Performance

Report

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| Name of service: | Navorina Nursing Home |
| Service address: | 5-9 Macauley St DENILIQUIN NSW 2710 |
| Commission ID: | 2744 |
| Approved provider: | The Deniliquin Nursing Home Foundation Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 30 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 Navorina Nursing Home (**the service**) has been prepared by J. Howard, 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 conducted from 6 December 2022 to 8 December 2022. The site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the site audit report, received 25 January 2023.
* Other information and intelligence held by the Aged Care Quality and Safety Commission.

# Assessment summary

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

* *Quality Standard 1* – Ensure each consumer is treated with dignity and respect.
* *Quality Standard 2* – Ensure assessment and planning informs the delivery of safe and effective care and services; the outcomes of assessment and planning are effectively communicated; and care and services are regularly reviewed for effectiveness and when changes or incidents occur.
* *Quality Standard 3* – Ensure each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being; and the service has effective management of high impact or high prevalence risks.
* *Quality Standard 4* – Ensure every consumer receives safe and effective services to optimise their independence, well-being and quality of life.
* *Quality Standard 7* – Ensure the workforce is planned to enable the delivery and management of safe and effective care and service.
* *Quality Standard 8* – Ensure the service has effective, organisation-wide governance systems relating to regulatory compliance; and effective risk management systems and practices to manage high-impact or high-prevalence risks associated with the care of consumers.

# 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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 1(3)(a).

*Requirement 1(3)(a):*

Most consumers said staff treated them with dignity and respect. However, the Assessment Team received compelling information from a consumer and their representative which indicated the consumer was not being treated with dignity and respect during care delivery. Specifically, the consumer advised some care staff groaned and yelled at them when providing care, as well as ignored pain the consumer experienced when being moved during care delivery.

The consumer and their representative had not lodged a complaint about the staff members’ conduct as the consumer feared possible reprisals. To add weight to the consumer’s concern about possible reprisals from the staff members, the Assessment Team noted the consumer: whispered during the interview so their comments could not be overheard by staff; had no difficulty communicating their needs; and had no cognitive impairment. Further, the consumer’s care plan had no record of the pain experienced during care delivery, which indicated a lack of concern and respect for the consumer as their needs could not be met, reassessed, nor strategies put in place to ensure their comfort and dignity was preserved during care delivery.

In its response of 25 January 2023, the Approved Provider did not address the lack of respect shown by some staff to the named consumer, for whom their dignity was not preserved during care delivery. However, the Approved Provider advised its director of nursing (DON) initiated a meeting with the consumer’s representative, during which concerns about the consumer’s care were discussed, resolved and care documentation was updated. The consumer’s representative also identified the two staff members who did not treat the consumer with respect during care delivery. The DON arranged a meeting with the two staff members; however, both resigned from their positions before the meeting took place.

In addition, the Approved Provider arranged for the consumer to be fully assessed by a physiotherapist and a general practitioner, so the pain experienced during care delivery could be addressed and mitigation strategies put in place. Documented evidence of the physiotherapist’s and general practitioner’s assessments were provided, which included strategies for minimising the consumer’s pain during care delivery. The assessment outcomes were included in the consumer’s updated care plan, a copy of which was included with the Approved Provider’s response.

The Approved Provider entered into a contract with a new physiotherapist who will be on-site at the service for eight hours per week to conduct timely mobility and falls risk assessments for affected consumers. A copy of the contract was included with the Approved Provider’s response.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies in care provided to the consumer, at the time of the Site Audit, each consumer was not being treated with dignity and respect. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 1(3)(a) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 1.

Consumers from culturally and linguistically diverse backgrounds confirmed their culture was acknowledged and they could express their cultural identities. Consumers said they were supported to make decisions about their care, which the service respected. Consumers’ care plans included their individual choices about when care was delivered, who was involved in their care and how the service supported people to maintain their relationships. Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and for the most part, appropriately documented in their care plans. Consumers received information in easy to understand formats such as via an activities planner, noticeboards, menu displays and a monthly newsletter. Consumers’ privacy was respected by staff and personal information was kept in a password-protected electronic care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 2(3)(a), 2(3)(d) and 2(3)(e).

*Requirement 2(3)(a):*

The service had a comprehensive assessment and planning system which included policies, procedures and consumer evaluation tools. However, assessments did not accurately identify risks to consumers’ health, such as falls and behaviours of concern, which led to an absence of strategies to inform the delivery of safe and effective care. In particular, the service did not put behaviour support plans in place for consumers with ongoing behaviours of concern which posed a risk to themselves, other consumers and staff.

Though the service had an incident management procedure and consumer incidents were generally identified, they were not properly or consistently recorded by staff. A review of consumer files confirmed where behavioural incidents were recorded, mitigation strategies were not always implemented and if they were, their effectiveness was not reviewed. For example, where some consumers were physically aggressive to other consumers and staff, incidents were not incorporated in their behaviour support plans, which left staff without guidance on how to minimise aggressive behaviours that posed a risk to others.

In addition, consumers with known risks to their safety such as falls, did not have mitigation strategies reviewed for effectiveness. Some clinical staff advised documentation is not always completed due to time restraints. A review of consumers’ clinical records showed behavioural support plans were mostly generic and therefore, so were the interventions and risk mitigation strategies. The service’s monitoring tools such as care plan reviews and case conferences did not identify deficiencies in the assessment and care planning process.

*Requirement 2(3)(d):*

The service had an electronic care management system which was supported by paper-based documentation for the assessment and planning of consumers’ care. The outcomes of assessments were recorded in the care management system from which care plans could be generated. However, multiple consumers and their representatives advised care plans were not provided to them, nor were most aware they could request a copy of their care documentation.

The Assessment Team provided feedback to the service’s management about the availability of care plans to consumers and their representatives. The management team confirmed care plans were not offered to consumers and representatives, though the documentation was available on request. When management were asked for examples of where consumers or representatives had been offered a copy of their care planning documentation, none could be provided.

*Requirement 2(3)(e):*

The service did not demonstrate consumers’ care and services were reviewed regularly for effectiveness, or when changes occurred which impacted the needs of consumers. The Assessment Team’s finding was based on a review of care plans, most of which were not reviewed, monitored or assessed following incidents that posed a risk to consumers and staff, such as falls and behaviours of concern. Staff had a general awareness of the requirement to record and escalate incidents which impacted the needs of consumers.

The Assessment Team advised management that most care plans were not reviewed for effectiveness, or when consumers’ circumstances changed. Management acknowledged the service’s policy was to review consumers’ care plans each quarter and ensure incidents were recorded; however, this had not occurred due to workforce shortages.

In its response of 25 January 2023, the Approved Provider acknowledged the ‘Not Met’ findings for Requirements 2(3)(a), 2(3)(d) and 2(3)(e) and advised it had taken steps to address the issues. For example: consumers whose behaviours or choices posed a risk to themselves and others had their needs reviewed, and their care plans were updated to include strategies for minimising threats to safety; all consumers and representatives were sent an email that advised them of their right to access care plans, following which a summary care plan was sent; policies, procedures and the consumer welcome pack were updated to ensure all parties understood their right to access care plans; and named consumers had their care and services reviewed for effectiveness, though no evidence was provided to show how management would ensure all consumers’ needs would be reviewed moving forward.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged assessment and planning was mostly ineffective. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirements 2(3)(a), 2(3)(d) and 2(3)(e) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 2.

The service showed consumer assessment and planning was based on a partnership with the individual and/or their representative, as well as other providers of care and services as required. Consumers and representatives were satisfied with their involvement in the assessment and planning process. The service included end of life planning in the assessment process where consumers wished.

# 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. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 3(3)(a) and 3(3)(b).

*Requirement 3(3)(a):*

The service did not demonstrate each consumer received safe and effective personal and clinical care that was tailored to their needs and optimised their health and well-being. Consumers’ representatives gave mixed feedback about the care and services their loved ones received. Whilst most representatives were generally satisfied with the care and services provided, some held the opposite view. For example, some consumers with behaviours of concern were subject to chemical restraint which was used without first having tried recommended non-pharmacological intervention strategies.

The Assessment Team noted clinical and care staff had a good understanding of consumers’ individualised needs, but a poor awareness of chemical restraint and processes which must be followed before the practice is introduced to a consumer’s care plan, or psychotropic medication is administered. Medications administered to several consumers were not appropriately monitored or evaluated for effectiveness and some consumers experienced falls as a result.

*Requirement 3(3)(b):*

The service did not demonstrate each consumer living in the memory support unit had their behaviours of concern effectively managed, particularly in relation to high-impact or high-prevalence risks associated with their care. I note the ineffective management of some consumers’ aggressive behaviours toward other consumers and staff, to the point some lifestyle staff would not work in the memory support unit due to fear of some consumers’ aggressive behaviours. Consumers’ clinical documentation such as incident reports, progress notes, assessments and care plans showed staff were not consistently or accurately assessing consumers’ high-impact risks, nor following up behavioural changes and ongoing incidents.

The Assessment Team’s observations of consumers in the memory support unit confirmed consumers with known risks to their own and others’ safety were not effectively managed by staff. Interviewed staff were aware of current strategies to manage consumers with known risks like falls and aggressive behaviours; however, they stated the strategies were not always effective. When ineffective management strategies were reported to clinical staff, no new strategies were introduced to help staff manage behaviours of concern and, in particular, incidents of aggression.

In its response of 25 January 2023, the Approved Provider acknowledged the ‘Not Met’ findings for Requirements 3(3)(a) and 3(3)(b), and advised it had taken steps to address the issues. For example: all clinical and care staff were scheduled to attend mandatory education in restrictive practices and the Serious Incident Response Scheme; the service will ensure non-pharmacological methods are tried before the use of chemical restraint; consumers are monitored for safety while a restrictive practice is in place, particularly chemical restraint; twice-yearly reviews for consumers subject to a restrictive practice; all staff to attend mandatory training in ‘Dementia Essentials and Managing Challenging Behaviour’; a full staffing review of the memory support unit and allocation of a registered nurse as team leader to provide continuity of care; the service’s continuous improvement plan has been updated to include a full review of the lifestyle program, which will be conducted with the board of management.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged assessment and planning was mostly ineffective. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirements 3(3)(a) and 3(3)(b) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 3.

Consumers nearing end-of-life were cared for with dignity and in accordance with their assessed needs, goals and preferences. Staff who provided end of life care were guided by policies and procedures, which included the involvement of specialists for support. Changes in consumers’ conditions and care needs were recognised and responded to in a timely manner, which was confirmed by a review of their care plans and positive representative feedback.

Consumers were satisfied with how information about their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers, meetings and by accessing care plans. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and their representatives. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 4(3)(a).

*Requirement 4(3)(a):*

The service did not demonstrate all consumers received services and supports for daily living which met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Interviewed consumers were satisfied with their supports for daily living which were identified on entry to the service, though the Assessment Team noted the information was not reviewed thereafter.

During the Site Audit the Assessment Team identified activities were directed toward consumers without cognitive deficits. However, consumers in the memory support unit received little to no attention from lifestyle staff, primarily because some aggressive behaviours were not being managed and therefore, staff were fearful. Clinical staff who worked in the memory support unit confirmed a lack of activities for consumers with behaviours of concern contributed to incidents in that part of the service. Some staff reported having been hit by consumers in the memory support unit and therefore, those with behaviours of concern were not encouraged to join in activities. Management were aware lifestyle staff were fearful of some consumers in the memory support unit. The Assessment Team could not find evidence that staff had been trained in managing behaviours of concern.

Management confirmed they were aware of reduced activities in the memory support unit but did not offer a response to explain how the issue was being addressed. Lifestyle staff explained some consumers in the memory support unit were taken to the service’s general area for activities. A review of some consumers’ lifestyle care plans showed they were not receiving any attention from lifestyle staff as per the agreed plan. Lifestyle staff explained they do not review consumers’ activity care plans as they do not have access to the service’s electronic care management system and believed care staff were responsible for the review function.

In its response of 25 January 2023, the Approved Provider acknowledged the ‘Not Met’ finding for Requirement 4(3)(a) and advised it had taken steps to address the issues. For example: all staff to attend mandatory training in ‘Dementia Essentials and Managing Challenging Behaviour’; management are investigating the implementation of a universally recognised lifestyle program which would meet the needs of consumers with dementia; implementation of the proposed lifestyle program has been included in the service’s continuous improvement plan, with a scheduled commencement in mid to late-2023; and lifestyle staff now have access to the electronic care management system and are reviewing lifestyle care plans.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged assessment and planning was mostly ineffective. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 4(3)(a) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 4.

Consumers described meaningful activities which promoted their spiritual well-being, such as attending church services in the on-site chapel. Most interviewed consumers said they were supported to maintain social and personal relationships and participate in activities of interest, if they were independent. The service provided consumers with varied meals of suitable quality and quantity, which consumers confirmed. Consumers were included in menu development and offered other options if a meal was not to their liking. Where the service provided equipment, it was safe, suitable, clean and well maintained. The Assessment Team observed equipment like mobility aides were clean and in good condition.

# 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 were assessed as Compliant.

Consumers and representatives said the service welcomed them and was easy to navigate. Consumers felt at home within the service, particularly as they personalised their rooms with furniture and possessions of choice. The service environment was clean, well maintained and consumers moved within and outside of the building. Consumers enjoyed shaded outdoor communal areas and gardens. Maintenance was promptly attended so consumers were safe and comfortable in their environment.

The Assessment Team noted furniture, fittings and equipment were safe, clean and well maintained. Consumers were satisfied with the cleanliness of the service. Staff understood how to submit maintenance requests in an electronic system. The service had a process in place for the maintenance of equipment, stock management and testing of electrical devices.

# 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 were assessed as Compliant.

The service supported consumers and their representatives to provide feedback and make complaints, which both groups confirmed. Staff described avenues for providing feedback and making complaints, such as speaking directly with management. The Assessment Team reviewed documents and consumer meetings minutes, which confirmed the service welcomed feedback and complaints from consumers and representatives. Consumers and representatives were aware of other avenues for raising a complaint, but were comfortable raising concerns with management in the first instance.

Staff understood how to support consumers to access advocates and interpreter services if they wanted to make a complaint. Consumers and representatives said the service took appropriate actions to resolve complaints and used open disclosure when things went wrong. Management provided examples of recent complaints and the timely, appropriate actions taken in response to feedback, which was confirmed by a review of the complaints register. The service’s complaints register included feedback received, actions taken and a monthly trends analysis to be used to improve 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 7(3)(a).

*Requirement 7(3)(a):*

The service had a system to plan the number and mix of the workforce to enable care and service delivery. However, there were inadequate staff numbers to deliver personal and clinical care, which resulted in extended wait times for assistance with personal care, a lack of behaviour management and limited falls prevention for consumers. Consumers and their representatives described how inadequate staff numbers affected continence management, not being bathed in accordance with their preferences and no individual visits from lifestyle staff. The effect of inadequate staff numbers was most evident in the service’s memory support unit, where behaviour management was scarce and as a result, staff felt unsafe working there.

In its response of 25 January 2023, the Approved Provider acknowledged the ‘Not Met’ finding for Requirement 7(3)(a) and advised it had difficulty recruiting and retaining staff in a rural area. Evidence of the service’s efforts to attract staff was provided, such as copies of advertisements for a clinical care manager, registered and enrolled nurses and care staff. Notwithstanding the Approved Provider’s efforts to attract and retain staff, it was not complying with the required standard at the time of the Site Audit.

The Approved Provider advised it had taken steps to address the issues. For example: offering higher than industry average rates of pay for all levels of staff; implementing longer shifts; paying staff overtime for working a double shift; filling vacant shifts with agency staff; implemented staggered start times for staff; paying accommodation costs for a casual registered nurse; making funds available to recruit a clinical care manager; not filling vacant beds and closure of one wing of the service to alleviate staff burnout; and a plan to undertake a full staffing review which focuses on the needs of consumers in the memory support unit.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged the service’s staffing issues did not ensure the delivery of safe and quality care and services. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 7(3)(a) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 7.

Consumers and representatives confirmed staff were kind, caring, gentle, respectful and understood their individual needs when providing care and services. The service’s workforce was competent and had the qualifications to effectively perform their roles, which was reflected in positive consumer feedback. Staff were guided by position descriptions which included key competencies and qualifications relevant to the role. Management explained staff competency was supported through workplace observations, buddy shifts and the provision of training. The service regularly assessed, monitored and reviewed staff performance, which included formal performance reviews.

# 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. | 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. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 8(3)(c) and 8(3)(d).

*Requirement 8(3)(c):*

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

However, the organisation’s regulatory compliance framework was ineffective in relation to its incident management system, behavioural support planning and reporting of incidents to the Commission under the Serious Incident Response Scheme (SIRS).

With respect to incident management and the use of chemical restraint, the Assessment Team noted non-pharmacological interventions had not been trialled or documented prior to administering medications to inhibit agitation and aggression in some consumers.

*Requirement 8(3)(d):*

The organisation had policies and procedures to guide staff in consumer risk and incident management, however, these were not consistently followed or reviewed for effectiveness. With respect to serious incidents at the service, the Assessment Team noted multiple instances where consumers had used unreasonable force toward other consumers and staff, whereby the incidents should have been notified to the SIRS but were not.

The Assessment Team’s observations of consumers in the memory support unit confirmed consumers’ with known risks to their own and others’ safety were not effectively managed by staff. Interviewed staff were aware of current strategies to manage consumers’ with known risks like falls and aggressive behaviours, however; stated the strategies were not always effective. When ineffective management strategies were reported to clinical staff, no new strategies were introduced to help staff manage behaviours of concern and in particular, incidents of aggression which should have been reported to the SIRS.

In its response of 25 January 2023, the Approved Provider acknowledged the ‘Not Met’ findings for Requirements 8(3)(c) and 8(3)(d), and advised it had taken steps to address the issues. For example: all clinical and care staff were scheduled to attend mandatory education in restrictive practices and the SIRS; the board of management (the board) will review and update the organisation’s strategic plan and ensure it is linked with risk; the board’s decision-making will be informed by risk and risk management; the board will ensure legislative compliance by monitoring service performance, oversight of resource distribution, evaluation of quality indicators and financial benchmarking; and oversight of executive management’s performance.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged its regulatory compliance and risk management was deficient. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirements 8(3)(c) and 8(3)(d) at the time of the Site Audit.

*The other Requirements:*

Consumers were engaged in the development, delivery and evaluation of care and services provided to them. Input was provided through consumer feedback, feedback mechanisms and consumer meetings. Consumers and their representatives said the organisation’s board promoted a culture of safe, inclusive and quality care, for which the board was accountable. The service had systems in place to support clinical governance, promote antimicrobial stewardship and the use of open disclosure when something goes wrong.

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)