Performance

Report

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| Name of service: | Moran Engadine |
| Service address: | 99 Caldarra Avenue Engadine NSW 2233 |
| Commission ID: | 1015 |
| Approved provider: | Moran Australia (Residential Aged Care) Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 13 January 2023 |
| Performance report date: | 3 March 2023 |

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

**This performance report**

This performance report for Moran Engadine (**the service**) has been prepared by S. Hicks, 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 21 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-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.

Of note the Approved Provider should complete all improvement actions identified in their continuous improvement plan submitted to the Commissioner. Continuous improvements should remain ongoing.

**Standard 1:**

* **Requirement 1(3)a**
* Investigate and ensure all staff are treating all consumers with respect and dignity particularly in relation to the provision of personal care.
* Review documentation to ensure that that wording is respectful.
* Ensure that staff care provision goals are respectful and maintain consumer dignity.

**Standard 3:**

* **Requirement 3(3)a**
* Review, improve and deliver safe and effective personal care. This relates specifically to falls, diabetes pain and behaviour management.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 3(3)b**
* Monitor, review and be proactive in the effective management of high impact and high prevalence risk. In particular the risk of falls.
* Risks associated with behaviour management need to be addressed as a matter of priority both to the consumer exhibiting the behaviour and the impacts to other consumers.
* **Requirement 3(3)g**
* Continue to develop and improve processes to ensure staff are familiar antimicrobial stewardship that includes understanding the effects for consumers.
* Look closely at infection control to ensure staff are consistently adhering to infection control practices particularly in relation to personal protective equipment.

**Standard 4:**

* **Requirement 4(3)a**
* Review, improve and ensure consistency for the daily living needs, goals and choices for those consumers living in the Dementia Support Unit.

**Standard 7:**

* **Requirement 7(3)a**
* Seek regular feedback from consumers/representatives to more readily know how staff shortages may be impacting the quality of consumer care.
* Review staffing organisation to address concerns of consumer/representatives and staff to improve consumer care provision.
* **Requirement 7(3)b**
* Seek regular, personalised feedback from consumers/representatives to more readily know how all staff are interacting with the consumers.
* Ensure that feedback is responded to as swiftly as possible to eliminate reoccurrence.
* Encourage staff to encourage one another to be respectful of consumers even when rushed and work together to remedy actions that have impacted consumers at the time they occur.
* Continue staff training as outlined in your response to the Commissioner.
* **Requirement 7(3)e**
* Complete staff performance reviews as soon as possible.
* Review, improve and embed the performance review process.

**Standard 8:**

* **Requirement 8(3)e**
* Look improve and implement an antimicrobial stewardship program including systems to monitor infections and antibiotic use.
* Improve and deliver ongoing training for staff on antimicrobial stewardship.
* Review and improve the clinical governance framework specifically in relation to behaviour management and ensure it is applied consistently.
* Continue improvements to clinical governance framework.

# 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. | Non-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 Quality Standard is assessed as Non-Compliant as one of the six specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate meeting all of the requirements for this Quality Standard.

Some consumers/representatives felt they were not treated with dignity and respected particularly in relation to some personal care provided. Some consumers also felt they were not supported to exercise choice and independence. This included ability to leave the service, meal choice and choosing the times for personal care to be provided. In relation to the provision of culturally safe care and services the Assessment Team considered, based on consumer feedback, that culturally appropriate care and services were absent or not individualised. In addition, the service did not to have a diversity plan that provides strategic direction to all staff at the service in keeping consumers culturally safe.

Evidence found suggested that consumers are not supported to take risks to enable them to live the best life they can at the service. Examples were cited by consumers and some risk assessments showed shortfalls in capturing the associated risk. Furthermore, some consumers considered that information provided to consumers was not current, accurate nor timely. This related particularly to receipt of information from consumer meetings and menu information. Lastly, the Assessment Team found whilst on site, that the service does not always protect the privacy of all consumers at nursing stations and nurse handover. Overall, The Assessment Team did not feel that the Approved Provider was meeting the requirements of Quality Standard 1.

The Approved Provider submitted a detailed response and additional documentary evidence in relation to the unmet requirements. They also supplied comprehensive information in relation to corrective action that had occurred since the date of the site audit. Firstly, the evidence supplied did provide additional substantiation for most of the unmet requirements. This evidence incorporated a diversity plan, menus (inclusive of food cultural sensitives) and documents showing the consultation in relation to consumers taking risks. Evidence supplied also included corrective actions that had occurred such as staff training, IT system improvement to better protect privacy and improvements to information supplied to consumers. For requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f), the evidence supplied was compelling and showed that the Approved Provider had acted swiftly to remediate provision of consumer care. Therefore, it is determined that the Approved Provider has demonstrated compliance with these requirements of the Quality Standards.

However, not all concerns raised by consumers were addressed adequately in the Approved Provider response, specifically in relation to requirement 1(3)(a). Whilst it is acknowledged that some of the Assessment Team evidence was of a ‘one off’ nature the concerns relating to dignity in the provision of personal care for consumers, document wording and the promotion of staff care goals were not adequately addressed by the Approved Provider. The adverse consumer impact was also apparent from the evidence supplied by the Assessment Team and this is the final determining factor of non-compliance.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirement is Non-Compliant:

Requirement 1(3)(a)

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Care and service documentation did not provide evidence of comprehensive assessment and care planning. Care plans and assessments were incomplete, contained conflicting information or were not completed. In addition, care planning documentation showed consumer’s current needs, goals and preferences are not addressed, routinely recorded or individualised in their care planning documentation and this included end of life planning.

The Assessment Team did find that the service has processes in place to ensure assessment and planning is based on an ongoing partnership with consumers. However, shortfalls were identified with involving other people that consumers wished to be involved in their care planning and assessment. In addition, consumer/representative feedback indicated that outcomes of assessment and planning have not been adequately communicated to them, and/or they are not aware of their care plan or been provided with a copy.

The Assessment Team sampled care and service documentation, and the felt that comprehensive reviews of care plans are not completed effectively when circumstances change, or incidents occur that impact on the needs, goals or preferences of consumers. The Assessment Team found some of this related to changes in circumstances related to weight and wound management and lifestyle plans. Overall, The Assessment Team did not feel that the Approved Provider was meeting the requirements of Quality Standard 2.

The Approved Provider submitted a detailed response and additional documentary evidence in relation to the unmet requirements. They also supplied comprehensive information in relation to corrective action that has already occurred including a complete review of all care plans to ensure consistency and accuracy. Furthermore, additional information supplied also provide substantiating evidence contrary to the findings of the Assessment Team including clarification of specific details relating to consumer care provided and end of life planning. The evidence also comprised sample care plans and proof of consultation. This evidence was compelling and showed that the Approved Provider was compliant in most aspects of Quality Standard 2 in combination with swift actions taken to remediate minor shortfalls in consumer care planning and assessment. Therefore, it is determined that the Approved Provider has demonstrated compliance with all the requirements of the Quality Standard 2.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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. | 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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-Compliant as three of the seven specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate meeting all of the requirements for this Quality Standard.

Overall, the Assessment Team felt that staff knowledge and action in relation to consumer care needs was inadequate. This was seen through Assessment Team observations and document review relating to the provision of wounds, pain, falls, diabetes and behavioural management. This was also evident in relation to managing areas of risk that are high impact and/or high prevalence risks.

A review of care and services documentation for consumers who had received end of life care showed care provided was not always documented and one instance of where a delay in commencing end of life care occurred. The Assessment Team also felt that that the processes for the escalation and response to deterioration sometimes not been identified or recognised in a timely manner. Moreover, whilst there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled with sharing information has not always occurred.

Staff were able to describe the processes for referring consumers to other health professionals. However, care and services documentation showed appropriate referrals to relevant health professionals were not always undertaken in a timely manner. In addition, practices in place to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics were not always followed and staff knowledge of antimicrobial stewardship was not adequate. Overall, The Assessment Team did not feel that the Approved Provider was meeting the requirements of Quality Standard 3.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. This included a detailed response and additional documentary evidence in relation to the unmet requirements. The compelling evidence showed robust processes in place for both end of life care, ongoing referrals and communicating consumer care needs and preferences through handover. It was noted that the handover evidence did not relate directly to the consumer sampled however it did demonstrate that any shortfall as seen by the Assessment Team was isolated and not systemic in nature. The information submitted also showed corrective action that had occurred since the date of the site audit. Overall, for requirements 3(3)(c), 3(3)(d), 3(3)(e) and 3(3)(f), the evidence supplied by the Approved Provider was persuasive. Therefore, it is determined that the Approved Provider has demonstrated compliance with these requirements of the Quality Standards.

However, not all concerns as seen by the Assessment Team were addressed adequately in the Approved Provider response, specifically in relation to requirement 3(3)(a), 3(3)(b) and 3(3)(g). For the provision of clinical care, whilst the Approved Provider was able to give additional compelling information in relation to wounds management and to some degree pain management, I am not convinced that consumer care is optimised in the areas of diabetes, falls and behavioural management. In addition, with falls identified as one of the Approved Provider’s high prevalence, high impact risks to consumers, the evidence supplied was not enough to demonstrate compliance for 3(3)(b). This was also the case with the evidence supplied by the Approved Provider to dismiss the Assessment Team observations relating to infection control. This specifically related to the correct use of personal protective equipment, rapid antigen testing and infection control processes after medication administration. In addition, whilst the Approved Provider did provide evidence of antimicrobial practices in relation to GP care there was little evidence submitted to confirm staff knowledge. With this combined and inclusive of consumer impact, there is non-compliance for three requirements of Quality Standard 3.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(g)

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

# 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. | Non-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 Quality Standard is assessed as Non-Compliant as one of the seven specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Some consumers/representatives feedback mentioned that participation within and outside the service environment and doing things of interest to them could be improved according to their preferences. Whilst staff showed ability to provide some consumers emotional, spiritual and psychological wellbeing, consumers sampled, documentation was not reflective of this. In contrast, most consumers were able to describe how they are supported to keep in touch with people and maintain social and personal relationships.

The Assessment Team also felt that information about the consumers condition, needs and preferences was not being communicated effectively so that all providers of care for consumers can provide services that have been recommended. This included communication from external providers to improve lifestyle for particular consumers and access to referred services.

Lastly, some consumers provided negative feedback on meal services and the dining experience. The Assessment Team also witnessed meal times and these sometimes appeared hectic and this was most prevalent in the Dementia Support Unit (DSU).

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements.

The Approved Provider submitted a response and additional evidence in relation to the unmet requirements. The evidence was persuasive and included documents showing appropriate referrals and communication. Where there had perhaps been an issue relating to these it was explained and was not systemic in nature. The Approved Provider could also show through documents supplied that activities provided to some consumers, although may look simplified were meaningful and the choice of the consumer. In addition, the Approved Provider could show a well-documented history in relation to working with consumers to improve meals and the dining experience. One action, comprised of hiring a new staff member who will be responsible for the dining experience on each floor, including the DSU. Lastly, the information submitted showed swift corrective action that had occurred since the date of the site audit. Overall, for requirements 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(f), the evidence supplied by the Approved Provider was convincing and thorough. Therefore, it is determined that the Approved Provider has demonstrated compliance with these requirements for Quality Standard 4.

However, not all concerns as seen by the Assessment Team were addressed adequately in the Approved Provider response specifically in relation to requirement 4(3)(a). More specifically in relation to the provision of lifestyle activities for the consumers in the DSU. Whilst it is acknowledged that the Approved Provider had acted to remedy the supports for daily living for most consumers as shown in the evidence supplied, this was not as apparent for consumers living in the DSU. It is determined that the Approved Provider has not demonstrated that each consumer gets individualised, safe and effective services that supports daily living, and therefore is non-compliant for requirement 4(3)(a).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirement is Non-Compliant:

Requirement 4(3)(a)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service was able to demonstrate that equipment is safe, suitable, clean and well maintained for consumer and staff use. Staff explained how equipment is cleaned down after each use and this was also observed by the Assessment Team whilst on site.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was unable to demonstrate they are meeting some of the requirements for this Quality Standard.

The Assessment Team felt that the service is not easy to understand and impacts on consumers independence, interaction, and function. Whilst there are areas for consumers and their guests to socialise indoors and outdoors on all floors, some consumers/representatives provided feedback that the service environment impeded some interactions and functions.

Some consumers said the service is safe, clean and well maintained, however some consumers/representatives had concerns relating to cleanliness. Maintenance documents indicated cleaning and preventative maintenance schedules are in place and being followed. However, observations showed an issue with the collection of clinical waste. In addition, the Assessment Team had consumer/representative feedback, reviewed documentation and observed the service environment was not enabling consumers to move freely indoors and outdoors. Overall, the Assessment Team did not feel that the Approved Provider was meeting requirements 5(3)(a) and 5(3)(b) of Quality Standard 5.

The Approved Provider submitted a detailed response and additional documentary evidence in relation to the unmet requirements. They also supplied comprehensive information in relation to corrective action that has already occurred including remedying consumer/representative concerns and improving wayfinder signage. I am also satisfied with the Approved Provider evidence that has been supplied relating to clinical waste collection and acknowledge that consumers are not impacted by this. The Approved Provider thoroughly explained the service environment and since the site audit has conducted a review of entry and exit access for consumers/representatives and have extended visiting hours in response to consumer/representative feedback. Combined, this evidence was compelling and showed that the Approved Provider was compliant in all aspects of Quality Standard 5. Therefore, it is determined that the Approved Provider has demonstrated compliance with all the requirements of the Quality Standard 5.

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Consumers/representatives were satisfied with the equipment, furniture and fittings at the service being clean and safe to use. The Assessment Team spoke with maintenance staff who described a comprehensive preventative maintenance schedule for all furniture, fittings and equipment. This was also confirmed through the Assessment Team observations.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was unable to demonstrate meeting all the requirements for this Quality Standard.

In some areas at the service, complaints forms were not in easy reach of consumers/representatives and most consumers and representatives interviewed are dissatisfied and said they did not feel supported to provide feedback and make complaints. The Assessment Team also found that advocacy and complaints service information was not broad or available to consumers/representatives nor reflective of the various stages of living at the service. In addition, updates through standing agenda item at consumer meetings were not evident and there has been no recent advocacy services education for staff.

Some consumers interviewed did not feel there was appropriate action taken in response to their verbal complaints. Verbal complaints were also not consistently captured in the complaints system and some complaints did not show what actions had been taken. The Assessment Team did note that the service was able to demonstrate written complaints are responded to with open disclosure principles applied such as addressing the immediate needs, an expression of regret and investigation of the complaint. Lastly, the Assessment Team felt that the service was not able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services in relation to food and staffing.

The Approved Provider submitted a detailed response and additional documentary evidence in relation to the unmet requirements. Whilst consumer/representative feedback was given serious consideration the action undertaken by the Approved Provider that directly correlates to individualised concerns has been persuasive action placing the needs of the consumers first. The Approved Provider also provided documented evidence of the actions taken to try to broaden the avenues for consumers/representatives to provide feedback or make complaints. Furthermore, additional information supplied also provide substantiating evidence contrary to the findings of the Assessment Team including the availability of consumer advocacy services and the ongoing engagement in relation to food services. This evidence demonstrated that the Approved Provider was actively reviewing and being proactive for all aspects of Quality Standard 6. Therefore, it is determined that the Approved Provider has demonstrated compliance with all the requirements of the Quality Standard 6.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-Compliant as three of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate meeting all the requirements for this Quality Standard.

Consumer and representative feedback and observations consistently expressed concerns for consumer care and services due to lack of staffing numbers. And whilst consumer feedback stated that staff are mostly kind and caring some staff cannot assist consumers and address consumers in an inappropriate manner due to being rushed. These rushed interactions were observed by the Assessment Team during the site audit. In addition, although the Assessment Team was provided documentation showing how the service checks staff qualifications and registrations and provides orientation to staff it appeared this did not include agency staff.

The Assessment Team also felt that the service did not demonstrate it implements training for staff, including mandatory training to ensure staff members are equipped to deliver care and services. In addition, the Assessment Team found that the service was unable to demonstrate it effectively monitors staff performance on a regular basis.

The Approved Provider submitted a detailed response and additional documentary evidence in relation to the unmet requirements. The Approved Provider also provided comprehensive documentation that showed accurate mandatory training completion rates for staff, agency staff orientation processes, and policy and documents showing that staff were notified of the IPC Lead. Overall the training evidence supplied by the Approved Provider showed a thorough training program delivered based on the needs and interest of the staff. Furthermore, additional information supplied also provide substantiating evidence contrary to the findings of the Assessment Team. In combination this evidence demonstrated that the Approved Provider is ensuring that the workforce is competent and equipped and trained to perform their caring duties. Therefore, it is determined that the Approved Provider has demonstrated compliance with the requirements 7(3)(c) and 7(3)(d) of the Quality Standards.

However, not all workforce concerns raised by consumers/representatives and staff were addressed adequately in the Approved Provider response, specifically in relation to requirement 7(3)(a), 7(3)(b) and 7(3)(e). Whilst it is acknowledged that the Approved Provider is monitoring and meeting care minute requirements and call bell response times are within their required parameters this is not the only criteria for measuring the deployment of staff as effective in delivering quality consumer care. The feedback from consumers/representatives and staff is also an indication of confidence in staff capability. The Assessment Team provided evidence that consumers were being impacted by staffing levels in having to wait for personal care and sometimes encountering staff interactions that are not as kind due to staff being rushed. Representatives also confirmed their concern with quality care being compromised by staffing levels. In addition, feedback from staff confirmed that they at times they were not always able to perform effectively due to staffing levels. The Assessment Team was also able to highlight the adverse consumer impact. Even with Approved Provider clarification, monitoring of staff performance requires improvement in regularity. Therefore I have been compelled to find it non-compliant of requirements 7(3)(a), 7(3)(b), 7(3)(e).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(e)

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 7(3)(c)

Requirement 7(3)(d)

# 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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate meeting some of the requirements for this Quality Standard.

The organisation has effective governance systems in place relating to financial governance, workforce governance and feedback and complaints. The organisation generally has effective systems in relation to regulatory compliance, however deficiencies were identified in relation to information management and risk management systems. Although the risk management systems in place the Assessment Team felt the service was not able to demonstrate that it effectively uses these systems and actively implements practices that provide or support consumers to live quality or life.

Generally, the Assessment Team found that the service has a clinical governance framework in place and the service demonstrate good understanding and implementation of open disclosure principles. However, the service was unable to demonstrate that management and staff have a clear understanding of antimicrobial stewardship. Staff were also not confident in the processes underpinning the use of antibiotics in the clinical pathway. Clinical governance oversight did not identify clinical care areas such as diabetes care and behaviour management.

The Approved Provider submitted a detailed response and additional documentary evidence in relation to the unmet requirements. The Approved Provider evidence included an updated behaviour support policy and details of best practice as per NSW Government guidelines. In addition, the Approved Provider was able to establish documentary evidence contrary to the findings of the Assessment Team including the continuous improvement plan that had identified some of the shortfalls identified by the Assessment Team prior to the date of the site audit. Lastly, after looking at all the evidence provided in relation to reportable incidents I am satisfied that the lapse in following correct process was acknowledged by the Approved Provider and this is a ‘one off’ occurrence that has been rectified and will not be repeated. Therefore, it is determined that the Approved Provider has demonstrated compliance with the requirements 8(3)(c) and 8(3)(d) of the Quality Standards.

However, not all governance concerns raised by Assessment Team were addressed adequately in the Approved Provider response, specifically in relation to requirement 8(3)e. The Approved Provider was not able to demonstrate that clinical governance was consistently effective in the care of consumers, particularly in relation to diabetes care and behaviour management. There were also shortfalls unsubstantiated in relation to antimicrobial stewardship. This included staff knowledge and actions taken in line with a clinical governance pathway to seek alternatives prior to the use of antibiotics consistently. Therefore I have been compelled to find it non-compliance for requirement 8(3)(e).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirement is Non-Compliant:

* Requirement 8(3)(e)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service demonstrated it supports consumers to be involved in the development, delivery and evaluation of care and services. They did this through individual meetings with consumers, focus groups such as the current food focus group and resident meetings. In addition, the service was able to demonstrate its governing body promotes a culture of safe, inclusive, and quality care and services.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

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)