Performance

Report

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| Name of service: | Midlands Multipurpose Health Centre |
| Service address: | 13 Church Street OATLANDS TAS 7120 |
| Commission ID: | 8827 |
| Approved provider: | Tasmanian Health Service |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 4 November 2022 |
| Performance report date: | 20 December 2022 |

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

**This performance report**

This performance report for Midlands Multipurpose Health Centre (**the service**) has been prepared by C Spiller, 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 30 November 2022

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 3(3)(a)- the approved provider ensures all staff have an understanding of legislative requirements in relation to chemical restrictive practice and consistently demonstrate best practice in monitoring of changed behaviour and monitoring and evaluation of wounds.
* Requirement 7(3)(d)- the approved provider ensures training specific to aged care, including the Aged Care Quality Standards is provided to staff.
* Requirement 7(3)(e)- the approved provider regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* Requirement 8(3)(c)- the approved provider ensures governance systems are used effectively and underpinned by contemporary policies in relation to regulatory compliance.

# 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

This Quality Standard is compliant as six of the six Requirements have been assessed as compliant.

Consumers said they are treated with respect and dignity by staff, that staff are aware of their individual preferences and that they observe consumers’ right to privacy. Staff were observed treating consumers with respect and demonstrated an understanding of consumers’ backgrounds, family, as well as their individual choices and preferences. Care planning documentation reviewed by the Assessment Team included information about consumers’ individual preferences and details about people important to them.

Consumers described how staff respect consumers’ values, culture and diversity and how this informs the daily provision of care and services. Care planning documentation reviewed, reflected consumers’ cultural needs, interests and preferences.

Consumers expressed satisfaction that they can exercise choice and make decisions about their care and services, while being supported to maintain relationships that are important to them. Staff described how they best support the decisions of consumers. Care planning documents details how consumers wish their care to be delivered and who will be involved with this.

Consumers are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to inform care planning. Policies and procedures guide staff in supporting consumers in choice and decision making and maintaining their independence.

Consumers confirmed they receive current and timely information that enables them to exercise choice, such as meeting minutes and information via social media. Consumers either attend the monthly ‘resident’ meeting or receive minutes afterwards. A range of notices are on display within the service which include the activity calendar, events on that day and advocacy and complaints information.

Consumers stated that their privacy is respected by staff and their information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies regarding confidentiality of private information. While consumer files are paper-based, the nurses’ station is always locked and only accessible with a swipe card.

# 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

This Quality Standard is compliant as five of the five Requirements have been assessed as compliant.

Consumers said they feel included in the ongoing assessment and planning of the care and services provided and interviewed staff were able to describe the process of assessment and how it is used to inform safe and effective care planning. The service demonstrates a process of assessment and planning that considers individual consumer risk through the use of validated risk assessment tools for delivery of individualised safe and effective care and services.

Consumers said they can have input into their care planning and feel that care and services are planned around what is important to them. Interviewed staff could identify and discuss individual consumer’s care needs, goals and preferences. All consumers have documented goals of care in relation to resuscitation preferences which are completed in consultation with their medical officer however, documentation of advanced care directives (ACDs), and palliative care planning or end of life wishes is not consistent. Staff said care planning specific to palliative care does not usually commence until consumers are approaching end of life. All extended care plans reviewed are individualised and reflect consumers’ current goals, needs and preferences.

Consumers described their ability and of others they wish to be involved, to participate in assessment and care planning. Staff described how they involve consumers and their identified significant others in assessment and care planning through a planned approach of 3 monthly review of care and services and monthly multi-disciplinary meetings. Documentation reflects a care plan review every 3 months with a summary care plan available in consumers’ rooms on which consumers or their representatives can indicate their agreement. Care planning documentation reflects engagement with other health care services and providers.

Most consumers said staff discuss planned care strategies with them when making changes. Staff said outcomes of assessment and planning are discussed with consumers when any changes are made and upon review every 3 months. On review of consumers’ extended care plans, the Assessment Team found them to be lengthy, cumbersome to review and difficult in locating specific information quickly. However, consumers are provided a summary care plan that is concise and contains language that is easy for consumers and/or their representatives to understand.

Consumers said they are satisfied appropriate amendments are made to care provision following changes in health status or following an incident. Staff said any changes to a consumer’s health, or any incidents are communicated to the medical officer and families or representatives as soon as practicable with relevant assessments and care plans reviewed as appropriate. A review of all sampled consumer care planning documentation and progress notes shows care and services are reviewed regularly for effectiveness and when circumstances change.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied that requirement 3(3)(a) is non-compliant.

Management and nursing staff did not demonstrate an understanding of legislative requirements in relation to chemical restrictive practice and the service does not consistently demonstrate best practice in monitoring of changed behaviour and monitoring and evaluation of wounds to optimise health and well-being. Behaviour support plans are not discrete, with strategies to address changed behaviours not always easily located and identified. The service’s psychotropic register is incomplete and not effective in identifying chemical restraint. While deficits have been identified in pain charting in association to wounds, pain management in general is effective. Most clinical policies are out of date; however, the service has a current draft behaviour support and minimising restrictive practice policy, but this is not reflective of an individualised approach to behaviour management and support.

The service does not consistently demonstrate an understanding of or meet the legislative requirements in relation to psychotropic medication and chemical restrictive practice.

Documentation in wound management charts is inconsistent, with changes to consumer health status and subsequent requirements to manage skin integrity not always reflected in progress notes or care planning documents. Documentation reviewed demonstrates the service is using a validated skin assessment tool and that wound management charts are evident for all wounds.

Documentation of pain monitoring and evaluation is not consistent as evidenced in wound management plans however, a review of consumer files shows that the service uses validated pain assessments to assess verbal and nonverbal responses to pain, that appropriately skilled staff administer medications to manage consumer pain, that referrals to the medical officer and physiotherapist for pain management is reflected in care plans and that non-pharmaceutical interventions are also offered to consumers.

In their response, the Approved provider acknowledged and accepted the Assessment Team findings, they have commenced developing and implementing activities to correct the deficits identified. A quality improvement plan was submitted as part of the response. Activities underway or planned included; progressing a draft behaviour support protocol, review of current behaviour support plan template care plan, providing education and training sessions on behaviour support and restrictive practice, psychotropic medication review, wound management and assessment of pain.

In making this decision, I have reviewed the information provided by the Assessment Team and the response from the provider. While I note the improvements underway or planned, some of these activities will need to be completed and evaluated for effectiveness and the completion dates are 2023. There were significant deficits identified by the Assessment Team in restrictive practices and wound management and I have given weight to these findings. Therefore, I find the service non-compliant with this Requirement 3(3)(a)

I am satisfied the remaining six requirements are compliant.

Consumers said they feel safe and that their care is effectively managed. The service has policies regarding management of high impact, high prevalence risks, although some policies are overdue for review.

Some consumers said they did not recall discussing their end of life wishes with staff, however all consumer files reviewed show some input from consumers regarding their needs, goals and preferences when nearing end of life. Staff said palliative care planning with consumers did not usually occur until the consumer is nearing the end of their life, however, they could discuss comfort measures taken for consumers commencing a palliative care pathway. The service has a policy to guide staff, however this is now overdue for review.

Overall, consumers are satisfied with the responsiveness from service staff and other health professionals when they experience a change in health status. Care documentation for the sampled consumers demonstrate staff identification and appropriate response to changes in a timely manner.

Information about the consumer’s condition, needs and preferences is mostly documented and communicated effectively within the organisation. However, the Assessment Team found it difficult to find specific information relating to consumers easily such as diagnoses, specific care plans and referrals with inconsistencies found in the documents filed within each consumer’s file/folder. Information is mostly shared effectively with others where responsibility for care is shared. Care documents including progress notes, handover sheets, charting and referrals mostly reflect appropriate information regarding consumer health status, needs and preferences to ensure safe delivery of appropriate care.

Consumers and staff confirm that referrals occur to medical officers and other health professionals when care needs require specialist input. Attending allied health professionals at the service include physiotherapists, speech pathologist, dietitian and podiatrist. Other visiting health specialists include a geriatrician, older person mental health services, wound consultant and dementia specialist services. Staff are aware of the referral process and of services available.

The service has a current infection control management policy with a reference guide for specific infections and conditions including COVID-19 and acute respiratory infections, a policy on antimicrobial stewardship and a policy on aseptic non-touch technique (ANTT), both which are overdue for review. The service has an infection prevention and control (IPC) lead nurse and staff are able to describe IPC practices to minimise the transmission of infections. Staff can provide examples of interventions to reduce the use of antibiotics and measures to take to ensure antibiotics are used appropriately.

# 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

This Quality Standard is compliant as seven of the seven Requirements have been assessed as compliant.

Consumers are satisfied with how they are supported to meet their care needs, goals and preferences. Consumers said they receive effective services which allow them to maintain their independence, well-being and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation identified consumers’ choices and provided information about the services and supports consumers needs to do the things they want to do.

Consumers described services and supports available to promote emotional, spiritual and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers. Care planning documentation included information on emotional, spiritual and psychological needs and preferences.

Consumers said they are supported and encouraged to do things of interest to them and participate in community activities within and outside the service as they choose. Staff described familial and personal relationships as well as interests of the sampled consumers. Care planning documents contained information in relation to consumers’ interests and family relationships.

Consumers expressed satisfaction that staff who care for them are aware of their needs and preferences, and when these changes. Staff said they are informed of changes to consumer needs and this is communicated to them through written notes, handovers and meetings.

The Assessment Team reviewed consumer care plans for the sampled consumers, which identified the involvement of others in the provision of lifestyle support and services. This included visits by allied health professionals, family and friends, representatives of faith and community groups and organisations, although community group visits had not yet resumed following the COVID-19 restrictions.

All consumers gave positive feedback about the provision of, and choice and quality of meals at the service. The service demonstrates that a variety of meals are provided with the menu adjusted for the season twice yearly. The menu has the oversight of a dietitian. Care planning documents note consumers’ food needs, likes, dislikes and food allergies.

The service demonstrates that equipment is safe, suitable, clean and well maintained for consumer and staff use. The Assessment Team observed a range of mobility aids and manual handling equipment. Equipment was stored safely and cleaning wipes were located close by. Staff confirmed they have access to equipment when they need it.

# 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

This Quality Standard is compliant as three of the three Requirements have been assessed as compliant.

Consumers provided positive feedback about the service environment. The Assessment Team observed the aged care service environment to be welcoming, clean, uncluttered and offered a range of spaces that optimises consumer engagement and interaction or allows for consumers to enjoy some quiet or private time. The service environment enabled easy access and movement for consumers and staff.

Consumers and their representatives expressed satisfaction the service environment is safe and comfortable. The Assessment Team observed the service to be safe, clean and well maintained. Maintenance consists of preventative maintenance and reactive systems to ensure the service is safe, clean and well maintained.

Furniture, fittings and equipment were observed to be clean and well maintained. Consumers sampled said they have access to safe and clean equipment and any repairs required are promptly attended by the maintenance staff.

The Assessment Team observed that there was a range of equipment available to meet the care and clinical needs of consumers.

# 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

This Quality Standard is compliant as four of the four Requirements have been assessed as compliant.

All consumers interviewed said that although they do not have any complaints, they feel encouraged and supported to provide feedback. Staff describe how they support consumers to provide feedback and make complaints and the Assessment Team observed the availability of internal feedback mechanisms throughout the service. A monthly ‘residents’ meeting’ is scheduled to give consumers a voice and to provide management with consumer feedback about the quality of care and services.

No consumers identified as needing a language service and said that if they had any concerns they would feel very comfortable to raise these directly with staff. Staff discussed how consumers have access to an advocacy service and that advocacy service pamphlets are available to them; however, no consumers were identified as having accessed an advocacy service. A ‘resident’s’ meeting is held monthly and meeting minutes evidence consumer input about happenings at the service.

All consumers interviewed said that although they did not have any complaints, they are confident that appropriate action would be taken. Most staff said they were confident the service would be responsive to complaints and could describe the process of open disclosure.

The service has no current complaints but could describe how complaint data could be used to inform improvements to the quality of care and services.

# Standard 7

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied that requirement 7(3)(d) and 7(3)(e) is non-compliant.

The service could not adequately demonstrate that training specific to aged care, including the Aged Care Quality Standards is provided. Management described how staff complete annual mandatory acute care related education that is completed online and face to face and the workforce is recruited and trained to support consumers. However, the Assessment Team found limited evidence of aged care specific training, related to the Aged Care Quality Standards.

The Assessment Team found that the service had not undertaken performance evaluation of its staff for over 12 months related to the absence of a permanent director of nursing onsite. The service was therefore unable to demonstrate how they evaluate staff performance. Overall clinical and care staff had not had a performance report for over a year, with 3 out of 4 staff interviewed saying they have not had a performance review in the past 12 months.

The service did not provide a plan of how they will address this matter, however later advised the Assessment Team via email that there is a plan to progress with performance reviews and have committed to recommence the process in the near future.

In their response, the Approved provider acknowledged and accepted the Assessment Team findings, they have commenced developing and implementing activities to correct the deficits identified. A Quality improvement plan was submitted as part of the response. Activities underway or planned include but are not limited to; provision of specific aged care training and scheduling of performance developmental reviews for all staff.

In making this decision, I have reviewed and considered the information from the Assessment Team and the approved provider response. I commend the approved providers actions to address the deficits, but these actions are still underway and not scheduled to be completed until dates in 2023, therefore have yet to be fully embedded and evaluated for effectiveness. Therefore, I find the service non-compliant with requirements 7(3)(d) and 7(3)(e).

I am satisfied the remaining three requirements are compliant.

The service demonstrates how they plan the number and mix of staff to enable safe and quality care and services to consumers. The service has not had a permanent director of nursing since December 2021 and the position has been filled with short term contracts of staff doing higher duties with their incumbent positions not always backfilled, however has recently appointed a director of nursing who had commenced at the service less than 2 weeks prior to the site audit. Consumers expressed satisfaction with the level of staff at the service and how staff are available when they need them. Clinical and care staff said there is adequate staffing and they can complete their tasks within their delegated shifts.

Consumers sampled said staff interact with them in a kind and caring manner and were complimentary about how staff treated them and acknowledged their background. Staff demonstrated knowledge and respect of consumers’ backgrounds and cultural preferences. The Assessment Team observed staff addressing consumers by their preferred names and interacting with them in a caring and respectful manner.

Consumers sampled expressed satisfaction with staff knowledge and skills to meet clinical and care needs, as well as other services provided. Documentation demonstrates staff have qualifications commensurate with their roles and their competence is monitored, through annual mandatory training modules.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied that requirement 8(3)(c) is non-compliant.

The service demonstrated that governance systems are in place for the management of information, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints, however these are not always used effectively, nor are associated policies current with associated contemporary regulatory compliance. The service maintains a paper-based consumer file process and the Assessment Team found that information in relation to consumers’ needs, goals and preferences is not always readily available. Refer also to Standards 2(3)(d) and 3(3)(a) for further information.

Policies and procedures are available for staff on the intranet service, however those relating specifically to aged care are not current and reflect outdated legislation and references. Clinical policies and procedures as they relate to sub-acute care are current, therefore clinical care guidance is contemporary

The service, through THS, has a quality improvement process and register, however inconsistencies with management personnel has resulted in little activity being captured on the system for MMPHC.

Training modules are available for aged care services, which commenced in July 2022 and reports demonstrate that this is taken up and completed by some staff, however reports are incomplete of which topics have been completed and by whom.

The service has policies and a range of documentation regarding open disclosure, SIRS, complaints management, risk management and restrictive practice, although some of these are not current and do not reflect current legislative requirements, in particular, restrictive practice guidelines including changes to consent processes.

In their response, the approved provider acknowledged the assessment team findings and submitted a plan for continuous improvement, with a number of activities underway or planned. These included; audit of health records, enhance safety and quality processes, and contribute to policy update and review.

In making this decision, I have considered the Assessment Team Report and the approved providers response. The Assessment Team found a range of deficits in the systems and processes that impede the services’ ability to adhere to regulatory compliance requirements. I note the approved providers continuous improvement activities, but they will need to be embedded and are yet to be evaluated for effectiveness and impact. Therefore, I find the service non-compliant with Requirement 8(3)(c)

I am satisfied the remaining four requirements are compliant.

Consumers interviewed said they are engaged in care planning and service provision. Consumers attend ‘resident’ meetings which are held monthly and say they are kept informed of any changes that are occurring in the service. The service demonstrates it has effective systems to involve consumers and representatives in the planning, delivery and evaluation of care, lifestyle and services.

Consumers expressed feeling safe at the service and of living in an inclusive environment with the provision of quality care and services. The service promotes safe and inclusive care to guide staff practice.

The service has risk management systems implemented to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks and incidents are reported, escalated and reviewed by management at the service level and by the state-wide executive team responsible for quality and safety.

The service demonstrated it has a documented clinical governance framework that provides overarching monitoring and guidance for clinical care

Clinical staff were able to describe the concepts of antimicrobial stewardship and the measures taken to reduce the use of antibiotic therapy and how this is discussed with the medical officer, consumers and representatives when infections are identified.

While not all staff were familiar with the specific term ‘open disclosure’, they demonstrated an understanding of the practices which support open disclosure such as acknowledging an incident and apologising.

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)