Performance

Report

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| Name: | Palm Lake Bethania Aged Care Facility |
| Commission ID: | 5377 |
| Address: | 3 Goodooga Drive, Bethania, Queensland, 4205 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 22 October 2024 |
| Service included in this assessment: | Provider: 6794 Palm Lake Care Operations Pty Ltd  Service: 7007 Palm Lake Bethania Aged Care Facility |

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 Bethania Aged Care Facility (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 3 October 2024, where the provider accepted the assessment team’s recommendations
* information about the service that is held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Other relevant matters:

An Assessment Contact was conducted at the service on 22 March 2024. The decision dated 22 April 2024 found the service Not Compliant in Requirements 3(3)(b) and 7(3)(b); deficiencies related to the management of high-impact and high-prevalence risks associated with the care of consumers, and staff interactions with consumers were not consistently respectful. The Assessment Team’s report for the Site Audit conducted 17 September 2024 to 19 September 2024 demonstrates the service has taken action to improve its performance in these areas.

# 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

Consumers said they felt valued, and that staff treated them with dignity and respect. They provided examples of how staff used preferred names and protected their privacy by knocking on doors and seeking permission to enter a room. Consumers were satisfied their personal information was protected and was kept confidential. They said care provided was consistent with their cultural traditions and preferences and described how they are supported to attend religious services.

Consumers said they were provided with sufficient information to make informed choices about their care and services. They said the information provided related to their needs, goals and preferences and was easy to understand. A range of information was observed to be available and accessible to consumers throughout the service. Information provided included consumers’ meeting minutes, food focus meeting minutes and the service newsletter; all contained updates and information of interest to consumers.

Staff demonstrated sound knowledge of consumers’ backgrounds and their individual choices and preferences. They could describe how the consumer’s culture influenced the way they delivered care and said the service celebrated culturally significant events such as Australia Day, Christmas and Easter. They said they are guided by a code of conduct that was included in their orientation to the service and is an element of the annual training program. Staff said they supported consumers to take risks and monitored them during these activities, where appropriate.

Staff said consumers’ needs, goals and preferences are identified on entry to the service and that consumers can nominate a representative to support them to exercise choice and communicate their decisions if required. Consumers described how they are supported to maintain important relationships and how their representatives communicate with the service on their behalf if this is their preference.

The service has policies and procedures relevant to Standard 1 that include supporting consumers to take risks. Care documentation reflected what was important to consumers and included details relating to the consumer’s identity, cultural practices and personal preferences. There was evidence that risks had been discussed with consumers, risk assessments were completed, and risk minimisation strategies identified.

Staff were observed engaging positively with consumers and their representatives, speaking to them, listening in a respectful manner and supporting consumers to make choices. Staff explained how they respected consumer privacy and protected consumer information by ensuring computer screens and nurses’ stations were secured. Staff were observed knocking on consumers’ doors, announcing their names and requesting permission to enter.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect and are supported to make informed choices. I find Standard 1 is 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 they are involved in assessment and care planning processes and were satisfied care plans reflected the consumers’ needs and preferences. They said staff are responsive when there is a change in the consumer’s care needs and discuss this with them.

Registered staff described care planning processes and said it involved consultation with the consumer and representative, medical officer, specialist services and allied health professionals such as the physiotherapist, speech pathologist and dietitian. Care documentation demonstrated each consumer was assessed upon entry to the service and at regular intervals using validated assessment tools including risk assessments. Additionally, care documentation reflected the involvement of other health professionals in planning consumers’ care.

Consumers and representatives said the service had discussed end of life preferences with them and they were confident appropriate care would be provided as the consumer approached end of life. Examples were provided of how the service supports consumers, engages with representatives and delivers personalised care during this time. Staff described how a palliative care team supports consumers if this is their preference and care documentation confirmed this.

Staff described how they can access consumers’ care plans through the electronic care management system and said that information is shared during handover. Management said case conferences are held with consumers and representatives to discuss complex care changes and consumer deterioration. Care documentation demonstrated that care plans are reviewed approximately 3 monthly or following a change in the consumer’s condition. Consumers and representatives confirmed staff talk to them about consumers’ care preferences and they were aware they could request a copy of the care plan should they wish to.

For the reasons detailed, I am satisfied care and services are planned with consumers and meet consumers’ needs, goals and preferences. I find Standard 2 is 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

Requirement 3(3)(b)

Following an assessment contact conducted 22 March 2024, the service was found Not Compliant in Requirement 3(3)(b). Deficiencies related to the management of high-impact and high-prevalence risks specifically in relation to wound care and the management of time sensitive medications. Since that time, the service has taken action to improve its performance in these areas.

Actions taken to improve wound care include:

* There has been an increased focus on high-impact, high-prevalence risks across the organisation. Each consumer is reviewed monthly by a clinical nurse to identify risks associated with the consumer’s care; this information is documented in the progress notes.
* The role of Wound Nurse has been introduced; a registered nurse who has received additional training is responsible for the oversight of all wound care. The Wound Nurse completes audits of wound charts and provides individual support to clinical staff about best practice, wound care products and associated documentation. Training needs relating to skin care and wound management are identified and there was evidence that training was ongoing.
* Staff have access to the Wound Nurse, the clinical management team and the service’s intranet for guidance with wound care, and referrals can be made to a wound care specialist as required.

Wound care was discussed during staff handover, clinical monitoring occurred daily, and regular meetings were held with staff to discuss arising issues and risks. Registered staff advised they have the resources they require when attending to wound care and that the Wound Nurse supports them with wound care and provides education as required.

Wound care documentation demonstrated treatment was being provided as prescribed and wound care documentation was current and complete. Consumers and representatives provided positive feedback about wound management and reported wounds were healing well and, where required, there had been referral to a specialist.

Actions taken to improve medication management include:

* Medication administration processes have been reviewed to ensure time sensitive medications are administered within established timeframes.
* Information processes have been established to ensure clinical staff are aware of time sensitive medications; this includes through the electronic medication management system.
* Staff have received training in time sensitive medications.
* Management staff review the time sensitive medication report; information is discussed at clinical meetings and at handover, training is conducted and follow up with individual staff occurs where required.

Interviews with staff and documentation review confirmed that overall time sensitive medications were being delivered within established timeframes. Consumers and representatives said consumers’ medications were generally administered regularly and on time.

More broadly, consumers and representatives reported the service effectively managed risks associated with consumers’ care and staff were complying with organisational policies and procedures.

I am satisfied the service is effectively managing high-impact and high-prevalence risks associated with the care of consumers. I find Requirement 3(3)(b) is Compliant.

Requirements 3(3)(a), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g)

Consumers and representatives provided positive feedback about the care provided and felt the service effectively managed consumers’ care. Care documentation demonstrated effective care delivery including in relation to wound care, pain management, chronic disease management, restrictive practice and medication administration. Staff had a shared understanding of consumers’ care needs and were familiar with the established processes including policies, procedures and tools to support best practice care delivery.

Where risks were associated with the care of consumers there was evidence of engagement with the consumer, the completion of risk assessments and the identification of strategies to mitigate or minimise harm. Staff were familiar with consumers’ individualised care needs.

The service demonstrated the wishes of consumers who are approaching end-of-life are respected. The service engages with a palliative care team and anyone else the consumer wishes to be involved in their end-of-life care. There was evidence palliative care was being delivered in accordance with the palliative care plan. Staff described the palliative care pathway, the resources available to support consumers and the way they supported consumers’ comfort during this time including through the creation of a calm and peaceful environment, the provision of mouth care and other comfort cares and through the support of the consumers’ family members.

Consumers and representatives said staff know the consumers well and quickly identify and respond to changes in the consumer’s health and well-being; examples of this were provided. Registered staff advised that changes are discussed with the consumer and representative, assessments are completed, referral to the medical officer or allied health provider occurs, and where necessary the consumer is transferred to hospital. Care documentation reflected changes in a consumer’s condition were identified, reported and responded to appropriately. Staff had access to clinical information, clinical advice and policies and procedures to guide them in recognising and responding to a deterioration or change in a consumer’s condition.

Care documentation demonstrated consumer information was current and supported individualised, safe and effective care. Documentation included information about consumers’ change in condition, clinical incidents, medication reviews and transfers to hospital. Additionally correspondence from health care professionals, referrals and test results were available. Registered staff and care staff said they receive up to date information about consumers during handover and via the electronic care management system.

Management and staff described how changes in consumers’ health and well-being prompt referral to other health professionals and this was confirmed by consumers and representatives. For example, there was evidence of the involvement of an optometrist, dietitian, physiotherapist and podiatrist in consumers’ care, and referrals were made to dementia support services, palliative care services and mental health services as required.

Effective processes were in place for the prevention and control of infection including the management of infectious outbreaks, and practices to promote appropriate use of antibiotics. The service has an outbreak management plan, policies and procedures to guide staff. There are Infection Prevention and Control leads to support the service and the public health unit is contacted if required. Education is provided about infection control and the importance of vaccinations, and vaccinations for COVID-19 and seasonal influenza are available to both consumers and staff. Infections and outbreaks are analysed and reviewed monthly, and information is reported to the Board. Consumers were satisfied with infection control processes and said they observed staff washing their hands.

For the reasons detailed, I am satisfied consumers receive safe, effective personal and clinical care. I find Standard 3 is 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 service provides activities and events that support consumers’ needs and preferences. Lifestyle staff described how they facilitate consumer and representative meetings and seek feedback from consumers to ensure services meet consumers’ needs and preferences including for those who do not wish to participate in group activities.

Lifestyle staff explained how information is captured in care plans, and these are reviewed regularly to ensure information remains current and accurate. Care documentation guided staff and detailed consumers’ preferences in relation to activities for daily living.

Staff described how the Chaplain and volunteers support consumers’ emotional, spiritual and psychological well-being. Consumers provided examples of how staff had supported them during a bereavement and said this had improved their well-being; additionally, there were examples of how staff supported consumers’ religious practices.

Staff described how consumers are supported to maintain and develop relationships including maintaining ties with the community. Consumers provided examples of how they continued to see friends and participate in activities that they had previously enjoyed when living in the community. Meeting minutes demonstrated consumers discussed activities, provided feedback and were kept informed of future events such as planned barbecues and lunch trips to the Returned Services League of Australia club. The service’s activity schedule demonstrated activities were conducted daily with participation records demonstrating the activities are well attended.

Care documentation demonstrated information is communicated to ensure the delivery of services and supports for daily living that are aligned with consumers’ needs and preferences. Information is made available where appropriate to other organisations that are involved in service delivery.

Staff were observed taking time with consumers and supporting consumers’ well-being. Staff handovers demonstrated information relating to consumers was discussed to ensure staff were familiar with consumers’ preferred activities.

Lifestyle staff described how they work with external organisations to ensure consumers have access to the services and supports they require. Staff and consumers provided examples of how the service supported consumers including through organising visits from the Chaplain and health professionals such as a psychologist. Staff were familiar with referral processes and the service had engaged with dementia advisory services and occupational therapists to support consumers by providing them with the equipment needed to participate in activities.

Consumers were satisfied with the taste and variety of meals provided. Catering staff advised hot breakfasts are provided daily and an ‘all day menu’ is available that includes sandwiches, fresh fruit salad, yoghurt, ice-cream and savoury options. Catering staff stated that consumers’ requests are accommodated, and this was confirmed by consumers. Food focus group meeting minutes and the menu confirmed consumers have input into the menu and that their choices and preferences are accommodated.

Consumers were satisfied with the equipment provided to them and staff knew how to use the equipment and report any safety concerns. The service had established processes for purchasing, servicing, maintaining and replacing equipment and observations confirmed equipment used to support consumers was appropriate to their needs and was clean and well-maintained.

For the reasons detailed, I am satisfied consumers receive safe and effective services for daily living and that their health, well-being and quality of life is optimised. I find Standard 4 is 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 safe and comfortable and promoted consumers’ independence, function and enjoyment. Reception staff were available to guide visitors and signage supported consumers and visitors to navigate the service. Consumers were observed participating in exercise classes, socialising with family and friends, enjoying the café and mobilising throughout the service using the handrails. Garden areas included outdoor furniture such as tables and chairs to support socialisation. A range of equipment was available to assist consumers with their mobility and included wheelchairs, motorised scooters and wheeled walkers.

Consumers’ rooms were spacious and had been personalised with items reflecting individual tastes and styles. Consumers described how they had decorated their rooms with artwork, mementos and religious items that reflected the consumer’s faith. Consumers said they could access indoor and outdoor areas of the service and could leave the service if they wished to do so. Consumers were observed moving freely inside and outside the service and going for walks on paths overlooking the lake.

Cleaning staff described how they regularly clean consumers’ rooms and communal areas, and this was reflected in the cleaning schedule. Consumers felt the service was clean and said cleaning staff were good at their job.

Maintenance staff reviewed the maintenance book daily and explained how requests were prioritised and delegated to staff or to external contractors if necessary. Maintenance staff said they walk through the service daily and are often asked by consumers to assist with hanging up photographs or moving furniture in the room. Consumers were satisfied with maintenance services and one consumer said, ‘staff would fix anything if needed.’

Staff described their responsibility to protect consumers from risk and explained that they removed equipment from service if it was broken and reminded consumers to use their mobility aids and handrails to assist their mobility. Consumers said the furniture, fittings and equipment provided assisted them to remain independent and were kept clean and well-maintained. Hoists, wheelchairs and both indoor and outdoor equipment were observed to be clean and well-maintained.

For the reasons detailed, I am satisfied the service environment is safe and comfortable and meets consumers’ needs. I find Standard 5 is 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

Consumers said they are supported to provide feedback and make complaints and felt comfortable doing so. Consumers were familiar with various mechanisms for providing feedback including through the use of feedback forms or speaking directly to management. Staff and consumers described how staff support consumers to complete a feedback form and can escort consumers directly to the relevant manager if consumers require assistance with this.

Management said when a consumer enters the service, feedback and complaints processes are explained to ensure the consumer is comfortable with the process; consumers confirmed this occurred. Feedback and complaints forms and locked boxes were located in communal areas of the service and promotional material was displayed on noticeboards. Further, the consumer handbook included complaints and feedback mechanisms.

Consumers were aware of advocacy and language services and promotional material was available for consumers in relation to this. Staff provided examples of how they had supported consumers with complaints processes, including through the provision of brochures on advocacy services and this was confirmed by consumers.

The service has policies and procedures relevant to complaints processes that include open disclosure; training registers demonstrated staff receive education in relation to this. Management and staff were familiar with the principles of open disclosure and the importance of applying open disclosure throughout the complaints process. Consumers said the service took appropriate action in response to feedback and complaints and those who had made a complaint said they had been contacted by management to discuss resolutions and were satisfied with the outcomes.

Consumers and representatives were satisfied feedback and complaints informed improvements to care and services. Management and staff described how consumers are encouraged to provide both negative and positive feedback and to make suggestions for improvement. The service has a feedback and complaints register that includes information about the affected person and parties, type of feedback and classification, actions taken, and date closed. The register demonstrated complaints and feedback had been resolved in a timely manner. Management said the service analyses data to identify themes and trends, and this informs the service’s plan for continuous improvement and is discussed with the Board.

For the reasons detailed, I am satisfied consumers are supported to give feedback and make complaints and that appropriate action is taken in response to this. I find Standard 6 is 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

Requirement 7(3)(b)

Following an assessment contact conducted 22 March 2024, the service was found Not Compliant in Requirement 7(3)(b). Deficiencies related to workforce interactions with consumers. Since that time, the service has taken action to improve its performance in this area; actions include:

* Staff have been provided with education on the code of conduct, and dignity and respect through staff meetings and mandatory on-line education; this remains a recurrent agenda item at monthly meetings. Staff demonstrated an awareness of the need to comply with the code of conduct and the requirement to treat consumers with dignity and respect.
* Education has been delivered to staff about escalation processes in the event they witness concerns relating to staff behaviour. Staff from all care and service areas were familiar with their responsibilities and obligations relating to incident reporting.
* Senior staff described the actions taken to improve staff culture and ensure the workforce is kind and caring. This included team building activities such as staff awards and acknowledgements, and social events.
* The framework for monitoring staff behaviour was reviewed and included consumer engagement in reporting concerns relating to staff behaviour and conduct. For example, the following initiatives were implemented:
  + In April 2024, the service completed a survey of all consumers and representatives. The survey resulted in care staff receiving a refresher in manual handling training.
  + Daily huddles to discuss consumer concerns were commenced between registered nurses and care staff; these are ongoing and were observed to occur during the Site Audit.
  + Clinical meetings were held twice daily to analyse and monitor clinical care; these are now held daily.
  + Senior staff walk through the service daily to observe and monitor staff behaviours and attitudes.

Overall, consumers and representatives spoke highly of staff and said they are kind and respectful when caring for consumers. Consumer feedback included ‘staff are excellent,’ ‘they are great,’ and that staff are gentle. Staff were observed throughout the Site Audit addressing consumers and assisting them in a patient, caring and respectful manner.

I am satisfied workforce interactions with consumers are kind, caring and respectful and that there are processes in place to monitor this. I find Requirement 7(3)(b) is Compliant.

Requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e)

Consumers felt there were sufficient staff and said they received the care and services they required; they provided examples of how staff respond promptly to requests for assistance. Most staff said they have enough time to do their work and felt the workforce was appropriate to deliver care and services in line with consumers’ needs and preferences. Staffing is an agenda item at consumer and representative meetings and consumers are encouraged to provide feedback about wait times if they experience an issue or concern.

A staffing model is in place that ensures there are staff available to support consumers at busy periods such as mealtimes and includes float staff who can work across the service. The service manages unplanned leave by offering extra shifts to staff and through the use of agency staff.

Management said staff competencies are specific to the staff member’s role and are monitored on an annual basis. Care staff said they can seek support from clinical staff and management if they have any concerns in performing their role. New staff are supported to transition into the service through an onboarding process that includes the provision of ‘buddy shifts’. There is a position description for each role and the organisation’s human services department monitors staff qualifications including nursing registration. Consumers expressed satisfaction with staff skills across all aspects of the service including hospitality, environmental services, management and personal and clinical care.

Staff undertake annual mandatory training across a range of topics and where a need has been identified, additional training is conducted. The need for ongoing training and support is identified by feedback from consumers, representatives and staff including senior staff who manage and monitor staff practices.

Performance reviews are conducted following a staff member’s probationary period and annually thereafter. Management said staff receive feedback on performance, including recognition of high performance, regularly throughout the year. Staff confirmed they are provided with feedback about their performance and are provided with opportunities to identify areas where they felt they required further training or development. Performance appraisals for staff at the service are currently up to date.

For the reasons detailed, I am satisfied the workforce is equipped to deliver safe, quality care and services. I find Standard 7 is 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 service demonstrated it supports consumers to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service engages with consumers and representatives and said their feedback and suggestions informed care and service delivery. Management said consumers can attend meetings, participate in the consumer consultative committee, complete feedback forms and surveys and provide verbal feedback. Consumers said they considered the service to be well run and confirmed they can provide feedback and suggestions to management which are considered and actioned.

The organisation has a Board that includes members with varied skills and qualifications. The Board is supported by a number of sub-committees that monitor and implement changes as required, and there was evidence of improvement initiatives that had been implemented as a result of this. The service undertakes internal and third-party auditing and there are reporting mechanisms and oversight activities in place.

The organisation has a range of governance systems in place including in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints. For example:

* Policies and procedures guide staff and staff confirmed they can access these via the service’s intranet. Consumers and representatives were satisfied with the way information about care and services is managed.
* Management explained how the organisation manages finances and resources including the budget and day to day expenditure.
* A software system generates a service roster based on occupancy and is reviewed according to required care minutes and acuity needs; care minutes are monitored and reported to the Board. The organisational human resources team support the service with staff replacement and recruitment processes.

Policies and procedures support effective risk management. High-impact and high-prevalence risks to consumers are identified through clinical reporting and trending, the national quality indicator program and other benchmarking. For example:

* Management identified COVID-19 and other viruses to be a risk to consumers and has responded by ensuring there are 2 Infection Prevention and Control leads at the service and 2 management staff who have received additional training to support them. The outbreak management plan is adjusted as required in response to learnings from previous outbreaks and the current community status.
* Weekly and monthly reporting of clinical indicators occurs, and weekly meetings are held with the clinical leadership team to discuss clinical issues, obtain advice and share strategies and recommendations.
* The incident management system is an element of the electronic care management system and is reviewed by senior staff from the service. Reporting reflects the Serious Incident Response Scheme, considers contributing factors, and uses a risk matrix to assign a risk rating.

A clinical governance framework is in place which references the Charter of Aged Care Rights, good governance principles, open disclosure, antimicrobial stewardship and minimisation of the use of restraint. Staff said they had received education and training including in relation to restrictive practice and provided examples of how their understanding was supported by senior staff. Consumers and representatives said the service applies the principles of open disclosure when addressing an incident or an issue.

For the reasons detailed, I am satisfied the governing body is responsible for the delivery of safe and quality care and services. I find Standard 8 is Compliant.

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