Performance

Report

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| Name: | Oxa Care |
| Commission ID: | 3220 |
| Address: | 513 High Street, EPPING, Victoria, 3076 |
| Activity type: | Site Audit |
| Activity date: | 9 January 2024 to 11 January 2024 |
| Performance report date: | 12 February 2024 |
| Service included in this assessment: | Provider: 7067 Oxha Health Pty Ltd  Service: 1979 Oxa Care |

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 Oxa Care (**the service**) has been prepared by L Glass, 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 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 1 February 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 | **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 | |  |
| 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 Quality Standard is assessed as Compliant as 6 of the 6 specific requirements have been assessed as Compliant.

Consumers and representatives sampled feel staff treat consumers with dignity and respect and make them feel valued as an individual. Staff spoke about consumers in a respectful manner and demonstrated their familiarity with consumers' individual backgrounds and preferences. Care planning documentation contained information specific to consumers' backgrounds and culture, however, one file reviewed did not include information about the language preference of a consumer.

The assessment team is recommending requirement 1(3)(a) is met. In response to the assessment team report the service updated the identified consumer’s care plan to include their preferred language and issued a memo to all staff emphasising the importance of documenting and noting the use of a consumer’s preferred language. Written evidence was provided of the actions taken. The service had policies and procedures in place to ensure consumer diversity and inclusion is supported.

Consumers and representatives sampled described how staff value consumers' background and provide care that is consistent with their cultural preferences. Staff described how consumers culture influences how they deliver day-to-day care and services. Care planning documentation evidenced specific cultural needs for consumers such as religious practices they wish to maintain. The service's documentation, such as policies and activities, provide evidence that the service respects consumers' cultural backgrounds.

Consumers and representatives are supported to maintain relationships of choice, are given choices about how and when care is provided, and consumer’s choices are respected by staff. Staff interviewed demonstrated how they support consumers to make choices, maintain their independence and engage in relationships of their choosing. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who participates in their care, and how the service supports them in maintaining the relationships that are important to them. The service has policies and procedures in place to guide staff practices regarding consumer dignity and choice.

Consumers described how the service supports them to take risks, such as taking medication independently. Care planning documentation for consumers evidenced a risk assessment or documented discussion of risks prior to engaging in the risk. Staff demonstrated they are aware of the risks taken by consumers and support the consumer’s wishes to take risks to live the way they choose but are also committed to ensuring that strategies are in place for risk mitigation. The service has policies and procedures to guide and support staff.

The service demonstrated it provides consumers and representatives with information regarding care and services in a timely, clear, and easy to understand manner to enable them to make informed choices. Consumers and representatives confirmed they are kept informed through written information and verbal reminders. Staff and management were able to describe the ways in which information is provided to consumers in line with their needs and preferences. Observations reflected that information about activities is clearly documented on boards in communal areas and is reflective of services offered on the day.

Consumers said they feel the service respects their privacy. Staff and management could describe the practical ways they respect the personal privacy of consumers at the service. The assessment team observed the service has protocols in place to protect consumer privacy and confidentiality and staff practices aligned to these protocols.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives interviewed said consumers receive the care they require and outlined how consumers are involved in the initial and ongoing assessment and planning process. Staff interviewed described the care planning process thoroughly, including how they consider risks for individual consumers, and use the process to inform the delivery of safe and effective care and services to consumers. Most care planning documentation reviewed for consumers evidenced consideration of individual risks and mitigation strategies that influence the delivery of care and services.

The assessment team is recommending requirement 2(3)(a) is met. The assessment team identified one consumer diagnosed with type 2 diabetes mellitus (T2DM) whose care plan did not reflect their reportable blood glucose level (BGL) ranges. The service immediately updated the consumer’s care plan with directives about the reportable blood glucose level (BGL) ranges and it was established while not documented in the care plan staff were aware of the consumer’s reportable BGL. Evidence was provided there was no impact on the consumer and their BGL levels were in range. The approved provider supplied further evidence in a written response to the assessment team report including information about planned diabetes education for staff. The service has policies and procedures to help guide and support staff and management responded promptly rectifying and immediately clarifying any gaps identified by the assessment team.

Consumers and representatives interviewed described how assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and End of Life (EOL) planning if the consumer wishes. Staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around EOL care planning. Care planning documentation for sampled consumers reflected their needs, goals and preferences for care in relation to a variety of areas such as mobility, nutrition and pain, as well as advanced care or EOL directives. The service has policies and procedures in place to guide and support staff.

The service demonstrated it partners with consumers and others who consumers wish to involve, in the planning and assessment of care, and included input from a range of external providers such as Medical Officers (MO), physiotherapists, dietitians and a palliative care team. Consumers and representatives interviewed are involved in the assessment and planning of care and are able to provide input to ensure consumer needs are met. Staff outlined how assessment and planning of care is done in partnership with consumers and others they wish to involve in their care. The service has policies and procedures in place to guide and support staff.

Consumers and representatives interviewed said the service regularly communicates changes relating to care and services with them and that staff explain things to them if needed. Management and clinical staff were able to describe how they effectively communicate outcomes of assessment and planning to consumers and their representatives and described the processes in place to ensure they are regularly in touch with consumer representatives. The assessment team observed staff at various levels using the service’s Electronic Care Management System (ECMS) to record, store and communicate assessments, charting and information into consumers care plans.

Care planning documentation evidenced one monthly Resident of the Day (ROD) reviews and discussion during 3 monthly case conferences for continued effectiveness, as well as when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Consumers and representatives sampled confirmed care and services are reviewed regularly and when changes occur. Management and staff were able to explain the process for scheduled review of care plans. The service’s assessment and care planning policies identified the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflects current consumer care needs.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives interviewed said consumers are receiving care that is safe and right for them and meets their individual needs and preferences. Management and staff described the needs and preferences of consumers sampled and how they deliver care that is safe and tailored for them. Care documentation reviewed, including care plans, progress notes and charting, evidenced safe and effective care aligned to consumer needs and preferences.

The assessment team reviewed the service’s restrictive practice register which aligned with management’s responses during the entry meeting. Management advised the service does not have a secure Memory Support Unit. The assessment team observed the service reception door was locked and required a keypad code to exit, and that the code was displayed next to the keypad. Consumers sampled said they could freely exit the service at any time and said they knew the code. Management said they have swipe cards available to issue consumers and representatives if they request them. Review of care planning documentation for sampled consumers demonstrated regular wound charting and images with a single use paper ruler, consistent with the service’s policy. All sampled consumers confirmed satisfaction with the management of their pain by the service and described how clinical staff and Allied Health Professionals (AHP) worked in partnership to optimise their well-being. Clinical staff were able to identify consumers who have chronic pain, the care implemented to manage pain for those consumers and the documentation required. Clinical staff said they are informed during handover about consumers who need pain monitoring and that they can identify signs of pain in consumers such as changes in their expression and behaviour which they report to a registered nurse (RN).

The service demonstrated high-impact and high-prevalence risks are effectively managed through monthly clinical data monitoring, trending and reporting, and the implementation of risk mitigation strategies for individual consumers. Management identified, and clinical indicator data reviewed confirmed, that falls and pressure injuries are the most prevalent risks at the service. Most consumers and representatives said they felt the service is effectively managing risks to consumers' health. Care planning documentation reviewed mostly evidenced that individual risks to consumers had been considered and effective risk mitigation strategies had been documented.

While the assessment team is recommending requirement 3(3)(b) is met, the assessment team noted delays in the administration of time sensitive medication for one sampled consumer. Evidence was provided that information about time sensitive medications is documented on medication charting and in medication assessments in consumer care plans, as well as handover sheets to guide and inform staff. In response to the assessment team’s feedback about the delay in administering time sensitive medication for one consumer, management immediately conducted an education toolbox talk around timeliness of medication administration, and a review of the time sensitive medication process. Further, management spoke to the consumer to gain more information. Management said that they have an expectation that time sensitive medications will be administered within 15 minutes of MO directives. Further, management provided evidence of a memo to staff and further education of staff about administering education.

For the consumers sampled, care planning documentation evidenced discussions with representatives regarding palliative care. Consumers and representatives expressed satisfaction about how the service provides care to consumers nearing EOL. Staff described how they provide palliative care and maximise the comfort of consumers towards the EOL. The service has policies and procedures to support and guide staff practice.

The service was mostly able to demonstrate change in a consumer’s capacity or condition is recognised and responded to in a timely manner. For the consumers sampled, care planning documentation, clinical charting and progress notes record the identification of, and response to, deterioration or changes in their condition. Most consumers and representatives interviewed said the service recognises and responds to changes in condition in a suitable and timely manner. Staff described how they monitor signs, changes or deterioration from consumers and described a range of signs related to deterioration.

The assessment team is recommending requirement 3(3)(d) is met. The service demonstrated it was aware of one consumer representative’s concerns about timely identification and management of a consumer’s deterioration and of the change in the consumer’s behaviour. The service had taken appropriate actions to address and manage the associated health issue, however, it was then identified, there was a delay in medication being prescribed and administered after diagnosis of the health issue. The representative had not raised the concern at the time of the consumer’s deterioration and diagnosis. After the assessment team raised the concern, the service immediately began an investigation into the delay in medication being supplied. The service contacted the representative and apologised and set up a communication plan. The representative was satisfied with the response from the service and said they are generally satisfied with the care the consumer receives. In a written response to the assessment team report evidence was supplied of an education session conducted for all staff to educate and reinforce their knowledge about the diagnosis process when there is deterioration in a consumer and the necessary steps to follow. Visual aids were also provided as prompts to guide and aid staff.

Consumers and representatives interviewed said staff work together to meet consumer care needs and preferences, and consumers do not have to repeat themselves when staff change over. Staff described how information about consumer needs, conditions, and preferences are documented and communicated with the service and with others where clinical care is shared. For consumers sampled, the assessment team observed care planning and handover documentation provided information to support effective and appropriate sharing of the consumer’s information to support care.

For consumers sampled, care planning documentation and progress notes evidenced the involvement of MOs, AHPs and specialists where needed. Consumers and representatives interviewed said referrals are timely and appropriate, and the consumers have access to a range of health professionals. Management and clinical staff described how the care at the service is supplemented by other providers of care. The service has policies and procedures in place to guide and support staff to make referrals.

The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a gastroenteritis outbreak, and the application of better practice antibiotic practices. Consumers and representatives interviewed said they were satisfied with the service’s cleanliness, management of coronavirus (COVID-19) precautions and other infection control practices. The service has one appointed Infection Prevention and Control (IPC) staff member who has completed the related competency training and 2 staff enrolled who will begin the IPC lead training course in February 2024. The assessment team observed staff following all infection control procedures and noted the COVID-19 screening procedure in place at the service was strictly adhered to.

# 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

The Quality Standard is assessed as Compliant as 7 of the 7 specific requirements have been assessed as Compliant.

Consumers and representatives said consumers feel supported to pursue activities of interest to them and are supported to do so. For consumers sampled, care planning documentation indicated they get the services that meet their needs and preferences and staff explained what is important to consumers and what they like to do. The assessment team observed activities held at the service involved consumers and optimised their quality of life.

Sampled consumers reported their emotional, spiritual, and psychological needs are supported. Care planning documents of sampled consumers contained specific information regarding their social, emotional, and spiritual needs and preferences. Staff could describe how they support consumers when they presented with a low mood or are feeling low and provided practical examples to support consumers emotional, spiritual, or psychological well-being.

Consumers said they were supported to participate in the community within and outside the service environment, keep in touch with people they choose, and do things that are of interest to them. Staff provided examples of consumers who were supported to maintain relationships with people who are important to them and do things that they enjoy. Care planning documentation noted consumer interests, people that were important to them and activities of interest to the consumer.

Consumers and representatives said information about consumers’ condition, needs, and preferences are communicated within the service and with others where responsibility for care is shared. Staff interviewed described ways in which information is shared between individuals involved in consumer’s care and how timely updates are given following changes to a consumer’s condition, needs or preferences. Care planning documentation for consumers sampled noted sufficient information to support effective and safe care for consumers, as it related to services and supports for daily living. The assessment team observed that information relating to consumers’ conditions, needs and preferences were noted in the digital system used in the kitchen and discussed during staff handover.

Consumers said they are supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such as council community services. Staff sampled described other individuals, organisations, and service providers involved in the delivery of care and services.

Most consumers and representatives interviewed expressed overall satisfaction with the variety, quality and quantity of food currently being provided at the service, and felt the meals met their needs and preferences. Consumers and representatives said there were multiple options of meals and plenty of snacks throughout the day. However, one representative expressed concern about the food quality and meal choices. Care planning documentation of sampled consumers reflect their dietary needs and preferences, which aligns with feedback from the consumers. Staff sampled were able to describe how they ensure consumers enjoy the food and get enough of it. The service has feedback mechanisms that allow consumers to provide feedback on the performance of the kitchen. The assessment team observed consumers eating meals in the dining areas and staff assisting some consumers with their meals.

While the assessment team is recommending requirement 4(3)(f) is met concern was raised by one representative about the food quality specifically on the food option on New Year’s Eve. In response to the concern raised by the assessment team and the assessment team report the service demonstrated there were food options on New Year’s Eve and the food options available were in response to a consumer preference survey observed by the assessment team. In response to the concerns further information was also supplied in writing about the comprehensive menu in use at the service.

The service was able to demonstrate the equipment provided to consumers is safe, suitable, clean, and well maintained. Consumers feel safe when using the service's equipment and it is readily available when they require it. Staff were able to describe how equipment is maintained and cleaned. The assessment team observed clean and well-maintained equipment throughout the service.

# Standard 5

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

Findings

The Quality Standard is assessed as Compliant as 3 of the 3 specific requirements have been assessed as Compliant.

Consumers and representatives said, and the assessment team observed, the service environment was welcoming and easy to understand. Management and staff described features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. The service also consisted of common social areas on levels 2 and 3 such as the bar, theatre room and reflection room where consumers can come together in groups. The service had wide corridors with sufficient lighting and flat even flooring. Consumers rooms were personalised with their belongings, photographs and items of importance displayed.

Consumers and representatives said they are satisfied with the cleanliness and maintenance of the service, and the service environment allows consumers to move around freely, both indoors and outdoors. Consumers and representatives said consumers can access the courtyards and balconies when they want to, and consumer’s rooms are cleaned regularly to their standard. Cleaning staff said they have a schedule and roster which is followed to ensure duties such as routine and spot cleaning are completed.

While the assessment team is recommending requirement 5(3)(b) is met, it observed a care staff member wearing gloves and appearing to not demonstrate appropriate hygiene practice. The service responded by conducting an education session about infection prevention and control. In response to the assessment team report the service also supplied written evidence of the education provided.

Maintenance staff provided the preventative maintenance schedule and explained how external contractors were managed and the process for arranging any repairs to the building or equipment. The assessment team observed consumers accessing areas inside and outside of the service.

The assessment team observed, and consumers confirmed, equipment and fittings are cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they are made suitable for each consumer. The assessment team reviewed relevant documentation which evidenced that furniture, fittings, and equipment are routinely maintained to keep consumers and staff safe. While the assessment team is recommending requirement 5(3)(c) is met it observed some soiled and stained chairs were left in the common area. Management responded by having the chairs cleaned immediately. In response to the assessment team report the service provided further information about the implementation of a daily cleaning checklist for cleaning staff to complete their tasks and sign off. To improve and to eliminate the occurrence of stains occurring on furniture as a result of spillage and handling of furniture evidence was provided of the purchase of non-fabric chairs so that any spills by consumers will not result in temporary stains.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant as 4 of the 4 specific requirements have been assessed as Compliant.

All consumers and representatives said they feel safe and comfortable in providing feedback and making complaints and were able to describe the various avenues available for them to do so. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints.

The service has policies, procedures and systems in place to ensure consumers and representatives are encouraged and supported to provide feedback or complaints. The assessment team observed information displayed throughout the service that supports and encourages consumers and representatives to provide feedback and complaints.

Most consumers and representatives were able to describe the external complaints mechanisms and advocacy services available to them. However, one representative said that they were unaware of advocacy services available to consumers. Management and staff described how the service promotes access to these services. Documentation reviewed, and observations by the assessment team identified, the service is actively promoting language, external complaints, and advocacy services with the information easily accessible to consumers and representatives.

Most consumers and representatives interviewed expressed overall satisfaction with how the service addresses and resolves their concerns or complaints and confirmed the service’s application of open disclosure. Management and staff described the underlying principles of open disclosure. Sampled complaints and the Continuous Improvement Plan (CIP) showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, being transparent and resolving the issue whilst keeping consumers and representatives regularly involved. One representative interviewed said they were not satisfied with the service’s response in addressing their concerns. In response to the assessment team report the service supplied further information demonstrating it had apologised to the consumer and representative and remedied the issue related to the concern showing it had persisted in its attempts to contact the representative via various formats and replacing damaged clothing. The service has policies and procedures that guide staff around complaints management and open disclosure.

The service demonstrated a system and procedure for receiving, monitoring and actioning feedback and complaints from consumers and representatives, and identifying continuous improvement opportunities via various sources. The CIP and consumer meeting minutes evidenced feedback and complaints from consumers, representatives and other sources are reviewed and used to improve care and services, as described by management, staff, consumers and representatives interviewed. All consumers and representatives expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed and used to improve the quality of care and services. Management and staff were able to describe the main trends of complaints around staff approach when delivering care and the actions taken or proposed actions to be done.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the number of staff and/or the speed at which consumer care needs are responded to. All staff sampled said there is enough staff to take care of consumer needs and they have enough time to complete their tasks and maintain a quality standard of care and services delivered to consumers. Management described how the workforce is planned to address the needs of consumers such as strategies around unplanned leave, retention strategies, and ongoing recruitment strategies to meet legislative requirements with the support of the organisation’s human resources department. Review of the service’s documentation evidenced it has adequate staffing levels, and call bell response times are monitored regularly to identify any outliers to the service’s expected level.

All consumers and representatives sampled said staff engage with consumers in a kind, caring, gentle and respectful manner. Staff were observed greeting consumers by their preferred name and demonstrated they are familiar with each consumer’s individual needs and identity. The service has policies and procedures to guide staff practice, which outline care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives sampled said staff perform their duties effectively, and they are confident staff are skilled to meet their care needs. Management said the service has a comprehensive education program from induction and thereafter and requires staff to complete role-based training that is monitored by both management and an educator from the service’s overarching organisation. Duties lists are discussed during recruitment and during the onboarding process.

Consumers and representatives interviewed said they feel staff are competent and qualified to do their job and did not identify or provide any specific feedback on any areas where staff need more training. All sampled members of the workforce felt like they are recruited, trained, equipped and supported to deliver safe and effective care. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards. Management described how their training matrix is used to determine outstanding training that each staff member has completed, and any outstanding training due dates are also highlighted on the matrix.

The service demonstrated regular assessment, monitoring and review of the performance of each staff member. The assessment team reviewed documentation which evidenced the service reviews staff performance annually or when required. Staff interviewed were able to describe the performance review process and how their performance is monitored.

# 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 Quality Standard is assessed as Compliant as 5 of the 5 specific requirements have been assessed as Compliant.

The service demonstrated consumers and representatives are engaged in the development, delivery and evaluation of care and services, including regular engagement between the governing body and consumers. Consumers and representatives described how they are involved in the input through forums and committees. Management could recall a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them including consumer meetings, consumer advisory committee meetings, consumer surveys and feedback channels.

The service demonstrated it has central policies, procedures and tools developed with the governing body to promote a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management described a robust organisational structure and governance to ensure the delivery of quality care and services. Management described, and provided evidence of, mechanisms such as internal audits used to ensure the Quality Standards are being met. The service has published policies and procedures with defined roles and responsibilities aligned to the Quality Standards and an internal continuous plan of improvements audit program to support the governing body, management and staff in the promotion of safe, inclusive, and quality care and services.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service demonstrated an effective system in relation to all these areas. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice. The service's information management systems were demonstrated to be effective and fit for purpose. All staff interviewed confirmed they can easily access the information they need to perform their roles which includes accessing care planning documentation. The service identifies opportunities for continuous improvement through various mechanisms such as feedback and complaints, consumer meetings, staff feedback, informal conversations and day-to-day observations.

Management said they are supported by the governing body to make purchases to improve the service. Further management described the budget approval process and noted they have not experienced issues in seeking financial approval from the governing body when needed.

Management receives information regarding new legislation through newsletters and subscriptions, to various platforms including the Aged Care Quality and Safety Commission. Communications are circulated to the leadership team and relevant staff. Any changes impacting the service, such as the recent aged care reforms relating to the Code of Conduct and restrictive practices, are discussed with the governing body and shared with staff and consumers as required.

The service demonstrated a system for encouraging, organising, and actioning feedback and complaints from consumers, their representatives, and staff.

Management described how the service’s workforce is governed and managed to make sure the workforce is sufficient and skilled to provide safe and quality care and services such as through mandatory training and other requested training, such as medication competency. Staff have position descriptions and duties which are available to guide them in their work performance.

The service was able to demonstrate systems to effectively manage high-impact and high-prevalence risks associated with the care of consumers and consumers are supported to live the best life they can. Management described the systems and processes in place to manage high-impact and high-prevalent risks at the service. Staff described how they manage and implement strategies to minimise high-impact and high-prevalent risks to consumers. The service demonstrated the incident management system in place is effective in managing, preventing, and responding to incidents, including incidents involving potential abuse of consumers.

The service provided documented policies and procedures relating to antimicrobial stewardship, restrictive practices, open disclosure and a documented clinical governance framework. Staff described the elements of policies and procedures and demonstrated an understanding of these concepts. The service provided documents relating to a clinical governance framework and staff interviewed demonstrated they had an applied understanding of these policies.

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-1)