Performance

Report

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| Name of service: | Palm Lake Aged Care Deception Bay |
| Service address: | 42-46 Bay Street Deception Bay QLD 4508 |
| Commission ID: | 5747 |
| Approved provider: | Palm Lake Care Operations Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 24 April 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 Palm Lake Aged Care Deception Bay (**the service**) has been prepared by B Bassett, 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 7 April 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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 | **Non-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 are to be treated with dignity and respect and can maintain their identity.
* Consumers are to be supported to exercise choice and independence regarding decisions about their own care and how care and services are delivered.
* Consumers are to receive effective management of high impact or high prevalence risks associated with their care.
* Consumers and representatives are to be encouraged and supported to provide feedback and make complaints. Appropriate action is to be taken in response to complaints and complaints and feedback are to be used to improve the quality of care and services.
* The approved provider is to ensure the workforce deployed enables the delivery and management of safe and quality care and services.
* The organisation’s governing body is accountable for the delivery of safe and quality care and services.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | 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. | Non-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

Consumers and representatives said staff value the consumers’ culture, values and diversity, and receive care and services which are culturally safe. Care documentation reflected consumers’ individual cultural needs and preferences, including religious and spiritual needs. Staff demonstrated an understanding of consumers’ individual preferences and described special days and events that were important to them.

Consumers were supported by staff to take risks and make choices to support their self-determination on matters such as mobility and food choices. Staff described areas in which consumers were supported to understand the benefits and possible harm in making decisions about taking risks that maintain their quality of life. The service had documented policies and procedures regarding consumer dignity and risk. outlining its commitment to support consumers in making independent decisions and their right to take risks.

Information provided to consumers was current, accurate, easy to understand and supported consumers to exercise choice. This was evidenced by consumer and representative feedback, and written information provided to consumers via printed material and noticeboards.

In relation to Requirement 1(3)(a), information in the Site Audit report indicated that some consumers expressed fear and psychological distress regarding the behaviour of another consumer who had recently entered the service and described incidents that had caused them distress and anxiety and led to their doors being locked to prevent the consumer from entering their rooms. The consumer who was the subject of their concerns was observed wandering, standing close to other consumers and becoming agitated and verbally aggressive towards other consumers and staff. Staff reported that the consumer was intrusive towards other consumers. Further information regarding this situation is included in this report under Requirement 3(3)(a) in Standard 3. Management advised an extra staff member had been rostered on to provide one to one support to the consumer exhibiting behaviours and that they were arranging a meeting with affected consumers’ representatives to discuss behaviour management.

The approved provider's response to the Site Audit Report acknowledged the feelings of fear expressed by consumers and advised a number of actions had been implemented to address the concerns. In addition to the additional staff member rostered to provide additional support, the roster for the impacted area of the service had been reviewed to ensure consistency in allocation and continuity of care for consumers. A meeting to address the concerns of consumers and representatives was held with the approved provider’s senior management in attendance to answer questions and outline actions being taken to address the concerns. Management conducted in person rounds multiple times daily to observe the area and engage with consumers and representatives. Consumers’ rooms are no longer being locked. In coming to my decision in relation to this Requirement, I acknowledge the immediate response of the approved provider to the concerns raised both while the Assessment Team was on site and after they had left. However, it is my view that these actions taken by the approved provider need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 1(3)(a) is Non-compliant.

Regarding Requirement 1(3)(c), information in the Site Audit report noted that one consumer and one representative felt consumers were not supported to make decisions about their own care and the way services are delivered; for example, both advised they felt consumers’ choices regarding the timing and/or frequency of showering was not respected. Additionally, under Requirement 7(3)(a) in Standard 7 of the Site Audit report, it was reported there was widespread concern among consumers and representatives that consumers were being required to delay or postpone personal care such as showering and toileting due to shortages of staff to assist them. Furthermore, the Site Audit report said one carer requested that the kitchen not provide a hot breakfast option to some consumers in one area of the service as they would not finish the breakfast and there was wastage. As a result, some consumers were not receiving hot breakfasts despite requesting them. The Site Audit report noted that some consumers said their choices were respected and that they were supported to maintain relationships of importance to them. In responding to the Site Audit report, the approved provider addressed the concerns regarding the two named consumers showering preferences advising of a full review of care and services for one consumer and indicating that less than optimal communication with the other consumer’s representative had created an inaccurate impression of the care and services they were receiving. The approved provider acknowledged there had been issues with the hot breakfast option in one area of the service. The approved provider advised the hot breakfast option has been reinstated and will be maintained. The approved provider also advised the organisation strongly supports the right of individuals to make their own choices and decisions. The approved provider supplied copies of their policies and procedures relevant to this requirement and advised a meeting with staff was conducted, in which respecting the preferences and choices of consumers was discussed and confirmed. While noting that some consumers interviewed during the Site Audit said their choices were respected and supported, a large number of consumers felt unable to exercise choice and independence about when cares were provided to them (as noted under Requirement 7(3)(a) in Standard 7 of this report). While acknowledging the actions by the approved provider address the identified deficits noted at the time of the Site Audit, it is my decision that Requirement 1(3)(c) is Non-compliant.

In relation to Requirement 1(3)(f), consumers and representatives said consumers’ personal privacy was respected and staff were observed allowing consumers privacy to spend time with visitors or make phone calls. However, information in the Site Audit Report indicated that personal information was observed to be left in publicly accessible areas on consecutive days. Management advised staff would be reminded about the need to maintain consumer privacy and confidentiality, but the following day personal consumer information was again observed to be in public view. In their response to the Site Audit Report the approved provider acknowledged consumer related information should not be left in public areas but queried whether documentation behind a privacy screen at a nurse’s station could be considered a breach of privacy and confidentiality. The approved provider advised that toolbox discussions have since been held by management with staff, to identify expected standards and processes with respect to consumer confidentiality. In coming to my decision in relation to this Requirement, I have noted there was no complaint or evidence that consumer privacy had been breached, that the material potentially accessible to the public was generally of a non-medical nature and considered the remedial actions taken by the approved provider since the Site Audit. It is my view the actions taken by the approved provider address the identified deficits noted at the time of the Site Audit. I therefore find that Requirement 1(3)(f) is Compliant.

This Standard is Non-compliant as I have found two of the six Requirements 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. | 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

Consumers and representatives said consumers receive the care and services they need, and they were involved in, and had a say in the care planning processes. Staff were able to describe assessment and care planning processes they followed. Care documentation demonstrated consideration of risks to the consumers’ well-being and informed the delivery of effective care and services. The organisation has policies and processes to guide staff practice regarding assessment and care planning for consumers.

Care documentation demonstrated that consumers’ current needs, goals and preferences, including advanced care planning was identified on entry to the service and reviewed regularly. Consumers and representatives confirmed the service had discussed and documented consumers preferences for their end of life. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation.

Consumers and representatives confirmed they provided input into the assessment and care planning process and said they were confident consumers’ care needs were being met. Staff described how they partner with consumers and representatives to assess, plan and review care and services regularly. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives said staff discussed consumer care needs with them and recorded it clearly in the consumer’s care plan, which they were provided a copy of on request. Staff confirmed they had access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers, diaries, and the electronic care management system. Care documentation contained entries reflecting communication with consumers, representatives and others where care was shared.

Consumers and representatives said care and services are reviewed when the consumer’s circumstances changed or incidents had occurred. Staff described the process for reviewing care and services, while incidents trigger reassessment with any relevant changes relayed to the consumers and representatives. While the Assessment Team identified that not all care plans are reviewed on a regular three month schedule, no adverse consequences of this were identified, the approved provider had a system for ensuring assessment and review of consumer care documentation and in their response to the Site Audit advised that a schedule for review of consumer needs on an ongoing basis is now in place.

I was persuaded by the Approved Provider’s ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all five Requirements 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. | 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. | 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

Overall, consumers and representatives said they felt confident staff would provide end of life care in line with their preferences to maximise dignity and comfort. Staff said they monitor consumers comfort during end of life care and followed consumers’ preferences. Care documentation included end of life wishes which were found to be individualised. The service responded to deterioration promptly, involved representatives regularly and provided effective palliative care.

The service demonstrated that deterioration or change in a consumer’s condition was recognised and responded to in a timely manner through a range of systems and processes. Staff were able to describe a range of signs related to deterioration and describe how they respond to them. Care documentation reflected appropriate actions taken in response to changes in a consumer’s health. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives said overall they were satisfied staff know about consumers’ needs and preferences and that communication from and with the service is effective. Staff described attending shift handover to ensure information regarding consumers is consistently shared and understood. Care documentation reviewed confirmed that staff consistently notified the consumer’s medical officer, other allied health professionals and representatives if they identified a change in a consumer’s condition or needs, and if there was a clinical incident.

Consumers and representatives said consumers are referred to other health care services as needed and are reviewed regularly by health professionals in response to identified needs. Care planning documentation reviewed reflected timely and appropriate referrals of consumers to other organisations and providers of other care and services.

The service demonstrated effective processes are in place for management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. Staff demonstrated knowledge of infection control practices relevant to their duties and the service supported the staff with policy and procedure documents to inform and guide staff practice in relation to infection control matters.

With respect to Requirement 3(3)(a) information in the Site Audit report indicated that some consumers were being locked in their rooms at night without consent from the Enduring Power Of Attorney (EPOA), due to fears of intrusion by a consumer with behavioural issues. In other respects, the Site Audit indicated that consumers were receiving safe and effective personal and clinical care as evidenced by consumer and representative feedback, review of care documentation and staff being able to describe consumers individual needs and preferences and how there were managed in line with their care documentation. The approved provider's response to the Site Audit Report contested the terminology of ‘locked in their rooms’ noting that all consumers rooms can be opened from the inside and at no time were consumers prevented from leaving their rooms. However, it was acknowledged that locking of consumer doors, when this was not a specified care preference, was not in keeping with expectations for care and service. The approved provider advised that action was taken to address the concerns by rostering additional staff, reviewing care and services in the area of the service impacted, conducting staff interviews, clarifying expectations of care practice and management monitoring of evening and overnight staff practice. In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement. I have also placed weight on the approved provider’s identifying and conducting additional training for staff. It is my view the actions taken by the approved provider address the identified deficits noted at the time of the Site Audit. It is my decision that Requirement 3(3)(a) is compliant.

Regarding Requirement 3(3)(b), information in the Site Audit report indicated that while some consumers said their care was safe and right for them, medications for some consumers were not always administered at the specific times ordered for management of their conditions, care documentation did not always identify effective management strategies for consumers at risk of changes in behaviour, two consumers had significant weight loss over the previous three months and processes to manage high impact or high prevalence risks were not effective. For example, it was identified that a consumer on time specific medication for management of Parkinson’s disease had not received the medication as prescribed three times during the week prior to the Site Audit. Other consumers said they had to remind staff to provide them their medication or complained about having to wait for pain medication. In the response to the Site Audit report, the approved provider was able to address and explain some individual consumer issues and provided information to evidence that the organisation has effective policies and procedures to manage high impact and high prevalence risks. The approved provider supplied information showing the two consumers experiencing significant weight loss had regained weight and contended that this issue had been managed appropriately. The approved provider acknowledged that there had been difficulties in managing behaviours with some consumers and that this had impacted upon other consumers in their vicinity. It was also acknowledged that, at the time of the Site Audit, the medication for the consumer with Parkinson’s disease was not appearing correctly in the service’s electronic medication management system. The approved provider advised that these issues have now been addressed for example, through ongoing communication with the contracted pharmacy.

In coming to my decision in relation to this Requirement, I acknowledge the significant actions taken by the service to improve its performance under this Requirement since the Site Audit. I have placed weight on the approved provider’s Plan for Continuous Improvement dated 28 March 2023 identifying the improvements completed and in progress. However, it is my view that these improvements will need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 3(3)(b) is Non-compliant.

This Standard is non-compliant, as I have found one of the seven Requirements 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

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences, enabling them to maintain their independence, quality of life and well-being. Staff demonstrated an understanding of what was important to consumers and what they liked to do and described strategies to promote consumer involvement in activities. Care documentation captured consumer’s individual interests and preferences.

Consumers and representatives described how consumer’s emotional, spiritual and psychological needs are met at the service. Staff provided examples of how the service supports the individual emotional, psychological and spiritual needs of consumers taking into consideration their religious background and preferred level of engagement. Care planning documentation was consistent with consumer and representative feedback, specifying individual emotional support strategies for each consumer and how these are implemented.

Consumers described the activities they enjoyed participating in at the service and were observed to be engaged in a variety of activities during the Site Audit, including billiards, musical activities and arts and crafts. Management described how the service engages consumers in developing a lifestyle program that includes activities of interest to them, specifically for consumers living with cognitive impairment.

Information regarding consumers’ needs and preferences were effectively communicated within the organisation and others involved in consumers care. Staff explained processes used in keeping records of consumer information, preferences and needs up to date. Care documentation recorded individual histories, dietary preferences and needs and favoured activities. Consumers and representatives expressed confidence that their information was shared with external agencies involved in their care as necessary.

Consumers said they were referred to external providers such as psychologists, optometrists and other providers of care and services as required. Care planning documentation evidenced collaboration with external services to support the diverse needs of the consumers. Staff were observed ensuring care and services for consumers who had been referred to external service providers was in line with their recommendations.

Overall, consumers and representatives said the service provided meals which were of good quality and quantity and were varied. Meeting minutes demonstrated that consumers and representatives are provided opportunities to provide feedback and have input into the service menus. Care planning documentation confirmed consumers’ dietary requirements and preferences were recorded and were consistent with consumer feedback. The Assessment Team noted that hot breakfasts were not always available to some consumers in one area of the service. This issue has been addressed under Requirement 1(3)(c) in Standard 1 of this report and as discussed, has since been resolved.

Overall, consumers said they felt safe when using the service's equipment, and that equipment was clean and in good working order. Staff described processes for identifying and reporting equipment which required maintenance or repair. Maintenance staff demonstrated how maintenance requests were lodged, received, how they were attended to, and signed off when the service is completed. The Assessment Team noted that the service did not have wheelchairs for consumers to use. This issue is dealt with in Standard 5, under Requirement 5(3)(c).

I was persuaded by the Approved Providers’ ability to demonstrate compliance with the Requirements under this Standard, as well as the positive consumer and representative feedback in determining my findings.

This Standard is Compliant, as I have found all seven Requirements 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 service environment was observed to be easy for consumers to navigate, being well lit with an easily understood layout with good signage. The service had accessible and comfortably furnished private and communal sitting areas. Consumers' rooms were personalised and decorated with furnishings and personal items that reflected their individuality. Consumers were observed moving freely throughout the service.

Consumers said their rooms were kept clean, they felt safe and could come and go as they pleased. The service was observed to be clean and well maintained and had several garden and outdoor areas and communal areas which were accessible and welcoming to consumers and visitors.

With respect to Requirement 5(3)(c), furniture, fittings and equipment were observed to be well maintained, clean and safe. Review of cleaning and maintenance schedules demonstrated regular attention to ensure equipment used was suitable for consumers. However, information in the Site Audit report identified four consumers with concerns regarding access to maintenance services. One consumer said they had to purchase their own wheelchair as the service was unable to provide a wheelchair for use around the facility or for outings. Another consumer said they had a fall transferring from a wheelchair with a faulty brake and purchased their own wheelchair as a result. The third consumer could not recall their oxygen concentrator having been serviced. When this was brought to the attention of management, the concentrator was cleaned and the service’s preventative maintenance schedule amended to ensure oxygen concentrators were included. The fourth consumer said they had requested their new DVD player be connected and it had not been for four weeks until the Assessment Team brought it to the attention of management.

In their response to the Site Audit report, the approved provider noted that all scheduled maintenance to service equipment had been completed and that furniture fittings and equipment were observed to be well maintained. The response said wheelchairs had been on order for the service and that seven new wheelchairs were obtained and provided for consumer use during the audit. It was noted that approved providers are required to provide equipment to assist care recipients with mobility but does not require that each consumer be provided with items for their individual and sole use, nor are approved providers required maintain or service consumer’s personal items. The approved provider also recorded their prompt response to the issues when raised by the Assessment Team. It was disputed that a consumer had fallen due to a faulty wheelchair.

In coming to my decision in relation to this Requirement, I acknowledge the responsiveness of the service when notified of concerns being raised by consumers during the site Audit. I also note that the Site Audit report notes overall that furniture, fittings and equipment were observed to be well maintained, clean and safe. Following a review of this information alongside the approved provider's response, I have decided that Requirement 5(3)(c) is Compliant. For the named consumers, the approved provider’s response identified actions taken to address the identified deficits.

This Standard is Compliant, as I have found all three Requirements 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. | Non-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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

Consumers and representatives were aware of the service’s complaint processes and external avenues of complaint. Information provided to consumers on entry to the service identified contact information for advocacy and language services, however, most consumers and representatives sampled were not aware of advocacy services available to them. Staff described complaint processes and how they would assist consumers in raising concerns, including accessing advocacy or language services.

With respect to Requirement 6(3)(a), the Site Audit report noted fourteen consumers and/or their representatives said they did not feel supported to provide feedback and make complaints. While consumers said they felt comfortable in raising complaints with staff or management, they expressed little confidence the issues would be addressed. For example, various consumers said they ‘don’t bother anymore’, felt ‘belittled and not listened to’, or felt they raised concerns on a number of occasions but nothing was done. Staff said it was common for consumers to raise concerns with them and if they could not resolve it directly, they would escalate the concern to management. Management described how complaints and feedback are a standing item at consumer meetings and feedback forms and boxes are readily accessible to consumers and representatives. In their response to the Site Audit report, the approved provider acknowledged the feelings expressed by consumers, but noted it was difficult to provide evidence of activities to address concerns that had not been raised with staff or management. The response referenced ‘robust and evident’ processes in place in the service to address complaints and concerns of consumers. The response from the approved provider outlined actions taken to address concerns of consumers named in the Site Audit report, and additional measures taken since the Site Audit to encourage consumers to raise concerns with management or staff. In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement and note that systems are in place to provide opportunities for consumers and representatives to raise concerns. However, I have placed weight on the interview evidence that most consumers and representatives sampled did not feel supported to provide feedback and make complaints. The fact that they have not raised some of these issues with staff or management serves to reinforce the perception that consumers did not feel their concerns would be addressed. Therefore, it is my decision that Requirement 6(3)(a) is Non-compliant.

With respect to Requirement 6(3)(c), the Site Audit report indicated that overall, interviewed consumers and representatives who had made a complaint, said management had not acknowledged the issue or involved the consumer or representative in the resolution process to achieve a satisfactory outcome. Some consumers said they had ‘lost faith’ in the service’s response to complaints and feedback. For example, a named consumer said they had complained about the disruptive behaviour of another consumer on numerous occasions, but nothing had been done. Review of the service’s complaint register did not evidence documentation of the consumer complaint. Staff said they were aware that the consumer was scared and feared the disruptive consumer, however, no documentation regarding the incidents or concerns were found in the consumer’s care documentation. In responding to the Site Audit report, the approved provider acknowledged the feelings expressed by consumers and their representatives. The response noted that sometimes mutually satisfactory outcomes cannot be achieved but expressed a commitment to responsiveness where concerns are identified and the use of open disclosure where appropriate in incident management. In coming to my decision in relation to this Requirement, I have placed weight on the interview evidence that consumers and representatives sampled did not feel management acknowledged complaints or concerns they raised or that appropriate actions had been taken. The lack of documentation regarding some of the examples provided by consumers and representatives is also of concern. While acknowledging the actions taken by the approved provider since the Site Audit to improve their performance regarding this requirement, it is my decision that Requirement 6(3)(c) is Non-compliant.

With respect to Requirement 6(3)(d), the Site Audit report indicated most consumers and representatives did not feel that their complaints and feedback were used by the service to improve the level of care and services. For example, one named consumer’s representative expressed concern about the management of the consumer’s catheter. The representative said the consumer had been hospitalised twice due to blockages in the catheter. They said they had complained to management regarding the issue but had received no response. Review of the service’s complaint register did not evidence documentation of the consumer complaint. Review of the consumer care documentation did not evidence that the incident was assessed or reviewed for continuous improvement purposes. Minutes of consumer meetings demonstrated issues raised by consumers and the resolution required but did not include dates to respond to the issues, or whether they had been resolved. In responding to the Site Audit report, the approved provider again acknowledged the feelings expressed by consumers and said it was hard to address concerns that had not been raised with staff or management. The response confirmed that staff do not always complete complaint or feedback forms for matters raised to them, as they attempt to address the matter at the time it is communicated. The approved provider advised they have reinforced with staff the services feedback and communication processes and encouraged consumers to raise concerns at a resident meeting held since the Site Audit. The approved provider acknowledged that feedback and complaints raised with management had not always been logged in the service’s incident management system in a timely manner. In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement since the Site Audit. However, I have placed weight on the interview evidence that most consumers and representatives sampled did not feel their feedback was used to improve the quality of care and services and a lack of documentation regarding feedback outcomes appears to support this. Therefore, it is my decision that Requirement 6(3)(d) is Non-compliant.

This Standard is Non-compliant as I have found three of the four Requirements non-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. | 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

Consumers and representatives said most staff were respectful, kind, and caring and respect the consumers' diversity, culture, preferences, and choices about care and services. Interactions between consumers and staff were kind, caring and respectful, and consumer care documentation reflected kind and respectful language.

Workforce members are competent and have the qualifications and knowledge to perform their roles effectively. The service maintains position descriptions that establish each role's responsibilities, knowledge, skills, and qualifications. Consumers and representatives said they were confident in the ability of staff members to provide care and services.

The organisation has processes to induct new staff and monitor workforce requirements with respect to professional registration and health requirements. Staff are recruited and trained to deliver the outcomes required by the Quality Standards. The service has a suite of documented policies and procedures to guide staff practice and which outlines that care and services are to be delivered in a person-centred manner.

Management monitors and reviews the performance of the workforce on a regular basis. Most staff had a current performance appraisal. Staff confirmed they received regular monitoring of their performance and described the performance appraisal process. Management descried a variety of methods by which staff performance is monitored including through consumer and representative feedback, audits and observation.

With respect to Requirement 7(3)(a), the Site Audit report indicated that twenty five consumers or representatives said they did not feel there were enough staff to consistently provide care for consumers requiring assistance. Consumers and representatives said staff do not have time to deliver care and services, that consumers felt rushed during the provision of cares and that they had to wait long periods of time for staff after using call bells. Consumers said that staff complained about being too busy to provide their care and provided examples of having their personal hygiene cares delayed or postponed due to the unavailability of staff. A majority of care and clinical staff interviewed during the Site Audit said that there were not enough staff to complete consumer care needs. Staff said that while they prioritise consumer care needs, consumers were not always toileted as per their care documentation. Staff said the service does not have enough staff to cover sick leave and shifts are often left unfilled. A review of roster information confirmed that some care shifts were unable to be replaced or were partially replaced by use of a float shift. Management acknowledged the concerns raised by staff and expressed a commitment to addressing them. In responding to the Site Audit report, the approved provider said a review of resident care needs had been conducted along with a complete review of the roster and skills mix. As a result, an additional 33.5 hours of staffing per day had been added to the roster and a recruitment process to fill positions was underway. In addition, it was identified that a permanent clinical nurse was required to support the supervision and management of resident care outcomes and was being recruited. In further action taken by the approved provider, workforce and workforce planning had been discussed with consumers at a consumer meeting and a full survey of resident and representative feedback will be conducted over the next three months.

In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement since the Site Audit. However, I have placed weight on the interview evidence from consumers and representatives and staff that there were insufficient staff to meet consumer care needs in a timely manner. Additionally, the actions undertaken by the approved provider to address the identified deficits will need time to be evaluated. Therefore, it is my decision that Requirement 7(3)(a) is Non-compliant.

This Standard is Non-compliant as I have found one of the five Requirements 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. | Non-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. | Non-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

In relation to Requirement 8(3)(a), information in the Site Audit report indicated that twelve of fourteen consumers and representatives said they were not involved in improving the delivery of care and services and management did not support them in this process. During interviews, several consumers expressed frustration at their attempts to have issues addressed through consumer meetings with management, making comments such as ‘I go to resident and relatives meeting on a Tuesday every month and issues arise, but not action is taken’, ‘I do not go to consumer meetings anymore because it is a waste of time’ and ‘(I) brought stuff up, nothing changes’. In their response to the Site Audit report, the approved provider referred to actions taken by the service since the Site Audit to address consumer and representative consultation in the development, delivery and evaluation of care and services. These actions are covered in Standards 6 and 7 of this report. In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement since the Site Audit. However, I have placed weight on the interview evidence from consumers and representatives that they did not feel supported in improving the delivery of care and services. Additionally, the actions undertaken by the approved provider to address the identified deficits will need time to be evaluated. Therefore, it is my decision that Requirement 8(3)(a) is Non-compliant.

In relation to Requirement 8(3)(b), information in the Site Audit report indicated that four consumers/representatives felt management was not providing a safe environment, citing their fears of a consumer’s intrusive behaviours. This situation is discussed in Requirement 1(3)(a) in Standard 1 of this report. Management said the service had implemented structures to ensure the priorities and strategic directions of care are monitored and improved and the governing body (the Board) informed, however, management also advised the Assessment Team they had not been implemented at the service. The organisation had a suite of policies outlining the accountabilities and clinical governance responsibilities of the Board. In responding to the Site Audit report, the approved provider advised the Board has been advised of the concerns raised regarding the service and intensive onsite coordination and support has been implemented. This has involved, amongst other things, personnel from the organisation’s central office working on site to address improvements and activities across care and service delivery, changes in management at the service, and a review of care and services across the service. In coming to my decision in relation to this Requirement, I acknowledge the prompt and extensive actions taken by the service to improve its performance under this Requirement since the Site Audit. However, the actions undertaken by the approved provider to address the identified deficits will need time to be implemented and evaluated. Therefore, it is my decision that Requirement 8(3)(b) is Non-compliant.

With respect to Requirement 8(3)(c), information in the Site Audit report indicated that the service has effective organisation wide governance systems with respect to financial governance. However, the Site Audit report indicated deficiencies in information management as discussed under Requirement 1(3)(f). Additionally, governance systems were identified by the Assessment Team as deficient with respect to continuous improvement and feedback and complaints as discussed under Standard 6. The Site Audit report also indicated deficiencies in workforce governance as described under Requirement 7(3)(a) and regulatory compliance relating to the identification and reporting of incidents under the Serious Incident Response Scheme (SIRS).

In responding to the Site Audit report the approved provider noted their response to Requirement 1(3)(f) in Standard 1, disputing that the consumer information left in public view amounted to a breach of privacy or confidentiality. As noted under that requirement, it is my view the actions taken by the approved provider address the identified deficits noted at the time of the Site Audit. With respect to feedback and complaints and continuous improvement, the approved provider referenced their response to Standard 6 and likewise, in addressing workforce governance referred to their response to Standard 7. With respect to regulatory compliance, the approved provider acknowledged that following review, some unreported incidents involving medication were identified as being reportable under SIRS. The approved provider noted that the organisation has robust policies and processes for the reporting of incidents and since the Site Audit have been working to ensure all incidents are reviewed and reported as required. Additionally, education has been disseminated to staff to raise awareness regarding reporting and support the prevention of subsequent incidents. While acknowledging the actions taken by the approved provider in this respect, these improvements will need to be evaluated. Taking into consideration the decisions noted in Standards 1, 6 and 7, I have decided that Requirement 8(3)(c)(ii), (iv), (v) and (vi) are Non-Compliant.

With respect to Requirement 8(3)(d), the Site Audit report indicated that in addition to some medication incidents not being reported as per SIRS requirements, there was a level of under reporting in the service’s incident management system in relation to concerns raised by consumers and representatives. In responding, the approved provider noted that risk and incident management has been discussed with consumers, representatives and staff at meetings since the Site Audit and noted the remedial actions being undertaken to ensure all reportable incidents are reported as required under SIRS. In coming to my decision in relation to this Requirement, I acknowledge actions taken by the service to improve its performance under this Requirement since the Site Audit. However, the actions undertaken by the approved provider to address the identified deficits will need time to be implemented and evaluated. Therefore, it is my decision that Requirement 8(3)(d) is Non-compliant.

The service has strategic quality and clinical governance frameworks that promote a culture of safe, inclusive and quality care. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure. It is my decision that Requirement 8(3)(e) is Compliant.

This Standard is Non-compliant as I have found four of the five Requirements 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)