Performance

Report

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| Name of service: | Performance report date: |
| Ocean Mist Aged Care | 16 August 2022 |
| Commission ID: | Activity type: |
| 4565 | Site Audit |
| Approved provider: | Activity date: |
| OC Health Torquay Pty Ltd | 29 June 2022 to 1 July 2022 |

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

# This performance report

This performance report for Ocean Mist Aged Care (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 3 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

## Findings

Consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers said staff understood what was important to them and encouraged them to make decisions about care and services provided; staff accurately described consumers’ needs, preferences and backgrounds. Care planning documentation aligned with consumer feedback regarding choices and maintaining relationships with their loved ones.

Consumers said staff valued their culture, diversity and backgrounds and the service organised activities which reflected their diverse interests and backgrounds. The service had recently arranged for bagpipers to perform traditional Scottish music for consumers with Scottish heritage and staff said this had been well attended by many consumers.

Consumers confirmed they were supported to take risks to enable them to live the best life they could, staff described risk assessment processes including consultation with consumers, representatives and allied health professionals.

Consumers said they were provided with information which assisted in making choices about their care and activities occurring in the service. Staff advised scheduled activities were updated monthly, this was informed by feedback from consumers and representatives.

Staff were observed demonstrating privacy and respect for consumers as they were knocking on doors prior to entering consumers rooms and ensuring doors were closed when providing care for consumers. Consumers confirmed their personal privacy was respected and personal information kept confidential.

# Standard 2

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

## Findings

The Assessment Team recommended these requirements were not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for both these requirements:

* 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.
* 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.

The Site Audit Report identified the service had a comprehensive assessment and planning system in place including policies and procedures with validated assessment and planning tools to identify risks and inform safe and effective delivery of care. However, deficits were brought forward relating to completion of assessments for new consumers, pain assessment and assessment of risks associated with the use of a motorised wheelchair and urinary tract infections.

The Site Audit Report also identified deficits in consent processes for consumers subject to restrictive practices and pain management. I have considered these concerns under Requirement 3(3)(a) where it is more relevant.

The Approved Provider responded on 3 August 2022 and provided additional information and evidence to support compliance with this requirement.

For 2 named consumers, identified as not having episodes of acute or new pain assessed, documented evidence including assessments, care plans and pain monitoring charts were submitted by the Approved Provider which supports the consumer’s pain was being assessed and associated pain risks had been considered.

For the named consumer whose suite of assessments and care plan were incomplete, I accept they entered the service 8 days prior to the Site Audit and consider the Approved Provider’s response advising consumer assessments are commenced following a settling in period, supports risks, including being in a new environment, is considered in assessment and planning.

In relation to the named consumer, who was identified as not having a recent safety assessment for the operation of a motorised wheelchair, evidence was submitted which supports the consumer’s competency in the operation of the wheelchair has been regularly assessed by an allied health professional and this information supports compliance with this Requirement.

For the deficit, concerning recurrent urinary tract infections not being identified on a consumer’s profile, I accept the Approved Provider’s explanation of consumer profiles only containing those medical conditions formally diagnosed by a medical officer. I note the consumer’s personal hygiene and hydration care plans, contain interventions to minimise the risk of urinary tract infection and consider this as demonstrative of compliance with this Requirement.

Overall, I am satisfied assessment and planning includes the consideration of risks to the consumer and informs safe and effective care and service delivery.

Therefore, I find Requirement 2(3)(a) is compliant.

The Site Audit report evidenced the outcomes of assessment and planning were effectively communicated to consumers and their representatives during care consultations, the outcomes of assessments were accurately reflected in care plans, care plans were readily available within the electronic care management system and able to be printed should a consumer request a copy, however, consumers or representatives not being offered a copy of their care plan during care consultations or reviews was identified as a deficit.

For one named representative who advised they had not seen a copy of the consumer’s care plan, I note a copy of the care plan was provided as soon as it was requested. As it was not clear whether the representative had previously requested a copy of the plan, I do not consider this example supports non-compliance.

For a named consumer who also advised, they had not seen a copy of their care plan but confirmed it’s their representatives who were involved in care consultations, I have not considered this example as part of my decision as I am unable to determine if the representatives have been unable to access a copy of the consumer’s care plan.

For another named consumer, they said they had not been offered a copy of their care plan, however they confirmed when they requested a copy of their medication records this had been provided and was observed to be in the consumer’s possession. I consider this demonstrates compliance with this Requirement.

The Approved Provider’s response provided additional information and documentation which supported a documented care plan was readily available to consumers or their representatives and where care is delivered. I also note the Approved Provider has implemented strategies to improve documentation to demonstrate care plans are offered as part of care consultations.

Overall, I have placed weight on the consumer feedback and observations made, which support care plans are readily available and provided when requested by consumers or their representatives.

Therefore, I find Requirement 2(3)(d) is compliant.

Regarding the remaining requirements, consumers and representatives described how they were involved with the assessment and planning of the consumers’ current needs, goals and preferences including advance care and end of life planning; care planning documentation evidenced all current consumers had an advance care plan in place.

Staff described initial assessments to identify consumer’ needs, goals and preferences on admission and the timeframes for regular reviews; which included consumers, representatives, medical officers and allied health professionals as clinically required. Representatives confirmed they were informed of any changes to a consumer’s health or well-being. Staff knew to inform registered staff on duty of any changes to a consumer’s care needs and preferences.

Staff said the service constantly communicated with consumers and representatives. When preferences and conditions change, assessments and care plans were updated to reflect the consumers’ current needs, goals, and preferences. Care documentation evidenced representatives were notified following changes or incidents.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Assessment Team recommended these requirements were not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for the following 3 requirements:

* 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.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.

Policies and procedures guided staff in the delivery of personal and clinical care and consumers said they received the care and services which were safe and right for them however the Site Audit report brought forward deficiencies in relation to care needs for palliative oral and dental care not being tailored to needs of consumers.

In relation to restrictive practices and pain management, the Site Audit Report also indicated consumers as not having a formal diagnosis when receiving psychotropic medications, restrictive practices were implemented without assessment or consent, omissions were noted in pain monitoring following falls or acute episodes of pain and interventions or actions taken in response to pain were not documented.

The Site Audit Report also identified there was no documentation in place to support the provision of pressure area care was being monitored. I agree with the Approved Provider’s response confirming pressure area care is monitored when clinically indicated and agree in these circumstances, it was not clinically indicated. Additionally, the delays in identification of pressure injuries was also brought forward by the Site Audit Report, however there is insufficient information for me to consider this example in my findings.

For the named consumer who was identified to have deficiencies in palliative care including a deflated pressure relieving mattress, and not wearing heel protection, I note the Approved Providers’ response evidences the consumers’ heel protection was being laundered, the pressure relieving mattress was attended to immediately by maintenance staff and there is a process in place for routinely monitoring these devices. Since there was no adverse impact noted on the care of the named consumer, I do not consider this example as demonstrating non-compliance with this Requirement.

For one named consumer whose oral and dental care plan omitted to contain strategies for a swollen jaw, the Approved Provider submitted documentation to support the consumers jaw was fractured and strategies to manage were included in the nutrition and hydration care plan. I also note, while deficiencies were brought forward in relation to pain monitoring the Site Audit Report confirms the consumer is able to verbalise when she is feeling pain.

For 3 named consumers who did not have a formal diagnosis recorded on the psychotropic management tool, I note these consumers had medical conditions of panic attacks, personality disorders and psychosis. I note, the Site Audit Report evidences consent forms and behaviour support plans were in place and therefore, these examples support compliance with this Requirement.

For the named consumer who was identified as having a non-moveable tray table in place without an allied health assessment, I note the consumer was using the meal tray for a range of lifestyle activities and their representative had consented. I also note the consumer eats breakfast in the memory support unit and consent for this has also been provided by the representative. I consider this supports compliance with this Requirement.

For the 7 named consumers identified as not having provided consent to have their bed against the wall, in their response the Approved Provider submitted documentation which substantiates consent processes have been undertaken and the consumers and their representatives have provided their consent and it remains their preference for the consumers’ bed to be situated against the wall.

In response to deficiencies raised in relation to pain monitoring, interventions and actions documented in response to pain. The Approved Provider submitted documentation demonstrating the consumers’ pain was not monitored as they had been transferred to hospital with pain monitoring resuming upon their return. Additionally, documentation supports staff record interventions and actions in response to pain including the effectiveness of as required pain relief. I consider this supports compliance.

Overall, based on the supporting evidence provided in the Approved Providers response, I consider the service has processes in place to ensure care is tailored to the needs of consumers including in relation to restrictive practices and pain management and this optimises consumers health and wellbeing.

Therefore, I find Requirement 3(3)(a) is compliant.

The Site Audit Report evidenced risks of high impact or high prevalence are identified and staff demonstrated consistent knowledge in the management of the risks for each consumer, however, deficits in relation to restrictive practice, and falls management were brought forward as visual checks were not documented, consent for falls minimisation equipment had not been obtained, allied health professional reviews had not been undertaken in response to incidents, incident reports were incomplete or missing and behaviour support plans did not contain all strategies successful in supporting a consumer with responsive behaviours.

Deficiencies in relation to one consumer not having their pain monitored post a fall has been considered under Requirement 3(3)(a) as I determine this is more relevant to that Requirement.

For 2 named consumers who were identified at high risk of falls and had experienced several falls, the Site Audit Report evidenced a comprehensive suite of falls prevention strategies were in place including the need for staff to perform visual checks, however there was no documentation to support these visual checks had occurred. I agree with the Approved Provider who asserted the documentation of visual checks is not necessary, unless used in the management of a consumer who is known to abscond, and the omission of this documentation in relation to falls prevention does not support non-compliance with this Requirement.

In relation to consent not being provided, I have considered all evidence relating to consent for restrictive practice under Requirement 3(3)(a) where it is most relevant. I consider the evidence submitted by the Approved Provider to demonstrate consent had been given for a consumer to use falls minimisation equipment supports compliance with high impact risks being managed effectively.

In response to deficiencies brought forward regarding a consumer not being reviewed by allied health professionals following a fall or in response to the recommendation of another allied health professional, I note the consumer was in isolation due to an active COVID-19 infection at the time, was reviewed by registered staff, however was not reviewed by a physiotherapist, I acknowledge the Approved Provider’s response and agree reviews by a physiotherapist occur were it is clinically indicated and a review had been scheduled to occur once the consumer had recovered, therefore this does not support non-compliance.

I have also considered other evidence brought forward, however it is unclear and am unable to determine whether this recommendation was for a review by a diversional therapist or for diversional therapies to be reviewed, therefore I have not considered this in my decision, However, I acknowledge this was a recommendation and note the Approved Provider has submitted documentation which confirms the consumer had been reviewed by the service’s qualified lifestyle coordinator and a referral to a diversional therapist has been progressed since the conclusion of the site audit. The actions taken by the service prior to and post the Site Audit support compliance with this Requirement.

In consideration of the missing or incomplete incident reports, I accept the explanation of the Approved Provider identifying incidents are managed through an electronic incident management system and in this instance the lack of details relates to the documentation of strategies used in falls prevention, which are contained within the consumer’s care planning documentation as evidenced in the Site Audit Report. In relation to another consumer, charted as being involved in a behavioural incident on the day prior to the Site Audit, I note further investigations identified this was a verbal incident and staff were noted as implementing de-escalation interventions, which were successful. I do not consider these examples to support non-compliance.

I note the Site Audit Report evidenced a consumer’s behaviour support plan did not contain all strategies effective in supporting staff to intervene in response to escalating behaviours as guidance to engage the consumer with photos of her grandchildren was omitted, as staff demonstrated awareness of this being an effective strategy and documentation evidenced this was included in the consumers lifestyle plan. Therefore, I consider behavioural support planning compliance has been demonstrated for this consumer.

Overall, I consider the additional information and documentation submitted by the Approved Provider evidences high impact and high prevalence risks are effectively managed.

Therefore, I find Requirement 3(3)(b) is compliant.

The Site Audit report evidenced an infection control management system was in place to minimise infection related risks including for COVID-19, staff had received training in and where applying precautionary strategies to prevent or control infections, however, deficits in practices to reduce antibiotic resistance was brought forward as pathological testing had not been conducted prior to the commencement of antibiotics.

The omission of recurrent urinary tract infections as a medical diagnosis on the consumer’s profiles was also brought forward as evidence to support non-compliance under this Requirement. I have addressed this evidence under Requirement 2(3)(a) and therefore, have not considered this in coming to a view for this Requirement.

For 2 named consumers, who were identified as experiencing urinary tract infections, the Site Audit report, advised the service had not obtained pathological analysis of the consumer’s urine prior to the commencement of antibiotics. The Approved Provider submitted pathology reports for these consumers which evidenced antibiotics had been prescribed and commenced upon receipt of these reports and this supports compliance with this Requirement.

Therefore, I find Requirement 3(3)(g) is compliant.

In relation to the remaining Requirements care planning documentation for consumers receiving palliative care showed that end of life and advance care needs had been identified. Interventions such as pressure area care and palliative medications were noted including for massage, music and passive exercise.

Clinical records indicated consumers were regularly monitored and if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified.

Care planning and handover documentation demonstrated staff and other allied health professionals responsible for the consumer’s care were provided adequate information about the consumer’s condition, needs and preferences; staff confirmed they attended shift handover to ensure information regarding consumers was consistently shared and understood.

The service had policies and procedures in place to guide staff practice in personal and clinical care, high impact and high prevalence risks, palliative care as well as infection control and practices to reduce resistance to antibiotics. Clinical incidents were recorded on the service’s electronic care management system, reviewed by management and used to provide monthly clinical reports and informed identification of staff training needs.

# Standard 4

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

## Findings

Consumers considered they got services and supports for daily living which were important for their health and well-being and enabled them to do the things they wanted to do such as participating in lifestyle activities inside and outside the service. Consumers said the lifestyle program supported their needs and activities provided were of interest to them. Staff were familiar with the individual preferences of consumers; consumers were observed engaged in a variety of group and independent activities.

Staff described how they supported consumers to keep in touch with their loved ones by facilitating phone calls, video calls and visitations; consumers were observed accompanying families to go out of the service. Staff could identify when consumers were feeling low or upset, knew how to provide support emotional and psychological support to consumers and were observed attending to consumer’s needs in distress and providing support and reassurance. Care planning documentation reflected the involvement of others in provision of lifestyle supports including pastoral care provided by volunteers. Consumers were observed going out on a bus trip for shopping and demonstrated their excitement on returning to the service.

Consumers said information regarding their daily living, choice, condition, needs, and preferences were effectively communicated within and between organisations where responsibility for care was shared. Staff were notified of changes to consumer’s needs and preferences through handover processes and were familiar with other organisations involved in providing clinical and lifestyle supports. The service had recently engaged volunteers to support lifestyle activities.

Consumers reported they enjoyed the food and described how their feedback had led to improvements in the quality and variety of meals. Care planning documentation reflected consumer’s dietary needs and preferences.

Equipment provided to support consumers to engage in activities of daily living were observed to be suitable, clean and well maintained. Staff described the process for reporting faulty equipment and did not raised any concerns regarding maintenance at the service.

# Standard 5

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

## Findings

Consumers said they felt at home and were comfortable in the service environment. Consumers described and were observed moving freely within the service to access activities in different areas including outdoors. Consumers and representatives said the service was safe, clean and well maintained. Consumers confirmed they could decorate and individualise their rooms as they wished.

The service had various communal indoor areas where consumers could socialise such as areas for activities and a theatre; kitchenettes were available for consumers and visitors to make refreshments. The service had wide corridors, hand railings and walkways were equipped with signs for navigation. The internal environment had adequate powered and natural lighting.

Furniture and equipment were observed to be clean, well maintained and appropriate to consumer needs. Staff were observed cleaning a hoist following use for a consumer. Storage areas for equipment were clean, and accessible to staff.

# Standard 6

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

## Findings

Consumers and representatives said they were encouraged and supported to provide feedback and appropriate action was taken; complaints were resolved in a timely manner with communication provided throughout the complaint process. Consumers and representatives were aware of the methods by which complaints and feedback could be made including formal written forms, talking directly to any staff member, or raising issues at the consumer and representative meetings. Staff said they would advocate for consumers who were unable or unwilling to make complaints including assisting consumers with a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers, representatives and staff who had recently provided feedback or made a complaint described improvements and changes to care and services in response to their feedback or complaint. All consumers were satisfied with the resolution of their complaints. Staff advised complaints were reviewed as they were received and responded to promptly; complaint and feedback trends were used to inform continuous improvement.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, advocacy and translation services, available for consumers and representatives. Information relating to internal and external complaint mechanisms and advocacy services was displayed throughout the service alongside locked boxes so feedback could be provided anonymously.

Staff demonstrated an understanding of the underlying principles of open disclosure including acknowledging when things go wrong, to apologise and to use all complaints as opportunities for improvement.

The services feedback procedures included an open disclosure policy, staff had completed toolbox training in relation to open disclosure and a review of the service’s continuous improvement plan demonstrated complaints, feedback, suggestions and incidents were documented, along with planned improvement actions, dedicated timeframes and evaluation notes.

# Standard 7

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

## Findings

Consumers considered they got quality care and services when they needed them and from people who were knowledgeable, capable and caring. Consumers and representatives said there were sufficient staff to meet consumer needs, staff responded promptly when assistance was required, and never made them feel rushed. Consumers felt confident staff had the skills to meet their social, cultural, psychological, and clinical care needs.

Management advised they had sufficient staff to deliver services effectively and the organisation had implemented recent initiatives to increase the workforce through additional recruitment, offering placements to students and marketing campaigns. Documentation demonstrated recruitment processes, and position descriptions set out minimum qualifications for all clinical, care and service roles. Staff said they experienced occasional short staffing however this didn’t affect consumers, as agency staff were used, or staff worked together as a team to meet consumer care needs. Call bell records showed staff were consistently responsive to consumers’ requests for assistance.

Consumers and representatives confirmed staff were kind, caring and respectful towards them. Consumers said they had built trusting relationships with permanent staff who knew them and their preferences. Staff described consumers’ background and preferences as documented in their care plan and were observed interacting kindly and in a caring manner with consumers. Staff were observed to be calm and relaxed and had time to spend chatting with consumers and each other.

The service had a staff performance framework, management described regular monitoring of staff practice through daily observations and consumer feedback; annual performance appraisals were completed with all staff and were observed to be up to date. Staff described onboarding and induction processes including buddy shifts for new staff. Training records demonstrated most staff had completed mandatory and essential training, monthly training reports monitored completion rates and staff were notified of forthcoming training.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The Assessment Team recommended this requirement as not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement:

* *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.*

The service demonstrated it had a clinical governance framework supportive of clinical care practice within the service with appropriate policies to guide clinical care practice for antimicrobial stewardship, minimising the use of restraint and open disclosure. However, the Site Audit report bought forward deficits in relation to practices promoting appropriate antibiotic prescribing and usage, specifically in relation to recurring urinary tract infections. Additionally, the service did not demonstrate it was effectively managing and minimising the use of restrictive practices. The Approved Provider has provided additional information and evidence to support compliance with this requirement.

Regarding identified deficits in consent processes for consumers subject to chemical, environmental and mechanical restraint brought forward under Standard 2(3)(a), the Approved Provider submitted the relevant consents forms to show consumers and representatives had provided consent for environmental and mechanical restraints.

Regarding antimicrobial stewardship deficits raised in relation to failing to ensure pathology reports were obtained prior to commencing antibiotics I have considered this evidence under Requirements 3(3)(g) where it is more relevant. I am satisfied the Approved Provider has demonstrated compliance with Requirement 8(3)(e).

Therefore, I find Requirement 8(3)(e) is compliant.

In relation to the Requirements which have been found compliant:

Consumers and representatives considered the organisation was well run and they could partner in improving the development, delivery and evaluation of care and services. Staff described mechanisms for gathering feedback, including through consumer meetings and surveys, consumers and representatives said their feedback was taken seriously by the service and felt their contributions helped to improve outcomes. Representatives said the service communicated with them regularly and they were kept informed of any changes that may impact on the delivery of care and services.

Consumers and representatives said the quality of care and services met their needs and preferences. The governing board promoted its’ accountability for creating a culture of safe, inclusive, quality care and services through regular communication with consumers and representatives. Key governance reports were provided to the board to monitor the performance of the service, against the requirements of the Quality Standards. Quality indicators and consumer feedback trends informed compliance reporting.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Clinical and care procedures were reviewed by a clinical team, using evidence-based information from various sources including sector and legislative updates.

The service provided evidence of a risk management framework including policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks, staff were aware of recent legislative updates leading to policy reviews. Staff described how incidents were reported and managed and provided examples of actions implemented to reduce risk of occurring such as regular observations and pain charting if a consumer had a fall. The service had a Dignity of Risk Consent Form, this was reviewed annually for each consumer; staff had been trained on the consent process which assisted treating medical officers and staff to balance risk in partnership with the consumer and representative.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)