Performance

Report

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| Name of service: | Mercy Place Shepparton |
| Service address: | 351-359 Archer Street SHEPPARTON VIC 3630 |
| Commission ID: | 4287 |
| Approved provider: | Mercy Aged and Community Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 March 2023 to 3 March 2023 |
| Performance report date: | 19 April 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 Shepparton (**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 Approved Provider’s response to the Assessment Team’s report received 3 April 2023.

# 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 | **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.

# Standard 1

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

Findings

The Assessment Team recommended Requirement 1(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 1(3)(a), the Site Audit report found consumers’ personal care preferences and dignity was not always maintained. Two consumer examples were bought forward:

* Care planning documents indicated that one consumer had not been assisted with showering for 7 days. The representative of the consumer said they often find them in their pyjamas when they visit during the day, not showered or shaved and the consumer’s continence aid needed to be changed. Management advised this consumer is often resistive to care.
* The representative of another consumer provided feedback that staff did not assist the consumer to get ready in the morning or wear appropriate clothing. The representative provided an example of where they went to pick up the consumer and staff had brought the consumer to them in pants that the consumer had been incontinent in which the representative said made the consumer embarrassed.

Staff also said they were not always able to meet the personal care needs of consumers in line with their preferences, due to short staffing. Staff feedback in relation to impacts of staffing on consumers has been considered under Requirement 7(3)(a) where it is relevant.

The provider’s response provided evidence of the first mentioned consumer being washed or showered within the 7 day period in question and explained the consumer prefers to have their shower early and often goes back to bed, waking up later in the morning. The response also provided evidence to supports management’s feedback that the consumer can be resistant to receiving care. In relation to the feedback provided by the representative of the second mentioned consumer, the response stated the consumer often dresses themself and chooses not to take on staff advice on appropriate clothing to wear. The response did not address the incident where the consumer was brought to their representative while incontinent. However, this appears to be an isolated incident and no further examples was brought forward in relation to the same or other consumers.

I consider the provider’s response demonstrated that each consumer is treated with dignity and respect. Further, the Site Audit report stated:

* Care planning documents reflected what was important to consumers to maintain their identity.
* Consumers and representatives said staff treated them with respect, and their identity, culture and diversity were valued.
* Staff were able to describe what was important to consumers.

Therefore, on the balance of the evidence before me, I find Requirement 1(3)(a) compliant.

I am satisfied the remaining 5 requirements in Quality Standard 1 are compliant.

Consumers and representatives confirmed the service recognised and respected their cultural backgrounds. Staff showed an understanding of consumers’ identity, background and individual values. Care planning documents identified consumers’ religion and details about their cultural backgrounds.

Consumers and representatives said their choices about their care and services were respected and they were encouraged to make connections with others and maintain relationships. Care planning documents identified consumers’ individual choices, who was involved in their care, and how the service supported them to maintain personal relationships.

Consumers and representatives were satisfied the service supported consumers to make decisions including those involving risks. Staff described risks taken by consumers, and what they do to minimise these risks. Care planning documents evidenced risks were assessed and included strategies to mitigate risks.

Consumers felt well informed about the activities, events and allied health services provided at the service. Staff described the ways information was provided to consumers, including how they modify their approach for those with cognitive or sensory impairments. Staff were observed consulting consumers about their daily choices and preferences. Information about the lifestyle program, events calendar, menu and announcements was observed around the service.

Consumers said their privacy was respected at all times and personal information kept confidential. Staff were observed being respectful of consumers’ privacy such as by knocking on doors before entering and closing doors to deliver care. The electronic care management system was password protected and other clinical records were kept in locked areas.

# 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 said they were involved in assessment and care planning for consumers’ care and services. Care planning documents evidenced assessment and planning, including consideration to risks, is undertaken to inform the delivery of safe and effective care and service. Policies and procedures guided staff with assessment, risk identification, and care planning.

Consumers and representatives confirmed the service had discussed advance care and end of life preferences. Staff demonstrated knowledge of consumers’ needs and preferences, consistent with information provided by consumers and representatives, and care planning documents.

Care planning documents demonstrated consumers and representatives were involved in assessment and planning through formal meetings and regular feedback. Staff explained other services and providers, such as allied health professionals, were involved in assessment and planning processes, and this was evidenced in care planning documents.

Staff explained ways they shared information about consumers care needs, such as documented handover processes, referral and notification processes. Care planning documents demonstrated outcomes of assessment and planning were recorded and shared with consumers and representatives. Consumers and representatives confirmed they were able to access a copy of the care and services plan.

Consumers and representatives confirmed they were contacted to discuss care and services, including when circumstances changed, warranting an updated care and services plan. Staff said, and documentation confirmed consumers’ care and services were reviewed every 6 months, or as required.

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

* Staff consistently provided feedback that staffing shortage resulted in care not always being provided in a timely manner.
* The representative for consumer A said they were often left in bed for long periods of time and were not being showered or assisted to the toilet promptly. Staff said they were not able to assist consumer A to safely transfer as they required 2 staff to assist with transfer.
* Consumer B and their representative said the consumer has to wait for staff to come and assist them apply ointment to their back after the consumer has a shower. The representative also said the consumer received their morning medication in the late morning due to staff shortage.
* Care planning documents for consumer C indicated they had not been assisted with showering for 7 days.

The provider’s response provided the following clarifying information:

* While staff could not always provide personal care to all residents first thing in the morning, they provided personal care across the day.
* The response provided evidence that consumer A was regularly showered and assisted out of bed to attend activities. The response did not address if consumer A is being provided with timely toileting assistance.
* The response clarifies that consumer B does not let staff know when they have had a shower, making it difficult for staff to know when to apply ointment which needs to be done after the consumer has had a shower. In relation to late administration of consumer B’s medication, the response clarifies that the medication is not time sensitive.
* In relation to consumer C, the response provided evidence of the consumer being washed or showered within the 7 day period in question.

I consider the provider’s response demonstrated that consumers do receive safe and effective personal and clinical care. The Site Audit report also evidenced that most consumers and representatives said the clinical care provided was safe and right for consumers and care planning documents showed consumers were receiving safe and effective clinical care. However, I acknowledge that personal care is not always provided in a timely manner due to staffing sufficiency. This has been considered under Requirement 7(3)(a) where it is relevant.

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

I am satisfied the remaining 6 requirements in Quality Standard 3 are compliant.

Consumers and representatives were satisfied high impact or high prevalence risks to their health were effectively managed by the service. Staff explained the high impact or high prevalence risks for each consumer and the strategies in place to manage these risks. Care planning documents showed risks to consumers were highlighted to guide staff practice. Policies and procedures for the management of high impact or high prevalence risks were available to staff.

Consumers and representatives confirmed end of life care planning was discussed with them. Staff articulated the end of life care provided to a deceased consumer which preserved their dignity and maximised their comfort. Records showed the service completes palliative assessments and has relevant policies and procedures to guide staff in the delivery of end of life care.

Consumers and representatives were confident the service would respond in a timely manner and effectively address any deterioration in consumers’ health status. Staff demonstrated their understanding of the identification and management of a deteriorating consumer. Care planning documents demonstrated staff recognised and responded to deterioration. The service had documented procedures to guide staff responses to a deterioration in a consumer’s health status.

Consumers and representatives said consumers’ information was well documented and shared between staff and other services. Staff reported information relating to consumers’ conditions, needs and preferences was documented in the electronic system and communicated effectively at handovers and face-to-face discussions. Staff were observed attending shift handovers and ensuring information regarding consumers was consistently shared and understood.

Consumer and representatives confirmed timely and appropriate referrals occurred when needed and consumers had access to relevant health care supports. Staff described effective and timely processes for referring consumers to other health professionals and services, when required. Care planning documents showed referrals and input from other appropriate providers of health services.

Consumers and representatives said they were satisfied with the service’s cleanliness and infection control practices, including the management of COVID-19. Staff confirmed they had received training on infection minimising strategies and minimising the use of antibiotics. The service had documented policies to guide infection control practices and promote antimicrobial stewardship.

# 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 Requirement 4(3)(g) 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)(g), the Site Audit report brought forward the following deficiencies:

* Care staff stated they could not enter maintenance requests through the system and they had to inform the clinical staff to enter maintenance requests. Management said all staff have the ability to enter maintenance requests and will provide training to all staff.
* One representative stated there was often no facial tissues and hand soap available and the service was observed to be running out of toilet paper.
* One representative said the television in the communal area was not working and maintenance records showed the television had not been working for 2 months.
* One consumer said the grab rail in their bathroom is not in the appropriate place. Management advised work underway, including with the physiotherapist, quality manager, and the consumer to come to a resolution.
* One representative said their loved one was unable to get out of their bed for hours as the mechanics in their bed failed.

The provider’s response provided the following clarifying information:

* All staff were able to enter maintenance requests on the system and a reminder was sent to staff and placed in the staff room.
* Some new and agency staff were not aware where some items were stored but the service had an adequate supply of tissues, soap and toilet paper was available in the storeroom and it just needed to be distributed to rooms.
* The service has a television available in another communal area and the loved one of the representative who provided feedback had a television in their room.
* In relation to the consumer who said the grab rail in their bathroom was not in the appropriate place, the rail currently meets Australian Standards and the consumer wanted a new rail that would not be safe for them.
* The response disputed the factual correctness of feedback from the representative who said their loved one was stuck in their bed for hours due to mechanical failure as the representative was not present.
* The maintenance officer had resigned 6 weeks earlier, and the service had contracted maintenance as an interim measure, until the new maintenance officer commenced in the near future.

In relation to the disputed facts about the mechanics in a consumer’s bed failing, due to conflicting and insufficient information, I am unable to form a view and hence have not considered this example.

I consider the provider’s response demonstrated equipment provided is safe, suitable, clean and well maintained. The Site Audit report also stated care equipment, such as walking aids and wheelchairs, were observed to be clean and well-maintained. Staff were able to describe processes for identifying equipment requiring maintenance and said equipment was regularly maintained and cleaned. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(g) compliant.

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

Consumers and representatives said they were satisfied with the services and supports for daily living which met their needs, goals and preferences. Staff understood what was important for consumer’s lifestyle needs and preferences. Care planning documents recorded what consumer’s liked to do and the daily living supports needed to optimise their independence, health, well-being and quality of life.

Consumers and representatives said their emotional, spiritual, and psychological needs were supported by the service. Management and staff described the programs available at the service to support consumers with their emotional and spiritual well-being. Care planning documents contained information about consumers' emotional, spiritual, and psychological needs, goals, and preferences.

Consumers and representatives described how they were supported to socialise, pursue their interests, maintain personal relationships and engage with the community. Staff said they support consumers to keep in touch with family and friends by phone and electronic messaging. Care planning documents include information about how consumers participate in the community, do things of interest to them, and how they stay connected with their family and friends.

Staff described how the handover process kept them updated about consumers’ care and services needs and preferences. Care planning documents provided adequate information to support the delivery of effective and safe care and services for daily living. Staff were observed sharing information relating to consumer needs and preferences through handover and communication books.

Consumers and representatives described referrals and follow-up as timely and appropriate. Care planning documentation confirmed the service collaborated with external providers to support the diverse needs of consumers. The service had policies and procedures in place to support the referral of consumers to other health professionals, organisations, and providers.

Consumer and representatives said there was a variety of meals which were of suitable quality and quantity. The main kitchen was observed to be clean and well maintained and the menu of the day was displayed on noticeboards in the dining rooms. Staff were observed offering consumers different meal choices and assisting them eat with kindness. Care planning documents confirmed consumers’ dietary requirements and preferences were captured accurately.

# 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 was welcoming, and consumers felt at home. Management and staff explained how they supported consumers to feel at home, and steps taken to improve consumers’ experience. The service environment was well lit, with wide hallways, and handrails to support consumers interaction and function and consumers’ rooms were personalised photographs.

Consumers and representatives considered the service environment was clean, well maintained, comfortable, and allowed consumers to move freely. Observations aligned with consumers and representatives’ feedback. Staff explained how they reported maintenance issues. Documentation demonstrated the service had a cleaning schedule which was completed as scheduled.

Furniture, fittings and equipment were observed to be comfortable, safe, clean, and well maintained. Consumers confirmed they felt safe when using mobility or transfer equipment and considered maintenance requests were promptly addressed. Documentation evidenced preventative and reactive maintenance systems and ongoing monitoring.

# 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)(a), 6(3)(c) and 6(3)(d) 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 6(3)(a), the Site Audit report brought forward the following deficiencies:

* Consumers and representatives said whilst they were aware of the feedback and complaints process, they had not had a consumer meeting to raise complaints recently. Management said there has not been consumer/representative meetings due to changes in management and a COVID-19 outbreak.
* One consumer said they required assistance with completing a complaints form and a staff member said they would assist but this did not occur and was instead assisted by another staff member when the consumer followed up.

The provider’s response provided the following clarifying information:

* Consumer/representative meetings were not held over a period of time due to flooding, then a COVID-19 outbreak and then change in management. However, the response stated the meetings will re-commence.
* The service’s feedback system has various mechanisms for consumers to provide feedback or make a complaint and this is outlined in the Resident Handbook. Consumer meetings are not always the most appropriate to raise complaints and consumers are able to make complaints via a complaint form.
* The response did not directly address why a consumer was not provided assistance immediately with a complaint form however, I note that the consumer did receive assistance later and the response demonstrated the service was well aware of the consumer’s issue and had commenced work to resolve it.

I consider the provider’s response adequately addressed the deficiencies identified in the Site Audit report and there is insufficient evidence to support that consumers are not encouraged and supported to provide feedback and make complaints. Further, the Site Audit report provided:

* Management said they had an open-door policy and were always happy to talk to consumers and representatives.
* Staff said they would provide consumers with a feedback form to complete and inform team leaders or management of consumers’ concerns.
* Feedback forms and boxes were observed located in various areas of the service.

Therefore, on the balance of the evidence before me, I find Requirement 6(3)(a) compliant.

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

* The service did not demonstrate taking appropriate actions when complaints were made in relation to staffing levels and the impact on consumers. As this is related to using feedback and complaints to improve the quality of care and services it has been considered under Requirement 6(3)(d) where it is relevant.
* Documentation showed that for 2 serious incidents that were reported, there was no documentation evidence that open disclosure had been practiced. Management acknowledged there was no documentation but believed open disclosure would have been practiced.
* Some consumers and representatives felt the service did not have a culture of offering an apology when things went wrong, and considered the actions taken in response were often short-term measures. However only one example was brought forward where a representative felt they did not receive a proper apology following an incident involving their loved one.
* One consumer complained that the grab rail in their bathroom is not in the appropriate place. Management advised work was underway, including with the physiotherapist, quality manager, and the consumer to come to a resolution.

The provider’s response provided the following clarifying information:

* The 2 reported serious incidents were circumstances that did not require an open disclosure process.
* In relation to the representative who felt they did not receive a proper apology; this was in relation to an incident that occurred 2 years ago and staff followed up with the representative who was satisfied when they received a further apology.
* In relation to the consumer who complained about their grab rail, this has been addressed under Requirement 4(3)(g) where the response demonstrated appropriate action has been taken to address the consumer’s complaint.

I consider the provider’s response adequately addressed the deficiencies identified in the Site Audit report and there is insufficient evidence to support that appropriate action is not taken in response to complaints and an open disclosure process is not used. Further, the Site Audit report provided evidence that staff had received training on open disclosure. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(c) compliant.

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

* Consumer and representatives said the service sometimes used feedback to improve the quality of care and services however, they did not consider their concerns regarding staffing levels and maintenance had been adequately addressed.
* Not all feedback about staffing levels and maintenance concerns identified from consumers and representatives during the Site Audit had been recorded and some complaints about maintenance had not yet been actioned.

The provider’s response provided the following clarifying information:

* Management had been addressing staffing levels in consultation with staff and consumers, and individual complaints about staffing are directly addressed with consumers. Issues in relation to staffing sufficiency have been considered under Requirement 7(3)(a) where it is relevant.
* The response provided evidence that the service does trend complaints which showed no complaint trends in relation to maintenance issues. This is further supported by the finding of compliant for Standard 5.

I consider the provider’s response adequately addressed the deficiencies identified in the Site Audit report and there is insufficient evidence to support that feedback and complaints are not reviewed and used 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 the remaining Requirement in Quality Standard 6 is compliant.

Consumers and representatives said they have been provided with information regarding how to provide feedback or make a complaint and felt they could access support to help them should it be required. Staff knew how to direct consumers and representatives to external complaint, advocacy and language services, if they required. Information about external avenues for complaints, advocacy and language services was available around the service and in the consumer handbook.

# 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) and 7(3)(d) 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:

* Consumers and representatives advised staff shortages impacted the delivery of safe, dignified, and effective care, and care was rushed. Some consumers did not receive care and services in accordance with their needs and preferences. Impacts on consumers included:
  + consumers receiving delayed care and staff not responding to call bells in a timely manner, including one consumer who received delayed assistance with toileting,
  + one consumer is left in their bed and not taken to eat meals with other consumers, and
  + consumers not being assisted to be prepared and dressed appropriately for the day.
* One staff said they were not able to attend to consumers requiring 2 person assistance for activities of daily living on the third day of the site audit. Other examples provided by staff of impacts on consumers due to staffing shortage included consumers not having their continence aids changed in a timely manner and being left in bed for a period of time.
* Staff rosters over a 2 week period demonstrated over 20% of shifts were not filled.
* Call bell data over a 4 week period demonstrated approximately 15% of calls were responded to in over 10 minutes.

The provider’s response provided clarifying information in relation to some of the deficits identified above:

* Regarding the consumer examples provided above:
  + Though the service ensures high-risk care is provided as a priority, the response acknowledged that some consumers have to wait at times for assistance with activities for daily living which has resulted in consumers not receiving personal care in a timely manner. The response did not specifically address the consumer who received delayed toileting assistance.
  + In relation to the consumer who is not taken to eat meals with other consumers, the response stated this related to another service the consumer recently moved from, where they were not taken to eat their meals in the dining area. No further evidence to support this was provided. The response provided evidence that the consumer is taken out of bed to attend social activities, however, did not provide evidence of the consumer being taken out of their bed to attend meals with other consumers.
  + In relation to consumers not being assisted to be prepared and dressed appropriately, this related specifically two 2 consumer examples. The response provided evidence for the first consumer receiving appropriate assistance for activities for daily living such as showers. In relation to the second consumer example, the response stated the consumer often dresses themself and chooses not to take on staff advice on appropriate clothing to wear.
* In relation to staff feedback, the response disagreed with the feedback and stated there are always other staff available to assist and support, if required. No further evidence in support of this was provided. The response also stated staff have been directed that attending to continence aids is a priority in the morning and that consumers are not left in their bed unless it is their choice. The response provided evidence of some consumers who attend planned activities in support of consumers not being left in their bed however, it is unclear if these were the consumers staff were referring to.
* In relation to the staff roster and unfilled shifts, the response stated the roster was misinterpreted and stated all shifts were fully rostered. The evidence provided with the response demonstrated a small number of shifts were not filled due to staff calling in sick or not showing up. The response acknowledged it is extremely challenging to ensure each shift is fulfilled every day and, at times, staff have to work without a full team of clinical and care staff.
* The response did not address calls bells being answered in over 10 minutes however, stated there are on-going improvements being made to call bell functionality.
* The response acknowledged challenges in staffing and as a result provided evidence of recruitment strategies that have, and will be, undertaken.

While I acknowledge the service has taken appropriate actions to address some of the deficits identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. Further, the response did not address all the deficits identified in the Site Audit report or did not provide sufficient supporting evidence when addressing the deficits. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(a) non-compliant.

Regarding Requirement 7(3)(d), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement:

* One representative advised staff needed training on how to work with consumers living with dementia.
* Training records identified not all staff had completed mandatory training was completed.

The provider’s response provided the following clarifying information:

* Evidence of staff completing dementia specific training at least once since 2021.
* The response acknowledged not all mandatory training was completed and work is underway to increase rates of compliance.

In relation to the feedback regarding dementia training, I have also considered that no other consumer, representative or staff feedback was provided to reflect a systemic issue in relation to the lack of dementia training. The Site Audit also did not bring forward impacts on consumers as a result of dementia training.

As for the completion of mandatory training rates, I acknowledge that not all staff have completed mandatory training and that the service is working to improve this. However, I have placed emphasis on most staff completing training. Further, no evidence was brought forward in the Site Audit report to demonstrate that lack of completed mandatory training resulted in staff not being able to deliver the outcomes required by the Standards.

I have considered information in the Site Audit report where most consumers/representatives considered the workforce to be recruited, trained, equipped, and supported to deliver outcomes required for consumers. Further, staff considered the training delivered equipped them to deliver care to consumers.

I consider 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 Standards. Therefore, on the balance of evidence before me, I find Requirement 7(3)(d) compliant.

I am satisfied the remaining 3 requirements in Quality Standard 7 are compliant.

Consumers and representatives provided complimentary feedback about regular staff at the service. Some consumers and representatives felt some new staff can be abrupt, and this may be due to workforce pressures. However, the Site Audit report did not bring forward specific consumer feedback examples or identify impacts on consumers. Therefore, I am unable to form a view and hence have not considered this. Staff demonstrated knowledge of consumers’ needs and preferences, consistent with information in care planning documents. Staff were observed to be engaging with consumers in a respectful and personable manner.

Consumers and representatives said staff perform their duties effectively and regular staff are knowledgeable within the scope of their role. The service demonstrated it had appropriate recruitment processes in place to check staff had the appropriate qualifications, experience, and clearance required for their role, as evidenced from human resource documentation.

Management advised the service has a probationary and ongoing performance review system in place. Staff said they were aware of, and had participated, in performance reviews on an annual basis. Staff records confirmed most performance reviews were completed. Management advised for the outstanding reviews, staff were being monitored on an on-going basis, as confirmed by documentation.

# 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)(a), 8(3)(b), 8(3)(c), 8(3)(d) 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)(a), the Site Audit report brought forward several deficiencies. I consider the following relevant to this Requirement: Consumers advised there had not been a consumer and representative forum in several months, or newsletters, or other forms of communication regarding what was happening at the service outside COVID-19 communication. Management confirmed that there had not been any recent consumer/representative meetings or newsletters however, this was being reintroduced in the near future.

The provider’s response provided clarifying information that consumer/representative meetings were not held over a period of time due to flooding, then a COVID-19 break and then change in management. The response stated the meetings will re-commence; however, it is noted that there was no supporting evidence provided to confirm this.

I consider the provider’s response addressed the deficiency identified above. The Site Audit report provided further supporting evidence including:

* Feedback from management that they regularly walked around the service and asked for feedback and had an open door policy.
* Management advised communication was sent out during the site audit encouraging consumers and representatives to provide feedback.
* Most consumers and representatives considered they can partner in improving the delivery of care and services and they felt comfortable providing feedback.

I consider the evidence presented under this Requirement is insufficient alone to support consumers are not engaged in the development, delivery and evaluation of care and services. Therefore, on the balance of evidence before me, I find Requirement 8(3)(a) compliant.

Regarding Requirement 8(3)(b), the Site Audit report found the following deficiency: the service was not capturing all feedback raised to inform continuous improvement opportunities and continuous improvement plan (CIP) had not been actively monitored or managed. I consider this relevant to Requirement 6(3)(d).

The Site Audit report also found the service’s governing body meet monthly to monitor the performance of the service from consolidated reports. This information is used to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and monitor care and service delivery.

I consider the evidence presented under this Requirement is insufficient alone to support the organisation’s governing body does not promote a culture of safe, inclusive and quality care and services. Therefore, on the balance of evidence before me, I find Requirement 8(3)(b) compliant.

Regarding Requirement 8(3)(c), the Site Audit report brought forward deficiencies in relation to information management, continuous improvement, workforce governance and feedback and complaints. The deficiencies relate to issues at a service level and have been considered under the relevant requirements such as 7(3)(a), 4(3)(g), 6(3)(c), 6(3)(d) and 8(3)(a). The evidence brought forward did not demonstrate deficiencies in relation to the effectiveness of organisation wide governance systems.

I consider the evidence presented under this Requirement is insufficient to support non-complaint. Therefore, on the balance of 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; the service was unable to demonstrate preventative actions were implemented in response to 2 of 3 incidents. Management acknowledged there is no record of follow up action taken as part of incident prevention measures however believed follow up action would have been taken by management at the time.

The provider’s response included evidence to support appropriate action was taken with the relevant staff following the incidents.

The service had risk management systems and practices in place and provided policies describing how high impact or high prevalence risks associated with the care of consumers is managed including, abuse and neglect of consumers and how consumers are supported to live the best life they can. Management and staff identified and explained how they would respond to high impact, high prevalence risks at the service, to abuse and neglect, manage and prevent incidents, and support consumers to take risks to live the best life they can. Management explained incidents were analysed to identify issues or trends and reported to various committees and senior leadership.

I consider the evidence presented under this Requirement is insufficient to support non-complaint. Therefore, on the balance of evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining requirement in Quality Standard 8 is compliant.

The service had a clinical governance framework which included policies and practices in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff have been trained about the policies and provided examples of their relevance to their work. At the organisational level, clinical oversight was maintained through reports covering areas relevant to clinical care such as infections, pressure injuries, and restrictive practices. The service had policies and procedures to guide staff in the delivery of clinical care and services. Staff demonstrated knowledge of ways to minimise and manage infections and the use of restraint, and when to use open disclosure.

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