Performance

Report

**1800 951 822**

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| Name of service: | Pam Corker House |
| Service address: | 29 Eastcott Street WAROONA WA 6215 |
| Commission ID: | 7125 |
| Approved provider: | Quambie Park Waroona (Inc) |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 24 August 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 Pam Corker House (**the service**) has been prepared by J. Howard, 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 conducted from 20 June 2023 to 22 June 2023. 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 Approved Provider’s response to the site audit report, received on 2 August 2023.
* Other relevant information and intelligence held by the Commission in relation to this service.

# 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 | **Non-compliant** |

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

# Areas for improvement

* *Requirement 8(3)(b)* ***–***The organisation must ensure its governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* *Requirement 8(3)(c)* – The organisation must ensure the service has effective, organisation-wide governance systems, specifically relating to workforce governance, regulatory compliance and feedback and complaints.
* *Requirement 8(3)(e)* – The organisation must ensure, where clinical care is provided, it has an effective clinical governance framework, specifically relating to minimising the use of restraint.

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers were treated with dignity, respect and staff valued them as individuals. Staff were respectful to consumers and understood their individual backgrounds and preferences, which were recorded in care plans. Consumers confirmed they received culturally safe care and services and staff provided care consistent with their traditions and preferences. Lifestyle staff gave examples of cultural days celebrated at the service, such as Saint Patrick’s Day, Australia Day, ANZAC Day and NAIDOC week. Consumers were supported to communicate decisions about their care and maintain connections and relationships of choice. Consumers confirmed they exercised choice about their care, such as their preferred rest times and the supports needed to spend time with loved ones.

Consumers were supported to take risks, exercise choice and maintain independence, which enabled them to live their best lives. For consumers wishing to take risks, their care plans included risk assessments and the strategies in place to manage risks. Consumers confirmed they were provided with information that was clear, easy to understand and enabled them to make informed decisions. For example, consumers received information via an admission pack, consumer room directory, care plans, activities calendar, menu and meal options, newsletters and on noticeboards throughout the service.

Consumers’ personal information was kept confidential in a password-protected electronic care management system and staff respected consumers’ privacy by ensuring doors were closed when providing care.

# Standard 2

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

Findings

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences. The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of care and services. The service used validated risk assessment tools and sought input from qualified practitioners when managing risk and developing safe and effective care plans. Consumers confirmed they were supported to discuss advance care planning where appropriate.

The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed the documents were individualised and included consumers’ daily care preferences. The outcomes of assessment and planning were documented in consumers’ care plans which were readily available to consumers and those involved in their care. Consumers confirmed they had access to their care plans and said staff helped them understand different aspects of their care. Consumers’ care and services were reviewed following an incident, a change in circumstances or deterioration in their health.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe and right for them and met their individual needs, preferences and optimised their health and well-being. A review of consumers’ care plans confirmed they received care tailored to their needs. For example, consumers at risk of pressure injuries received care which minimised the risk of injury through staff who provided daily personal hygiene, applied skin moisturiser, supplied air mattresses, ensured adequate hydration and applied limb protectors as required.

The service managed high-impact and high-prevalence risks to consumers through the use of standardised risk assessments, clinical monitoring and charting, along with risk mitigation strategies for individual consumers. Staff recorded clinical data in a quality reporting system and used the information to inform continuous improvement in clinical care. Consumers were satisfied with how the service managed risks associated with their care. The service recognised the needs, goals and preferences of consumers nearing the end of their life. Advanced care plans were in place for consumers who request one. The service had access to registered nurses who were on-site at all times, along with a palliative care team and general medical practitioners. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers and a review of their care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated at shift handovers and through the care team’s progress notes included in the handover sheet. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Consumers’ daily living preferences were captured in a spreadsheet during the admission process, with lifestyle staff working towards creating individual lifestyle plans at the time of the site audit. Consumers confirmed they were supported to pursue activities of interest to them, such as fishing, bus outings, Men’s Shed visits, watching movies and spending time with other residents of the service. Consumers confirmed they received the emotional, spiritual, religious and psychological supports needed to maintain their psychological well-being, such as receiving visits from spiritual leaders and spending time with staff.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Staff described how they worked with external organisations, advocates, community members and social groups to support consumers in pursuing their interests, social activities and to maintain community connections. Consumers reported high levels of satisfaction with the quality, quantity and variety of food provided by the service. Meals were prepared on-site and menu choices respected cultural preferences. Staff understood consumers’ dietary needs and preferences, which were recorded in their care plans.

Where the service provided equipment, consumers said it was safe and suitable for their needs. Staff understood how to raise maintenance requests and said maintenance staff promptly attended to issues. The previous maintenance manager’s schedule could not be located, however, evidence of completed requests was sourced from supplier invoices which aligned with a register of approved suppliers. The Assessment Team viewed the new maintenance manager’s reactive maintenance book, which confirmed requests were promptly actioned.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers were comfortable living at the service, particularly as they personalised their rooms with their belongings and memorabilia. Consumers freely accessed several lounges and sitting areas, both indoors and outdoors. There was signage throughout the service which assisted consumers to navigate to the service’s reception, administration area and an activities centre. Corridors at the service were wide, clear of clutter and had handrails which supported consumer mobility.

The service environment was clean, well maintained, comfortable and consumers moved freely within and outside of the building. Consumers said they enjoyed the comforts of the service, including the gardens and outdoor areas. Furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Consumers confirmed their equipment and furniture was regularly cleaned and maintained. Furniture, equipment and the general service environment was maintained under routine, preventative and corrective schedules.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers and representatives were comfortable raising concerns directly with staff or management. Staff understood their roles in relation to complaints management and supported consumers who wished to provide feedback. Feedback and complaints could be made via a feedback form, in person, by e-mail, by phone and anonymously through a locked box at service reception. Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the resident handbook, at resident meetings, in brochures and in pamphlets throughout the service.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. A review of the feedback and complaints register showed staff used open disclosure and complaints were managed in a timely manner. The service used feedback and complaints to improve the quality of care and services. For example, when staff suggested an electronic tablet should in the dining room so they could record consumers’ food and fluid intake in real time, a continuous improvement item was raised and the device installed in June 2023.

# Standard 7

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

Findings

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers confirmed there were adequate staff at the service to provide safe, quality care and services which met their needs. Care delivery was observed to be calm, professional and planned. The roster contained a mix of staff which included registered and enrolled nurses, care and hospitality staff, physiotherapists and podiatrists. Consumers confirmed staff were kind, caring and respectful when providing care and services, which included taking time to ask consumers for their preferences. The service had a multicultural workforce who were recruited in line with the organisation’s values.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. The service had systems which ensured staff and contractors were qualified and skilled in their roles. The Assessment Team observed trained staff correctly administering medication rounds. The service had a new recruitment process which included an orientation process, peer mentoring and supervision, role-specific training and professional development for clinical staff. The new staff management system allowed the organisation’s governing body to provide oversight of human resource matters.

The service assessed, monitored and reviewed staff performance, which included formal performance reviews. The Assessment Team reviewed four staff files which showed they had position descriptions, career pathways and planned training opportunities. Consumers and representatives were confident in providing feedback on staff performance, with which they were satisfied at the time of the site audit.

# Standard 8

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| Organisational governance | | Non-compliant |
| 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. | 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. | 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 8(3)(b), 8(3)(c) and 8(3)(e).

*Requirement 8(3)(b):*

The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care and services for which it was accountable. Consumers said the service was well run and they felt safe in their environment. The board received reports about the service’s compliance with the Quality Standards, which it used to initiate improvements and monitor care and service delivery.

However, the site audit report noted the board did not request all information needed to meet its regulatory compliance responsibilities regarding the use of restrictive practices at the service. Specifically, pharmacy auditing had not identified consumers who were subject to chemical restraint without having given prior informed consent. In addition, the board had not identified deficits regarding care planning processes, clinical assessments and care plan reviews.

In its response of 24 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 8(3)(b), and presented a corrective action plan (the action plan). The action plan included: identify consumers who had not given informed consent prior to a restrictive practice being applied; conducting a training needs analysis for clinical staff; providing clinical staff with training in restrictive practices; improved pharmacy audits to identify consumers whose medication is a chemical restraint; and review the current restrictive practices register.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit the service’s governing body did not have visibility of all consumer care and services for which it was accountable. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 8(3)(b) at the time of the Site Audit.

*Requirement 8(3)(c):*

The service had mechanisms in place for effective information management, financial governance and feedback and complaints. However, the site audit report noted the service did not have effective systems to support continuous improvement, workforce governance and regulatory compliance. To provide context, the service had two restructures in the eight months prior to the Site Audit, which resulted in employing new managers to oversight people and culture, clinical management, risk and quality, maintenance and lifestyle activities. The restructure also informed a strategic workforce plan review with the outcomes to be fully implemented by October 2023.

With respect to continuous improvement, data collected to inform clinical governance was ineffective as some care planning reviews were overdue and lifestyle plans were mostly incomplete. Both issues were not recorded in the service’s plan for continuous improvement.

With respect to workforce governance, the new people and culture manager identified deficits regarding record keeping, performance management, staff induction and training, employment agreements, criminal history record checks and staff workloads in relation to clinical care planning and consumers’ lifestyle assessments.

With respect to regulatory compliance, six staff had outdated criminal history record checks at the time of the Site Audit, though they had completed statutory declarations about their histories whilst waiting for the official checks to arrive. The service was also unable to demonstrate regulatory compliance regarding restrictive practices as informed consent was not gained prior to applying a form of restraint for some consumers.

In its response of 24 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 8(3)(c), and presented the action plan. The action plan included: the governing body will identify and document all reporting requirements which will be implemented by the management team; update the clinical risk register and care plan tracking which will be updated at continuous improvement meetings; clinical staff to be trained in restrictive practices, particularly chemical restraint; clinical and lifestyle staff to be trained in using the electronic care management system (ECMS); better use of the ECMS to monitor consumers’ clinical needs and reassessments falling due; review the current restrictive practices register; and develop and implement a system for monitoring the currency of staff criminal history record checks and update those which are no longer current.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit the service did not demonstrate it had effective organisation wide governance systems for continuous improvement, workforce governance and regulatory compliance. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 8(3)(c) at the time of the Site Audit.

*Requirement 8(3)(e):*

The service did not demonstrate its clinical governance framework supported the monitoring of consumers who were subject to a restrictive practice. The Assessment Team noted staff lacked knowledge of chemical restraint, the restrictive practice register did not accurately track which consumers were affected and informed consent had not been given in some cases. In addition, reporting to the board about restrictive practices was limited and inaccurate. Therefore, the non-compliance had not been identified or acted on by the organisation’s governing body.

In its response of 24 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 8(3)(e), and presented the action plan. The action plan included: staff training in restrictive practices; review of the current restrictive practices register; develop a schedule to monitor informed consent processes; behaviour management plans to be reviewed, implemented and updated; and strengthened reporting to the governing body.

*The other Requirements:*

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via consumer and representative meetings, a feedback process, in-person discussions, during care plan reviews, in writing and during internal audits. All consumer feedback was included in the service’s plan for continuous improvement.

The service had risk management systems, policies, procedures and registers to monitor risks associated with the care of consumers. Consumers with clinical risks were reviewed at a weekly multidisciplinary meeting and closely monitored until mitigation strategies were in place and their health stabilised.

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