Performance

Report

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| Name of service: | Ozcare Hervey Bay |
| Service address: | 35 Davis Drive KAWUNGAN QLD 4655 |
| Commission ID: | 5805 |
| Approved provider: | Ozcare |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 24 November 2022 |

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

**This performance report**

This performance report for Ozcare Hervey Bay (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 November 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

* Consumers must be treated with dignity and respect.
* The organisation must undertake initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning must have a focus on optimising consumer health and well-being in accordance with consumers’ needs, goals and preferences.
* The organisation must deliver safe and effective personal and clinical care in accordance with consumers’ needs, goals and preferences to optimise health and well-being.
* The workforce needs to be planned to enable, and the mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* The organisation must have effective organisation wide governance systems
* The organisation must have effective risk management systems and practices.

# Standard 1

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

**Findings**

This Standard is Non-compliant as one of the six Requirements is Non-compliant. Deficiencies relate to:

* Delays in care delivery did not support dignity or respect to consumers.
* Staff practices have not afforded consumers with respect.

Consumers were not treated with dignity or respect. Consumers experienced delays in care delivery which compromised their dignity. One consumer was observed to have no clothes covering their continence aid and was eating a meal using their hands, the consumer stated this was a result of staff not having enough time to clothe or feed them appropriately. A second consumer was noted by their representative to be soaked in urine, which required the family member to clean the consumer as staff were too busy. Consumers’ preferences for care were not respected including frequency of hygiene care and the ability to be out of their beds, this does not support consumer identity being valued.

The Approved provider in its written response to the Site audit report have included actions taken to return the service to Compliance. A dedicated Business Operations Manager with a clinical background is onsite, support is also being provided by the organisation’s Clinical Business Operations Manager and Risk and Compliance department. For the consumers noted above whose dignity was not respected, their assessments, care plans, charts, records and progress notes have been reviewed, in conjunction with the consumer and family representatives. A copy of their care plans has been offered to the consumer or their next of kin. For the consumer noted to be eating with their hands, an allied health referral has been made for adaptive cutlery, it was deemed unnecessary for adaptive cutlery. The Approved provider’s plan for continuous improvement documents privacy and dignity training resources were placed in each wing of the service for staff to review, 44 staff attended training relating to privacy and dignity and information relating to privacy and dignity was distributed to the main nurse’s station and staff room. Privacy and dignity will be a standing agenda item for all staff meetings and will also be included in orientation for staff.

The Continuous improvement plan submitted as part of the Approved provider’s response to the Site audit report indicates call bells are to be monitored by all staff on shift. Call bell response times have been added as a standing agenda item for all staff meetings.

Staff supported consumers to maintain their cultural needs. Care documentation contained information to enable staff to identify consumers’ individual cultural preferences, including religious and spiritual needs. Consumers made decisions regarding their independence, relationships and who was involved in their care. Staff described how consumers maintained relationships of their choice.

Consumers were supported by staff to take risks and make choices to support their self-determination. Staff were aware of all aspects of risk, including dignity of risk and risk reduction. Risk related activities included the consumers choice of smoking, the choice of diet and leaving the service unescorted.

Information provided to consumers was current, accurate and easy to understand. Noticeboards contained menu options, activity schedules and advocacy information. Consumers’ information was kept confidential, consumer files were kept in a locked area, computers were password protected and handover of information did not occur in public areas. Consumers were provided with the Charter of Aged Care Rights in the consumer handbook which stated how personal information was protected by the service.

While I acknowledge actions taken by the Approved provider to address deficiencies relating to consumers not treated with dignity and respect, it is my decision at the time of the Site audit there was evidence and observations that not all consumers were treated with dignity and respect. The Approved provider in its written response has acknowledged an internal review will be undertaken in January 2023 to assess improvement actions and the effectiveness of these actions. It is my decision it will take time to embed these actions and staff practices will need to be monitored to ensure consumers are consistently treated with dignity and respect, therefore Requirement 1 (3) (a) is Non-compliant.

**Standard 2**

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-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. | Non-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. | Non-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. | Non-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. | Non-compliant |

**Findings**

This Standard is Non-compliant as five of the five Requirements is Non-compliant. Deficiencies relate to:

* Initial and ongoing assessments for consumers were not completed.
* Care and service plans were not reviewed regularly or following changes or incidents effecting consumer care.
* Risk has not been considered for consumers requiring restrictive practices, experienced an increase in falls or require assistance with personal care.

Assessment and care planning processes have not considered risks to consumers’ health and well-being. Risk assessments have not been considered for consumers who have impaired balance or increase in falls, have impaired skin integrity, require monitoring of fluids, have wandering behaviours or require a restrictive practice. Assessment and care planning documentation did not contain information to guide staff in the delivery of care. Individual care needs were consistently not identified, assessed, monitored or reviewed.

For seven consumers whose files were reviewed there was a lack of assessment in each file reviewed. Assessments that were not completed included oxygen therapy, challenging behaviours, continence, falls management, end of life care and personal hygiene. Consumers were noted to have increased numbers of falls and episodes of challenging behaviours and incontinence, which has not prompted an assessment of their care needs.

End of life care wishes were documented, however, assessment and planning for end of life care did not reflect consumers’ current goals, needs and preferences. Assessment and planning documentation have not been regularly reviewed or when circumstances changed, or incidents occurred to ensure it captures consumers’ current needs and preferences. For two named consumers who sustained an increase in number of falls, reassessment did not occur to identify falls management strategies to decrease the risk of future falls. Consumers and their representatives provided feedback they have not been consulted about their end of life preferences. Staff were unable to describe what was important to consumers in terms of how their care was delivered.

Assessment and planning have not been completed in partnership with the consumer or others the consumers wished to be involved. Consistent feedback was received from consumers and their representatives that assessment and planning had not been discussed with them and they had not been offered or received a copy of the consumer’s care plan. One representative stated they would like a copy of their consumer’s care plan however had not been offered a copy of the care plan.

The Approved provider in its written response to the Site audit report have included actions taken to return the service to compliance. A dedicated Business operations manager with a clinical background is onsite, support is also being provided by the organisation’s Clinical Business operations manager and Risk and compliance department. Other actions taken by the Approved provider to address deficiencies in this Standard have included a review of all high-risk consumers identified in the Site audit report including assessments, care plans have been amended in consultation with the consumers and their representatives and monitoring charts or technical nursing charts have been established. Consumers and representative were informed via email of the availability of consumers’ care plans, and this information has also been added to the monthly newsletter and consumer meetings.

I acknowledge the commitment of the Approved provider to address the Non-compliance in this Standard, however as each Requirement in this Standard is Non-compliant, rectification actions are going to take time to be implemented and assessed for their effectiveness, therefore it is my decision all Requirements in Standard 2 are Non-compliant. The Approved provider in its written response has acknowledged an internal review will be undertaken in January 2023 to assess improvement actions and the effectiveness of these actions.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

**Findings**

This Standard is Non-compliant as five of the seven Requirements is Non-compliant. Deficiencies relate to:

* Poor clinical care delivery including restrictive practice, behaviour management, medication management, referrals, falls management and hydration and nutrition.
* High impact risks not addressed including falls, oxygen therapy and cytotoxic medication.
* Timely response to deterioration in consumers’ mental or physical capacity has not occurred.
* Information was not shared to inform staff about the care needs of a consumer.
* Consumers have not been referred to specialist services in a timely manner.

Consumers did not receive safe and effective care and services. Consumers provided feedback they were not satisfied with clinical care delivery and stated care quality was impacted from a lack of staff. Deficits in clinical care delivery included restrictive practices, behaviour management, medication management, referrals, falls management and hydration and nutrition. Care documentation did not contain sufficient information to guide staff practice when delivering care and services.

Personal care delivery was not tailored to the need of the consumer. Three consumers provided negative feedback regarding their hygiene preferences not being followed, feedback included they were not bathed as often as they would prefer and were given a sponge bath in bed when their preference was for a shower. Wound care delivery was not best practice. For two named consumers wound care documentation did not contain information to support monitoring of wounds was occurring through either measurements or photographs.

Behaviour support plans did not contain individual strategies for three named consumers with challenging behaviours including urinating in inappropriate places, wandering, inappropriate touching of genitals and physical aggression. Staff were unable to demonstrate strategies to manage consumers with challenging behaviours.

The Approved provider in its written response to the Site audit report have included actions taken to return the service to compliance. A dedicated Business operations manager with a clinical background is onsite, support is also being provided by the organisation’s Clinical Business operations manager and Risk and compliance department and a Plan for continuous improvement has been developed.

According to the response, each consumer who was named in the consumer outcome summaries have had their assessments, care plans, charts, records and progress notes reviewed and discussed by the clinical management team in conjunction with the consumers and their next of kin. The Clinical care manager is reviewing emerging needs, progress notes and incidents every morning prior to the daily clinical management meeting held with the Business operations manager present. The clinical management meeting includes consumers of concern, incidents, wounds, admissions consumers for review and referrals. The psychotropic medication register has been updated and monthly calendar alerts have been created to continually review the register. Weekly registered nurse meetings were scheduled for four weeks, with a standing agenda item of allocation of consumer reviews, business rule re-enforcement and associated training. Additional wound training will be held 23 November 2022.

Behaviour support plans were reviewed and continue to be refined, 14 consumers were identified as needing their support plans to be more personalised. Clinical staff are to view a video relating to behaviour support plans, as of 18 November 2022, seven of 28 registered staff have completed the training. An audit of chronic wounds was completed, and chronic wounds are now reviewed weekly by clinical nurses to enhance best practice wound management.

High impact and high prevalence risk to consumers was not managed effectively. One named consumer sustained 37 falls between July 2022 and October 2022 and did not have falls management strategies to decrease the risk of further falls. For one named consumer who sustained 15 falls in October 2022, a mobility or falls risk assessment was not completed. Two consumers required oxygen therapy, there were no guidelines in care planning documentation to support staff when delivering the oxygen or cleaning schedules for the oxygen equipment to decrease the risk of infection. Another consumer required cytotoxic medication, however there were no guidelines in their care planning relation to the risks of administering this medication or the safety precautions involved in safely administering this medication.

The Continuous improvement plan submitted as part of the Approved provider response indicates a flow chart was developed in relation to caring for consumers who have fallen, which has been placed in each nurse’s station, to support timely and appropriate consistent care of consumers after they have fallen.

Care planning documentation reflected consumers’ end of life needs and wishes. The workforce demonstrated understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Consumers provided feedback in relation to their palliative care choices which aligned with care planning directives.

Timely response did not occur following the deterioration of consumers’ mental health of physical condition. For one named consumer, it is detailed the consumer is unable to use utensils to feed themselves which results in them using their hands to eat their meals. The deterioration in the physical function of the consumer has not been identified or addressed. A second named consumer is urinating in inappropriate places including in front of other consumers, a continence assessment has not been completed to address the deterioration in the consumer’s continence levels.

The Continuous improvement plan submitted as part of the Approved provider response indicates a flow chart was developed in relation to consumer deterioration which has been placed in each nurse’s station for care management prompts.

Appropriate information sharing within the organisation has not occurred. For a named consumer who returned from hospital with changes to their dietary and fluid needs, this was not communicated, and the consumer has care planning directives which are not reflective of the Speech therapy recommendations. This deficiency placed the consumer at an increased risk of aspiration and choking.

Referral processes are not effective, two consumers who have sustained an excessive number of falls, including 15 falls in October 2022 for one consumer and 18 falls in August 2022 for the other consumer, have not been referred to the Physiotherapist. The service’s physiotherapist confirmed they had not reviewed either consumers following their falls. Despite a consumer being referred to a dementia behavioural specialist service in April 2022, the consumer’s care plan did not contain individualised strategies to manage the consumers ongoing behaviours including inappropriate sexual behaviours, verbal and physical behaviours and wandering. The service was unable to evidence a review of the specialist service’s recommendations had occurred.

The Continuous improvement plan submitted as part of the Approved provider response indicates communication between allied health staff have been enhanced and a daily report will be created in relation to consumers who have sustained falls, to facilitate timely review of consumers.

The minimisation of infection related risks was managed through standard and transmission-based precautions to prevent and control infections. The workforce understood precautions to prevent and control infection and the steps to take to minimise the need for antibiotics. Staff were observed wearing appropriate personal protective equipment during the site While the care plan for a consumer with a catheter did not contain information relating to the frequency of catheter or bag changes, I am unable to determine this lack of information has caused infections for the consumer.

I acknowledge the actions taken by the Approved provider to address the deficits identified in this Standard, however the breadth of Non-compliance is vast and encompasses five of the seven Requirements in this Standard, and actions will take time to be completed and tested for effectiveness. The Approved provider in its written response has acknowledged an internal review will be undertaken in January 2023 to assess improvement actions and the effectiveness of these actions. Therefore, it is my decision five Requirements in this Standard are Non-compliant.

# Standard 4

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

Findings

This Standard is Compliant as seven of the seven Requirements are Compliant

Consumers provided feedback they felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers choice, daily living, wellbeing, and service delivery.

Leisure staff in the secure living environment discussed their activities program and how they encouraged consumers to participate and join in. Staff described gentle encouragement and creating consumer interest hosting an activity on a centrally visible table to draw attention. The Assessment Team observed activities attended by consumers who were enjoying, participating and interacting with lifestyle staff and each other. Activities observed included hat making for Melbourne Cup, musical bingo, and a belly dancing show.

Consumers and representatives described the services and activities provided by the service to support the consumers’ emotional, spiritual, and psychological wellbeing. Staff provided examples of spiritual and psychological supports provided to consumers. Consumer care documentation identified consumers’ spiritual denomination, psychological needs and preferred level of engagement.

The service catered for several religious denominations and provided varying levels of pastoral and emotional support. Lifestyle staff actively identify consumers needing assistance and engaged them with emotional or pastoral support, and if more pastoral support was required, they engaged pastoral care practitioners.

Consumers and representatives described how the consumers are supported by the service to engage in activities and pursue personal interests, both internal and external to the service while maintaining contact and relationships with the people who are close to them. Staff described preferences of consumers and provided examples of how the service supported individuals to engage in activities, social and friendly relationships.

Staff providing services to consumers were aware of the consumers’ needs and preferences and consumers were confident their information was being provided to external agencies who were involved in their care. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs and preferences.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate to meet the diverse needs of consumers. Lifestyle staff explained consumers were referred to, and several consumers are engaged with, external community groups.

Consumers and representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Consumers were provided with a choice of seasonal menu meals including a daily hot breakfast option, a choice of proteins for lunch, hot and cold meals, sandwiches, soups with dinner and a choice of desserts. Consumers were also provided a range of fruit, cake and sandwich options for morning-tea, afternoon-tea and supper. Food was cooked fresh on-site daily. Consumers selected meals one day in advance, although alternatives were offered at mealtimes if consumers changed their preference.

Consumers felt safe when using equipment and knew how to report any concerns they may have about safety. The service had appropriate arrangements for purchasing, servicing and maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be new, suitable, clean and well-maintained.

# Standard 5

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

Findings

This Standard is Compliant as three of the three Requirements are Compliant

The service was welcoming, with well-lit wide hallways. The service had a chapel, a hairdressing salon, a volunteer run coffee shop, several quiet and spacious areas to congregate or relax furnished with comfortable chairs. Each wing had spaces designed to accommodate consumers and their families for coffee or meals if requested. Each floor had a large entertaining space dedicated to different activities including a common activities room, a movie viewing room and a library filled with books. All consumer rooms had balconies that overlooked or directly accessed the landscaped gardens. The service had several outdoor garden areas with paths that linked to raised garden beds or gazebos. Raised garden beds were being utilised by consumers to grow vegetables and flowers. A children’s playground and an oversized chess board were provided to entertain visiting children. Consumers had personalised rooms decorated with furnishings and personal items which reflected their individual tastes and styles.

The service grounds were expansive, with well landscaped and professionally maintained garden areas. The grounds were easily accessible, safe and clean, and inviting to consumers and visitors. Consumers living in the secure living environment were observed moving freely inside and outside in the garden area. Several utility rooms containing chemicals and associated machinery were observed to be open and unlocked. Management advised they would endeavour to fit lockable latches to the doors by the end of the week and instruct staff to close and lock the doors. Evidence was provided in the Approved provider’s response that this had occurred.

The service was observed to be well maintained and clean. Cleaning and maintenance were scheduled and monitored daily. Consumers’ rooms were cleaned daily including floors, bathroom, showers, benches and high touch points, while weekly deep clean focused on windows, walls, fans and other personal cleaning requests by consumers. Maintenance staff described the service’s processes for identifying, reporting and actioning maintenance issues to ensure equipment used by consumers is safe, clean and maintained. Cleaning staff were observed to be cleaning areas throughout the service, including bathrooms and corridors, as part of the regular cleaning schedule. The maintenance logs identified that issues raised by consumers, representatives or staff were responded to in a timely manner.

# Standard 6

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

Findings

This Standard is Compliant as four of the four Requirements are Compliant.

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints, and described the various methods available for them to do so including speaking to management or staff directly, during consumer/representative meetings, using feedback forms, or by contacting the service directly by email or phone. Care staff interviewed said they would relay any consumer issues to a registered nurse or assist the consumer to complete a feedback and complaints form. The Assessment Team observed feedback boxes and forms at each level of the service in the atrium area.

Consumers and representatives were aware of advocacy and language services that were available to them and referenced the promotional material displayed at the service. Staff described how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff included assisting them in completing a feedback form, using communication aids or contacting the consumers’ representative for assistance.

The service had posters promoting external complaints mechanisms, including advocacy services. The consumer handbook included information regarding internal and external complaints agencies, including the Charter of Aged Care Rights, Fraser Coast Aged Care Advocacy, the Commission, Aged and Disability Advocates Australia and the Seniors Legal and Support Service to inform consumers and representatives of the complaints processes available to them.

Most consumers and representatives indicated appropriate action was taken in response to complaints. Staff were aware of open disclosure principles in relation to their responsibilities, and management provided a recent example of open disclosure. While some consumers or representatives provided negative feedback regarding their satisfaction with complaints handling at the service, other consumers and representatives noted improvements in the way complaints were handled.

Management described how they reviewed feedback and complaints and used this information to improve care and services.

# 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. | Non-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

This Standard is Non-compliant as one of the five Requirements are Non-compliant.

Deficiencies relate to:

* Sufficiency of staff to deliver care and services.

Consumers and representatives were not satisfied with staffing levels at the service and provided feedback there was insufficient staff to provide care for consumers requiring assistance. Staff confirmed there was not enough staff to complete consumers’ care needs. Shifts were not replaced when there was unplanned leave. Registered staff confirmed they are unable to consistently complete care and care planning is not reviewed or accurate due to time constraints.

Negative feedback from consumers relating to staffing included lengthy wait times for assistance, a lack of assistance with hygiene cares and preferences for care not adhered to. Consumer satisfaction audit results from August 2022, September 2022 and October 2022 identified requests from consumers for more staff.

Management advised the organisation established a working group with a strategy to assist the service attract staff through recruitment initiatives. These initiatives include re-education and upskilling of existing staff, offers of remuneration for aged care certificates and paid study leave. Relationships to be developed with registered training organisations to attract new staff. The recruitment of overseas care staff including payment of working visas. Redeployment of existing staff to cover current staffing deficits. The use of labour hire staff to fill vacant shits on the roster and the offer of overtime for staff to fill vacant shifts.

The Approved provider’s response to the Site audit report indicates the service continues to engage agency workers and are working with agencies to engage contractors for longer periods. Two long term care workers commenced at the service 14 November 2022. Nursing agencies supplying staff have been requested to send consistent staff who have completed orientation to the service. All vacant positions are advertised and on the organisation’s website and employment websites. Student nurses will be made to suitable students prior to completion of their Certificate 111 course. Vacant shifts have been offered to permanent employees first prior to sourcing agency staff via additional shifts or extension of shift times.

Consumers and representatives provided feedback staff were kind, gentle and respectful when providing care and services. Staff were familiar with consumers’ individual needs and identity. The service had policies, procedures and assessment tools outlining kind, respectful and person-centred care to guide staff practices. Management used staff feedback, and consumer and representative feedback through complaints and surveys to monitor staff interactions between staff and consumers to ensure they meet the organisation’s expectations. Review of care documentation identified staff used respectful language when describing consumers’ care needs. The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner.

Consumers and representatives were confident staff were skilled to meet their care and service needs. Management monitored staff criminal record checks, staff vaccination requirements, and the Australian Health Practitioner qualifications. The service’s criminal record check register, staff vaccination status and Australian Health Practitioner qualification identified these requirements were up to date. Staff competency was determined through skills assessments and was monitored through performance assessments, consumer and representative feedback, audits, surveys and reviews of clinical records and care delivery.

Consumers and representatives were satisfied staff were trained and equipped to perform their role. Staff confirmed they could raise requests for further training and education which was supported by management. Staff described the training, support, professional development and supervision they received during orientation and on an ongoing basis. The service’s training reports identified staff have completed mandatory training including, but not limited to, the Serious Incident Response Scheme, infection prevention and control, manual handling and fire safety and training records were up to date.

The service had processes to monitor and regularly review staff performance. Staff confirmed they have undergone regular performance appraisals that involved feedback from supervisors on their performance and an opportunity to identify areas for further improvement or training. Staff probationary appraisals occurred at the second month and fifth month and were completed annually thereafter. Review of probationary and yearly performance appraisals identified all staff appraisals were up to date. Staff performance was monitored through observations, analysis of clinical data and consumer/representative feedback. Any issues in performance identified through these monitoring mechanisms were addressed immediately and triggered a performance review.

While I acknowledge the difficulties in recruiting a stable workforce, the actions taken by the Approved provider in relation to deficiencies in this Standard have not convinced me the service has a planned workforce to provide quality care and services at this time. Therefore, it is my decision Requirement 7 (3) (a) is Non-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. | Non-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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Standard is Non-compliant as two of the five Requirements are Non-compliant.

Deficiencies relate to:

* Ineffective organisation wide governance systems relating to information management, continuous improvement, workforce governance and regulatory compliance.
* Ineffective risk management systems and practices, including managing high impact of high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system.

Consumers were supported to be engaged in the development, delivery and evaluation of care and services. The service conducted monthly consumer meetings, regular surveys and provided feedback forms to engage consumers in providing feedback. Management introduced a consumer fellowship group to further encourage consumer involvement and feedback. The service ran monthly focus groups to seek consumer input regarding various topics. Meeting minutes and the Plan for continuous improvement identified consumer participation in a focus group which covered topics such as improvements to the menu and lifestyle activities. Consumers considered the service to be well run and they could provide feedback and suggestions to management directly, which could be escalated to senior management within the organisation.

While consumers were engaged in the development, delivery and evaluation of care and services, it was identified consumers were not consistently engaged in the completion of assessments and care planning, and care documentation did not consistently identify consumers’ needs and preferences. It is my decision this information is more suited to be considered in Standard 2.

The organisation’s governing body promoted a culture of safe, inclusive and quality care. The service’s governing body consisted of a Chairperson, Chief Executive Officer and eleven Directors to form the Board. The Board met second monthly and received reports from senior executive subcommittees to inform the service’s risk and compliance with the quality standards.

The organisation’s governance framework identified a leadership structure and the governing body held overall accountability for quality and safety. The organisation communicated with consumers and representatives and staff regarding updates on policies, procedures or changes to legislation. These were communicated via meetings, memorandums, emails, newsletters, case conferences and training.

Organisation wide governance systems were not effective in relation to information management, continuous improvement, workforce governance and regulatory compliance.

In relation to information management, care planning documentation was not available for consumers or representatives, consumer assessment and planning documentation did not consider risk or consumers’ current needs and preferences. Other aspects of information management were effective including access to policies and procedures, handover information and meetings.

While the service had effective systems and processes to support continuous improvement activities, the service’s monitoring mechanisms did not identify deficits identified in the site audit report. Deficits in assessment and planning and delivery of care were not identified, and while the service was aware of staffing pressures, the level of dissatisfaction from consumers relating to staffing was not known to the service despite the service conducting surveys and seeking consumer and representative feedback.

Financial governance procedures support the changing needs of consumers, and changes to the budget or expenditure were sought. Management prepared a yearly budget based on previous and forthcoming expected expenditure needs. The operating budget allowed for adjustment according to the individual service’s occupancy and level of client acuity. The organisation’s resource allocation was flexible according to geographic needs and profit and loss reports were provided to the executive and individual Facility managers.

There were insufficient staff to support effective workforce governance systems. While other human resources processes were effective including training, suitability, kindness and performance reviews of staff, there was insufficient numbers of staff to deliver care and services in a safe manner.

While the service has effective systems in identifying and reporting serious incidents to the serious incident response scheme within the correct timeframes, incidents have been recorded in behaviour charts rather than the electronic care management system which has not led to the review of behaviour support plans following incidents.

Governance systems to support feedback and complaints were effective in encouraging and supporting the completion and submission of complaints and feedback, the availability of other mechanisms to raise complaints, appropriate action taken following complaints submission and the improvement of care and services through the review of complaints.

The Continuous improvement plan submitted as part of the Approved provider’s response indicates training in relation to the Serious incident response scheme has been completed by 82 staff members, which has resulted in enhanced knowledge and consistent accountability of staff in adhering to legislative requirements. Forty-three staff have yet to complete that training, 20 of these staff members are on annual or extended leave. The clinical management team are undertaking a daily review of progress notes to enhance clinical oversight and the timely identification of incidents which may need reporting.

The management of high impact or high prevalence risks associated with the care of the consumer was not effective. Consumer care documentation did not demonstrate effective management of falls, wounds and challenging behaviours.

Whilst the service had an established governance framework, risk management of individualised assessing, planning and management of risk for consumer care was not effective.

The Approved provider in its response to the Site audit report included actions taken to return the service to Compliance. A dedicated Business operations manager with a clinical background is onsite, support is also being provided by the organisation’s Clinical business operations manager and Risk and compliance department. The Continuous improvement plan was developed with several actions implemented and the service is working towards closure of these actions. The Continuous improvement plan is updated regularly, and management meetings are held weekly with the Business operations manager present.

Management and staff described how consumers were supported to participate in risk taking activities of their choice, to enable them to live the best life they can.

While the service had policies and procedures in relation to incident reporting which captured types of incidents to report under the Serious incident response scheme and reporting timeframes, it was identified incidents that may be considered serious may not have been recorded in the electronic care management system.

The service implemented a clinical governance framework with policies and practices for managing antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training in these policies and were able to provide examples relevant to their work. Staff shared an understanding of the underlying principles of open disclosure and provided examples of when an open disclosure process was applied.

The Approved provider has committed to addressing the Non-compliance identified at the Site audit, including organisational governance. The Approved provider in its written response has acknowledged an internal review will be undertaken in January 2023 to assess improvement actions and the effectiveness of these actions. It is my decision governance systems will need time to be implemented and tested to ensure their effectiveness. Therefore, it is my decision Requirements 8 (3) (c) and 8 (3) (d) are Non-compliant.

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