Performance

Report

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| Name of service: | North Eastern Community Nursing Home |
| Service address: | 580 Lower North East Road CAMPBELLTOWN SA 5074 |
| Commission ID: | 6921 |
| Approved provider: | North Eastern Community Hospital Incorporated |
| Activity type: | Site Audit |
| Activity date: | 17 July 2023 to 19 July 2023 |
| Performance report date: | 6 September 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 North Eastern Community Nursing Home (**the service**) has been prepared by A. Kasyan, 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 10 August 2023; and
* the performance report dated 21 December 2022 for the Assessment Contact - Site undertaken on 2 November 2022 to 3 November 2022.

**Assessment summary**

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

**Areas for improvement**

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

* Standard 7 Requirement 7(3)(b) Ensure all staff interactions with consumers are kind, caring and respectful. Monitoring of staff practice effectively identifies where staff are not interacting appropriately with consumers and appropriate action is taken.

**Standard 1**

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

**Findings**

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

The Assessment Team recommended Requirement 1(3)(a) not met. However, based on the Assessment Team’s report and the provider’s response, I find Requirement 1(3)(a) compliant. I have provided reasons for my findings in the respective Requirement below.

**Requirement 1(3)(a)**

The Assessment Team recommended Requirement 1(3)(a) not met as feedback provided by two representatives and observations made by the Assessment Team on day one of the Site Audit showed staff interactions with consumers were not dignified, respectful or considerate. The Assessment Team provided the following evidence relevant to their recommendation:

A representative provided feedback that on one occasion the consumer was not groomed or dressed for lunch, and on several occasions they did not have dentures in.

The representative of another consumer advised they recently provided feedback to staff about an incident involving two staff members who used a mechanical lifting device to assist the consumer during the toileting procedure. During the transfer from the lifter to the toilet, an unintended incident occurred where a spill occurred on the floor, and the handling of the situation included behaviour and actions that were unprofessional and not considerate. The consumer reported this incident had upset them and they felt embarrassed. The representative advised whilst they informed staff of what occurred that day, they/the consumer have not received an apology.

Observations of the lunch meal service on day one of the Site Audit showed clinical staff were administering medications and eyes drops while consumers were eating their meals.

The provider does not agree with all the findings in this requirement. The provider has commenced an action plan to address the gaps identified and have provided further information. This information and improvement actions include, but are not limited to:

There is education provided for all staff in Consumer Dignity of Choice which is incorporated into the annual mandatory education program.

In relation to the first consumer representative’s concerns about dentures and personal care, the provider advised this feedback has been entered into the feedback system, a follow up consultation has occurred and an action plan put in place.

In relation to the incident that happened during a consumer’s transfer, management was not made aware of this situation. Management followed up with the consumer’s representative during the Site Audit after being advised. The service apologised and reassured them that they were free to raise any issues at any time to staff or management. However, the provider states this has been an unsubstantiated complaint which has been unable to be verified.

After reviewing the evidence and information presented in the Assessment Team’s report and the provider’s response, I find consumers are treated with dignity and respect, regardless of their background, identify, culture or diversity in line with the intent of this Requirement.

In coming to my finding, I have considered the following evidence and information in the Assessment Team’s report:

Consumers and representatives provided feedback indicating consumers are treated with dignity and respect.

There are policies and procedures demonstrating the service’s commitment to treating consumers with dignity and respect, and staff are provided training focused on cultural competence, diversity and respect.

Each consumer has an individualised care plan that considers their unique needs, preferences and cultural considerations.

Information throughout the service was observed to be in a language reflective of the residential demographic and large print to assist consumers with visual impairment.

There is a large cohort of consumers with Italian background, and the service appointed an Italian liaison staff member to provide emotional and cultural support to consumers.

The service’s environment is adapted to consumers’ individual needs, for example, consumers are provided specifically designated places for prayerful contemplation.

I have considered information about dentures not being in place for one consumer is more relevant to the quality of personal and clinical care, Standard 3. I acknowledge the actions the provider has implemented to prevent issues from re-occurring.

In relation to the Assessment Team’s observations during lunch time when consumers were administered eye drops and other medication while eating their meals, I consider this action is an example of staff interaction that lacks care and respect and I considered this evidence in my finding for Requirement 7(3)(b) which is more specific and focuses on the behaviour of the workforce, highlighting the need for kind, caring and respectful interactions.

I acknowledge the provider’s actions in response to the complaint from the representative about staff actions and behaviours that were unprofessional. Whilst the provider asserts this specific complaint has been unsubstantiated and has been unable to be verified, I accept not all incidents can be easily verified. However, I find monitoring of staff practice was not effective and did not identify where staff were not interacting appropriately with consumers and I considered this information in my finding for Requirement 7(3)(b) as it focuses on workforce interactions with consumers.

For the reasons detailed above, I find Requirement 1(3)(a) compliant.

I find Requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) compliant.

The workforce is provided training in cultural competence and sensitivity. Consumers from culturally diverse backgrounds provided feedback indicating their care needs are tailored to their specific cultural preferences. Documentation evidenced incorporation of culturally appropriate practises in care plans and assessments, and staff demonstrated awareness of consumers’ individual preferences.

Consumers and representatives confirmed consumers are involved in their care planning and decisions, including about their own care and when other people should be involved in their care. They also reported consumers are supported to make connections with others and maintain relationships of choice and staff respect their privacy, including when they have visitors.

Staff are trained and have access to relevant policies and procedures related to consumer dignity and choice, including on how consumer information is collected and stored, as well as dignity of risk and cultural diversity.

Caring planning documentation demonstrated consideration of consumers’ choices and preferences and evidenced timely and appropriate discussions between consumers, families and members of the multidisciplinary team about balancing risk and autonomy. Staff provided examples of how each consumer is supported to take informed risks based on their preferences and goals.

Observations showed, and management described, multiple communication channels, such as printed materials, bi-monthly resident meetings, electronic systems, newsletters and in person interactions to enable effective communication with each consumer. Staff described how they tailor their interactions with consumers to enable effective communication through the use of large print materials and seeking assistance of staff or relatives who speak the consumer’s first and preferred language.

**Standard 2**

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

**Findings**

This Quality Standard is compliant as all requirements in this Standard have been assessed as compliant.

The Assessment Team recommended Requirement 2(3)(e) as not met. However, based on the Assessment Team’s report and the provider’s response, I find Requirement 2(3)(e) compliant. I have provided reasons for my findings in the respective Requirement below.

**Requirement 2(e)**

The Assessment Team found whilst care and services are reviewed regularly for effectiveness, they are not consistently reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. This was evidenced in documentation related to two consumers. The Assessment Team’s report included the following evidence and information relevant to their recommendation of not met:

Consumer A

A diabetes assessment did not include directives of frequency of blood glucose levels monitoring.

Frequency of repositioning requirements were different on two documents completed by different members of multidisciplinary team.

* Assessments relating to skin and pressure injury risk stated no pressure injury present. However, the consumer had a pressure injury.

Consumer B

* The consumer’s skin and personal hygiene assessments have not been updated to reflect a change in skin integrity.

The provider’s response advised management identified the areas for improvement prior to the Site Audit which are included in the Continuous Improvement Plan, which is actioned, yet not completed. Improvement actions include, but are not limited to:

A care planning system review is currently being undertaken to ensure effective review for all consumers’ care needs and requirements to ensure effective outcomes for consumers. A full review of care plans for all consumers is also being undertaken.

In relation to diabetes management plans:

A general practitioner has been contacted and Consumer A’s diabetes management directive has been updated to clearly reflect the frequency of blood glucose level (BGL) monitoring. In addressing the concerns in relation to diabetes management in general, the organisation is reviewing their processes to have BGLs recorded on medication charts, so management is alerted via missed medication function in electronic medication management system.

In relation to the skin and personal hygiene assessments:

A ‘Wound and Skin Working Party’ has been initiated with the first meeting held on the 1 August 2023. This working party has been implemented to review current systems and processes relating to management of skin, pressure injuries, wounds, repositioning requirements and care planning and assessment congruence. Meetings will continue on a fortnightly basis.

Based on the Assessment Team’s report and the provider’s response, I have come to a view that the service is compliant with Requirement 2(3)(e). I find 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.

In coming to my finding, I have considered the Assessment Team’s finding that care and services are reviewed for effectiveness at least six monthly and when circumstances change, such as when consumers return from hospital.

I am satisfied Consumer A’s diabetes management directive has been reviewed and updated by a general practitioner. I accept assessments did not reflect a consumer’s wound. However, I find the consumer’s care in relation to this wound was reviewed. I considered evidence in the Assessment Team’s report which shows Consumer A’s wound was acquired outside of the service and was not a new skin injury and the effectiveness of care was reviewed weekly at high-risk meetings. At these meetings, pain management and wound care were discussed. I consider the provider has acknowledged there is an opportunity to improve prompt review and update of relevant assessments and have initiated remedial actions that commenced prior to the Site Audit.

In relation to Consumer B, I have considered whilst skin and personal hygiene assessments did not reflect the presence of the pressure injury, the consumer had a wound care plan as evidenced in Standard 3 Requirement (3)(e) in the Assessment Team’s report. The report states staff have been informed during at a daily meeting that Consumer B had a wound and a relevant care plan.

Finally, I considered the Wound and Skin Working Party minutes included in the provider’s response shows all new consumers’ files are being reviewed and nursing assessments, including personal hygiene are being compared against physiotherapy assessments to ensure repositioning and skin management directives are current and up to date. The organisation identified improvements required to be completed and delegated to a staff member to follow up and report on next meeting with Working Party monitoring compliance moving forward.

For the reasons detailed above, I find Requirement 2(3)(e) compliant.

I find Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d) compliant.

Consumers expressed satisfaction with the level of engagement in their care planning process. They reported staff are asking questions about their preferences, assist them with setting care goals and effectively communicate outcomes of care planning to them or their representatives.

Reviewed care plans showed they are individualised and detail consumers’ assessed needs, preferences, goals and identified risks. Care plans demonstrated they have been developed collaboratively with input from the consumers, their families and members of multidisciplinary team.

End of life planning documentation demonstrated discussions and plans related to end of life care preferences and decisions, including advance care directives. Staff described how they partner with consumers and their representatives on ongoing basis through care evaluation discussions, daily interactions and phone calls. Consumer records evidence collaboration with other organisations, specialists and service providers, including Dementia Services Australia and dietitians to meet consumer specific needs.

Care planning documentation evidenced consumer and representatives’ involvement and participation in care planning meetings and decisions. Outcomes of care planning are communicated to staff, consumers/representatives, and a copy of the care plan is offered to consumers. There are policies and procedures in relation to assessment of risks, care planning and end of life care planning that guide staff practice.

**Standard 3**

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

**Findings**

This Quality Standard is compliant as all Requirements in this Standard have been assessed as compliant.

The Assessment Team recommended Requirement 3(3)(a) not met. However, based on the Assessment Team’s report, and the provider’s response I find Requirement 3(3)(a) compliant. I have provided reasons for my findings in the respective Requirement below.

**Requirement 3(3)(a)**

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective clinical care that is best practice, tailored to their needs and optimises their health and well-being, specifically in relation to management of pain, diabetes, medication administration and wounds.

Consumer A

‘As required’ insulin was not administered as per the medication order on three occasions. The consumer’s file did not contain instructions for frequency of BGL monitoring.

In a 17-day period prior to the Site Audit, wound charts did not evidence completion of wound care on four occasions. Wound charts did not consistently record measurements of the wound and type of wound dressing product used at each dressing.

Repositioning charts have not been consistently completed.

Pain charting did not include pain scores. Pain charts recorded as required analgesia was administered on four occasions prior to wound dressing, however, the medication chart shows as required analgesia was administered on seven occasions.

Consumer B

The care plan states the consumer is on two hourly repositioning. The consumer’s representatives reported they visit the consumer daily and stay with them for approximately seven hours and staff do not enter the room to assist with regular repositioning and only enter the room when they use the call bell.

Repositioning charts did not reflect the representative’s observations and showed regular repositioning occurs. In addition, some documents do not reflect the consumer has a pressure injury identified in July 2023.

Consumer C

The wound chart has not recorded depth of the wound for over five months. Repositioning charts do not evidence repositioning occurred at the frequency required in the care plan. Pain charting is completed every day and records no pain. On two occasions, when ‘as required’ analgesia was provided, pain assessment before and after administration of medication was not undertaken.

The wound care plan states the wound is to be attended by Registered Nurses only. However, on one occasion it was attended by an Enrolled Nurse.

The consumer’s care plan states two hourly repositioning should occur during the day and four hourly at night. However, there is no documented evidence to show repositioning occurs.

Consumer D

Consumer D’s pain was not assessed for five days post two falls as required by policies and procedures.

The provider’s response advised management identified the areas for improvement prior to the Site Audit. Improvement actions include, but are not limited to:

Management are actively working with Consumer A and their representatives in relation to the consumer’s care, specifically pain management.

The multidisciplinary team holistically reviewed consumer B’s care plan.

Consumer C’s wound has been dressed according to the wound treatment plan by Registered Nurses only. Measurements of the consumer’s wound depth have now been actioned.

In coming to my finding in relation to this Requirement, I considered evidence across Standard 3 relevant to this Requirement.

I have considered 25 of 27 consumers and representatives confirmed consumers receive the care and services in relation to personal and clinical care they need, with all consumers confirming they are provided with the care they need. I consider this demonstrates consumers’ care is tailored to their needs. I have also considered specific feedback provided by consumers and representatives indicating satisfaction with the clinical care, such how staff manage consumers’ wounds and skin integrity and provide continence care.

Personal care is tailored to consumers’ needs, and consideration is taken in relation to consumer’s personal preferences, including sex of the staff attending to personal hygiene, frequency and time of the showering.

I acknowledge the provider’s response and immediate actions put in place to address risks associated with staff failing to administer insulin when it is prescribed on an as required basis.

In relation to Consumer A:

I accept the consumer’s wound was not attended to daily as per the wound treatment plan. However, I consider this deviation from the care plan has not been significant as on four occasions when wound care was not attended, the wound was dressed the next day and there is no evidence of prolonged periods of time when the wound has not been dressed.

Furthermore, I have considered the wound care approach for this consumer was palliative which is to prioritise comfort over healing. I have also considered the consumer was assessed as being able to report pain and they reported their satisfaction with how their pain was being managed. Therefore, I find Consumer A’s care was tailored to their needs and optimised their well-being.

Whilst I accept insulin was not administered on three occasions, I have considered the provider’s response and immediate remedial actions taken to prevent this from occurring again, such as evidence of ongoing audits and monitoring of staff adherence to Consumer A’s and six other consumers’ medical directives in relation to as required insulin administration.

In relation to Consumer B:

I consider there is conflicting evidence between observations made by the representative and documented evidence in terms of whether Consumer B was being repositioned or not in line with their care plan.

In relation to Consumer C:

I consider the absence of the wound’s depth measuring alone is not enough to judge whether wound care provided to Consumer C was in line with the intent of this Requirement. While wound measurement is an important aspect of wound care, I have placed weight on other factors provided in the Assessment Team’s report, such as an overall improvement of the wound which indicates effectiveness of the existing wound management plan and care provided to Consumer C.

For the reasons detailed above, I find Requirement 3(3)(a) is compliant.

I find Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) compliant.

Consumers and representatives provided feedback indicating their satisfaction with how personal and clinical care is delivered in line with consumers’ needs and preferences. They reported satisfaction with the referral system, communication of their needs among staff members and infection prevention practices.

Staff described, and documentation showed, effective interventions and practices addressing common and high impact risks, such as falls, pressure injuries, changed behaviours and infections. Consumer records demonstrated end of life care is tailored to consumers’ wishes with a focus on comfort and dignity.

Staff described processes of referring consumers to a relevant individual or service provider, and consumer care records confirmed timely and appropriate referrals when necessary. Staff are trained in recognising and responding to deterioration, and consumer records showed changes in consumers’ health, condition and functions are timely assessed and escalated to appropriate person.

Information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others through care plans, progress notes, handover meetings, referrals and emails.

Staff described, and documentation showed, effective implementation of infection prevention practises, including hand hygiene, isolation protocols and appropriate use of antibiotics. Clinical staff were knowledgeable of antimicrobial stewardship principles, describing strategies they implement to minimise the need for antibiotics and reduce the risk of infections and antimicrobial resistance.

**Standard 4**

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

This Quality Standard is compliant as all Requirements in this Quality Standard have been found compliant.

Consumers confirmed they are encouraged to be independent and their needs, goals and preferences for that are respected and supported. Staff provided examples of how they support consumers to remain independent and optimise their quality of life, and documentation confirmed different ways the service is supporting consumers to do this.

Consumers felt connected and engaged in meaningful activities that are satisfying to them. Staff provided examples of supporting consumers’ emotional and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented. The service engages Relationships Australia who attend weekly, with an Italian liaison for a reminisce group to provide individual supports through reminiscence activities.

Assessments identify consumers’ interests and direct staff with the assistance required to undertake activities of their choice. Therapy staff described how they support consumers to participate in activities outside the service and do things of interest to them, such as cooking, arts and craft classes, meditation, spa days and ball games.

The service refers consumers to other organisations and providers of care, including spiritual leaders, volunteers for one-on-one engagement, local library services and the Men’s and Marche Italian clubs.

Allied health staff advised they have access to enough equipment to assist them with undertaking lifestyle and exercise activities, and the equipment is regularly cleaned, maintained and removed when it is not safe to use. A range of equipment was observed being used by therapy staff and consumers throughout the Site Audit. Equipment was observed to be clean and well maintained.

The service has a four-weekly rotating menu that showed a variety of meals offered. This included two hot meals, lunch, dinner, sandwiches, and salads. Most consumers reported they enjoy the meals provided. The main kitchen, kitchenettes and dining area were observed to be clean and tidy, and staff were applying food safety processes when preparing and serving food. The service held the first Aged Care Food Standards Committee in June 2023 to improve the overall dining room experience for consumers.

**Standard 5**

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

**Findings**

This Quality Standard is compliant as all Requirements in this Quality Standard have been found compliant.

Consumers expressed satisfaction with the cleanliness, comfort and safety of the internal and external service environments, describing how they were made to feel welcome when they entered the service and how staff make family and friends feel welcome whenever they visit.

The service was observed to have inviting and comfortable common areas where consumers and their visitors can gather and socialise. Consumers can personalise their bedrooms with personal belongings to create sense of home. Regular environmental audits are conducted to assesses the physical environment for safety hazards and promptly address any issues.

The service maintains a safe, clean and comfortable environment, evidenced through regular maintenance, cleaning records and observations made by the Assessment Team through the Site Audit. Consumers’ mobility indoors and outdoors is facilitated by barrier free environments and accessible outdoor spaces where consumers can interact with pet rabbits and to water plants.

Furniture, fittings and equipment is regularly inspected, and records of maintenance and repairs are maintained. Staff described cleaning procedures for furniture, fittings and equipment to ensure cleanliness and infection control.

**Standard 6**

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

**Findings**

This Quality Standard is compliant as all Requirements in this Quality Standard have been found compliant.

Consumers and representatives advised they are aware of the complaints mechanisms and felt supported by the service to provide feedback. They said they have access to interpreters, advocacy and external complaint handling services, and appropriate actions are taken in response to their complaints and feedback.

Staff advised they support consumers to provide feedback or make a complaint and they have access to policies and procedures to guide them in complaints handling. Feedback forms in multiple languages and secure boxes for confidential feedback were observed throughout the service.

Staff said they liaise with family or other care staff who speak consumers’ preferred language who can assist them in raising and resolving complaints. Advocacy and external complaint information were observed to be displayed throughout the service in multiple languages. Management advised third party advocacy services have held information sessions at the service.

Management described improvements made as a direct result of feedback and complaints provided, such as feedback regarding variety of meals. As a result, the service has implemented cultural days to celebrate diversity of food and traditions of consumers. The service also held the first Aged Care Food Standards Committee in June 2023 to improve the overall dining room experience for consumers.

**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. | 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. | Compliant |

**Findings**

This Quality Standard is non-compliant as one of the five Requirements in this Quality Standard has been found non-compliant.

The Assessment Team recommended Requirements 7(3)(c) and 7(3)(d) in this Standard not met. Based on the Assessment Team’s report and the provider’s response, I find Requirements 7(3)(c) and 7(d) compliant.

However, in relation to Requirement 7(3)(b) in this Standard, I have come to a different finding to the Assessment Team’s recommendation of met and have found this Requirement non-compliant.

I have provided reasons for my findings in the respective Requirements below.

**Requirement 7(3)(b)**

The Assessment Team recommended Requirement 7(3)(b) met and found most consumers and representatives reported the staff are kind, caring and respectful when interacting with them; staff were knowledgeable about consumers' needs and staff interactions were observed to be kind, caring and respectful.

I have considered information and evidence in relation to workforce interactions with consumers presented in the Assessment Team’s report in Standard 1 Requirement 1(3)(a) and find Requirement 7(3)(b) non-compliant.

I find evidence presented in Standard 1 Requirement 1(3)(a) shows workforce interactions with consumers are not always kind, caring and respectful. I have considered the following evidence and information relevant to my finding in relation to this Requirement:

Staff were administering eyes drops while consumers were eating their meals.

The representative of one consumer advised they recently provided feedback to staff about an incident involving two staff members who used a mechanical lifting device to assist the consumer during the toileting procedure. During the transfer from the lift to the toilet, an unintended incident occurred where a spill occurred on the floor, and the handling of the situation included behaviour and actions that were unprofessional. The consumer reported to the Assessment Team this incident has upset them and they felt embarrassed. The representative advised whilst they informed staff of what occurred that day, they/the consumer have not received an apology.

I find administering eye drops in a public area like the dining room is an example of staff interaction that lacks kindness, care and respect.

I have considered information about the complaint from a representative of one consumer who reported they felt embarrassed and upset due to the behaviour and actions of staff. The feedback from the consumer indicates a lack of sensitivity and respect for the consumer’s dignity and workforce interactions that are not kind or caring.

Whilst the provider asserts this specific complaint has been unsubstantiated and has been unable to be verified, I accept not all incidents can be easily verified. However, I considered the representative’s feedback indicating they informed staff of what occurred that day. However, no actions have followed until after the Assessment Team discussed this incident with management who advised they had not been informed about it prior the Site Audit. I find this does not demonstrate effective systems that address consumer/representatives’ concerns or promote a culture of kindness, care and respect.

For the reasons detailed above, I find Requirement 7(3)(b) non-compliant.

**Requirement 7(3)(c)**

The Assessment Team found the organisation monitors staff registrations and ensures all staff have the necessary qualifications and registrations for each individual role. However, the service did not demonstrate care and clinical staff are competent and effectively perform their roles. The Assessment Team’s report included the following evidence and information relevant to their recommendation of not met:

Consumer A did not receive their medication in line with the medical directive.

Repositioning charts were not completed in line with consumers’ care plans.

On one occasion, an Enrolled Nurse attended to a complex wound that was supposed to be dressed by a Registered Nurse only.

Where pain was assessed, pain scores were not consistently recorded.

The service has not formally assessed competency of Enrolled and Registered Nurses.

The provider states audits and training schedules with revised competencies were underway and have been strengthened since the Site Audit. Implementation of core competencies have been actioned. Information and improvement actions include, but are not limited to:

A full review of the education program has been undertaken by management, hospital clinical education teams and Human Resources, with deficits identified in staff knowledge due to review of recent internal audits.

Comprehensive reviews of the diabetic management and pain management systems and processes are being implemented, and wound education independent to the organisation is being attended by senior clinical personnel.

Education and clinical competencies are included in the Continuous Improvement Plan, and implementation of core competencies has already been actioned.

Based on the Assessment Team’s report and the provider’s response, I have come to a view that the service is compliant with Requirement 7(3)(c). I find the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I acknowledge pain scores were not consistently recorded, Consumer A did not receive their medication in line with the medical directive on three occasions and care staff did not complete repositioning chats consistently. However, I considered the provider’s response with a detailed action plan to improve staff skills in completing these charts.

I have considered the Assessment Team’s finding that staff have required qualifications, including certifications and licenses which are monitored.

There are policies and procedures related to personal and clinical care and there is evidence of regular review and updates of the relevant processes. For example, at the Site Audit it was identified a new pain monitoring system was being implemented to improve efficacy of pain assessment and monitoring of the effectiveness of pain management interventions.

I have also considered a high level of satisfaction of consumers and their representatives with the quality of care provided, with 25 of 27 consumers and representatives confirming consumers receive the care and services they need in relation to personal and clinical care, with all consumers interviewed confirming they are provided with the care they need. Furthermore, evidence presented in the Assessment Team’s report demonstrates that despite the deficiencies in pain, repositioning and wound charting and three medication incidents related to one consumer, overall consumers are provided with safe and quality care.

Finally, I considered the service has appropriate number and mix of staff to meet consumers’ needs, with most consumers and representatives expressing satisfaction with staffing levels and stating the service provides quality care and services.

The provider’s response and Continuous Improvement Plan demonstrated commitment to providing quality care and its ability to address and rectify deficiencies promptly.

For the reasons detailed above, I find Requirement 7(3)(c) compliant.

**Requirement 7(3)(d)**

The Assessment Team found whilst training is provided to staff, it is not sufficient or effective to support and improve staff skills and competencies. The Assessment Team’s report included the following evidence and information relevant to their recommendation of not met:

Staff had not undertaken training for diabetes management, wound, pain and medication management.

Privacy and confidentiality training is part of the onboarding process and there is no formal training in place.

Consumer Dignity and Choice was one of the mandatory training components which had a 100% completion for 2022 and 86% of staff have not started mandatory training for 2023.

The provider’s response advised management identified the areas for improvement prior to the Site Audit. Improvement actions include, but are not limited to:

At the time of the Site Audit, the service was in process of implementing a new auditing schedule, education program, clinical competencies, performance management of staff and roster review.

The onboarding process has also been reviewed to ensure expectations for new staff are known and that they are provided with the tools to perform their duties.

The existing HR system is being replaced. The organisation has signed the contract for the implementation of the new HR system which will include dashboard reporting on staff appraisals overdue, training, and performance that will ensure that moving forward a more accountable system is being relied upon.

The service has recently renovated a training room equipped with the latest videoconferencing capabilities, hot desks and board table to facilitate team training in an appropriate environment.

Nursing staff have begun clinical competencies following incorporation of the updated clinical competencies in line with the schedule as shown to the Assessment Team during the Site Audit. This is being monitored for compliance for appropriate skill assessment of all nursing staff. These clinical competencies will further be used as part of an employee's performance management, as required.

The organisation has a privacy and confidentiality policy.

The collaborative approach between acute and aged care services within the organisation has facilitated improvements in education, clinical competencies and monitoring of staff practices.

Based on the Assessment Team’s report and the provider’s response, I have come to a view that the service is compliant with Requirement 7(3)(d).

I have considered information and evidence in the Assessment Team’s report and the provider’s response that shows there are systems, processes and support mechanisms to enable the workforce to meet the Quality Standards. This is achieved through recruitment process, training, equipping and ongoing support.

The provider’s response demonstrates there is an infrastructure and organisational systems to enable the workforce to perform their roles effectively. The organisation has policies and procedures, including in relation to privacy and confidentiality.

I have considered the Assessment Team’s finding that the service has effective systems ensuring staff have completed mandatory training and monitoring systems for current staff participation. All staff had completed and passed mandatory training in 2022 and all staff were up to date with their role specific trainings.

For the reasons detailed above, I find Requirement 7(3)(d) compliant.

I find Requirements 7(3)(a) and 7(3)(e) compliant.

Overall, consumers and representatives were satisfied there were enough staff to deliver safe and quality care and services. All staff interviewed advised there is generally enough staff rostered to allow them to complete their duties in a timely manner and vacant shifts are usually covered. Management have demonstrated a system for planning and managing the workforce based on consumer needs.

The service has a structured staff appraisal cycle, and management provide direct feedback to staff following incidents, observations, or complaints. Staff receive feedback from management through both formal and informal channels which assist them with their professional development.

**Standard 8**

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

**Findings**

This Quality Standard is compliant as all Requirements in this Quality Standard have been found compliant.

Consumers and representatives said staff engage them in the development and delivery of care and services, they can attend meetings and they are being asked to participate as a consumer representative on the Aged Care Food Standards Committee which commenced in June 2023. Management attends bi-monthly residents’ meetings to provide leadership updates.

The organisation has up to date policies, procedures and frameworks which describe responsibilities, accountabilities and service expectations and a range of reporting mechanisms to ensure the Board and sub-committees are aware of and accountable for the delivery of care and services. There are systems and processes to escalate risks to key personnel and accountabilities are outlined in position descriptions.

Staff regularly receive communication from management about the values, aims and vision of the service via email, meetings, and daily briefings, and have education and training in how to apply these principles to promote quality outcomes for consumers.

The organisation demonstrated effective organisational wide governance systems overseen by the Board and sub-committees relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of care and services provided.

The organisation has an overarching clinical and governance framework and risk management policies and procedures. Risk management is embedded as an integral part of governance and operations to ensure appropriate strategies, plans and systems are in place to identify and manage risk.

Policies and procedures are available to guide staff in the assessment of consumer risks, with risk mitigating strategies discussed with consumers and/or representatives to ensure consumers make informed decisions.

**Requirement 8(3)(e)**

Requirement 8(3)(e) was found non-compliant following an Assessment Contact undertaken from 2 to 3 November 2022 where processes for minimisation of restraint were not effective with identifying chemical restrictive practice or ensuring the minimisation of restraint in line with legislative requirements.

In relation to the non-compliance identified, the service has implemented the following improvements:

Implemented a Behaviour Management Working Party. The members of the working party represent the interests of the whole organisation in the area of behaviour management, restrictive practices and best practice.

Terms of Reference are in place for the Behaviour Management Working Party which include working party tasks to review the usage of chemical and physical restraint management to determine strategies for reduction of use.

Implemented quarterly recording of psychotropics on a register utilising the Aged Care Quality and Safety Commission template.

Key clinical personnel have completed a restrictive practices workshop, and all staff completed annual mandatory restrictive practice training.

At the Site Audit, the Assessment Team found an effective clinical governance framework, including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure was in place.

The Clinical Governance Committee reports directly to the Board and provides oversight, advice and guidance to the sub committees that report to it. The role of the Clinical Governance Committee is to provide effective oversight of clinical governance, including clinical review, infection control, antimicrobial stewardship, trends, complaints and open disclosure.

Clinical staff work closely with the service’s general practitioners and pharmacists to ensure antibiotics are prescribed appropriately and usage to where it is required. Monthly clinical data, including infection numbers and trends, are reported to the Board and sub-committees to ensure oversight.

The service maintains a psychotropic medication register which includes all consumers who currently receive regular and as required psychotropic medications. The clinical incident register maintains a record of psychotropic medications across the service, and data is analysed monthly in the clinical incident analysis report.

The organisation’s clinical governance framework describes open disclosure as an important part of the incident management process and underpins a consumer-centred approach to care. Incident management and open discourse training is mandatory for clinical staff and refresher training is provided regularly.

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)