Performance

Report

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| Name of service: | Mercy Place Parkville |
| Service address: | 1 Willam Street PARKVILLE VIC 3052 |
| Commission ID: | 3867 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 13 April 2023 |
| Performance report date: | 1 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Mercy Place Parkville (**the service**) has been prepared by G. Hope‑Simpson, 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 16 May 2023.
* 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 4(3)(f) – The Approved Provider ensures meals served are of sufficient quality and variety, and consumers’ identified dietary needs and preferences are sufficiently catered for. The Approved Provider ensures consumers contribute in a meaningful way to development of the menu.
* Requirement 6(3)(c) – The Approved Provider ensures a thorough complaints management system is in place to appropriately action and respond to any feedback or complaints made by consumers, representatives or members of the workforce.
* Requirement 6(3)(d) – The Approved Provider ensures feedback and complaints are reviewed to improve the quality of care and services.
* Requirement 8(3)(d) – The Approved Provider ensures all members of the workforce including senior management adhere to Serious Incident Report Scheme (SIRS) obligations in response to any incidents reported or escalated, that personal care is delivered in a timely manner and that staff training on SIRS is completed in a timely manner.

# 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

Overall, consumers considered they were treated with dignity and respect, and their culture and diversity valued. Staff described how they respected consumers when providing care and services such as by asking for consent and acknowledging their choices. Care planning documents reflected the diversity, background, and personal preferences of consumers, and the service had a Diversity and Inclusion policy that guided staff in care delivery. However, the Assessment Team observed one instance during the Site Audit where a consumer had to call out for assistance with their personal hygiene and then had to wait a further 5 minutes for assistance after the Assessment Team brought the matter to the attention of care staff. The consumer said waiting was a regular occurrence, and this upsets them. The consumer said they had provided their feedback to management, however nothing had changed.

Consumers confirmed the service recognised their cultural background and said their cultural identity informed how staff delivered care and services. Staff were trained in the delivery of culturally safe care as part of their mandatory training. Care planning documents showed the service sought and captured individualised information about consumers’ cultural preferences.

Consumers and representatives said consumers were supported to exercise choice and independence, decide who was involved in their care, and to maintain significant relationships. The service supported married consumers to maintain their relationship.

Consumers said they were supported to take risks which enabled them to live their best lives. The service undertook risk assessments for consumers who wished to take risks. Care planning documents evidenced the service supported consumers to make informed choices about their care and any accompanying risks.

Consumers and representatives said they received information they needed to make informed choices. Staff described how they distributed information to consumers and representatives, and the strategies applied for consumers who had difficulty communicating or living with cognitive impairments. The Assessment Team observed lifestyle calendars and various aged care sector brochures displayed throughout the service.

Consumers’ privacy was respected, and their personal information kept confidential. The service had protocols in place to protect consumers’ privacy, such as locked staff rooms, password protection of computers and knocking on consumers’ doors prior to entering.

# 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

Care planning documents reflected a comprehensive assessment and care planning process was undertaken to identify consumers’ needs, goals, preferences and risks. Where risks were identified, risk assessments were in place and risk mitigation strategies developed and implemented. Advance care and end-of-life planning were included in care plans and updated as the consumer’s care needs changed.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Management described how they partnered with consumers and representatives in the assessment and planning process and said for consumers who are not able to participate in the process, their medical powers of attorney were consulted.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Staff explained how they updated families who regularly visited in person and contact families over the telephone or by email.

Documentation review showed care plans were reviewed three monthly, and when changes in condition, or incidents occur.

# 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 mostly received personal and clinical care that was right for them and met their needs and preference. Six of 8 sampled consumers received personal care as per their care plans and preferences, however, two consumers who required two staff for transfers and support for personal care said they often had to wait for support. Management undertook remedial actions during the Site Audit and introduced personal care schedules and sighting charts for both consumers. Sampled consumer files including assessments, care plans, progress notes, medication charts and other care charts reflected individualised care that was safe, effective and tailored. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. The Assessment Team found that restrictive practices for sampled consumers was aligned to best practice, with documented behaviour support plans (BSPs), non-pharmacological strategies and documented consent.

Care planning documents identified high-impact, high-prevalence risks were generally managed effectively by the service, and strategies implemented to minimise risks. Overall consumers were satisfied risks were well-managed, however one representative was dissatisfied with how the service managed one consumer’s post fall care due to late detection of pain and an injury following a fall. Incident documentation reviewed by the Assessment Team indicated all subsequent falls were managed as per service policy. Overall, despite this incident, the Assessment Team was satisfied that falls risks were managed appropriately and the service regularly monitored and trended clinical data and implemented appropriate risk management strategies for individual consumers.

Care planning documents for one consumer who had recently passed away showed they had their dignity preserved and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ conditions. Overall staff recognised and responded to deterioration or changes through a range of systems and processes, including handover, daily progress notes, incident reports, and feedback from consumers.

Information about consumers conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Progress notes and care and service plans provided adequate information to support effective and safe sharing of the consumer’s information to support care.

Care planning documents evidenced the service made appropriate referrals to other providers or organisations in a timely manner. This reflected feedback from consumers and representatives.

The Site Audit Report brought forward mixed feedback from consumer representatives with how the service managed infection control practices. Although all consumers were satisfied with infection control practices, especially during COVID-19, two consumer representatives advised at times staff do not check RAT results prior to entry. Upon raising with management, they advised front reception was serviced during visiting hours for RAT results, all other times, consumer representatives were required to show their test results to a staff member upon entry. The Assessment Team observed this process was in place during the Site Audit. The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended the following requirement was not met:

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

Relevant summarised evidence brought forward in the site audit report is outlined below. Consumers and representatives provided mixed feedback in relation to the meals provided by the service. The Site Audit Report brought forward examples from 6 of 15 interviewed consumers and representatives who were dissatisfied with meal quality, and the range of options available for consumers with specific dietary needs. Consumers were satisfied with the quantity of food available, and there was no detrimental impact identified to any consumer as a result of the issues identified by consumers and representatives. The Site Audit Report reflected the service had mechanisms in place which captured consumer’s feedback, and although management had knowledge of complaints about food, most consumers and representatives felt their feedback had not led to any changes.

Six out of 15 consumers said meals are of a suitable quantity but described the quality of meals were not to an appropriate standard. For example: One consumer raised concern about overripe fruit served to them on one occasion and relied on their representative to bring them food, a consumer expressed dissatisfaction at the lack of vegetarian options provided, and another consumer said they were dissatisfied with the main meals and as result, consumed mainly the salad option. One consumer representative was dissatisfied with the quality of pureed meal options and said the consumer’s preference for soup was not being supported. Two other consumers raised concerns about meal temperature and lacking flavour and presentation standards, respectively. Three consumers had raised complaints about food previously but this had not resulted in improvements. Although care staff described the alternative options available to consumers such as a salad or sandwich, other care staff said they were aware of consumers’ dissatisfaction towards the food and said they had raised complaints on behalf of consumers to hospitality staff however, nothing had improved.

Hospitality staff said the seasonal menu was based on consumer preferences, that they regularly reviewed the online catering system for dietary needs and preferences, and that a Food Focus meeting was held every three months as an avenue for consumers to provide feedback. The Assessment Team found however, the last Food Focus meeting was held in September 2022. Upon raising with management, they confirmed a recent meeting had been missed, but one would convene in April 2023. In the interim, hospitality staff were seeking feedback from consumers at mealtimes. Furthermore, management advised the Autumn-Winter seasonal menu was being reviewed by a dietitian prior to its release. Regarding the comments from the named consumer who was provided overripe fruit, management described a delay in the delivery schedules affected this and as a result the service reviewed the frequency of deliveries, resulting in fresher produce.

The Approved Provider’s written response received 16 May 2023 disagreed with the site audit report findings and included clarifying information, a copy of the service’s PCI and other documentary evidence. The response took issue with consumer feedback in most instances and also outlined the results of meetings held since the site audit, between the service chef and the consumers and representatives named in the site audit report. I have had regard to these aspects of the response; however I have placed greater weight on the feedback provided by those consumers and representatives directly to Assessment Team at the time of site audit. I accept that 6 of 15 interviewed consumers and representatives were unhappy with the quality and variety of meals provided to them at the service.

The response also took issue with care staff feedback, stating that staff were not in a to comment on the taste and quality of food, nor to identify when dietary requirements were not catered for. While I accept staff may not personally consume food, I find they are well placed to receive consumer complaints and feedback which may address issues such as taste, quality and dietary needs. The response also raised the concern that staff feedback may have been biased, however no further information was provided to support or explain this aspect of the response. As a result, I find the staff feedback provided directly to the Assessment Team during the site audit reflects non-compliance with this Requirement.

The Approved Provider’s response outlined the results of meal satisfaction surveys stating that a 2022 survey showed a high level of compliance with 80% of consumers saying they usually enjoy the food. The response highlighted the subjective nature of meal enjoyment and considered an 80% satisfaction rating to reflect compliance. The response also referred to the result of a food satisfaction survey focused on a single lunch meal in February 2023, which had greater than 70% satisfaction across all quality indicators. While I acknowledge the subjective nature of meal enjoyment, the proportion of consumers and representatives expressing dissatisfaction with meals during the site audit was significant, and a more recent qualitative barometer of compliance. As a result, I was not persuaded by this aspect of the Approved Provider’s response and find the survey results do not overcome the strong negative consumer/representative sentiment.

In relation to food focus meetings, the response demonstrated that although meetings had not occurred in some time, there had been a standing agenda item during regular consumer and representative meetings, dedicated to catering services and feedback. While I acknowledge this aspect of the response, consumer requests for food focus meetings were made, indicating there was desire amongst the consumer cohort for further involvement in the development, design and evaluation of food services. I am satisfied this lack of consumer input reflects non-compliance.

Lastly, the Approved Provider’s PCI contained some initiatives to address the negative consumer feedback. These included reviewing vegetarian options, clearly marking gluten free options available on the menu and asking residents with gluten intolerances to ask for alternatives if options on the menu were not suitable. The PCI also mentioned better publicising the existing short order menu to consumers and reminding them of the availability of the menu if main menu options were not to their liking.

Having had regard to the evidence in the Site Audit Report and the Approved Provider’s response, I find on balance, that the service does not comply with Requirement 4(3)(f). A significant proportion of consumers and representatives surveyed were unhappy with the quality and variety of meals offered and continuous improvement actions listed in the PCI do not go far enough in addressing this feedback. In reaching my decision, I have placed considerable weight on the consumer and representative voice. Meals and dining experiences are a very significant part of daily life and meals which are not enjoyable contribute to consumer health and well-being. Receiving a variety of high-quality meals that meet a consumer’s dietary needs is vitally important. Having regard to the evidence and the response, on balance I find the service failed to ensure consumers meals were consistently of suitable quality ad that dietary requirements were adequately catered to. For these reasons, I find the service does not comply with Requirement 4(3)(f).

Regarding the remaining Requirements: Services and supports for daily living met consumers’ needs, goals and preferences and optimised their independence and quality of life. Care planning documents included information about what was important to consumers and the supports needed to do the things they liked to do. This was consistent with consumer feedback.

The service had a holistic program in place to provide services and supports for the well-being of each consumer. Staff outlined the importance of engaging consumers in activities that ‘bring meaning to their life’ and how they spend one-to-one time with consumers when they detected a change in mood. Consumers said their emotional, spiritual and psychological needs were supported.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers and representatives mostly considered information was effectively communicated between staff and other providers.

Timely and appropriate referrals were generally made to other individuals, organisations, and providers of lifestyle support where required. Care planning documentation showed the service collaborated with external services to support the needs of consumers.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. The Assessment Team observed consumers’ personal mobility aids, such as walkers and wheelchairs, to be suitable, 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, and the Assessment Team observed that the service environment was welcoming and easy to understand. Staff described how consumers were supported to personalise their rooms with furniture and photos to promote a sense of belonging and independence. The Assessment Team observed consumers’ rooms were adjusted to their preference, the service environment was welcoming, with sufficient lighting, and handrails for consumers to move around.

Consumers and representatives said the service environment was safe, clean and well‑maintained and allowed them to move around freely. Maintenance staff described how requests were managed through an online system which was accessible to all staff. The maintenance logbook was noted to have no outstanding reactive maintenance issues identified. The Assessment Team observed consumers independently moving between wings and to outdoor areas during the Site Audit.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed sufficient equipment was available. The service had a preventative and reactive maintenance program.

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

I have assessed these Quality Standards as non-compliant as I am satisfied the following requirements are non-compliant:

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

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 16 May 2023.

Regarding 6(3)(c)

Relevant summarised evidence from the site audit report and the Approved Provider’s written response is outlined below. Evidence which was refuted, or which was not relevant to the Requirement has not been considered or outlined here.

The Assessment Team found open disclosure was embedded in the service’s policies and procedures, and although management and staff had an understanding of open disclosure and the underlying principles, some consumers and representatives said the service did not adequately address their feedback and complaints which resulted in recurrent issues. Refer to Requirement 4(3)(f) for an overview of 3 consumers who had made complaints regarding meals, which were not properly addressed by the service. In addition, the Assessment Team brought forward three additional examples to support their ‘not met’ recommendation. These examples, and the Approved Provider’s written response to them, is outlined below.

The Assessment Team brought forward evidence relating to one named consumer who said they had raised concerns with management about staff not attending to their requests for personal care in a timely manner. A staff member had previously complained about this issue in relation to the consumer and during the stie audit, the Assessment Team observed a staff member fail to address the consumer’s request for support in a timely manner. The Approved Provider’s written response contended the consumer had not previously complained to management and had likely raised concerns with non-management personnel, and further considered the reported observation of the assessment team did not reflect a slow response time. The response did not contain any evidence to show the initial complaint made by a staff member was responded to.

The response also brought forward the example of a complaint about slow call bell response times which the complainant considered had contributed to a consumer falling on two occasions. Progress notes included in the Approved Provider’s written response showed the consumer had not used their bell prior to their falls. However, the response conceded management had not kept the complainant properly advised about the service’s response to their complaint. I am satisfied this example reflects a lack of proper response to complaints and failure to properly manage complaints.

The site audit report also brought forward an example of repeated complaints about a consumer’s hearing aid care and laundry, where the representative said they had not initially received a response and had to ‘chase up’ the service for feedback. The written response demonstrated the service had provided a written response one week after the complaint was raised, however management conceded they had not kept the complainant adequately informed of the progress of the complaint. I am satisfied this example reflects a lack of proper response to complaints and failure to properly manage complaints.

The site audit report also brought forward remedial actions and clarifying advice from management in relation to some consumer and representative feedback. Regarding the continence management for two consumers, management issued a staff memorandum advising staff must monitor both consumers’ regularly, assist with their personal toileting, and implementation of a 2-hour toileting chart and continence chart commenced at the time of the Site Audit. Other evidence brought forward in the report concerning call bell response times has been considered in Standard 7.

Having had regard to the evidence in the site audit report and the Approved Provider’s response, I am satisfied the service has not demonstrated an effective complaint handling process in in place and as a result, consumer, representative and family member complaints have not been appropriately responded to. I consider the examples brought forward by the Assessment Team support that the service was either not consistently taking appropriate action in response to complaints or was failing to communicate to complainants what action it had taken. Whilst I acknowledge the service implemented some corrective actions during the Site Audit, there were no items linked to improving the service’s feedback and complaints system in the service-specific PCI provided with the response. An organisation PCI was provided, which listed the implementation of a new feedback system as an organisational goal, however there was limited detail as to when this would occur, how it would occur and who would bear responsibility for the change. On this basis, I find steps taken since the site audit do not demonstrate the service has reached compliance since the site audit. For these reasons, I find the service does not comply with Requirement 6(3)(c) at the time of writing this Performance Report.

Regarding 6(3)(d)

The Assessment Team considered the service did not demonstrate that complaints were reviewed and used to inform improvements in the quality of care and services. Two complaint examples were brought forward from a consumer and consumer representative in the Site Audit Report, relating to continence management which have been assessed in Requirements 3(3)(a) and 6(3)(c). I consider that the service did not demonstrate a robust process for feedback and complaints at the time of the Site Audit, as improvements to address the complaints were not introduced until the stie audit itself. I find this example demonstrates non-compliance with Requirement 6(3)(d).

Other evidence relied on by the Assessment Team concerned consumers’ requests for regular food forums not being implemented, and complaints about food (previously outlined in requirement 4(3)(f)) not being responded to by the service. The response included evidence previously outlined in that Requirement, as well as in Requirement 6(3)(c). In addition, the written response clarified that the service had never intended for food forums to be a regular occurrence. While I acknowledge this aspect of the response, I find these examples show the service did not use these complaints to make improvements at the service. Given the volume of complaints about food and given that food focus forums are an avenue for this feedback to be explored in depth and consumer-focused solutions identified, the service’s lack of dedicated food focus meetings reflect non-compliance with Requirement 6(3)(d).

Other evidence relied on by the Assessment Team was either irrelevant or was refuted with evidence and additional information included in the Approved Provider’s response. I have not considered those examples in reaching my decision. Having regard to the remaining evidence, I find that on balance, there is sufficient evidence to support a non-compliant finding for Requirement 6(3)(d). I am satisfied the service failed to use consumer complaints about food and the lack of consistent food focus meetings, to drive improvements in the quality of meals served as the service. Complaints about continence care for 2 consumers did not result in improvement initiatives being implemented in a timely manner. The PCI for the service did not contain any improvement actions to address deficits in relation to this Requirement and as outlined previously, actions to address negative feedback about food were not comprehensive enough. For these reasons, I find the service does not comply with Requirement 6(3)(d) at the time of writing this Performance Report.

Regarding the remaining Requirements: The service had processes in place to encourage and support consumers and representatives to provide feedback and make complaints, however some consumers felt their feedback was not heard or actioned by management. Consumers and representatives understood the different avenues for consumers to raise concerns, such as feedback forms and at meetings. The service had information regarding methods for making complaints visible throughout the service and places to submit feedback forms securely.

Although most consumers said they were aware of other avenues for raising a complaint, they preferred to raise feedback directly with management and staff. Brochures and other written information in relation to advocacy and language services were displayed throughout the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Site Audit Report brought forward mixed feedback from consumers and representatives in relation to care and services provided, and call bell response times, with 5 out of 17 interviewed consumers and representatives raising concerns and some specifying long wait times as an impact. During the site audit, management acknowledged feedback from consumers and representatives and advised call bell response times would result in a continuous improvement strategy to ensure staff attend to consumers’ care needs in a timely manner. Management further stated a full review of current staffing levels was underway, and the organisation’s quality team confirmed internal audits would be performed to ensure oversight of call bell response times. On balance, given that the majority of consumers were satisfied there were sufficient staff at the service, the Assessment Team found Requirement 7(3)(a) was met.

The workforce interacted with consumers in a kind and caring manner, and staff were respectful of each consumer’s identity, culture, and diversity. Consumers, representatives and observations confirmed, staff were treating consumers kindly, and addressed them by their preferred name. Organisational documentation promoted a culture of kind and respectful care.

Most consumers and representatives considered staff perform their duties effectively. Evidence in the Site Audit Report showed, and some consumer and representatives said, further training on identifying and responding to clinical deterioration and reporting incidents was needed. Management advised the service was in the process of conducting workshops on clinical deterioration alongside the care associated with the end-of-life process. Both workshops were due for completion by end of April 2023. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements.

Overall consumers and representatives felt staff were competent and qualified to do their jobs however, some representatives felt further training on the provision of personal and clinical care was required. Although management described how the service supported members of the workforce to undertake training to perform their roles in relation to the Quality Standards, training records evidenced only 62% of staff had completed training on identifying and responding to reportable incidents as aligned with the Serious Incident Response Scheme (SIRS). Management confirmed the service had self-identified the deficiency and presented a mandatory training schedule with incident management scheduled to be delivered to all staff by end of April 2023. The Assessment Team interviewed staff who described their reporting obligations as it related to SIRS, including escalating reportable incidents to their supervisor or management. Deficits related to incident management are assessed in Standard 8, and on balance, the Assessment Team considered Requirement 7(3)(d) was met.

Documentation reviewed showed that overall, staff performance was reviewed regularly, and actions were taken in response to staff performance issues. The Assessment Team found, however, that not all members of the workforce had their annual performance appraisal completed. Management confirmed the service would aim to complete performance appraisals for staff who were eligible by end April 2023.

# 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

I have assessed the Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* 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.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 16 May 2023.

While staff said they had received appropriate training regarding risk management practices, the Site Audit Report brought forward deficits regarding incident and risk management. This includes the consumer experiences referenced at Requirements 3(3)(a), 3(3)(b) and 6(3)(c). The report outlined deficits in relation to reporting for three incidents which met the threshold for reporting to the Serious Incident Reporting Scheme, but which were not reported within required time frames.

The Approved Provider’s written response said they considered the deficit regarding incident reporting to be an isolated incident, and staff education was provided. While I acknowledge the Approved Provider’s comments, I consider deficits in understanding of and compliance with the SIRS requirements were not identified and proactively addressed by the service prior to the Site Audit. The PCI provided with the response did not outline any improvement action related to these deficits and while the service articulated a plan to have all staff complete mandatory SIRS training by 30 April 2023, no evidence was included with the response to indicate this activity had commenced or was on track for completion. I have also taken into account complaints regarding timely personal care for consumers outlined in previous Standards and find this reflects some risk of harm from falls for consumers. For these reasons, I find the service does not have effective systems for managing risks and responding to and preventing incidents. Therefore, I find the service does not comply with Requirement 8(3)(d).

Regarding the remaining Requirements: Overall consumers and representatives were involved in discussions and development of the service through feedback forms, surveys, resident and representative meetings and a consumer advisory committee at the organisational level. The Assessment Team identified deficiencies relating to recording of consumer feedback on the quality of meals. This evidence has been considered in previous Requirements.

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described how the Board is kept informed by the service. This is achieved through analysis, monitoring and reporting of clinical indicators and benchmarking across all services in the organisation to identify and address wider trends.

The Site Audit Report reflected the service mostly demonstrated effective organisation wide governance systems to support information management, financial governance, and regulatory compliance. The Assessment Team brought forward concerns regarding feedback and complaint management, continuous improvement as outlined previously. Additionally, the Site Audit Report brought forward deficiencies regarding regulatory compliance which has been considered in Requirement 8(3)(d), however on balance, the Assessment Team were satisfied the service complied with Requirement 8(3)(c).

The service demonstrated a clinical governance framework in place, including policies concerning antimicrobial stewardship, restrictive practice and open disclosure. Staff demonstrated a shared understanding of these concepts and gave practical examples to demonstrate how the principles applies to their work.

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)