Performance

Report

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| Name: | Pacific Cape |
| Commission ID: | 8260 |
| Address: | 140 Kularoo Drive, FORSTER, New South Wales, 2428 |
| Activity type: | Site Audit |
| Activity date: | 19 June 2024 to 20 June 2024 |
| Performance report date: | 23 July 2024 |
| Service included in this assessment: | Provider: 1175 Great Lakes Aged & Invalid Care Association Ltd  Service: 23613 Pacific Cape |

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 Pacific Cape (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 22 July 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.

# Other relevant matters:

Pacific Cape is a new 88 bed, five level residential aged care service located on the north coast of NSW. Two levels are ‘back of house’ work areas and three levels consist of consumer living environments with single en-suited rooms. Consumer occupancy commenced on 7 June 2024, and at time of the Site Audit four consumers reside in one wing. The Facility Manager (FM) is responsible for interviewing consumers and/or representatives prior to living at the service and provide clinical staff with an overview of consumer needs/preferences.

# Standard 1

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

Findings

The service demonstrates consumers are treated with dignity, respect and their culture and diversity valued. Interviewed consumers/representatives gave feedback regarding staff treating them with dignity and respect, providing examples of care provision. Interviewed staff members demonstrate awareness/familiarity of consumer’s cultural, personal, and family backgrounds and communicated in a positive manner when discussing consumer’s needs/preferences. They were observed interacting with consumers in a caring/respectful manner. Policy/procedural documents guide staff in organisational expectations and consumer documents contain information relating to consumers cultural diversity, background, and religious preferences. Management advised planned placement of information/brochures and a confidential feedback method, noting to date immediate feedback/support provided by the management team.

Processes ensure care and services are culturally safe and organisational diversity/inclusivity policy documents guide expectations. Interviewed consumers consider staff have knowledge of their backgrounds/things of importance and express feeling safe. The chef manager explained the process to incorporate specific dietary requirements into the menu when required. Management gave examples of organisational requirements regarding culturally and linguistically diverse needs and how this influences care delivery. Via review of consumer documents, the assessment team note incomplete cultural assessments for three consumers, however information was contained in alternate documentation and staff demonstrate knowledge of consumer’s needs. Management advised provision of education to ensure assessment completion within required timeframe. Systems were evident to ensure consumers receive culturally safe care as occupancy rates increase.

Consumers are supported to exercise choice and maintain independence. Each consumer is provided with information to enable informed decision making and available care/service options. Organisational policy/procedural documents guide staff to support consumers’ decision making and maintaining friendships/associations. Consumers consider they are supported to make decisions in relation to care/services, engage in care planning process and are consulted regarding leisure/lifestyle activities of interest, having opportunities to provide feedback. Documents demonstrate communication with appointed representatives when required and Management explained the process of case conferencing/engagement. The service supports consumers to take risks enabling them to live the best life they can; guided by organisational policy/procedures. Management explained processes of identification/management via assessment/care planning. Interviewed consumers consider they are supported to participate in activities of choice. Staff explain discussion of activities with consumers/representatives; including risk involved. Document details risk assessment/agreed management outcomes for one consumer.

Information provided to consumers is current, accurate, timely, and clearly communicated to enable choice. Consumers note receipt of information assists in decision making. Staff describe various methods of information provision, including for consumers living with a cognitive deficit. Evidence demonstrates choice being offered to consumers including catering/meals, lifestyle services/recreational activities and the assessment team observed multiple forms of communication being used. A system ensures consumer’s privacy and personal information is confidentially maintained. Organisational policies guide staff in relation to managing/protecting/securing personal information and interviewed consumers consider their personal privacy and information is respected by staff. Staff describe methods used include password protection of electronic documents.

# 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

Requirement 2(3)(a)

Organisational policy/procedural documents guide expectations in relation to conducting assessments, for interim care planning upon entry/admission and a comprehensive suite to be completed over proceeding days. Consumers/representatives’ express satisfaction in relation to assessment/planning and staff awareness of consumer’s needs. Via document review the assessment team note the service did not demonstrate assessment/care planning considers risk to consumer’s health/well-being and note incomplete assessments in some cases. A process to ensure documented informed consent for two consumers being administered anti-psychotic medications is not evident, nor a process to determine if prescribed medications constitute chemical restrictive practice and completion of Behaviour Support Plans (BSPs) to guide care delivery. For one consumer experiencing grief, the service did not demonstrate completion of assessments to guide care delivery and/or provide emotional support. Management demonstrates immediate review and completion of BSP however the assessment team note the BSP did not detail triggers/strategies, or demonstrate comprehensive discussion resulted in informed consent for anti-psychotic medications (although signature was obtained). While assessment has occurred for two consumers living with a history of frequent falls sustaining injury, assessments are generic in nature. One consumer recently experienced a fall requiring hospitalisation however the service did not demonstrate physiotherapy re-assessment relating to mobility upon return from hospital, nor consideration of medications as a contributing factor for another. Management advised review of current consumer files to identify any gaps in care provision.

In their response the provider supported evidence that although medication was administered on three occasions over a 2-day period for one consumer, medication was subsequently ceased and documents detail provision of emotional support by staff and referral to grief specialist. While medication was prescribed for another consumer, administration did not occur and was subsequently ceased. Evidence of detailed mobility assessment and process of obtaining informed consent relating to psychotropic medications was supplied. In consideration of compliance while I accept some documents previously lacked detail, this did not translate to negative consumer impact and the provider demonstrated immediate responsive actions. I find requirement 2(3)(a) is compliant.

Requirement 2(3)(e)

The assessment team bought forward evidence the service did not demonstrate care/services are regularly reviewed for effectiveness when circumstances changed for one consumer. While Management explained organisational expectations of physiotherapist review following a fall the assessment team note this did not occur for one consumer upon return from hospital, nor documented directives to guide care delivery as directed in their hospital discharge documentation. Interviewed staff explained the physiotherapist provides education on how to apply items such as slings, noting this had not occurred due to unplanned leave and they sourced directives elsewhere. Management advised a review of the care planning process would be undertaken and provision of education to ensure care plans consistently reflect contemporaneous information. In their response the provider advised completion of physiotherapy review plus individualised falls risk assessments. In consideration of compliance while I accept some documents previously lacked detail, this did not translate to negative consumer impact and the provider demonstrated immediate responsive actions. I find requirement 2(3)(e) is compliant.

All remaining requirements are found compliant.

Consumer documents demonstrate assessment and planning reflects consumers’ needs/preferences, most detailing review of assessment strategies in response to changes. Clinical staff explained end-of-life and advance care planning is discussed with consumers/representatives during admission processes and care conference reviews. Documentation supports this process occurring including advance care directives. Consumers consider engagement/involvement in these processes expressing confidence in the manner information is collected. Pain assessments result in documented strategies to minimise impact including non-pharmacological options for pain relief.

Assessment and planning is based on ongoing partnership with consumers and other individuals/providers they wish to be involved, and sampled documents reflect participation. Interviewed consumers/representatives describe involvement and express satisfaction, noting specific examples include management of medication. An ongoing process of annual case review was discussed by Management. Interviewed registered nurses explained processes of informing representatives of consumers changed needs and allied health professional involvement. The assessment team observe evidence of ‘resident of the day’ process in documentation plus referral to dementia support services, medical specialists, and allied health providers.

The service demonstrates processes to communicate information to consumers and their representatives in relation to documented care plan directives readily available. Some interviewed consumers/representatives note discussions had occurred regarding care, and a care plan offered to them. Interviewed registered nurses explained discussions with consumers/representatives and the assessment team observed a registered nurse contacting a consumer’s representative to advise of changes. Management explained organisational expectations regarding ongoing care consultation. Staff have access to an electronic clinical care system to access care plans and recording/monitoring documents. Reviewed incident reports detail information relating to representative contact and interviewed representatives consider receipt of contact when incidents occur.

# 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

Requirement 3(3(a)

The organisation has a pain management policy and procedure reflective of best practice, and the service demonstrates all consumers have been assessed for pain upon entry/admission and ongoing. Interviewed consumers consider pain is appropriately managed citing examples of staff responsiveness including offering alternate methods of pain relief. Staff explain methods of pain assessment/identification providing examples of alternate interventions. Policies and procedures guide staff in ensuring consumers’ skin integrity is assessed and monitored. Review of consumer documents demonstrate completed skin integrity assessment/review of likelihood in developing a pressure injury. The assessment team note no consumers currently require care for pressure injury/significant wound management and staff demonstrate knowledge of monitoring/management of consumer’s skin integrity and preventative care provision.

The assessment team bought forward evidence of ineffective personal care/clinical oversight and governance to ensure each consumer is receiving best practice care tailored to their needs to optimising health and well-being. View review of documentation, receipt of feedback from consumers/representatives and staff, plus observations the assessment team note deficits regarding management of restrictive practices. While it was noted by management nil consumers are receiving treatment relating to infections, document review detail consumers being administered antibiotics. In their response the provider supplied evidence this information is recorded. The organisation has a restraint minimisation procedure and strives to provide a restraint free care environment wherever possible; policy/procedure reflects principles of best practice and legislative requirements within the *Quality-of-Care Principles 2014*. The assessment team note lack of awareness of potential/actual chemical restrictive practices for two consumers. The assessment team note lack of best practice care for one consumer in relation to management of grief, and the service did not demonstrate appropriate management of medication regarding informed consent or a documented behavioural support plan (BSP). There are no documented interventions/strategies to assist/guide staff in supporting the consumer’s needs due to administration of an anti-psychotic medication nor consideration of current infection prior to administration of medication. In their response the provider supplied evidence one consumer received medication on three occasions over a 2-day period and the other did not receive medications and both were subsequently ceased. Information relating to current infection is not included in relevant care planning documents. In their response the provider supported evidence provision of emotional support by staff and subsequent referral to grief specialist. Interviewed staff advised of receipt of education regarding restrictive practices however a registered nurse did not demonstrate knowledge of documenting use of restrictive practices or development of BSPs. Management acknowledged care in relation to restrictive practice did not reflect the requirements/intent of legislative requirements and commenced processes to gain informed consent and development of BSP. For another consumer being administered an anti-psychotic medication, appropriate review and informed consent is in place however review of reasons for medication upon entry to the service did not occur as required by organisational guidance documentation. While a BSP is evident, the assessment team notes generic information not specific strategies for trialling to minimise impact of changed/unmet behaviour. In their response, the provider supplied evidence demonstrating informed consent, plus provision of additional staff education/training relating to restrictive practices/informed consent, and individualised care strategies. In consideration of compliance while I accept some documents previously lacked detail, this did not translate to negative consumer impact, I have placed weight on consumer/representative satisfaction and demonstration by the provider of immediate responsive actions. I find requirement 3(3)(a) is compliant.

All remaining requirements are found compliant.

Systems exist to manage most high impact/prevalence risks associated with consumer care and the service has a mechanism to self-identify these. A documented recording process ensures capturing of each risk and registered nurse education is planned. Sampled consumers/representatives provided positive feedback relating to clinical care and staff knowledge relating to risk and effective mitigation strategies. Care and service documents for consumers who have experienced falls demonstrate these are generally managed as per organisational policy. Neurological observations are attended post fall and risk assessments completed; some consumers being transferred to hospital for further assessment/treatment. Consumers were observed to have preventative measures/equipment. However, the assessment team note interventions detailed in care plans to be generic in nature and two consumers who experienced a fall not reviewed by a physiotherapist. Consumers receiving anticoagulant medications were noted to have regular skin assessments and medication related risks documented to guide care delivery. A system ensures consumers experiencing weight loss are referred to a dietitian and a registered nurse described monitor processes, completion of food intake recording and adapting menu choices to ensure optimal nutritional intake demonstrating positive results. Organisational policies/procedures manage consumers living with diabetes, including development of care plan, establishing normal ranges for blood glucose levels and administration of treatment. Interviewed consumers/representative’s express satisfaction of care provision and confidence it is safe/well planned and provided by an appropriately trained workforce. The quality manager explained consumers considered as high risk are identified through collection of key clinical indicators and regularly reviewed/discussed during team meetings and handover processes. The assessment team observed transfer of information between staff. Issues relating to restrictive practice management are considered in requirement 3(3)(a). Management advised issues to be addressed with support of a newly appointed educator.

While the service currently does not have any consumers receiving palliative care, management and staff gave details to support how this will occur. Organisational palliative and end-of-life care policy/procedure guides staff practice including a focus on maximising comfort and preserving dignity. Interviewed consumers note a registered nurse had provided information regarding end-of-life care and express awareness discussions could be initiated at any time to develop a care plan. Staff describe strategies such as pressure area care, oral hygiene, and emotional support when caring for consumers receiving end of life, as well as family support. Processes exist to demonstrate deterioration/change in a consumer’s capacity or condition is recognised/responded to in a timely manner and sampled consumer documents detail this occurs. Interviewed consumers/representatives consider appropriate responsiveness when consumers are unwell, and representatives are notified of change. Staff describe actions if a consumer’s condition changes including informing medical officers, referral to other health professionals and/or hospital transfer. Documents detail one consumer receiving appropriate monitoring/recording of neurological observations post fall prior to hospital transfer and staff responsiveness to another consumer’s discomfort/complaint of nausea by informing a medical officer, administration of anti-nausea medication and appointment for discussion of further strategies.

Information relating to consumers condition, needs/preferences is documented and communicated within the organisation, and others with shared responsibility for care. Review of sampled consumer documents detail effective communication/sharing of information. Interviewed consumers/representatives express positive feedback regarding communication received and observations demonstrate appropriate information transfer. An electronic documentation system is accessed from a staff handheld device, resulting in immediate access to assessment/care planning directives. Management explained alerts via the electronic clinical care system prompt staff regarding tasks/actions due for completion and interviewed staff note changes in care/services are communicated through handover processes. Systems/policies exist to ensure timely and appropriate referral to individuals and other organisations/providers of care/services. The assessment team observed referral for podiatry and physiotherapy services occurring. Consumers/representatives express confidence referrals would be organised by registered nurses when required and interviewed Management/staff explained processes. Management describe procedural pathways to care for consumers exhibiting changed behaviours including referrals to local Older Person Mental Health Team or dementia specialists.

Infection control/prevention and antimicrobial stewardship (including minimisation of antibiotic use) are guided by policy/procedural processes known by staff who demonstrate knowledge of incorporating this into day-to-day practice. The service has implemented appropriate outbreak management plans and procedures. Staff demonstrate awareness of minimising risk via hand hygiene, environmental cleaning and use of infection control precautions when required and were observed practicing appropriate hand hygiene. Registered nurses and care staff describe how to reduce the risk of increasing resistance to antibiotics and provided examples of appropriate practices and receipt of education/training relating to this. Screening processes for visitors and staff are in line with the latest NSW Health guidelines. Management regularly reviews antibiotic use, investigate reasons for prescription and ensure an appropriate report is completed within the electronic clinical care system. It was noted two consumers receiving antibiotics were not included in current reporting and Management advised immediately attending to this and provide education detailing importance of accurate documentation. Management advised two registered nurses have been nominated to complete an infection control and prevention module enabling them to function as the service’s Infection Prevention and Control Lead. This position is currently the responsibility of the Manager who can source organisational support when required. A vaccination program exists for consumers, staff, and volunteers.

# 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

A system ensures consumers receive safe, effective services to support daily living, optimise independence/health/wellbeing and quality of life. The assessment team gathered information via observation and interviewing consumers and staff. Policies/procedures direct and guide care and services for daily living. Limited documented evidence exists due to recent entry/admission of consumers, however interviewed consumers express enjoyment in the variety of daily living activities and gave positive feedback relating to staff and lifestyle team support to meet their needs/preferences. They acknowledge sufficient staff regarding provision of individual support and group activities. Interviewed staff demonstrate familiarity with consumers needs and what they liked to do which aligned with consumer feedback. The lifestyle manager explained planned processes of gathering consumer information and advising them of planned activities and lifestyle program. The assessment team observed consumers participating in a group exercise activity.

Although assessment/care planning has not yet occurred relating to this requirement; the service demonstrates consumer support relating to emotional/spiritual and psychological needs via observation of procedural guidelines and consumer/staff interview. Consumers and representatives gave positive feedback regarding support and Management/staff explain a range of emotional and psychological services available, which was evident via progress note review. Lifestyle staff advise of availability in accessing spiritual/religious leaders and staff advise of regularly visiting consumers throughout each day and observing for non-verbal cues/behaviour changes. Staff describe recent gathering of consumer information relating to hobbies, relationships, and personal preferences.

Procedures directs how to support each consumer to participate within the service environment and community. Consumers/representatives consider receipt of support to participate in community life and maintain social and personal relationships. All gave positive feedback acknowledging services/systems at an early stage. Staff describe how they support consumers to participate in the community and maintain relationships with those important to them. Lifestyle staff describe services accessible such as community visitor scheme, school and preschool visits, plus local arts/crafts centre which has invited participation.

The service demonstrates consumers condition, needs, and preferences are communicated within the organisation and others responsible for care. Consumers express satisfaction staff are aware of their needs/preferences and confidence information would be shared when appropriate to external agencies. Staff explain processes used in maintaining current details relating to consumer likes/dislikes, dietary/personal needs and preferences, plus physical condition. Staff describe information transfer when consumers needs/preferences change via daily handover meetings and documents. Policies guide expectations of information sharing when necessary, including obtaining consumer/representative consent. Management and staff explain referral opportunities and processes and lifestyle staff describe referral networks/accessing community supports including development of a volunteer group and local library visits via established pathways.

Consumers consider meals are varied and of suitable quality and quantity; expressing opportunities to provide feedback at mealtimes and via meetings. A process ensures a range of options if consumers choose not to select from the menu and staff describe familiarisation of nutrition and hydration needs/preferences via the electronic documentation system. The chef maintains a detailed listing of consumers specific dietary needs/preferences describing how these are accommodated and determines satisfaction via verbal feedback gathered at each meal service. They explained as consumer numbers increase food focus groups will occur and feedback obtained via regular consumer meetings. They monitor portion size via consumers food preference documentation ensuring appropriate weight management. Planned menu changes will occur in line with seasonal changes and consumer/representative consultation beforehand to ensure changes in accordance with feedback/choice. Care plans reflect individual dietary needs/preferences aligned with consumer feedback. A process ensures appropriate kitchen cleanliness and staff were observed practicing food safety and workplace health and safety protocols. Consumers and representatives express positive feedback relating to equipment provided to support optimising consumer’s dining experience. The assessment team observed clean and suitable resources accessible to consumers and staff express satisfaction with clean well-maintained equipment needed to deliver services. Lifestyle staff note they can source equipment, as necessary.

# 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 environment was observed to be welcoming and layout of each wing easily navigated. Consumers were observed to be moving throughout the service using a range of mobility assistive equipment. The main entrance is to level 4 where consumer occupancy exists. Interviewed consumers/representatives’ express satisfaction with the living environment/ personalised rooms and consumers were observed interacting with others in shared areas. Management advise the proposed memory support unit to be reviewed by environmental behaviour specialist/s to ensure both internal/external environments are conducive for consumers living with dementia; planned occupancy is expected in 12 to 18 months. While courtyards were observed without shade protection, the maintenance manager advise provision of shade options when occupancy of these wings commences. Processes exist to ensure a safe, maintained, and comfortable environment. The assessment team observed the service to be clean, safe, and comfortable due to preventative maintenance and cleaning programs. Consumers were observed freely moving inside and gaining access to outside areas. Coded card access is required to gain entry to some areas including the gallery where consumers currently require staff assistance to open doors. Some exits in the proposed memory support unit require card access to external courtyards. Management advise planned arrangements to enable consumers free access to the gallery area plus doors requiring card access are electronically programmed enabling adjustment of access/egress times. New furniture fittings and equipment are clean and suitable for consumer use; maintained/cleaned via a program to ensure ongoing compliance. Most sampled consumers consider furniture and equipment is suitable to their needs. A program exits regarding purchase of beds and lifting equipment.

# Standard 6

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

Findings

Consumers and their representatives are encouraged and supported to provide feedback/make complaints and policies direct staff practices in relation to receipt/management of these. Information provided to consumers details processes, including external mechanisms if unsatisfied with internal processes, plus direct contact with staff and management team. Staff demonstrate knowledge of how to assist consumers. Confidential methods to enable anonymous complaints are planned, plus meeting forums as an avenue to make complaints, provide feedback/voice concerns. Initial discussions ensure consumers/representatives have awareness of available advocacy and language services. Documents detailing this information is planned for display in prominent areas, as is information relating to external complaints mechanisms. Management provide consumers/representative with direct telephone details. Complaints management systems/processes are supported by organisational policies including use of open disclosure practices. Management advises no complaints since entry/admission, noting their overall responsibility for complaints management, and explain processes include meeting complainants to enable investigation/finalisation and principles of open disclosure. Consumers/representatives advise they have not raised any complaints. Management advise use of complaints/feedback as an opportunity for improvement via organisational systems/processes including recording/allocation to a designated department for actioning and monitoring progress at meeting forums. Planned communication/feedback processes include discussion at relevant meetings, via newsletters and/email communications.

# 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

Systems are designed to ensure a planned workforce deployed to enable delivery and management of safe, quality care/services. Plans include opening one wing at a time for consumer entry/admission and focusing staff to a designated wing. Management note current staffing levels exceed consumers’ currents needs as a planned approach to ensure sufficient staff numbers/skill mix as occupancy increases. Consumers consider their needs are met in a timely manner and staff advise completion of required workloads during rostered shifts.

Management noted staff (apart from registered nurses) work between two organisational services, however when consumer occupancy significantly increases it is planned for specific staff to be rostered at the service with the flexibility to work across both sites. Consumers/representatives consider workforce/consumer interactions to be kind, caring and respectful and the assessment team observed this occurring. Interviewed staff demonstrate knowledge of consumers’ needs.

Overall, processes ensure the workforce possess necessary qualifications to effectively perform required roles. Management describe the orientation program and policies direct staff mandatory competency requirements. Documented core competencies/capabilities for differing roles, and a range of mandatory training programs include practical competency-based assessments relating to medication management, hand hygiene, personal protective equipment and manual handling practices are planned. While Management advise staff competency assessments has not yet commenced, current staff have completed these via working in other organisational services. A process ensures currency of professional staff registration and probity checks. Registered nurses have responsibility for medical officer consultation and delegation of tasks in accordance with staff skills and knowledge however the assessment team noted multiple requests by an enrolled nurse regarding medications without authorisation to do so. Management advised addressing this issue. While the assessment team bought forward evidence regarding lack of staff knowledge relating to chemical restrictive practices, this is considered in Standards 2 and 3. Management advised immediate plans to ensure staff obtain a comprehensive understanding of restrictive practices.

The service has processes for recruitment, training, and orientation. An electronic training program is accessible by staff, plus planned onsite training to supports online requirements relating to manual handling/fire safety practices and relevant topics in response to consumer needs, clinical data analysis and legislative changes. The educator has commenced reviewing orientation processes/content to ensure content equips/supports the workforce to meet consumer needs and deliver outcomes required by The Quality Standards. Position descriptions guide staff in organisational expectations of each role. A process was demonstrated relating to ensuring staff performance is regularly reviewed and actions taken relating to under performance. A performance appraisal system is the responsibility of the facility manager and a planned program of registered nurse performance review.

# 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 chief executive officer (CEO) represents board members and explained how they engage with/support consumers to be involved in development, delivery, and evaluation of care/services. Management advised current daily engagement with consumers and/or their representatives to gage satisfaction with care/services and identify opportunities for improvement. The CEO advise plans to send information regarding consumer advisory body (CAB) to consumers/representatives once occupancy significantly increases. Currently, to facilitate consumer engagement plans at service level for a resident committee chaired by a resident and continuous improvement, surveys, incident reporting/management and care planning discussions used to engage consumers in improving care and service delivery. While noting recent entry/admission, interviewed consumers/representatives consider the service is well run. The CEO is responsible for organisational and operational management, plus ensuring the Board is provided with relevant data/information including quality indicators, identified risks, external benchmarking audits, complaints/feedback to assist their accountability in delivery of inclusive, safe/quality care and services.

The CEO explained systems/processes for effective governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback/complaints to manage and govern the service. They note current development of organisational wide governance framework to ensure effective robust systems provide meaning data/information. Review of the organisation’s governance structure and framework details a recent change to the governance model to include a new organisational position of CEO, plus five Board members. Information management systems include an electronic care management system incorporating incidents, plus a data base system that includes continuous improvements and complaints/feedback and a monthly report as a component of organisational governance. A range of meetings, reports, audits, data, and other information will be reported/addressed/analysed at relevant organisational meetings and forwarded to the Board via the CEO. Policies/procedures form part of organisation information systems which are amended when legislative changes occur, and staff receive education/training.

An organisational system of audit/internal monitoring, feedback systems, surveys and consumer forums identify opportunities for improvement currently being implemented at service level. An organisational quality team has responsibility for continuous improvement oversight and reports to the CEO for governance oversight. The CEO has delegated financial responsibilities for the management of the capital and operational service budget via delegated authority/oversight of workforce management/governance at service level. Plans ensure a registered nurse work force aligned to increasing consumer occupancy in providing skilled 24/7 registered nurse coverage including onboarding of 12 new registered nurses in 2024. Management advise of sufficient registered nurses within the organisation to meet consumer needs as occupancy increases, plus consistent recruitment of care and hospitality staff. The CEO monitors staffing models with the facility manager to implemented baseline staffing numbers aligned to consumer occupancy/consideration of care needs.

Complaints and feedback are recorded via complaints register with priority/risk rating in relation urgency. A risk management system identifies/assesses and responds to high impact/prevalence risks including escalation to the CEO and Board based on severity/impact/outcome. An organisational risk management policy/framework directs expectations/requirements and a system exists for identifying and responding to abuse and consumer neglect. Management advise monthly incident trending data reported to Serious Incident Response Scheme (SIRS) and provided to the CEO/Board for review. Organisational core values including supporting consumers to live the best life they can, monitored via adherence to dignity of risk processes, complaints/feedback data and meeting forums. A clinical governance framework is underpinned by policies to direct organisation governance and guide staff. Two clinical governance committees exist, and review of minutes reflect one is operational at service level to review clinical data review: the second forms part of continuous improvement/work health and safety/food safety and clinical governance.

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)