Performance

Report

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| Name of service: | Paling Court Residential Aged Care |
| Service address: | 90 Werombi Rd GRASMERE NSW 2570 |
| Commission ID: | 0031 |
| Approved provider: | Carrington Centennial Care Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 3 February 2023 |
| Performance report date: | 13 March 2023 |

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 Paling Court Residential Aged Care (**the service**) has been prepared by M.Wyborn, 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 3 March 2023.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

The service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The service has a cultural diversity plan that outlines what it means to treat consumers with dignity and respect. Care plans reflect the diversity of consumers, including information about their cultural and religious beliefs and preferences. Individualised diversity action plans are generated for consumers identified from a culturally and linguistically diverse background and staff were observed interacting with consumers respectfully. Consumers and representatives advised they felt consumers are respected and valued as individuals by the staff.

The service demonstrated that care and services are culturally safe. Staff demonstrated how they identify consumers' cultural backgrounds and preferences that were reflected in consumer care plans. Care staff demonstrated how consumer culture influences the delivery of appropriate care and services including supporting consumers to decorate their rooms reflecting their individual tastes and cultural identity.

Consumers and representatives described how they are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact during period of COVID-19 lockdowns. Staff demonstrated how consumers are supported to make informed choices about their care and services and referred to organisational policy to support consumers to maintain relationships of choice and for consumers to drive decision making.

The service demonstrated that each consumer is supported to take risk to enable them to live the best life they can. Consumer care planning documentation described areas in which consumers are supported to take risks in accordance with their preferences, and staff provided examples of where consumers are supported to take risk, including ensuring that risk forms are completed and clearly document the consumer preference, risk-taking activities are evaluated and reviewed and that consent is recorded if required.

The Assessment Team observed effective delivery and availability of information throughout the service. Consumers and representatives advised that information was clear and easy to understand and supported them to make informed decisions. This included newsletters, noticeboards, meeting minutes and information is posted around the service relating to meals, activities, events, and management updates. The service demonstrated effective support for consumers with a cognitive deficit or where English is their second language.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers confirmed this and staff demonstrated practical ways they respect consumers' personal privacy, including knocking and waiting for a response before entering their rooms. The service provided their organisational policy related to protecting consumer personal information and confidentiality, and staff were appropriately trained and aware of the service’s policy. The Assessment Team observed staff respecting consumers’ privacy and dignity when delivering care and services.

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

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service demonstrated effective systems and processes around consumer assessment and planning that appropriately informs the delivery of safe and effective care and services. The Assessment Team’s review of consumer care planning documentation demonstrated that risks to consumers' health and wellbeing are routinely considered.

The service conducts assessment and care planning of the consumer's needs, goals, and preferences, including advance care planning and end-of-life planning. Review of consumer care plans identified relevant end-of-life care planning information and staff explained that prior to admission consumers and their representatives are provided information regarding end-of-life planning, and they can speak to the service when they feel comfortable or ready.

The service demonstrated their partnership with consumers and their representatives in relation to care assessment and planning processes. The service demonstrated that assessment and planning includes relevant involvement with other organisations, individuals and providers of care and services in relation to consumer care.

Consumers and representatives advised the Assessment Team that they were satisfied with communication related to clinical and personal care, and the service demonstrated that updates or reviews of consumer assessment and care planning are communicated effectively with both consumers and their representatives.

Further, the service demonstrated that care and services are reviewed regularly for effectiveness and when circumstances change or when an incident impact the needs, goals, and preferences of a consumer. Prompts within the service’s electronic care management system alert staff to upcoming or overdue interventions, reviews, and assessments, and the Assessment Team’s review of consumer care plans highlighted that care planning is regularly reviewed as well as when required.

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

# Standard 3

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

Findings

The Assessment Team reported that the service is effectively identifying high impact and high prevalence risk for each consumer, including wound care management, pain management, behaviour management and restrictive practices. The service is providing effective end of life care that is consistent with consumers' needs and preferences, and managing incidents, identified risks and clinical deterioration appropriately. Further, the service is minimising the use of restraint and managing behaviours effectively, documenting and communicating information about the consumer's condition, needs and preferences within the organisation and where responsibility for care is shared, and minimising infection related risks through the use of standard and transmission-based precautions to prevent and control infection.

The Assessment Team reported matters however relating to consumers receiving safe and effective personal care or clinical care that is tailored to their needs and preferences or which is best practice. This focused around the use of an electronic care documentation system where drop down strategies are used in response to behaviour management. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service is undertaking review of the electronic care documentation system. The service is providing continuous education on consumer behaviour documentation and continue to ensure relevant multidisciplinary team meetings are arranged for high need consumers. These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service ensures safe and effective personal and clinical care and with these considerations, I find the service compliant in Requirement 3(3)(a).

The service demonstrated effective management of high impact and high prevalence risks including those associated with falls, changed behaviours, complex wounds, and incidents. The service has regular multidisciplinary team meetings where consumers identified as high risk are discussed and the service demonstrated how data is collated, trends identified, and information is reported effectively via registered nurse meetings, monthly risk and compliance meetings, and quality service meetings.

Though the service did not have any consumers in active palliative care end of life pathway, staff could describe strategies and appropriate care options for consumers receiving end-of-life care. Care documentation reflects the needs and wishes of consumers nearing their end of life, and the service has policies and work instructions relating to palliative care and advanced care planning that clearly guide staff and emphasise comfort and dignity.

The service demonstrated timely identification of consumer deterioration or changes in consumer physical, mental and/or cognitive health. Staff demonstrated how they regularly review consumers to monitor for deterioration and provide care such as completing head-to-toe assessments, delirium screens and referral to a medical officer or hospital if required.

The service demonstrated that information about a consumer's condition, needs and preferences are documented and effectively communicated with those involved in the care of consumers. The Assessment Team’s review of consumer care planning documentation showed timely and appropriate referrals to aged care professionals, medical specialists, and other allied health specialists. Care and medical notes show that referrals are made when required to dieticians, speech pathologists, dentists, physiotherapists, geriatricians, Dementia Support Australia (DSA), older people mental health (OPMH), wound care specialists, and palliative care consultants.

The service demonstrated effective infection control policies and procedures that document the procedures for staff to apply standard precautions. The service has an outbreak management plan and associated documents to guide its practice during an outbreak. The service has a registered nurse and service manager who work as an infection prevention control (IPC) lead and maintain checks on all of the outbreak kits, provide toolbox training, and attend to personal protective equipment (PPE) competencies for staff. The service has a monitoring system for consumer and staff influenza and COVID-19 vaccinations.

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

# Standard 4

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

Findings

Consumers and representatives advised that services and supports for daily living available at the service meet their needs, goals, and preferences. Consumers confirmed that they receive safe and effective services that enhance and maintain their independence, well-being, and quality of life. Staff demonstrated sound knowledge of individual consumers’ needs and their preferred activities. Lifestyle staff demonstrated how they partner with consumers and representatives to create a lifestyle profile that includes individual preferences, past and current interests, and social, cultural, and spiritual needs and traditions that are important to each consumer.

Consumers and representatives advised the Assessment Team that they were satisfied with services and supports available to promote their emotional, spiritual, and psychological well-being. Consumers advised they felt connected and engaged in meaningful activities that are satisfying to them. Staff demonstrated how they support consumers emotional and psychological well-being and consumer care planning documentation effectively records consumers’ individual emotional support strategies and how these are implemented.

Consumers advised that they felt supported to participate in their community both within and outside of the organisation’s service environment. The service demonstrated relevant support for consumers to maintain social and personal connections that are important to them and the consumer care planning documentation identified the people important to each consumer and highlighted specific activities of interest to each consumer.

Consumers and representatives advised that the information about each consumer’s condition, needs and preferences is effectively communicated within the organisation and with others where responsibility for care is shared. Staff demonstrated sound knowledge of individual consumers and said that consumer care and other needs are effectively communicated during handovers and clearly documented in the electronic clinical care system, which is accessible by all staff. The service demonstrated effective processes and systems for identifying and recording each consumer’s condition, needs and preferences, including change in care needs as they occur.

The service also demonstrated timely and appropriate referrals opportunities to other organisations, individuals and providers of other care and services. Consumer care planning documentation demonstrated that the service collaborates with external providers to support the diverse needs of consumers. Consumers advised that if the service is unable to provide specific support, they are confident they would be appropriately referred to an external provider. Staff demonstrated this in response to the provision of lifestyle support.

Consumers advised that the service provides a range of meals which are varied and of suitable quality and quantity. The service has processes in place to include consumers to develop the menu and to provide feedback on the quality of the food provided. Catering staff explained how they review feedback from consumers and amend the menu accordingly. Meals are cooked fresh in a central kitchen on the grounds and transported in hot boxes where they are plated in kitchenettes and served to consumers in the dining room or in their rooms. Seasonal fresh fruit is always available including cut fruit platters. The menu is planned in consideration of consumer feedback and consumers are offered an alternative hot meal option or sandwiches, soups, and salads. Catering and care staff described specific dietary needs and preferences of consumers and demonstrated how these are either accommodated in the menu or individualised meals are provided. The kitchen and dining rooms were observed to be clean, and the service demonstrated up to date food safety audits.

Consumers confirmed that they felt safe when using the service’s equipment and advised it was easily accessible and suitable for their needs. Consumers advised they were comfortable raising issues if equipment needs repair, they knew the process for reporting an issue and advised items are replaced when necessary. There was sufficient equipment available to support lifestyle activities and that equipment was safe, suitable, clean, and well maintained.

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

# Standard 5

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

Findings

The Assessment Team observed the service environment to be welcoming and comfortable for consumers and their representatives. Furniture is positioned appropriately, and artworks and other furnishings provide a ‘home like’ environment. The building design is easy to navigate with relevant signage to support consumers with cognitive impairment. Consumers and representatives advised that the environment is safe, clean, and well maintained and explained there is adequate private areas, both indoors and outdoors, for consumers and visitors to utilise when socialising. Consumers advised they have suitable quality and quantities of equipment and resources to support their independence and enjoy varied activities.

Consumer rooms and common areas within the service were observed to be clean, free from clutter, well maintained, and comfortable and consumers and representatives advised the Assessment Team that they were satisfied with the cleanliness of their rooms and the common areas within the service. Maintenance staff demonstrated effective preventative and corrective systems to ensure all areas of the service are safe and well maintained. The service and its environment promotes consumers independence to move freely both indoors and outdoors.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers. Consumers advised they were satisfied with the furniture, fittings, and equipment and management and staff demonstrated effective systems to ensure regular cleaning and maintenance is actioned for the furniture, fittings, and equipment. Consumers were observed using mobility aids, electric beds, shower chairs and recliner chairs. Furniture in communal areas was clean, in good condition and in plentiful supply. Staff were observed cleaning consumers rooms, common areas and regularly sanitising high touch surfaces, and the kitchen, laundry and cleaning trolleys were observed to have appropriate infection control measures in place.

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

# Standard 6

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

Findings

The service demonstrated that it encourages and supports consumers and representatives to provide feedback on its care and services. Consumers interviewed by the Assessment Team advised they did not have any complaints, however explained that they know how to provide feedback or make a complaint at the service.

Consumers have access to advocates, language services and other methods for raising and resolving complaints and consumers and representatives expressed their satisfaction with advocacy services they receive. Consumers from cultural and linguistic diverse backgrounds have effective diversity actions plans.

The service demonstrated effective processes in response to complaints and routinely applies an open disclosure process when things go wrong. The service has policies and procedures regarding open disclosure and provides regular education to staff in relation to open disclosure principles. Consumers and representatives advised that their complaints are prioritised appropriately and that actions taken by staff and management to resolve their concerns is to their satisfaction. The services’ feedback and complaints register demonstrates that issues are resolved to the satisfaction of consumers and representatives and an open disclosure process is applied.

Consumers and representatives advised the Assessment Team that continuous improvement occurs within the service as a result of their complaints or feedback. The services’ continuous improvement register identifies clearly the issues raised by consumers and representatives, and identifies and tracks the actions taken in response to this feedback.

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

# Standard 7

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

Findings

The Assessment Team reported that the organisation does not always have sufficient staff and reported that consumers and representatives advised the Assessment Team of insufficient staff to provide quality care and services. The Assessment Team reported that this has impact in particular around mealtime, overnight and impacts on consumer call bell wait times and on staff needing to work overtime in order to complete their daily tasks. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider supplied evidence to contest the roster data referred to in the Assessment Team Report and explained that ongoing consideration is provided at the service to ensure that high care demand shifts are covered. In addition, the Approved Provider detailed their ongoing efforts in relation to recruitment and highlighted their ongoing commitment to care and services to ensure the service meets their obligations for consumer care minutes, including registered nursing hours. These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service ensures a planned workforce that delivers safe and quality care and services and with these considerations, I find the service compliant in Requirement 7(3)(a).

Workforce interactions was observed to be kind, caring and respectful. Consumers and representatives praised the staff for the care they provide. The Assessment Team reported that staff have the skill and knowledge to effectively perform their roles. The service implements an effective onboarding program for new staff and maintains surety that staff have the required qualifications and registrations necessary to deliver the outcomes required by this requirement. The service’s orientation program consists of corporate orientation and clinical orientation which includes overview training on personal care and activities of daily living, manual handling and the role of the registered nurse. Staff personal and education records demonstrate that they have the required qualifications and receive effective orientation and ongoing education to perform their roles. Consumers and representatives advised they felt confident that all members of staff have the skills, knowledge, and expertise to support their clinical and personal care needs and preferences.

Staff training records demonstrated that the service maintains and monitors training and education to ensure effective assistance is provided to consumers in relation to their personal and clinical care and service needs. The service ensures additional training is provided to staff in toolbox talks and through staff meetings. Management advised that staff are required to do annual mandatory online training prior to their annual staff appraisal.

The service demonstrated an effective system to monitor and review the performance of each member of the workforce. The Assessment Team’s review of staff appraisal records demonstrated that majority of staff have completed a performance appraisal within the last twelve months and that, if necessary, staff performance management is undertaken during staff appraisals or as necessary when staff are involved in incidents or if there are concerns received regarding their behaviour.

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated that it actively engages and supports consumers in the development, delivery and evaluation of care and services. Consumers and representatives advised that they are supported by the service to have a say in the care and services delivered at the service. Feedback and complaints are encouraged and consumers and representatives regularly attend resident meetings enabling them to provide feedback. Relevant staff who deliver the care and services to consumers, including leisure and lifestyle staff, regularly attend resident meetings. Consumer surveys are conducted on a regular basis to identify any concerns consumers or representatives have, and all issues of importance concerning consumer clinical and non-clinical issues are discussed at the executive team meetings. The chief executive officer provides regular updates to representatives and staff of major events such as COVID-19 or the Aged Care Reforms. In response to recent feedback, the service implemented ‘live cooking’ where consumers can observe staff preparing and cooking their meals.

The service is governed by the board and the executive team which is responsible for overseeing the service’s strategic direction and policies to meet the Quality Standards. The service demonstrated effective communication delivered by the governing body to management and staff in order to promote quality outcomes for consumers. The board has three sub-committees reporting to them; the clinical governance committee; the finance committee (both report monthly); and the audit and risk committee (reports quarterly). Four members of the board also sit on the clinical governance committee. The board receives a quality and safety report, a care service manager residential care report, hotel services, volunteers, and pastoral care reports. Corporate wide reports are prepared on continuous improvement, SIRS, and call bells.

The Assessment Team reported that the organisation’s information management is not always effective or consistent across all of its electronic systems; that feedback and complaints are not always trended to support continuous improvement at the service; and that there were gaps in staff training in serious incident response scheme (SIRS) related to regulatory compliance. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider supplied their WHS Incident Injury Management Procedure and their Partnering with Carers and Other Representatives procedure. Further, the Approved Provider supplied their reports related to feedback and complaint trending and evidence which highlights staff completion of SIRS education within the last twelve months. The response and evidence provided by the Approved Provider demonstrates appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service ensures effective organisation wide governance systems and with these considerations, I find the service compliant in Requirement 8(3)(c).

The organisation demonstrated effective systems and practices for managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. The Assessment Team reported inconsistencies around behaviour management with limited review and evaluation of behavioural strategies for some consumers. In their response to the Assessment Team Report however, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider supplied the service’s behaviour trending report and provided detail response in relation to specific consumers mentioned in the Assessment Team Report. The Approved Provider highlighted their ongoing commitment to staff education in relation to clinical documentation and provided context in relation to group and one on one staff education and training solutions particularly related to consumer behaviour management. The response provided by the Approved Provider demonstrates appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the service applies effective risk management systems and practices particularly around consumer behaviour management, and with these considerations, I find the service compliant in Requirement 8(3)(d).

The organisation demonstrated an effective clinical governance framework outlined in the service’s clinical policy documentation that includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. The service’s clinical policies and procedures guide management and staff to deliver safe and quality clinical care for consumers. Staff demonstrated a sound understanding of antimicrobial stewardship and reinforced their training in relation to the clinical governance framework. The service also demonstrated effective systems to manage an outbreak and to minimise infection related risks to consumers.

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

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)