Performance

Report

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| Name: | Our Lady Mercy Place Harris Park |
| Commission ID: | 8258 |
| Address: | 128A Alfred Street, HARRIS PARK, New South Wales, 2150 |
| Activity type: | Site Audit |
| Activity date: | 27 August 2024 to 29 August 2024 |
| Performance report date: | 10 October 2024 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd  Service: 26583 Our Lady Mercy Place Harris Park |

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 Our Lady Mercy Place Harris Park (**the service**) has been prepared by Therese Solomon, 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 20 September 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not 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.

Requirement 3(3)(a)

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care is best practice, tailored to their needs and optimises their health and well-being, specifically related to behaviour management and restrictive practices.

Requirement 3(3)(d)

* Ensure 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.

Requirement 4(3)(e)

* Ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services.

# 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

The service demonstrated each consumer’s identity, culture and diversity is valued and consumers are treated with dignity and respect. Consumers stated staff are kind and respectful. Staff demonstrated an awareness of consumers’ cultural backgrounds and are respectful of their diversity. Staff interactions with consumers were observed to be respectful and mindful of consumers’ cultural backgrounds and diversity. The organisation has policies and procedures guiding staff in equity and inclusion for all ages, abilities, cultural backgrounds, sexual orientation and Aboriginal and Torres Strait Islanders.

The service demonstrated care and services provided to consumers are culturally safe. Consumers stated they feel safe and comfortable at the service and staff understand their backgrounds. Consumers are predominantly from a Lebanese background with strong ties to the Maronite Church community. The service provides activities, food, and pastoral services to provide culturally safe care. Management and staff could describe methods used to communicate with consumers who do not speak English.

Consumers and/or representatives stated they can exercise choice and make decisions about their care and services and are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships. Care planning documentation contains information on who consumers wish to be involved in their care, and who has responsibility for their choices if they lack capacity. The care manager stated case conferences are held with consumers and others they wish to be involved in their care and services.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Consumers and/or representatives stated they are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to enable consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and maintaining their independence.

The Assessment Team identified areas for improvement related to providing consumers with information that is current, accurate and timely, and communicated in way that is clear, easy to understand and enables consumers to exercise choice.

Consumers and/or representatives were not all aware of information to enable them to make choices. Most consumers residing at the service are from non-English speaking backgrounds, and many do not speak English. Information on external complaints mechanisms and advocacy services is provided in Arabic, however other information provided to assist with choice such as the activity calendar, the menu, feedback forms, the consumer handbook, and consumer meeting minutes are not translated into other languages.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 1(3)(e) is found compliant.

Consumers and/or representatives stated consumer privacy is respected and that they are confident their personal information is kept confidential. The organisation has policies and procedures to guide staff in privacy and confidentiality. Information available to consumers and/or representatives such as the consumer handbook includes how the organisation handles personal information. Management and staff are aware of their responsibilities relating to privacy and confidentiality.

Staff were observed to knock on consumer doors and waiting for a response prior to entering the room. Staff stated they ensure handovers are held in private areas to ensure personal information is kept confidential, and equipment used for storing consumers’ personal information is password protected, with controlled access.

# 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

Care planning documentation demonstrates evidence of assessment and planning for consumers. Risks to the consumer's health and well-being are generally screened upon admission to inform the delivery of safe and effective care and services. The care manager stated all new consumers entering the service are assessed for risks and risk mitigation strategies are put in place. Review of care planning documentation confirmed this. Staff were aware of consumers who were assessed as high risk and were aware of the strategies documented in care plans to minimise the risk.

A review of assessment and planning documentation demonstrated consumers care plans are reflective of their current needs, goals and preferences, including advance care planning and end of life planning. Staff described what is important to the consumer in terms of how their care is delivered. Management advised end of life care planning discussions are offered with consumers and/or representatives on entry to the service or when the consumer’s condition changes. Management told the Assessment Team many consumers and their representative are reluctant to have Advanced Care Planning discussions due to their cultural beliefs.

The service demonstrated that assessment and planning is based on ongoing partnership with consumers or others that the consumer wishes to involve in their care and services. Documentation review confirmed the involvement and input of the consumer, their representative, other providers of care and services including physiotherapist, speech pathologist or dietician in consumer care.

The physiotherapist stated they assess all new admissions to the service for mobility and falls risk, are involved in the development of the care plan and conducts other risk assessments as required, such as falls risk assessments after a consumer has a fall and post hospital admission assessments.

Care and service records show the outcomes of assessment and planning are being communicated to consumers and/or representatives. Feedback received from consumers and/or representative and staff confirmed the outcomes of assessments are communicated. Observations made, and staff interviews confirmed that consumers’ care plans are accessible and there are processes to ensure the outcome of care planning is made available to consumers and/or representatives. Management reported consumers and/or representatives can have a copy of their care plan if they request it. They stated they ensure consumers, and their representatives are informed of the outcomes of assessment and planning through regular communication and more formally through case conferences.

Care planning documentation indicated the effectiveness of care is reviewed when consumer care needs change or when incidents that impact on their care needs. Consumers and/or representatives stated they always receive information from the service if there is an incident or change in a consumer’s condition.

# 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. | 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. | Not 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

Although feedback received from most consumers and/or representatives were positive in relation to care consumers receive, the Assessment Team identified deficits in documentation related to pain management, fluid intake monitoring, and restrictive practices. Documentation reviewed and discussions with management show personal and clinical care has not been best practice, tailored to their needs and has not optimised their health and well-being.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. In coming to my decision for this requirement, I acknowledge the service has implemented some improvements and have taken immediate action in response to areas of the Assessment Contact report. However, this requirement requires each consumer gets safe and effective personal care, clinical care, that is best practice, tailored to their needs and optimises their health and wellbeing. The service did not demonstrate that each consumer gets safe and effective personal care, clinical care, that is best practice, tailored to their needs and optimises their health and wellbeing.

Based on the information provided by the Assessment Team and the Approved Provider Requirement 3(3)(a) is found non-compliant.

The service demonstrated most consumers who have experienced a deterioration or change in their cognition, mental health or physical function have their needs recognised and responded to in a timely manner. Care planning documents, and progress notes reflect the identification of, and response to deterioration or changes in function, capacity or condition.

However, it was identified that one consumer who experienced a decline in his mental health, did not have his decline recognised and responded to in a timely manner.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. In coming to my decision for this requirement, I acknowledge the service has implemented some improvements and have taken immediate action in response to areas of the Assessment Contact report. However, this requirement requires the 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. The service did not demonstrate that the 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 for each consumer.

Based on the information provided by the Assessment Team and the Approved Provider Requirement 3(3)(d) is found non-compliant.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer.

The service has processes in place to manage high impact/high prevalence risks associated with the care of consumers. Care planning documentation demonstrated effective management of high impact/high prevalence risks. Consumers and/or representatives provided positive feedback in relation to how the service manages high impact/high prevalence risks.

For consumers with wounds, wound charts show regular reviews are conducted by a registered nurse, wound photography is occurring and captures all required information. Progress notes demonstrated that wounds are reviewed by the medical officer and that wounds are healing.

Falls management appear to be effective, with consumers being reviewed by a medical officer in a timely manner and neurological observations being conducted in line with the organisation’s falls procedures. Risk assessments are completed along with pain monitoring charts.

While the service has no consumers who are currently on a palliative trajectory or receiving end of life care, interviews with staff, consumers and consumer representatives show the service is meeting the needs, goals and preferences of consumers nearing the end of life. Staff were able to describe how they would maintain a consumer’s comfort and dignity while they were providing care to a consumer who was nearing the end of their life.

Documentation review and interviews with consumers, representatives and staff show information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. Consumer progress notes, care plans and handover meetings show there is communication between registered nurses and care staff about the condition, needs and preferences of consumers.

Allied health services have access to the consumers clinical files on the electronic case management system where they can add progress notes or conduct assessments as appropriate. The physiotherapist stated they review all consumers after they have a fall and update their mobility assessment if required and document the information in the consumers' clinical file.

Consumer representatives stated consumer’s needs and preferences were being effectively communicated between staff. They stated all staff are familiar with consumers care needs and are aware when care needs change. Representatives reported staff notify them of any changes in the consumer’s health immediately.

Review of the care and service records shows timely and appropriate referrals are made for consumers where needed, and the results of assessment and recommendations made are updated in the consumer’s care and services plans.

The service has an organisational policy and procedure regarding infection prevention and appropriate antibiotic use. The service has an onsite infection prevention control lead. Observations confirmed there is effective management of standard and transmission-based precautions to prevent and control infections. Staff described how they prevent and control infection in the service and demonstrated understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately.

A registered nurse explained when a consumer is suspected of having an infection, pathology is ordered to ensure that antibiotic treatment is appropriate. Care staff explained how they help minimise infections within the service, including hand hygiene, wearing appropriate personal protective equipment, good consumer personal hygiene and ensuring adequate hydration for consumers. There is easy access to hand sanitisers and hand-washing stations across the service.

# 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. | Not Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The service has systems for timely and appropriate referral to individuals and other providers of services and supports for daily living. Consumers are referred to the onsite hairdresser, the wellness team, physiotherapist and the pastoral carer. Consumers are referred to the priest as required. However, the Assessment Team identified one consumer who lives with a mood disorder has not been referred appropriately to psychological or psychiatric services in a timely manner putting the consumer at risk of harm.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. In coming to my decision for this requirement, I acknowledge the service has implemented some improvements and have taken immediate action in response to areas of the Assessment Contact report. However, this requirement requires timely and appropriate referrals to individuals, other organisations and providers of other care and services occurs for each consumer. The service did not demonstrate that timely and appropriate referrals occur for all consumers.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(e) is found non-compliant.

Consumers and/or their representatives stated they get safe and effective services and supports for daily living that meets their needs, goals and preferences. Most consumers and/or representatives said the services and supports for daily living optimises their independence, health, well-being and quality of life. The service has systems to capture information relating to consumers’ needs, goals and preferences for leisure and lifestyle and pastoral care.

The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Consumers and/or representatives reported that consumers emotional, spiritual and psychological well-being is supported. The service employs a pastoral carer whose cultural background aligns with consumers from an Arabic speaking Lebanese background. They work 3 days a week and are supported by a volunteer to provide support to consumers including religious services in the chapel including the rosary, eucharist services and religious reflection.

The pastoral carer explained the importance of faith for the consumers from the Maronite Lebanese community. The pastoral carer explained they provide inclusive support and have identified consumers’ needs and preferences for pastoral care. Other consumers expressed interest in Church of England services and the pastoral carer arranged for the Church of England minister to attend the service to provide religious services to those consumers.

Consumers and/or representatives confirmed consumers are supported to participate in the community within and outside the service environment. They stated they are supported to have social and personal relationships and do things of interest to them. Staff can describe how they support consumers to engage in activities and to maintain relationships. The service is part of the Lebanese Maronite Community in Harris Park and has close ties with the schools, church, cafe and day care centre.

The Assessment Team observed families visiting each day of the site audit, and consumers were observed with their children, granddaughters and great grandchildren enjoying visits in the garden. Consumers were observed being assisted to attend activities including cultural music programs, art therapy, hand care, chapel services, Lebanese cooking, and café outings.

The service has systems to gather information on consumer’s condition, needs and preferences regarding their services and supports for daily living. The electronic documentation system includes assessments for consumers’ needs, goals and preferences for leisure and lifestyle and pastoral care. Staff described consumers’ needs and preferences in relation to services and supports for daily living.

The Assessment Team identified areas for improvement in relation to lifestyle documentation being accurate and current.

The new lifestyle co-ordinator stated the service had identified deficits in lifestyle care plan and they are developing an action plan which includes additional support for staff in the use of the electronic assessments to ensure information about consumers’ condition, needs and preferences is available. The service manager informed the Assessment Team the organisation is in the process of acquiring a bus to enable bus outings for consumers.

The Approved Provider responded with additional documentation and a plan for continuous improvement. Based on the information provided by the Assessment Team and the Approved Provider Requirement 4(3)(d) is found compliant.

Consumer and/or representatives expressed satisfaction with the variety and suitability of the meals provided and said the meals are improving. Management explained they have identified issues with meals through consumer feedback and are working to rectify gaps. The service manager has held food focus groups with consumers and has recruited appropriately skilled staff to provide meals in line with consumers’ needs and preferences. The Assessment Team spoke with the newly appointed chef about their roles and understanding of the consumers’ needs and preferences and observed meal service for breakfast, lunch, morning and afternoon tea.

Consumers and/or representatives indicated that equipment to assist consumers with mobility and to maintain their independence is readily available and is well maintained. Staff confirmed there is sufficient equipment available for them to assist consumers and observations indicated equipment is well maintained.

Mobility and transfer equipment was observed to be clean and in good working order. Maintenance staff described the system for maintaining equipment and reported that equipment such as beds, air mattresses and mechanical lifters are still under warranty. The scheduled maintenance program includes electrical testing and tagging, checking the call bell system, and medical equipment servicing. Maintenance staff described the processes for reactive maintenance when equipment is identified as needing repair.

# 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/or representatives reported they are very happy with the service environment and feel a sense of belonging. Observations by the Assessment Team confirm the environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function.

The service includes wide corridors and large communal spaces for consumers to enjoy meals, activities and private gatherings. Large outdoor areas are accessible on level 2 and 4 with gardens and a barbeque area. Signage is clear and visible to guide consumers, staff and visitors.

Consumers and/or representative expressed satisfaction with the cleanliness of the service. The service has a cleaning program in place and the service was observed to be clean, safe and well maintained. Consumers are able to move freely through the service and access courtyard and outdoor areas within the service.

Assessment Team observed that doors to outdoor areas were easily opened and available to consumers throughout the site audit. Cleaning staff were observed to be cleaning common areas and consumer rooms maintaining infection control processes.

Furniture, fittings and equipment were observed be safe, clean, well maintained and suitable to meet the needs of consumers. Positive feedback was received from consumers and staff about the furniture, fittings and equipment.

Consumers and/or representatives spoke positively about all aspects of the service environment and stated furniture and fittings were comfortable and indicated it meets their needs. Staff across different areas of the service stated there is sufficient equipment and that it is well maintained. Review of the preventive maintenance schedule and the reactive maintenance log demonstrates the building and equipment are regularly maintained and repairs are promptly attended to.

# 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/or representatives stated they understand how to give feedback and feel comfortable providing feedback or making a complaint. Most consumers reported if they need to provide feedback, they will just talk to the staff informally and it will be dealt with or fixed for them.

Staff described how they would support a consumer who wanted to make a compliant, including trying to resolve the complaint immediately whenever possible or will escalate the complaint to a registered nurse or the service manager. The feedback and complaints register shows concerns that are raised are discussed by the service manager with the consumer and/or representative in a meeting and are rectified promptly.

Consumers and/or representatives reported they feel comfortable raising concerns and stated they are aware of how to access advocacy services and would use them if required.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers and/or representatives expressed satisfaction that the service will address and resolve any complaints or issues they raise.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and/or representatives stated their feedback is used to improve the quality of care and services. Management was able to outline the main area of complaints/feedback and describe action taken in response. They provided examples of how they record, monitor and escalate complaints and feedback from consumers and/or representatives.

The service provided the Assessment Team with a complaints and feedback register which outlined the complainant, complaint/feedback, outcome and evaluation of the complaint. Complaints data reveals the majority of complaints relate to food and meaningful activities. The continuous improvement plan identifies food and activities as areas for improvement and the service has taken action to rectify these areas.

# 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 service demonstrated 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.

While some consumers and/or representatives raised concerns about the adequacy of staffing levels, most consumers and representatives indicated there were sufficient staff available to meet consumer needs. Staff indicated there were sufficient staff to complete all the required tasks and the data reviewed by the Assessment Team did not show there were insufficient staffing levels to meet consumers’ care and service needs.

The management team reported the rosters are constantly being adjusted as new consumers are being admitted to the service. The service currently has the first 2 levels of the service open, although not all the beds are occupied. The service has recently completed a large recruitment of fifty new staff including lifestyle, care staff, cleaners, food safety assistants and registered nurses.

Consumers and/or representatives stated staff engage with them in a respectful, kind and caring manner and are gentle when providing care. Staff demonstrated an understanding of consumer needs, and this information aligned with care planning documentation and information obtained by way of interviews with consumers and/or representatives.

The service demonstrated the workforce is competent and supported by the management team. Personnel and service records evidenced staff are appropriately qualified and professional registrations are kept current. The Assessment Team observed staff to be generally competent in their roles and consumers and/or representatives expressed satisfaction with care and services provided.

Competencies are role specific and whilst some staff have not completed this year’s mandatory training at the time of the site audit it was demonstrated that this did not impact on their ability to perform their roles effectively. Management said observations of care staff competency are conducted by registered nurses, the clinical care coordinator and the clinical manager.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Consumers and/or representatives stated they believe most staff know what they are doing and did not require further training. Staff and management reported the service offers education and training through a combination of both face to face learning and online learning modules.

The service has a Learning Business Partner who is responsible for ensuring that education at the home is delivered in response to the organisational plan for education, and the home’s individual identified needs. Learning needs are identified through audits, surveys, gap analyses, and feedback as well as pre-planned organisational education calendars.

Management reported there is an education coordinator based at the head office in Melbourne who oversees the online training modules, and the clinical care manager is responsible for training at the service. The care manager stated the service monitors staff knowledge through observation of staff practice during the course of the day, and if any issues are identified staff are encouraged to complete online training modules or a toolbox discussion will be arranged.

The Assessment Team identified areas for improvement in relation to workforce training and development.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(d) is found compliant.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. The service has been in operation for less than a year, opening to consumers in January 2024. The service stated staff performance appraisal is conducted on a per annum basis and the service this will commence this process in 2025. Management stated the organisation does not undertake a formal probation process for every staff member but rather manage this by exception, for example any staff who are not performing their role to a satisfactory standard are performance managed.

The service was able to demonstrate they use performance review processes when staff are not performing their roles and gave examples of actions implemented to address staff performance including education and training provided.

The Assessment Team identified areas for improvement in relation to formalised assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 7(3)(e) is found 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

The organisation has an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services. The national director of quality and safety stated the organisation has a community consumer body across the whole organisation including the organisation’s health and aged care services. They also have 30 aged care homes across Australia. Out of those 30, 11 have a consumer advisory body.

The national director of quality and safety stated they have not promoted a consumer advisory body at the service at this point in time. The national director of quality and safety said they made the decision to wait until the service has more consumers living at the service before they start to promote a consumer advisory body. The service is currently at 50% capacity with 45 consumers living at the service. Out of those 45 consumers 18 consumers are on respite. The national director of quality and safety reported they plan on promoting a consumer advisory body closer to their 12 months of the service opening in October 2024.

The service uses consumer feedback, consumer surveys and the resident meetings as the source of consumer input and engagement into the development and evaluation of their care and services.

The Assessment Team reviewed the organisation’s governance structure and framework which identifies a leadership structure which includes accountability for the quality and safety of care provided to consumers. The organisation’s strategic plan reflects a commitment to a culture of safe, inclusive and quality care and services.

The service provides updates to the regional general manager and the quality team about risks, restrictive practices, falls, weight loss, infections, high prevalence risk register and clinical risk indicators and pressure injuries. The quality team ensures the quality board is provided with all current information and is well informed. The quality board has oversight of what’s happening at the service level and can contribute to making improvements. High level information from the quality board is provided to the governing body of the organisation.

The quality team also undertake a variety of audits on the service’s electronic care management system and complete compliance checks on the service’s incident management system and any areas for improvement are identified and actioned accordingly.

The organisation demonstrated effective organisation wide governance systems are in place and operating effectively at the service.

Information systems were generally effective and fit for purpose. Staff confirmed they can easily access information they need to effectively perform their roles. The organisation’s policies, procedures and the electronic care management system facilitate the collection and storage of information which is used to deliver effective care and services. For example, information about consumers’ preferences is collected and documented, and staff are made aware of those preferences.

The service has a plan for continuous improvement and management advised opportunities for improvement are identified through a range of mechanisms including consumer feedback and complaints, audits, surveys, consumer meetings and external surveys. Review of the plan for continuous improvement shows the organisation is using it as means of identifying opportunities for improvements.

The service manager stated they are well supported by the organisation in relation to and changes to the budget. The service manager said the service is still in the commissioning stage and is not yet at capacity. Purchases that are required for consumers are well within budget.

Management described the processes used by the organisation to ensure it complies with changes to the aged care legislation. The organisation has an office of legal counsel who advises the organisation of any changes on legislation and which areas of the organisation the change will impact. The organisation’s legal counsel will continue to monitor changes relating to the change in Aged Care Act and update the organisation of the changes required in the policies and procedures at the service level.

The organisation has effective procedures to support feedback and complaint management. The governing body receives information about feedback and complaint information, including trending of complaints. There is a process by which consumer feedback and complaints are incorporated in the plan for continuous improvement. The general manager reports to the quality board on progress towards complaint resolution and progress, and exceptions are discussed and addressed.

The organisation demonstrated effective risk management systems and practices, including but not limited to the managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can managing and preventing incidents, including the use of an incident management system.

The organisation has developed a range of risk management systems and practices. The Assessment Team identified areas for improvement in relation to chemical restraint and incident management.

The Approved Provider responded with additional information and clarifying documentation to address issues identified by the Assessment Team. Based on the information provided by the Assessment Team and the Approved Provider, Requirement 8(3)(d) is found compliant.

The organisation has a clinical governance framework in place which includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation has policies and procedures to guide staff in antimicrobial stewardship. Staff were familiar with concepts and practices to support appropriate anti-microbial use, and these were noted to be implemented at the service.

The organisation has procedures for minimising the use of psychotropic medications and staff at the service demonstrated that these procedures are followed. Open disclosure processes were demonstrated in response to complaints or incidents at the service and staff demonstrated limited understanding of open disclosure.

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)