Performance

Report

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| Name of service: | Mitchell House Hostel |
| Service address: | 127 Vary Street MORWELL VIC 3840 |
| Commission ID: | 3121 |
| Approved provider: | Mitchell House Inc |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 22 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 Mitchell House Hostel (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 16 December 2022 including a plan for continuous improvement.

# 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 | **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 2(3)(a)** - The service ensures risks to consumers are considered during the completion of assessment and care planning processes to inform the delivery of safe and effective care and services.
* **Requirement 2(3)(b)** - The service ensures assessment and care planning process effectively identify consumer’s current needs, goals and preferences, including advance care and end of life planning.
* **Requirement 2(3)(c)** - The service ensures consumers, those who consumers wish to involve, and other providers of care are involved in assessment and care planning.
* **Requirement 2(3)(d)** - The service ensures consumers are advised of the outcomes of assessment and the care plan is readily available to consumers and their representatives.
* **Requirement 2(3)(e)** - The service ensures consumers care plans are regularly reviewed and when an incident occurs or when there are changes to a consumer’s condition, the delivery of care and services are reviewed for effectiveness.
* **Requirement 3(3)(a)** - The personal and clinical care delivered to consumers is tailored to their needs, reflects best practice and optimises the consumers health and wellbeing.
* **Requirement 3(3)(b)** - The service implements procedures and practices to effectively identify and manage high impact or high prevalence risks associated with the care of consumers, including but not limited to falls, pain, restrictive practices, behaviour support and the administration of medication.
* **Requirement 3(3)(c)** - The service ensures the goals, needs and preferences of consumers are captured in relation to advance care, their wishes implemented and at end of life consumers are comfortable with their dignity preserved.
* **Requirement 3(3)(d)** - The service improves the systems and process in place to ensure change in consumers conditions are recognised and responded to appropriately and in a timely manner.
* **Requirement 3(3)(e)** - The service improves the processes and procedures to ensure information is shared effectively between staff and other providers of care involved in the care of the consumer.
* **Requirement 3(3)(f)** - The service improves the referral of consumers to individuals and other health professionals and referrals are completed in a timely manner when necessary.
* **Requirement 3(3)(g)** - The service improves the implementation of infection prevention, precaution, control measures and antimicrobial stewardship is effectively promoted and implemented.
* **Requirement 7(3)(d)** - The service improves the provision of and monitoring of training provided to staff which includes key risk areas and ensures the outcomes of these Quality Standards are achieved.
* **Requirement 7(3)(e)** - The service ensures the performance of the workforce is regularly assessed, monitored and evaluated including to identify and inform any training needs.
* **Requirement 8(3)(a)** - The service embeds systems and process to ensure consumers and representatives are involved in the development, delivery, and evaluation of care and services.
* **Requirement 8(3)(b)** - The service’s governing body demonstrates it is accountable for the delivery of quality care and services and undertakes the improvements required to return the service to compliance.
* **Requirement 8(3)(c)** - The service implements governance systems which applies and controls information management, continuous improvement, financial management, regulatory compliance, and the workforce and monitors these systems to ensure they are effective and sustainable.
* **Requirement 8(3)(d)** - The service improves risk management systems to ensure high impact or high prevalence risks are appropriately managed and incidents including those of classified as serious, are appropriately identified, reported, monitored and investigated to minimise further reoccurrence.
* **Requirement 8(3)(e)** - The organisation introduces a documented clinical governance framework, which includes policies on antimicrobial stewardship, restrictive practice and open disclosure with staff having been trained on these policies.

# 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 felt consumers were treated with dignity and respect, and staff valued their identity, culture, and diversity. Staff described how consumers were treated with respect by using their preferred names, acknowledging their choices, and knocking before they entered consumers' rooms. Documentation demonstrated how consumers’ needs and preferences were recorded, however not all care plans were up to date, due to the migration from paper-based care plans to an electronic-based care management system.

Consumers and representatives confirmed the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff identified consumers from culturally diverse backgrounds and provided information, demonstrating how consumers received care that aligned with their care plan. Care planning documentation identified which consumers had culturally and linguistically diverse backgrounds.

Care planning documentation identified consumers’ individual choices around when care was delivered, who participated in their care and how the service supported them in maintaining relationships. Consumer's choices were observed to be respected, such as when the consumer choose to stay in their rooms and have quiet time rather than attend activities. Married couples shared a room.

Staff demonstrated knowledge of the risks taken by consumers, and confirmed they supported the consumer’s wishes to take risks and to live the way they choose. Consumers described how the service supported them to take risks, including leaving the service independently. Risk assessment and dignity of risk forms had been completed and signed by the consumer or representative and were reviewed in line with the service’s risk management policies.

Information about care and services was provided to consumers and representatives promptly and in a clear and easily understood format. Consumers stated they received information relating to meals and activities, and confirmed they had an activities calendar and menu in their rooms. Staff ask consumers verbally about their meal choices.

Staff described, and observations confirmed, consumer information was kept confidential as it was not discussed in front of other consumers, documentation was stored in a locked cupboard and all computers were password protected. Consumers stated staff always knocked on doors before entering, asked about how much assistance they required, and ensured doors were kept closed to maintain privacy.

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The assessment team recommended all requirements under this Standard 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 have found the service non-compliant. The site audit report evidenced deficits as follows:

Assessment and care planning processes were being migrated from a paper based to an electronic care management system and therefore during the Site Audit, systems and care planning processes did not always inform the delivery of safe and effective care and services, as risks associated with the use of bed rails, transfers, or falls management has not been assessed to inform the delivery of safe and effective care. Additionally, care plans were inconsistently completed for new consumers or in response to new risks emerging, with one consumer not having a care plan for 11 weeks. The physiotherapist advised they do not complete initial mobility assessments or participate in the ongoing review of consumers and there was no system for assessing the equipment needed or used to assist consumers mobility or to transfer them safely.

Some consumer files either did not contain care plans or where a care plan existed it did not contain information to demonstrate the service was aware of or had recorded the consumer’s current needs, goals and preferences, including for advance care or their end of life wishes. Consumers advised they were not offered the opportunity to discuss their preferences or wishes with the service and for consumers, who had recently experienced a change in condition or had returned from hospital, their care plans had not been updated to reflect new care recommendations. Consumers and representatives confirmed the service had not discussed advanced care or sought to understand the consumer’s end of life wishes.

While staff were able to describe an assessment and care planning process, this had not been effectively implemented, as some consumers did not have a care plan and confirmed they had not had the opportunity to contribute to the development of their care plan. Additionally, allied health professionals, confirmed the consultation process, seeking their input, was minimal. A process to ensure the consumer, their representative and others involved in the care of the consumer, were actively engaged in assessment and care planning was non-existent. However, some consumers advised they discuss their care needs with staff on a daily basis.

Consumers and representatives said they did not know what a care plan was, they did not understand what was included in the care plan and were unaware they could request one and confirmed the outcomes of assessments, where these had been completed, had not been discussed with them. Management advised care plans had not been offered or provided to consumers by the previous management personnel. Care documentation supported an absence of discussions regarding care planning.

The service did not have a process in place to ensure the planned care was regularly reviewed to determine it was effective, reassessments did not occur, when an incident, such as a skin tear or wound occurred and care plans were not updated following a consumer being reviewed by a medical specialist who made recommendations on behaviour support strategies. While a resident of the day review schedule was in place, staff were not familiar with the alerts, provided by the recently introduced electronic care management system and 633 ‘resident of the day’ reviews were identified as overdue.

The provider’s response submitted on 16 December 2022 acknowledged the deficits identified in the Site Audit report and advised these findings where consistent with their own internal audit results since acquiring the service in March 2022. The provider submitted a plan for continuous improvement which outlines the corrective taken, commenced, or planned, including migrating the service from paper-based care planning to an electronic care management system, however this had been impacted and delayed by COVID outbreaks within the service and the community.

I note the new provider has implemented immediate strategies to reduce the risk to consumers including implementing a registered nurse led model of care, commencing reviewing of all assessments, care plans and incidents to determine consumer needs and staff have been provided with a comprehensive suite of policies and procedures to guide their practice in assessment, care planning and review of consumers care to ensure it is safe and effective with education sessions planned or completed.

While the provider has commenced the implementation of these corrective actions, I find, at the time of the site audit, the service was not able to demonstrate systems and processes were in place to assess risks to consumers or to plan or review, care and services to ensure the consumer’s current needs, goal or preferences were met. Consumers were not partners in their care as they were not offered opportunities to regularly participate in consultations regarding their care needs or wishes and care plans were not readily available to them.

Therefore, I find all of the Requirements of this Quality Standard as non-compliant.

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-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. | Non-compliant |

Findings

The assessment team recommended all requirements under this Standard 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 have found the service non-compliant. The site audit report evidenced deficits as follows:

The Site Audit report evidenced, care documentation for consumers was not tailored to their individual needs and gaps in wound management, pain management and restrictive practices directives and monitoring was noted. For 2 consumers, they had sustained a skin tear or had pressure injuries and there was no evidence to support the wound had been assessed, or regimes implemented to monitor and dress the wounds, with staff failing to record wound measurements, descriptors or photograph the wounds. For another named consumer, with a diagnosis of diabetes and with restricted fluid intake, care documentation did not evidence the service had implemented monitoring processes with the consumer confirming they monitored their own. Consumers were observed to be subjected to environmental and chemical restrictive practices which where not understood by staff and not implemented as a last resort.

The high-impact or high-prevalence risks associated with the care of consumers, particularly relating to falls and wound management were not being effectively managed as key risks and interventions were not consistently identified in the care documentation. For a consumer with a pressure injury on their sacrum, while some pressure relieving strategies had been put in place these were not documented and were being inconsistently implemented by staff. For another named consumer, who experienced a fall in July 2022, there was no evidence to support the consumer had been assessed, monitored or interventions put in place to manage their falls risk. There was no evidence to support clinical incident reports were completed and the management of risks was being undertaken.

Consumers and representatives confirmed the service has not engaged them in discussions to identify their needs, goals, and preferences for when they were nearing the end of life, however expressed they were confident their comfort would be maximised; and their dignity preserved. Care documentation did not contain advance health directives or evidence of consumers end of life preferences.

Care documentation was unable to evidence deterioration was recognised and responded to in a timely manner as care planning, progress notes, and charting documentation was not consistently completed by clinical staff, with any changes only discussed at handover meetings.

Information relating to consumers was not shared with others responsible for care delivery to consumers. Physiotherapy staff were not informed of consumers who entered the service to assess their mobility or transfer needs, nor were, they advised on consumer who fell to reassessment and review. Care planning documentation was incomplete and individual directives for consumers were not captured in care planning directives including the need for restricted fluids for a named consumer. Consumers’ preferences relating to their end of life care were not captured or documented. For one consumer who had been reviewed by a behavioural specialist, information from the review was not available to guide staff practice, the consumer displays challenging behaviours. Verbal handover was observed to omit changes to consumer conditions with skin tears not being reported and a documented handover process was not implemented.

While staff confirmed there is a process to refer consumers, feedback from allied health providers, such as physiotherapists confirmed they did not undertake mobility assessments for new consumers, nor did they contribute to ongoing care plan reviews. The service did not provide information or evidence of referrals to a physiotherapist following falls or when mobility issues were identified. Staff confirmed referrals to podiatrist had not occurred for over 2 months and consumers advised they had made their own private arrangements to access podiatry services.

Despite, policies and procedures being available to support the minimisation of infections and assist staff in antimicrobial stewardship, staff had not been provided with education, the role of the infection control lead was unable to be described and there was no evidence to support the service proactively monitored or responded to trends in infection rates.

The provider’s response submitted on 16 December 2022 acknowledged the deficits identified in the Site Audit report and advised these findings where consistent with their own internal audit results since acquiring the service in March 2022. The provider submitted a plan for continuous improvement which outlines the corrective taken, commenced, or planned, including migrating the service from paper-based care planning to an electronic care management system, however this had been impacted and delayed by COVID outbreaks within the service and the community.

I note the new provider has implemented immediate strategies to reduce the risk to consumers including implementing a registered nurse led model of care, commencing reviewing of all assessments, care plans and incidents to determine consumer needs and staff have been provided with a comprehensive suite of policies and procedures to guide their practice in the delivery of clinical care including the management of high impact/high prevalence risks, end of life care and responding to deterioration, with staff education completed or proposed across a range of clinical care topics including wound, restrictive practices, pain and falls management.

While the provider has commenced the implementation of these corrective actions, I find, at the time of the site audit, the service was not able to demonstrate systems and processes were in place to effectively share information between those involved in the care of the consumer to ensure safe and effective clinical care was provided to each consumer, high-impact risks were not effectively managed with referral processes being ineffective or not completed, end of life care preferences and wishes were not known to ensure the dignity of consumers and monitoring processes were not in place to inform infection prevention and control.

Therefore, I find all of the Requirements of this Quality Standard as non-compliant.

# 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 felt supported to pursue activities of interest to them and optimise their independence and were provided with appropriate support to do so. Staff explained how they conducted a lifestyle assessment which collected the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural, or spiritual needs and traditions. Documentation was being transferred from paper to an electronic system and due to the upgrade, some care plans were observed to be out of date.

Consumers reported their emotional, spiritual, and psychological needs were supported, and they could stay in touch with family or friends for comfort and emotional support. Staff advised consumers’ emotional, social, and psychological needs were supported in ways including facilitating connections with people important to them through technology or staff and volunteers. Care planning documentation reflected information about consumers' preferences for observing spiritual needs.

Consumers indicated they were supported to participate within and outside the service, stayed connected with people who were important to them, and did the things of interest to them. Staff explained how they supported consumers to participate in the community or engage in activities of interest to them and described consumers who undertook individual activities outside the service. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives said the consumer’s condition, needs, and preferences were effectively communicated with the service and with others responsible for care. Staff described ways in which they shared information and were kept informed of the changing condition, needs, and preferences of each consumer. Care planning documentation provided adequate information to support safe and effective care as it related to services and supports for daily living.

Consumers said they were supported by the organisation and providers of other support and care services. Staff described other individuals, organisations, and providers of other care and services and specific consumers who use these services. Care planning documentation identified referrals to other organisations and services such as the hairdresser and described how staff ensured consumers were prepared and ready for appointments on time.

Consumers and representatives provided positive feedback about the variety and quantity of food being provided at the service and said there were plenty of choices for each meal and they could request different meals. Staff advised dietary assessment forms were completed with the consumer and representative and a copy was sent to the kitchen, if any changes were made by the dietitian or speech pathologist those changes were communicated and recorded. However, due to the facility transitioning from paper-based to computer-based, care plans were not all updated, but kitchen staff were given a daily handover sheet and no concerns were raised about the meals offered.

Consumers reported having access to equipment, including mobility aids, shower chairs, and manual handling equipment, to assist them with their daily living activities as well as being provided resources and equipment for leisure and lifestyle activities. Staff said they have access to equipment when they need it and described how the equipment was kept safe, clean, and well maintained. Cleaners were observed wiping down consumers’ equipment.

# 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 described, and observations confirmed, the service was welcoming and easy to navigate. Staff described aspects of the service environment that make consumers feel welcome and optimised their independence, interaction, and function. The service was observed to be homely, clean, and well-maintained with spacious courtyards including garden beds, seating, and shaded areas for the consumers. Clear signage was visible throughout the service.

Consumers and representatives said they were happy with the cleanliness and maintenance of the service. Staff provided the preventative maintenance schedule and explained how external contractors were managed and the process for arranging any repairs to the building or equipment. Consumers were observed freely walking into the courtyard, which had approximately 4 accessible entrances which were all unlocked, and several consumers were seen sitting outside. However, consumers were not able to access the external community environment without assistance from staff as the entrance to the service was secured.

All consumers stated their rooms were cleaned daily, including bathrooms, and describe the process of reporting faulty equipment. Consumers were observed using, a range of equipment aids, including walking frames, wheelchairs, and comfort chairs. Furniture in communal areas was observed to be clean and in good condition and enjoyed by 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

Consumers and representatives said they knew how to provide feedback and make complaints and said management was responsive to any concerns they have. Staff said they would listen to the consumer if they had a complaint and would assist them to complete a complaints form or approach management directly. Hard copy feedback forms, flyers, and brochures detailing internal and external complaint avenues along with advocacy support were observed displayed at the service.

Consumers and representatives stated they were aware of other avenues for raising complaints and explained they were comfortable raising concerns with management. Staff described the feedback and complaints processes and confirmed action was taken to respond to complaints and feedback and referred to complaints and feedback raised at consumer meetings. Feedback forms, the consumer handbook, brochures, and posters were observed, all of which provided information regarding internal feedback and complaints processes.

Consumers and representatives stated management apologised and was responsive to their complaints and they felt they were dealt with but sometimes the process could be improved. Management said all complaints were dealt with, and the consumers seemed happy with the outcomes. Although the service had a policy on open disclosure, some staff were unaware of the concept of open disclosure.

Management said that they act on feedback and complaints promptly and put it in the feedback and complaints register, however documentation to support this was not provided at the time of the Site Audit. Consumers gave examples of management responding to feedback in relation to the temperature of the hot water and confirmed this had improved. Staff confirmed feedback and complaints are used to make improvements.

# 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

The assessment team recommended these 2 requirements were not met.

* The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring, and review of the performance of each member of the workforce are undertaken.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in the provision of mandatory training. Despite the service advising mandatory training was offered to staff, it could not provide evidence staff had undertaken or completed training. Staff were unable to demonstrate knowledge of antimicrobial stewardship or best practice restrictive practices. Additionally, the service was upgrading to an electronic care management system and staff were not aware of where information was to be documented, and inconsistently updated changes in care needs for consumers.

While management advised staff performance was currently monitored through observations and consumer/representative and staff feedback. However, evidence to support the performance of the workforce was regularly assessed, monitored, and reviewed was not able to be provided.

The provider’s response acknowledged the deficits and submitted a plan for continuous improvement which outlined a range of corrective actions that have been taken, commenced, or are planned to address the deficits evidence in the Site Audit report.

I acknowledge provider has implemented some actions including the introduction of a new corporate role responsible for monitoring staff education and performance review processes and note the providers advice these new systems will take time to implement and therefore, a number of education sessions will be delivered immediately to reduce the risk due to knowledge gaps in key risk areas of incident reporting, infection control, antimicrobial stewardship, open disclosure, management of clinical risks, assessment and care planning.

Based on the evidence before me, I consider, at the time of the site audit, the service was unable to demonstrate staff were trained, equipped, and supported to deliver the outcomes required by these standards and the performance of the workforce was being regularly reviewed, monitored and evaluated.

Therefore, I find Requirement 7(3)(d) and Requirement 7(3)(e) are non-compliant.

I find the remaining 3 requirements of Quality Standard 7 compliant as:

Consumer’s offered positive feedback regarding staff meeting their needs and said they do not wait long for assistance as staff come quickly when they rang the call bell. Staff stated they worked as a strong team to ensure quality and safe care were provided to the consumers at the service, however confirmed staffing issues were impacting them personally. Call bell data is used to monitor staffs’ responsiveness to consumers call for assistance, and demonstrated staff responded promptly to consumer needs.

Consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. Staff were observed interacting in a kind and respectful way when speaking with consumers and representatives, and when delivering care and services. Management advised they monitor staff interactions with consumers and representatives through observations, informal feedback, and complaints processes.

Consumers and representatives said staff performed their duties effectively and had the skills to meet their care needs. Staff stated they felt supported by management and other staff to fulfill their roles. Documents reviewed demonstrated staff had the relevant qualifications to perform the duties outlined in their position descriptions and process were in place to onboard and induct new employees.

# 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. | Non-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. | Non-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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

The assessment team recommended all requirements under this Standard 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 have found the service non-compliant. The site audit report evidenced deficits as follows:

Consumers and representatives had not been engaged in the development, delivery, and evaluation of care and services, as they were unaware of their ability to access their care plan and staff had not consulted with them in relation to designing their care and services. Documentation supported consumer meetings had not been held since March 2022 and there was no process implemented to ensure consumer or their representatives had access to minutes of meetings, as management confirmed that while the meetings had been held monthly, they did not have time to prepare the minutes and disseminate them.

While staff were able to describe the structural hierarchy of the organisation including the establishment of a clinical governance committee which is responsible for overseeing the delivery of clinical care, systemic failures have been identified and all requirements under the Standard have been found non-compliant. Additionally, the governing body does not have oversight of the quality of care provided at the service as reports prepared, containing tracked and trended clinical incident data were inaccurate and not reflective of the actual performance as staff were not reporting incidents. Policies available to staff were outdated or not written specifically for the organisation and there was no evidence to support processes for monitoring the implementation of policies and frameworks had been embedded.

The service’s governance systems have been found to be ineffective as information has not been managed appropriately, staff do not have access to the information they need to provide care to the consumer, workforce governance systems have not been implemented to schedule and monitor the performance of the workforce or the completion of training to ensure staff have the knowledge they need and are familiar with the policies and procedures of the organisation. Although feedback and complaints, including that provided at consumer meetings, had been used to inform improvements, these were not documented, or disseminated. Regulatory compliance systems were not established to inform staff of their responsibilities and accountabilities in reporting, responding or managing serious incidents, or restrictive practices.

Deficits were identified in the organisation's risk management systems as the management of high-impact or high-prevalence risks associated with the care for consumers has been found non-compliant and staff have not been reporting incidents to allow management to undertake investigations and identify opportunities for interventions to further reduce risks. Staff did not demonstrate knowledge of their reporting responsibilities when they became aware, or had a suspicion, of a serious incident occurring.

The organisation did not have a documented clinical governance framework. The framework was in draft and awaiting approval. Staff did not demonstrate consistent understanding nor application about minimising the use of restraint, microbial stewardship, and open disclosure.

The provider’s response submitted on 16 December 2022 acknowledged the deficits identified in the Site Audit report and advised these findings where consistent with their own internal audit results since acquiring the service in March 2022. The provider submitted a plan for continuous improvement which outlines the corrective taken, commenced, or planned, including migrating the service from paper-based care planning to an electronic care management system which will improve access to information and the effectiveness of governance systems, however this had been impacted and delayed by COVID outbreaks within the service and the community.

I note the new provider has implemented immediate strategies to reduce the risk to consumers including implementing a registered nurse led model of care, commenced reviewing all assessments, care plans and incidents to determine consumer needs and staff have been provided with a comprehensive suite of policies and procedures to guide their practice in the management of high impact/high prevalence risks, restrictive practices, open disclosure and antimicrobial stewardship.

While the provider has commenced the implementation of these corrective actions, I find, at the time of the site audit, the service was not able to demonstrate organisational governance systems including for the management of risk and embedding clinical governance were ineffective. Consumer and representatives have not been engaged in the design, development or evaluation of care and services as they have not been consulted or included by staff in the review of care and services and the governing body has not received accurate information to oversee the quality of care at the service.

Therefore, I find all of the Requirements of this Quality Standard as non-compliant.

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)