Performance

Report

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| Name: | Old Timers |
| Commission ID: | 6983 |
| Address: | 245 Stuart Highway, ALICE SPRINGS, Northern Territory, 0870 |
| Activity type: | Site Audit |
| Activity date: | 13 February 2024 to 15 February 2024 |
| Performance report date: | 11 April 2024 |
| Service included in this assessment: | Provider: 6871 Australian Regional and Remote Community Services Limited  Service: 4391 Old Timers |

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 Old Timers (**the service**) has been prepared by R, Beaman 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 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 11 March 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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

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 2 Requirement (3)(e): Ensure assessment and planning is regularly reviewed for effectiveness, including when an incident or change in condition occurs.
* Standard 3 Requirement (3)(a): Ensure personal and clinical care are tailored to consumers’ needs, preferences and goals for care and service delivery and is in line with best practice.
* Standard 3 Requirement (3)(b): Ensure high impact or high prevalence risks associated with consumer care are managed, including, but not limited to, restrictive practices.

# Standard 1

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

Findings

Consumers and representatives confirmed care is delivered in a way that supports consumers to make decisions about how and when they would like to receive care and in a way that respects their diversity and culture. Consumers described ways in which care is delivered in a culturally safe manner, including delivering care in a way that enables culturally linguistic consumers with other sensory impairments to exercise choice. Consumers and representatives confirmed consumers were able to take risks to do the things they wished to in a safe manner and felt confident staff kept their information confidential and respected their privacy.

Observation confirmed staff were able to exercise choice and make decisions about care and services daily, including meal choices, time of personal care and lifestyle choices. Staff demonstrated knowledge of consumers, their preferences and needs for care delivery and their cultural diversities. Staff described ways in which they support consumers to make choices in relation to their care, who they wish to have involved and taking risks to do the things they want to do. Staff confirmed access to consumer records and personal information is password protected on an electronic management system.

Documentation confirmed consumers are supported to make decisions in relation to their own care and services and have the choice of whom is involved. Care documentation reflected collaboration with consumers and those of their choosing. Risk assessments were observed for consumers who take risks to do activities of their choice.

For the reasons outlined above, I find Standard 1 Consumer dignity and choice compliant.

# 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. | Not Compliant |

Findings

The assessment team recommended Requirement (3)(e) not met as they were not satisfied assessment and planning was consistently reviewed when an incident occurred that impacted on a consumer’s health and well-being.

**Requirement (3)(e)**

The assessment team’s report included the following information and evidence gathered through observation, interview and document review relevant to my finding:

* One named consumer developed a pressure injury during December 2023 and a skin assessment was not conducted to review the consumer’s risk of pressure injuries and the effectiveness of current pressure injury strategies at the time of the incident. A skin assessment conducted a month later in January 2024 did not include pressure relieving strategies to the area where the pressure injury was.
* For three consumers, falls management strategies and risks associated with falls were not reviewed consistently. For one of the consumers, their falls risk assessment was not completed to review existing strategies to prevent falls, staff confirmed footwear was the major contributor to falls. There was no risk assessment conducted for the consumer to mitigate risks associated with footwear and falls. One of the consumers had a significant decline in mobility and required lifting aid assistance for transfers, however, their care documentation did not reflect reviews had occurred as a result of the change in condition and still described strategies and behaviours that did not include mobility issues.

The provider acknowledges the deficits in assessment and planning identified in the assessment team’s report and in their response included a range of actions and initiatives implemented and planned to address the deficits, including:

* Re-education of clinical staff around the requirement to undertake review of all pressure relieving strategies post wound identification.
* Pressure injury prevention form being added to the electronic care documentation system.
* Undertaking an audit of care documentation where a fall has occurred to ensure appropriate review is conducted, including falls risk assessment.

I acknowledge the actions the provider has taken in response to the findings in the assessment team report and encourage them to continue with those. However, I find the system and process for review of consumer assessments and planning was not effective where a change in condition or incident occurred. In coming to my finding, I have considered for the consumer with a pressure injury, staff did not review the pressure relieving strategies and there was no updated pressure relieving strategies in relation to the location of their wound. For the consumers who sustained falls, I have considered the information in the assessment team’s report that indicates risk assessments and review of strategies to manage falls, including contributing factors were not undertaken to develop effective strategies.

I acknowledge for both pressure injuries and falls management the provider has since reviewed all named consumers and updated care plan documentation with appropriate assessment information, including strategies to manage those aspects of care appropriately. However, the improvements implemented need time to establish efficacy in the assessment and planning review process.

For the reasons details above, I find Requirement (3)(e) non-compliant.

In relation to **Requirements (3)(a), (3)(b), (3(c), and (3)(d),** consumers and representatives confirmed they felt they were partners in the development of consumers’ care and services plan and their needs, goals and preferences were reflected in the care planning documentation. Consumers were confident staff considered risks to their health and well-being when developing their care and services plan and that outcomes of those were communicated appropriately.

Care plans included consumer needs, goals, and preferences for care with consultation with consumers and those they choose to be involved in care development. Risks in relation to consumer care were recorded in appropriate care domains.

Staff demonstrated understanding of the service’s assessment and planning process and described ways in which they engage consumers in developing their own care and services. Staff confirmed outcomes of assessment and planning are communicated regularly through handover and staff meetings, and care plans are accessible to them and consumers.

For the reasons detailed above, I find Requirements (3)(a), (3)(b), (3(c), and (3)(d) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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 have recommended Requirements (3)(a) and (3)(b) not met as they were not satisfied personal and clinical care was delivered in line with best practice or risks in relation to restrictive practices were effectively managed for each consumer.

**Requirement (3)(a)**

The assessment team’s report included the following information and evidence gathered through observation, interview and document review relevant to my finding:

* Falls management for three consumers who sustained falls recently was not delivered in line with best practice, including falls risk assessments undertaken post fall to evaluate if strategies were effective or identify new strategies to prevent further falls. Pain was not monitored consistently following falls and neurological observations for all three consumers were not undertaken in line with organisational policy and procedures. For one of the three consumers, neurological observations were not done consistently, nor pain monitored, and the following day post fall they were limping and transferred to hospital for review.
* Staff advised if a consumer has behaviours, they do not check their vital signs or do neurological observations if the consumer is sleeping to prevent waking them.
* The service’s post fall flow chart was not visible or on display in the nurses station.
* Care planning documentation for one consumer on continuous oxygen does not include all requirements for staff to check, and staff do not document when they change oxygen tubing.
* One consumer with condition that impacts their mobility and has a risk of falls confirmed staff do not always deliver care in line with their needs. They require assistance from two staff for transfers with a mobility aid to ensure their safety. The consumer advised on all occasions for their transfer with mobility aid only one staff assists. Staff confirmed this practice and documentation conformed two staff assistance is required.

The provider acknowledged the information in the assessment team’s report. The provider’s response includes actions taken in response to the deficits identified. Those actions included, but are not limited to:

* Re-education of manual handling practices for consumer safety.
* Spot checks being undertaken on staff manual handling practices by service and clinical management.
* Undertaking an audit of care documentation where a fall has occurred to ensure appropriate review is conducted, including falls risk assessment.
* Re-education for staff undertaking post falls care.
* Staff reminders about documenting when nasal prongs are changed or cleaned for consumers receiving oxygen therapy.

I acknowledge the information and additional actions taken by the provider in response to the deficits identified. However, I find that personal and clinical care is not safe and effective, in line with best practice or tailored to consumers’ needs, specifically in relation to mobility, pain and falls management. In coming to my finding, I have considered the information in the assessment team’s report that shows staff are not following organisational policy for post falls management or undertaking neurological observations for consumers who have sustained falls, and they are not consistently monitoring pain follow a fall. I have also considered for one of the three consumers identified with inconsistent neurological observations taken following a fall, they also did not have pain monitoring and the following day staff identified they were limping which required hospital transfer for further investigation.

In coming to my finding, I have further considered the unsafe manual handling practices for one consumer who confirmed only one staff member assisted them with transfers using a mobility aid that requires two staff to do safely. Whilst I acknowledge the provider has implemented actions to address the unsafe practices of staff, they were also unaware this was occurring prior to the feedback from the consumer and staff provided to the assessment team, and I find improvements implemented will take time to ensure their efficacy.

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

**Requirement (3)(b)**

The assessment team’s report included the following information and evidence gathered through observation, interview and document review relevant to my finding:

* Two consumers residing in the memory support unit with documented behaviours, including agitation and aggression during personal care delivery were identified as having a physical restraint in place during personal care. For both consumers either hands or arms were held down by one or two staff members whilst another staff member delivered personal care.
  + Staff were not aware that the practice of holding the consumer’s hands or arms to deliver personal care was a restrictive practice.
  + One of the named consumer’s care documentation stated they required alternate day showers, however, recommendations from an external dementia consultant post review of the consumer was to offer a shower once a week as that may be more in line with their preferences.
* One consumer who uses a mobility aid was observed with their legs and feet placed up on a lounge chair whilst sitting in a chair in the communal area and their mobility aid not near them. Staff confirmed this was to prevent the consumer getting up and moving when they were unable to assist. Staff were not aware this was a mechanical restrictive practice.

The provider did not agree with all the deficits identified in the assessment team’s report and included in their response additional commentary and information to address those. In relation to the consumer who had their feet elevated on a lounge chair, the provider asserts this is done for comfort for the consumer and the consumer is able to get up from the position staff assist them into and therefore is not restricted. The provider also asserts for the consumer who has their hand held during personal care that this is done for the consumer’s comfort and that on occasion, the consumer’s representative is the one to hold the hand to assist with personal hygiene care. The provider acknowledges for the consumer who has their arms held this is an unacceptable practice and provided in their response actions taken, including re-education of staff.

I acknowledge the information the provider has included with their response and find for the consumer whose legs are elevated, the response shows this does not prevent the consumer from movement and is not restricting them from getting up from the chair. However, I find the service did not demonstrate high impact or high prevalence risks associated with care are effective for each consumer, specifically in relation to restrictive practices. Whilst information in the assessment team’s report and the provider’s response includes the hand holding for one consumer is for comfort, this does prevent the consumer from free movement as with the consumer who has their arms held by two staff during personal care. I have considered the information included in the provider’s response that asserts they are seeking alternative ways to assist the consumer with personal care. However, I find staff have applied a restrictive practice with that consumer each time they deliver personal care when holding their arms. In coming to my finding, I have also considered the information in the assessment team’s report for both consumers demonstrating staff did not understanding or have knowledge that their practices were a physical restraint. I acknowledge the provider has sought further clarification from the Commission’s Restrictive Practices Unit.

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

In relation to **Requirements (3)(c), (3)(d), (3)(e), (3)(f), and (3)(g),** consumers and representatives were confident information about consumers’ care and services was communicated with other care providers and confirmed consumers are referred to services in a timely manner. Consumers confirmed staff adhere to infection control practices, including hand washing and were confident staff identified infection related risks.

Staff described ways in which they monitor consumers for signs of deterioration and escalate where required. Staff confirmed information about consumers’ condition is communicated to them through handover and described the process for referring consumers to other providers of care, including medical officers and allied health for review. Staff described the way in which they deliver care to consumers nearing end of life in a way that preserves their dignity, including comfort care measures and ensuring any cultural sensitives are respected.

Care plans included consumers’ end of life wishes for care and service delivery. Care documentation confirmed changes and deterioration in consumer condition are recognised and escalated timely and appropriately. Referrals to other providers of care is done in a timely manner and outcomes of review, including recommendations for care delivery are recorded in consumer care plans, progress notes and where appropriate, on handover sheets.

For the reasons detailed above, I find Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# Standard 4

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

Findings

Consumers confirmed they are supported to maintain their independence and were satisfied with services and supports to promote the health, well-being, and quality of life. Consumers were satisfied with the variety and quality of meals provided and confirmed they had choice of foods and their suggestions for culturally specific foods, including damper were acted upon. Consumers confirmed they are able to undertake activities of interest to them and were able to make and maintain connections with others of their choosing and they were supported by staff to participate in the community outside of the service.

Staff were knowledgeable of consumers’ needs, goals and preferences for lifestyle care and services. Staff described individual consumers’ likes and dislikes for activities and how they supported consumers to engage in the things of interest which included external providers of care. The service has a four weekly rotating menu that is seasonal and changed every three months. Staff described the process of getting consumer input into menu development and how they support them with choices of meals. Staff provided examples of how consumers’ emotional, spiritual, and psychological well-being is supported and the ways in which they provide additional emotional support where they identify the need.

Equipment used by and provided to consumers to access and engage in the lifestyle program was clean, well-maintained, and fit for purpose. Consumers confirmed they felt safe using equipment provided for activities and maintaining independence, including mobility aids. Consumers confirmed they do not have to repeat information to various providers of care and were confident their specific information for care and service delivery is communicated well.

Documentation confirmed consumers’ likes and dislikes for meal choices is recorded with any specific dietary requirements for staff to follow. Care plan documentation records consumers’ needs, goals and preferences for activities and the things of interest to them, including any external services they would like to attend and be part of within the community.

For the reasons detailed above, I find Standard 4 Services and supports for daily living compliant.

# Standard 5

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

Findings

Consumers and representatives confirm the service environment is welcoming and consumers were able to mobilise throughout the service with ease, including accessing outdoor areas. Signage was in place throughout the service environment. Consumers were satisfied with the cleanliness of the service environment and said any issues requiring maintenance were addressed in a timely manner to the consumer’s satisfaction.

Staff described the cleaning and maintenance processes and provided examples of how they action any issues in a timely manner for consumers. Staff described the process to have safety equipment, including fire warning systems checked on a regular basis and the program in place for the gardening to be maintained.

Communal areas were furnished with furniture and fittings to enable consumers to use when they chose to and to visit with family or friends. Consumers, including those with vision or other sensory impairments, were moving throughout the service, including outdoor garden areas. Documentation confirmed safety systems and equipment were regularly checked and maintained and a regular cleaning schedule was maintained.

For the reasons detailed above, I find Standard 5 Organisation’s service environment compliant.

# Standard 6

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

Findings

Consumers and representatives confirmed they feel supported and encouraged to provide their feedback, including complaints about care and services, and felt confident their feedback was used in a positive way to improve service delivery. Consumers confirmed any feedback is actioned in a timely manner they are included in the process and their satisfaction about any outcome is sought. Consumers and representatives were aware of advocacy and language services, and they are provided information on how to access those if required.

Staff demonstrated understanding of the service’s feedback processes and provided examples of the ways in which they support consumers to provide feedback and make complaints. Management described the process taken to action feedback, including acknowledgement of any complaints and maintaining communication with consumers and representatives who make complaints to reach a solution consumers are satisfied with. Management described how they use feedback and complaints to improve care and service delivery, including the addition of a food and fluid vending machine at the service as a result of feedback from consumers about promoting independence and choice of food and drink.

Documentation confirmed staff and management seek feedback from consumers regularly and support them to make complaints about care and services. Feedback is sought in a variety of ways from consumers and their representatives, including through resident relative meetings. The service’s plan for continuous improvement included action items that were a direct result of consumer feedback, suggestions or complaints.

For the reasons detailed above, I find Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

The assessment team recommended Requirement (3)(c) not met. The assessment team were not satisfied clinical and care staff were competent or have the knowledge to effectively perform their roles, specifically in relation to the management of falls, manual handling, and use of restrictive practices.

**Requirement (3)(c)**

The assessment team’s report included the following information and evidence gathered through observation, interview and document review relevant to my finding:

* One staff member did not use correct manual handling to transfer a consumer requiring mobility device for transfers.
* Clinical staff did not follow falls management policies and procedures for three consumers post falls, including not undertaking neurological observations consistently.
* Clinical staff did not consistently review skin assessments or pressure relieving strategies following identification of a pressure injury.
* Staff did not demonstrate knowledge of restrictive practices and applied physical restraint to two consumers during personal care.

The provider did not agree with the assessment team’s findings and included additional commentary and information in their response. The provider asserts the staff member that did not follow manual handling techniques was not due to being incompetent, but they were not following organisational policy despite having in depth education. In relation to restrictive practices, the provider asserts staff delivering care for one consumer held their hand for comfort and is not due to lack of competence or knowledge. The provider said they have sought clarification of the actions during care delivery from the Commission and further to this, provided evidence they have sought informed consent for one consumer and for the other their representative aids during personal care.

I acknowledge the information in the assessment team’s report; however, I have come to a different view. I find the service’s workforce is competent and have the qualifications and knowledge to effectively perform their roles. In coming to my finding, I have considered information in the assessment team’s report in Standard 3 that includes consumers expressed satisfaction with their personal and clinical care, including that they felt they were tailored to their needs; information in Standard 2 indicating staff consider risks associated with consumer care; and in Requirement (3)(d) in Standard 7 that consumers confirmed they are confident staff are sufficiently trained to undertake their roles. I have also considered information in Standard 8 which shows the service has policies and procedures to guide staff with restrictive practices and education and monitoring processes that are effective.

While I acknowledge actions of staff in relation to manual handling, post falls management and restrictive practices are not ideal, they do not reflect the competency or knowledge of staff who are delivering the care is compromised, rather the individual staff members are not following organisational processes. In coming to this finding, I have placed weight on information in both the assessment team’s report and provider’s response that includes staff are trained and have the qualifications to undertake their role and policies to guide and support their practice.

I acknowledge the actions the provider has taken since the site audit visit to improve the performance of staff in the areas identified in the assessment team’s report and encourage them to continue this process.

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

In relation to **Requirements (3)(a), (3)(b), (3)(d), and (3)(e),** consumers and representatives confirmed there were enough staff to deliver care and services in a way that meets consumers’ needs, goals, and preferences. Consumers confirmed staff were kind and caring and delivered care respectfully. Consumers and representatives said staff were well trained and management sought their feedback about the performance of staff. Staff were observed delivering care in a kind and caring manner.

Staff confirmed they were supported with enough staff to do their roles effectively and did not have to rush. Staff said they receive regular training and can request additional training where they need. Management confirmed the process for monitoring staff performance included feedback from consumers, representatives, peers, and observations.

A mix of staff delegations are rostered for each shift and where unplanned absences occur, there is a pool of staff to fill those shifts. Staff training is monitored via a centralised human resource team. Staff are recruited based on qualifications, knowledge and skills for the role they are undertaking, and they are onboarded with a dedicated induction program and on the job support.

For reasons detailed above, I find Requirements (3)(a), (3)(b), (3)(d), and (3)(e) in Standard 7 Human resources compliant.

# 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

Consumers and representatives confirmed they are included in the development, delivery and evaluation of care and services in various ways, including resident and relative meetings. Consumers provided examples of improvements to care and services that had been made based on their suggestions, including the implementation of a men’s group and picture menus. Documentation confirmed consumers are consulted in the development and delivery of care and services.

The organisation has a Board that is kept informed of care and service delivery, clinical and Serious Incident Response Scheme (SIRS) incidents, complaints, and oversees financial governance. The organisation’s strategic plan sets out the expectations of safe care and service delivery. Governance processes include a clinical governance committee that meets monthly and reports outcomes to the Board. A continuous improvement plan is in place which is developed from various sources, including consumer feedback, suggestions and complaints, staff feedback and issues identified through the service’s self-audit program.

The service is supported by a site of policies and procedures for risk and clinical governance. An incident management system is operational with processes in place to capture and analyse clinical and other incidents to prevent recurrence and mitigate risks to consumers. Risk assessments are undertaken where a consumer wishes to take risks with strategies developed to ensure consumer safety.

Staff confirmed they are trained in areas, including recognising, and responding to elder abuse, and described the service’s process to report any incidents as required. Staff described the processes in place for open disclosure and confirmed they practice this whenever something goes wrong for a consumer. The service maintains a psychotropic medication register which records the review and monitoring of those.

For the reasons detailed above, I find Standard 8 Organisational governance compliant.

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