Performance

Report

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| Name of service: | Mercy Place Rosebud |
| Service address: | 1497 Point Nepean Road ROSEBUD VIC 3939 |
| Commission ID: | 4413 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 17 March 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 Rosebud (**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 and others.
* The provider’s response to the assessment team’s report received 27 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Compliant** |

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

# Areas for improvement

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

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

* Requirement 2(3)(a): Assessment and planning, including consideration of risks relating to hygiene, falls, weight loss, pressure injuries, responsive behaviours, and restrictive practices, is used to inform care and services delivered. The provider ensures validated assessment tools are consistently used, in line with best practice.
* 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 service.

# 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 consumers are treated with respect and dignity, and their culture and diversity are valued. This was consistent with observations. Staff described the care needs of consumers in line with care planning documents which contained information about their backgrounds, present interests, goals and preferences.

Consumers and representatives described how staff valued consumers’ culture, values, and diversity. Staff identified consumers with diverse cultural backgrounds and explained how this influenced how care is delivered. Care planning documents reflected consumers’ cultural needs and preferences.

Consumers and representatives stated consumers are offered choices about when care is provided, and their choices are respected. Care planning documents identified the consumers’ individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers and representatives said consumers are supported to take risks and live the best life they can. Staff described the support provided to consumers who want to take risks and how the consumer is supported to understand the benefits and possible harm when making decisions about taking risks.

Consumers and representatives said they are updated on activities, menus, and any changes through the service’s quarterly newsletter, and email correspondence. Information was observed to be available to consumers in a clear and easy-to-understand way to support decision-making.

Consumers and representatives were confident information is kept confidential and consumers described how their privacy is respected by staff. Staff described how they maintained consumers’ privacy when providing care and confirmed that all consumers’ personal information is kept confidential by discussing personal information in provide, locking consumer files and having password protected computers.

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

Findings

The Assessment Team recommended Requirement 2(3)(a) 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 2(3)(a), the Site Audit report identified 3 consumers new to the service who had initial care assessment and plans completed. However, assessments and care plans, for example in relation to falls, mobility, pain, and behaviour support, were not completed in line with the service’s policies and procedures. The Site Audit report noted that management acknowledged some of these deficiencies.

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

* In relation to the first consumer, who did not have a pain assessment and care plan, the provider’s response provided evidence of this being completed during the Site Audit.
* In relation to the second consumer, who did not have a mobility, physiotherapist and pain assessment and care plan, the provider’s response stated that all the assessment and care plans were completed however only provided evidence of an interim care plan in relation to mobility.
* In relation to the third consumer, the provider’s response acknowledged that there was a delay in completing the consumer’s pain and mobility assessment and care plan, as well as addressing falls prevention strategies, due to staff challenges over the Christmas period.

While I acknowledge the service has taken appropriate actions to address some of the deficits identified in the Site Audit report, the provider’s response did not address all the deficiencies. I consider the service did not demonstrate assessment and planning, including consideration of risks, informs the delivery of safe and effective care and services. Therefore, on the balance of the evidence before me, I find Requirement 2(3)(a) non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Consumers and representatives confirmed the assessment and planning processes addressed consumers’ current needs, goals, and preferences of consumers, and the service has discussed and documented their preferences for their end-of-life (EOL) care. Staff described the needs and preferences of consumers, which aligned with consumer feedback and care planning documents. Assessment and planning documentation were individualised to consumer needs and reflected their preferences for care and their EOL wishes.

Consumers and representatives confirmed assessment and planning is an ongoing partnership between them, staff and external care and service providers. Staff confirmed care and services for consumers were constantly reviewed in partnership with consumers, their representatives and medical and allied health professionals. This was reflected in care planning documents.

Consumers and representatives stated they are contacted regularly and are informed in a timely manner in relation to assessment and planning. Clinical staff confirmed it is their practice to notify the consumers and their representatives if there are any changes or incidents. Care planning documents confirmed assessment and planning are communicated with consumers and representatives.

Consumers and representatives said care and services are regularly reviewed. Clinical staff explained how the service reviews and evaluates care and services through the 6-monthly resident-of-the-day process, and as clinically indicated. Care planning documents demonstrated care and services are regularly reviewed for effectiveness, when circumstances change and when incidents impact the needs, goals, or preferences of the consumer.

# 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)(a) and 3(3)(b), were 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)(a), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement:

* For consumer A, multiple wounds were not reviewed and evaluated weekly according to the service’s wound management policy. Management acknowledged this oversight and sent out a memorandum to clinical staff.
* For consumer B, who receives chemical restraint medication as needed, there is no documentation of non-pharmacological strategies trialled first prior to the use of chemical restraint medication on at least 2 occasions. However, it is noted that evidence provided under Requirement 3(3)(b) shows that staff have used non-pharmacological strategies on other occasions. Three other consumers said that consumer B wander into their room without permission, and one of those consumers lock their room.
* Staff were not able to articulate behaviour management strategies that were recommended by an external organisation who reviewed consumer B. Staff training in both dementia and responsive behaviours were low.
* Consumers said they did not receive timely personal care due to staffing shortage. This has been considered under Requirement 7(3)(a) where it is relevant as there was no evidence that consumers were not receiving safe and effective personal care that is best practice, tailored to their needs or optimises their health and well-being.

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

* For consumer A, there was evidence of wound evaluation and that the wound had remained stable. There is evidence of wound review and management including referrals to specialists as required. Additional training had also commenced in relation to wound management for clinical staff.
* For consumer B, the provider response stated non-pharmacological strategies were trialled prior to use of restraint on 2 occasions. However, it is not clear from the evidence presented that non-pharmacological strategies trialled occurred prior to administering chemical restraint medication. The response stated behaviour management strategies recommended by an external organisation have been printed for staff to read, understand and sign to acknowledge their awareness of these strategies. In relation to the low training rates, the response clarified this training is not mandatory. The provider advised the numbers are low as training records reset at the start of each year, which is why the rates at the time of the Site Audit were high for January.

It is not clear from the Site Audit report or the provider’s response whether the service is effectively managing consumer B’s challenging behaviour or using restrictive practices that is best practice. For example, it is not clear if non-pharmacological strategies are consistently used before administering chemical restraint medication. It is also unclear if the effectiveness of non-pharmacological strategies are consistently evaluated, and where they are not effective, are management strategies reviewed. Therefore, I am unable to form a view. The Site Audit report did not bring forward other consumer examples in relation to behaviour management. Additionally, other than wandering into other consumer’s room, the Site Audit report did not identify any significant impacts on health and well-being on consumer B or other consumers as a result of consumers with challenging behaviour.

The Site Audit report provided feedback from some consumers and representatives stating consumers were not receiving care that is safe and right for them. However, the report did not bring forward further examples of impacts other than those mentioned above and addressed by the provider’s response.

The evidence presented under this Requirement is insufficient alone to support that the consumers do not get safe and effective personal and clinical care that is best practiced, tailored to meet their needs and optimised their health and well-being. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) compliant.

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

* The service was unable to demonstrate they effectively monitor, report and manage, consumers with wandering behaviours. This has been discussed and considered under Requirement 3(3)(a) where it is considered more relevant.
* One consumer is at high risk of falls and has had 4 falls since entering the service recently and was only assessed once by the physiotherapist at least 9 days after the first fall. The consumer’s care planning document did not include any falls prevention strategies. This deficiency relates more to assessment and planning and has been considered under Requirement 2(3)(a) where is it relevant and has resulted in a finding of non-compliant.

No further consumer examples were brought forward, therefore I consider the evidence presented under this Requirement is insufficient alone to support high impact and high prevalence risks are not being effectively managed. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(b) compliant.

I am satisfied the remaining 5 Requirements in Quality Standard 3 are compliant.

Consumers and representatives confirmed consumers’ needs, goals, and preferences, including their EOL wishes, have been discussed with them. This information was captured in care planning documents. Staff described the EOL care interventions that would be provided to a consumer who required EOL care.

Consumers and representatives reported, and care planning documents demonstrated, deterioration in a consumer was identified and was responded to in a timely manner. Staff described the escalation process should they notice a change in a consumer, with their first call being to the nurse in charge and then subsequent referrals are attended as needed.

Consumers and representatives said consumers’ condition, needs, and preferences are documented and communicated with staff. Staff were aware of consumers’ care needs and preferences and confirmed they receive up-to-date information about consumers during the handover, consistent with observations. Care planning documents provided adequate information to support the effective and safe sharing of consumers’ information in providing care.

Consumers and representatives said timely and appropriate referrals occur when needed, and consumers have access to relevant health care supports. This was consistent with care planning documents. Staff described the process for referring consumers to other health care professionals and how this informed care and services provided to consumers.

Consumers and representatives were happy with how the service managed COVID-19 outbreaks and infections. Staff confirmed they have received training in infection prevention and control strategies and COVID-19. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said they were satisfied with the services and supports for daily living that meet consumers’ needs, goals, and preferences. Staff demonstrated an understanding of what is important to consumers and what they like to do, which was consistent with information contained in care planning documents, including information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence.

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

Consumers and representatives said the service offers services and supports that enabled consumers to participate in the community, keep in touch with people who are important to them, and do things of interest to them. Staff described how they support consumers to do the things of interest to them, participate within and outside the service environment and have social relationships. This was consistent with information in care planning documents.

Consumers said they feel the service communicates well within the organisation information on consumers’ condition, needs and preferences. Staff described ways in which they share information and are kept informed of the changing needs and preferences for each consumer. Care planning documents provided adequate information to support the delivery of effective services and safe care.

Consumers said they can be connected and referred to other organisations if they wish. Staff said that for each consumer, they explore individual community ties and facilitate ways of enabling the consumers to keep them.

Consumers and representatives said they are satisfied with the variety, quality, and quantity of meals. Staff were observed to be encouraging and offering choices with meals. Staff were knowledgeable about consumers’ preferences and dietary requirements.

Consumers felt safe when using the service's personal equipment and said it was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were usually repaired or replaced quickly when required. Staff said they have access to equipment when they need it and described how equipment is kept safe, 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

The Assessment Team recommended Requirement 5(3)(c) 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 5(3)(c), the Site Audit report brought forward evidence, including documentation and feedback from consumers and representatives, indicating maintenance issues where not attended and resolved within a time frame that is in accordance with service’s guidelines. Representatives raised concerns about call bells not working and this not being addressed.

The Assessment Team brought forward information relating to conflicting maintenance reports provided to the Team. I do not find this information relevant to this Requirement and have not considered it in determining my decision of compliance.

The provider’s response clarified and provided evidence demonstrating maintenance issues in relation to call bells were promptly addressed and resolved. In relation to not resolving maintenance issues in accordance with the service’s guidelines, the response clarified these are guidelines only, and where there are delays in addressing maintenance issues that directly impact on consumers, a reason for the delay is offered.

The Site Audit report did not bring forward evidence of impacts on consumers as a result of the timeliness of maintenance issues being addressed. The evidence presented under this Requirement is insufficient alone to support that furniture, fittings and equipment are not safe, well maintained and suitable for consumers. Therefore, on the balance of the evidence before me, I find Requirement 5(3)(c) compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 5 are compliant.

Consumers and representatives considered that there is a sense of belonging to the service, and they feel safe and comfortable in the service environment. They said they could decorate their room according to their individual taste which was consistent with observations. Signage was observed to assist consumers in finding their way.

Consumers said the service environment was clean and well maintained, consistent with observations. Consumers were observed moving freely, both indoors and outdoors.

# Standard 6

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

Findings

Consumers said they were supported to provide feedback and make complaints and knew how to lodge a complaint. Staff described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback and how they supported them in raising issues. Feedback forms and collection boxes were observed throughout the service.

Consumers stated they were aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management and staff said they are trained and aware of external advocates and open disclosure and can arrange for interpreter services if needed. Brochures about open disclosure and advocacy services were displayed in the service.

Consumers and representatives stated when feedback is provided, the service responds appropriately and in a timely manner. A review of the feedback register, and incident management system showed open disclosure is used and there is timely management of complaints in accordance with the service's feedback procedure.

Consumers stated they had seen feedback and complaints used to improve the care and services. Documentation demonstrated that feedback and complaints are trended, analysed, and used to improve the quality of care and services. Management stated that feedback and complaints are reviewed using resident/relative meetings, resident-of-the-day meetings, handover meetings, the feedback register, and the continuous improvement register.

# 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 Requirement 7(3)(a) 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:

* Staff reported workforce shortages impacted on monitoring wandering consumers, clinical care management and providing care in a timely manner. Staff also said for some consumers there was an impact on their quality of care and dignity.
* Consumers and representatives felt there were not always sufficient staff to provide basic care needs in a timely manner or supervise a consumer with wandering behaviour. For example:
  + One consumer representative believed their loved one had frequent falls due to lack of staff.
  + Care planning documentation for one consumer showed they did not receive personal care in line with their preferences.
  + One consumer, who requires assistance with going to the toilet, said staff take a long time to respond to their call bell and as a result they are left waiting a long time to go to the toilet and find it unbearable at times and uncomfortable.
  + One consumer said there is insufficient staff to manage another consumer’s wandering behaviour which has impacted on their privacy and caused them anxiety, particularly at night.
* Management acknowledged clinical oversight had been impacted by the loss of the care manager.
* The service was not able to provide overview of unfilled shift vacancies and specific call bell data. I do not find this information relevant to this Requirement and have not considered it in determining my decision.

The Site Audit report detailed the strategies the management described to attract and retain more staff to manage the workforce adequacies.

The provider’s response emphasised that workforce is planned to enable the delivery and management of safe and quality care and services and acknowledged occasional delays in providing care due to unexpected staff leave. The response stated there was no evidence to suggest that consumers were not being well cared for and, in relation to the consumer who frequently falls, there is no evidence that the falls are as a result of lack of staff. The response did not address the consumers whose toileting, privacy and anxiety are affected by insufficient staff. The provider’s response indicated that vacancy in the Clinical Manager role had impacted service delivery however the position has now been filled and contingency plans are in place should an extended vacancy reoccur.

While I acknowledge the service has taken appropriate actions to address some the deficiencies identified there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I have given weight to incidents where consumers care needs were not met in a timely manner and the negative impacts on consumers caused by another consumer who requires greater monitoring and supervision due to wandering behaviours. I consider the service did not demonstrate the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services. Therefore, based on the evidence before me, I find Requirement 7(3)(a) non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Consumers said staff treated them kindly and respectfully, consistent with observations. Care planning documents showed that consumers’ cultural and religious preferences are recorded and accommodated. Staff described consumers’ needs and preferences consistently with care planning documents.

Consumers and representatives said they feel staff are competent in providing care and know what they are doing. Management demonstrated how qualifications and checks for staff are verified through the provider's head office human resources team. Staff said the onboarding process was comprehensive and that they were confident that only suitable and qualified candidates would be employed by the service.

Consumers and representatives said staff had been trained well to perform their duties. Staff confirmed they received mandatory and ongoing training via an effective online system and other on-site training programs. Management demonstrated an online training system and training records management system, which ensured service management was aware of training completion details for all staff members.

Management demonstrated performance of staff is monitored according to the service's documented system. Staff confirmed annual performance appraisals were conducted and worked effectively to improve professional practice.

# Standard 8

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

Findings

The Assessment Team recommended Requirements 8(3)(c) 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 brought forward the following deficiencies:

* Management could not demonstrate effective information management systems for call bell monitoring and human resources management and conflicting maintenance reports were provided to the Assessment Team. These deficiencies were raised under Requirements 7(3)(a) and 5(3)(c) respectively and I do not find this information relevant to this Requirement and have not considered it in determining my decision.
* Internal audits had not been conducted in line with the service’s own processes requiring audits to be conducted by different staff from different work responsibilities. I do not find this information relevant to this Requirement and have not considered in determining my decision.
* Behaviour support plans were not in place for all consumers who needed them and non-pharmacological were not always used prior to chemical restraint medication for one consumer.
* The service could not demonstrate there were always sufficient staff to provide quality care and services to each consumer.

The evidence provided in the Site Audit report does not show absence of organisational wide governance systems in place. However, the evidence provided does show there are deficits at the service level in relation to ensuring non-pharmacological strategies are used prior to chemical restraint medication and ensuring adequate staffing to delivery care and services in line with consumer needs and preferences. I have considered this evidence under Requirements 3(3)(a) and 7(3)(a) respectively where it is relevant and has resulted in a finding of non-compliant for Requirement 7(3)(a). In relation to behaviour support plans not being in place for all consumers, only 1 example was brought forward and there was no evidence of further occurrences to suggest this is a systemic issue of regulatory compliance not being met.

The evidence presented under this Requirement is insufficient alone to support that the service does not have effective organisation wide governance systems. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumer meeting minutes showed that consumers were actively engaged in providing feedback on what mattered to them. Consumers and representatives confirmed they could provide feedback to the service through resident meetings, feedback forms and resident-of-the-day meetings. Management described and demonstrated examples of changes made in response to consumer feedback.

Documentation demonstrated the organisation has implemented systems and processes to monitor the performance of the service, including a robust auditing system. Management said the Board quality committee reviews analysis of monthly data and clinical indicators.

The service had policies and procedures supporting the effective management of risks. Management described how risks are reported using carefully curated dashboards of clinical information which were submitted each month to the clinical governance committee. Management demonstrated that SIRS incidents were recorded and reported effectively.

The service had a clinical governance framework that promoted the quality and safety of clinical care, promotes antimicrobial stewardship, minimises restrictive practices, and used an open disclosure process. However, the service did not demonstrate effective minimisation of the use of restraint for some consumers, for example, non-pharmacological strategies were not always trialled prior to use of restraint. This has been considered under Requirements 3(3)(a) and 8(3)(c) where it was relevant.

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)