the deficiencies identified above:

* In relation to the first mentioned representative, the provider’s response clarified that though staff may have said to the representative the consumer was transferred to hospital so their fall could be managed their rather than in house, this is incorrect. The response stated that the consumer was transferred to hospital based on clinical assessment.
* In relation to the second mentioned representative, the providers response stated that consumers are provided with the opportunity to exercise choice and decide when they would like to get out of bed. The response also stated that the consumer is put to bed early as they appear tired and if the consumer did not want to go to bed staff would leave them, but this has not occurred. In relation to the consumer needing toileting assistance after meals, the response stated that sometimes both staff that are on shift are required to assist one consumer and therefore are not immediately available to other consumers.
* In relation to feedback from a staff member who said staffing levels has resulted in them making medication errors, the response stated that if staff really lacked knowledge on consumers there would be more medication errors. The response further stated that the provider believes the feedback came from a disgruntled staff member. In relation to the staff member who said they administered the incorrect fluid consistency as they were not aware of changes to the consumer’s dietary requirements, the response stated that all staff were asked about this incident and no staff members came forth. Therefore, the service was unable to provide any further comment.
* In August 2022, 15 new staff were employed across the service.

The response did not address call bells being answered promptly but staff telling consumers they will return later.

While I acknowledge the service had employed new staff prior to the Site Audit and utilise agency staff where they are available, evidence gathered in the Site Audit report for the Site Audit conducted 19-21 September 2022 shows there remains ongoing impacts of staffing levels on consumers, such as medication errors and consumers not receiving timely care and services. The response did not demonstrate a continuous improvement approach to address staffing levels.

The service did not demonstrate the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Therefore, based on the evidence before me, I consider Requirement 7(3)(a) non-compliant.

Regarding Requirement 7(3)(d), the Site Audit report brought forward the following deficiencies:

* One consumer said some staff need training on empathy.
* Staff stated that there is insufficient training in dementia and behaviour management. Management said the service previously had delivered face to face dementia training to staff, however, due to budget constraints, these had ceased.
* Training records demonstrated that not all staff had yet completed mandatory training for 2022. However, management advised that although staff had been completed training, records are not up to date due to data not being sent to human resources and maintains training records.

The provider’s response provided the following clarifying information in relation to the above deficiencies in support of compliance:

* The response clarified that the cost for training on dementia from an external provider was outside of the service’s remaining budget for 2022 but that training had been provided in house to staff identified as requiring training.
* Although not all staff have completed mandatory training, they have until 31 December 2022 to complete this.

While I acknowledge the feedback from one consumer that staff need training on empathy, this does not appear to be a concern raised by most consumers. The Site Audit report did not bring forward evidence of impacts lack of staff training has had on consumers.

The Site Audit report stated that consumers and representatives considered the workforce to be recruited, trained, equipped and supported to deliver care and service needs of consumers. Staff and management described ways in which online training can be accessed and staff consider the mandatory training equips them to deliver care to consumers.

The evidence presented under this Requirement is insufficient alone to support the workforce is not recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(d) compliant.

Regarding Requirement 7(3)(e), the Site Audit report brought forward the following deficiencies:

* Management provided statistics that 80% of staff had participated in a performance appraisal in April 2022 however no register was sighted. Management supplied copies of emails sent to staff in February and September 2022 reminding staff to complete their performance development review.
* Staff confirmed they were aware the performance appraisal process should occur annually; however, they had not participated in the appraisal process since commencement of their employment.

The provider’s response clarified that data on staff completion of annual appraisals sat with the corporate department of the organisation and not with the service. The response assumes that the staff who said they haven’t completed an appraisal process yet were either new staff or had not yet completed the process for 2022. The Site Audit report does not provide further information as to why staff had not yet completed their annual appraisal or the surrounding circumstances. Therefore, I am unable to form a view and hence have not considered this example.

The Site Audit report provided examples of staff files which evidenced staff performance is monitored and when complaints or issues arise these are discussed directly with the relevant staff.

The evidence presented under this Requirement is insufficient alone to support that each member of the workforce is not regularly assessment, monitored and reviewed for performance. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(e) compliant.

I am satisfied that the remaining 2 requirements of Quality Standard 7 are compliant.

Consumers and representatives expressed praise for the regular staff working at the service. Staff were observed engaging with consumers and their family members in a respectful and personable manner.

Consumers and representatives said staff perform their duties effectively and were confident staff are skilled to meet consumer care needs. The service demonstrated its recruitment process included checking the workforce has the appropriate qualifications to undertake their role.

# Standard 8

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

Findings

The Assessment Team recommended Requirements 8(3)(c), 8(3)(d) and 8(3)(e) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the Site Audit report stated the governance systems relating to continuous improvement, workforce management and regulatory compliance were found to be ineffective and had a negative impact on consumer care and services. For example:

* The service had a continuous improvement policy and procedure in place which guides the organisation to use their quality systems to identify, assess and implement quality improvement activities. However, not all input from the services quality systems, such as complaints and incidents, has been recorded.
* Staffing has been demonstrated as inadequate to meet consumer care needs.
* One serious incident was not reported through the Serious Incident Response Scheme (SIRS).

The provider’s response provided clarifying information in support of compliance:

* The service has an established organisational governance system in relation to continuous improvements, workforce governance and regulatory compliance.
* In relation to continuous improvements, incidents and complaints that have not been recorded reflects staff not following procedures and acting outside of the governance systems rather than an ineffective governance system.
* In relation to staffing, this is not a rostering issue but rather an inability to fill the roster at all times.
* In relation to not reporting one SIRS incident, this was not purposeful and was rectified as soon as the deficiency was identified.

There are organisational wide governance systems in place however the evidence provided shows there is a deficit at the service level in relation to documenting incidents and complaints, ensuring adequate staffing to delivery care and services in line with consumer needs and preferences and reporting all serious incidents through SIRS. I have considered this evidence under other requirements where they are more relevant, for example Requirement 6(3)(c) and 7(3)(a). Therefore, based on the evidence before me, I find Requirement 8(3)(c) compliant.

Regarding Requirement 8(3)(d), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement:

* Management confirmed they analyse incidents and identify issues or trends, and these are reported to various committees with final data going to executive level. However, not all incidents have been recorded in the services’ incident management system as they have not been identified appropriately by staff or management. The incidents not recorded were:
  + Two consumers were significantly impacted by the behaviours of another consumer, including being hit or verbal and physical aggression. One of those consumers had multiple incidents involving multiple consumers with challenging behaviours. These incidents date from April to September 2022.
  + One consumer was found with unexplained bruises.
  + One staff member said they administered the incorrect fluid consistency to a consumer as they were not aware of changes in the consumer’s dietary requirements. The staff member said they were advised by a colleague that no further action is required as there was no consequence to the consumer. No incident was recorded.

The Site Audit report outlined the ongoing significant impacts incidents involving consumers with challenging behaviour has on other consumers such as them being frightened and/or locking themselves in their room to avoid consumers with challenging behaviours.

The provider’s response:

* In relation to one of the consumers who was impacted by the behaviours of another consumer, the response acknowledged the incident was not managed in accordance with the organisation’s procedures in that it was not documented at the time of the first report but rather 3 months later when the representative of the consumer raised a complaint.
* In relation to the other consumer who was impacted by the behaviours of several other consumers, the response provided consultation has occurred with an external organisation and the service is waiting for the outcome of this consultation. However, this consultation is in relation to only one consumer with challenging behaviours. The response does not address all incidents that were identified but not documented.
* In relation to the incident with unexplained bruising, the responses stated that recording of bruises as a standalone incident was not required however the new incident system enables the recording of bruises as an incident category.
* In relation to the staff member who said they administered the incorrect fluid consistency as they were not aware of changes to the consumer’s dietary requirements, the response stated that all staff were asked about this incident and no staff members came forth. Therefore, the service was unable to provide any further comment.

The response did not outline any plans to improve deficits in relation to incident management and recording of incidents so they can be investigated, reviewed and monitored to prevent future reoccurrence. As a result of not recording all incidents, the service did not demonstrate an effective risk management system that manages and prevents incidents, especially incidents involving consumers with challenging behaviour, and this continues to have a significant impact on consumers. Therefore, based on the evidence before me, I find Requirement 8(3)(d) non-complaint.

Regarding Requirement 8(3)(e), the organisation had a clinical governance framework that included policies and practices in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had been trained in these policies and were able to provide examples of their relevance to their work. However, the service did not demonstrate that open disclosure was always practiced when things go wrong. This was based on one example where open disclosure was not used; this has been considered under Requirement 6(3)(c) where it is relevant.

The service demonstrated that it has a clinical governance framework that included open disclosure and staff were able to describe the principles of open disclosure.

The evidence presented under this Requirement is insufficient alone to support that the service does not have a clinical governance framework that includes open disclosure. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(e) compliant.

I am satisfied that the remaining 2 requirements of Quality Standard 8 are compliant.

Consumers said they are engaged in improving the delivery of care and services. Management said they invite feedback from consumers and representatives through regular email communication and when they are walking around the service, and they have an open-door policy.

The service is governed by a Board who meet monthly to monitor the performance of the service. The Board receives various consolidated reports used to identify the services compliance with the Quality Standards, to initiate improvement actions to enhance performance, and monitor care and service delivery. Management stated an example of a change driven by the governing body in the last 6 months because of consumer feedback, is changed menu offerings in the grocery store.

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)