Performance

Report

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| Name of service: | Pembroke Lodge |
| Service address: | 57-61 Pembroke Road MINTO NSW 2566 |
| Commission ID: | 0646 |
| Approved provider: | The Sisters of Our Lady of China Health Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 November 2022 to 23 November 2022 |
| Performance report date: | 18 January 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 Pembroke Lodge (**the service**) has been prepared by James 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 21 November 2022 to 23 November 2022; 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 Assessment Team’s report, received on 16 December 2022.
* Other information and intelligence held by the Commission in relation to the 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 | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **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.

* *Requirement 5(3)(b)* – The service must ensure the service environment is safe, clean well maintained and comfortable.
* *Requirement 7(3)(a)* – The service must ensure 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.

# 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

*Requirement 1(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The site audit report noted:

* The representative for a consumer with cognitive impairments indicated the consumer felt uncomfortable with female staff attending to the consumer’s toileting needs and will choose to defecate in communal areas rather than receive care from female staff. The representative has purchased a tent to cover the consumer whilst he defecates in outdoor spaces to maintain their dignity.
* A consumer indicated the toilet in their room had been removed due to renovations, and was using a commode over a bin for their toileting needs as there were not enough staff to assist the consumer to the nearest available bathroom. The Assessment Team observed the commode over a bin and a malodour in the consumer’s room. Management indicated they advised the consumer to use the bathroom in adjacent rooms, however have not asked whether the consumer, or the consumers residing in the adjacent rooms whether they are comfortable with this arrangement. The consumer advised the Assessment Team they were not comfortable with this arrangement.
* A consumer’s representative outlined an incident whereby the consumer had been left incontinent for over four hours despite the call bell being pressed for attendance, by both the consumer and representative. As confirmed by both management and the representative, the incident was reported under the Serious Incident Response Scheme (SIRS) as neglect.
* The Assessment Team observed a consumer calling out for toileting assistance. The Assessment Team found the consumer had managed to get onto the toilet, but still required assistance as their mobility aid wedged the bathroom door open, and the consumer was visible to those walking the corridor.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer with cognitive impairments – the service advised there were ten male staff in the service to support the consumer’s preferences and the service has, and will continue to, do its best to accommodate the consumer’s preferences. The Approved Provided submitted evidence of the strategies and supports in place to minimise the occurrence of the consumer’s behaviours of concern, including a behaviour support plan, cleaning schedules and a toileting program. The service further indicated the tent discussed by the consumer’s representative was intended to provide the consumer with shade when sitting in the garden rather than a measure to preserve the consumer’s dignity.
* Concerning the consumer with the removed toilet – the service advised the consumer agreed to utilise other facilities in the interim whilst the bathroom renovation occurred. In addition, staff gained approval from the consumer in the adjacent room to utilise their bathroom. At the time of the site audit, when informed of the consumer’s issue, management attended to the consumer’s room and apologised for the inconvenience caused, reassured the consumer the bathroom will be fixed as soon as possible and reaffirmed the consumer could access the adjacent bathroom at any time.
* Concerning the delay in attending to the consumer’s and representative’s request for assistance – the service indicated the management team acknowledged, investigated and reported the incident to the Commission. As a result, management advised the following has occurred:
  + As per the consumer’s request, the staff member involved in the incident has been directed not to provide care to the consumer.
  + Management reviewed the call bell response on the day of the incident and indicated the consumer activated the call bell eight times, and all buzzers were attended to within reasonable timeframes.
  + The consumer and their representative were appreciative and satisfied with management’s intervention to resolve the incident.
* Concerning the consumer requesting assistance for toileting – the service disputes the consumer’s dignity was compromised due to the door remaining open, as the layout of the consumer’s bathroom door is such that an individual would need to be inside the room to be able to see into the bathroom. Management investigated the incident and staff advised they answered the consumer’s call bell immediately; however, the consumer was already on the toilet. The service indicated the consumer’s care needs are assessed, documented and evaluated and staff support the consumer by:
  + providing assistance in the bathroom
  + encouraging the use of the call bell when required
  + providing a urinal as requested
  + the installation of a chair sensor.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider and I acknowledge the actions taken by the Approved Provider to address the identified issues.

The response submitted by the Approved Provider addressed the concerns raised by the Assessment Team and included evidence which showed the service demonstrated that each consumer was treated with dignity and respect, with their identities, cultures and diversity valued. Therefore, having considered all relevant information, I decided the service was Compliant with this requirement.

*The other Requirements:*

Generally, consumers advised staff treated them with dignity and respect, and they were aware of their identities and cultural backgrounds. Care planning documentation captured consumers’ details regarding their identity, background and cultural practices.

Consumers and representatives confirmed the service provided care that was consistent with their cultural traditions and preferences. Staff described how they delivered care that met the specific cultural needs and preferences of consumers.

Consumers felt they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

The service demonstrated it supported consumers to take risks to enable them to live the best lives they can. Care planning documentation identified risks were identified through risk assessments, and appropriate measures were taken to ensure consumers were provided with the necessary knowledge and information to make informed decisions regarding their chosen risks.

Consumers confirmed they were provided with timely and accurate information and were kept informed via monthly activities calendars displayed throughout the service and in their rooms, and daily menus displayed on television screens in kitchenettes.

Consumers advised their privacy was respected, and personal information was kept confidential. The Assessment Team observed staff guiding consumers to their rooms to provide personal and clinical care.

# 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 confirmed they received the care they required, and risks were identified and managed to promote their independence and safe care. Staff advised assessment outcomes were documented in consumer care plans which guided the delivery of safe and effective care.

Consumers and representatives indicated they were provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end-of-life care. Care planning documentation reflected the identification of end-of-life care preferences and advance care directives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and when required, staff sought input from a range of external providers and services such as medical officers, geriatricians, physiotherapists, speech pathologists and dietitians.

Consumers and representatives confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning.

The service was guided by policies and procedures for recording and reporting incidents, and care plans were updated when consumers’ circumstances changed or incidents occurred.

# 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

Consumers and representatives considered consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided, such as falls, behavioural risks and restrictive practices.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service. Staff explained high impact high prevalence risks and the strategies in place to manage risks. Care documentation showed evidence of assessment and planning, with consideration to care risks, which were highlighted to guide clinical and care staff.

Consumers and representatives confirmed staff had spoken to consumers about advance care planning and their end-of-life preferences. Management and staff described changes made to the delivery of care for consumers requiring end-of-life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives stated they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions.

The service demonstrated consumers’ care was documented and effectively communicated. Consumers and representatives expressed satisfaction with the delivery of care, including the communication of changes to consumers’ condition.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Staff were aware of the process for referring consumers to health professionals and allied health services.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the with the service’s management of COVID-19 precautions and infection control practices.

# 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 were satisfied consumers received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers and this information aligned with care planning documentation.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Staff advised the service supported consumers by encouraging personal connections and celebrating and encouraging religious and cultural beliefs. This included weekly church and religious services for consumers within the service.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed consumers participating in individual and group activities within the service, which included playing chess, gardening, flower arrangement and helping with some kitchen duties.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff indicated they utilised care planning documentation, task lists and clinical handover sheets to guide the delivery of care.

Consumers indicated they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Care planning documentation identified the involvement of other organisations and providers of care and services, such as allied health providers, a hairdresser, various performers, pet therapy, and priests from local churches.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Management advised it was working on improving the quality of the meal service as part of the service’s continuous improvement plan. Care planning documentation clearly identified the dietary requirements and preferences of consumers.

Staff advised they had access to equipment that was safe and well maintained, and they were adequately trained to use it. Consumers and representatives stated the equipment provided is safe, suitable, clean and well maintained.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

*Requirement 5(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the service environment was safe, clean, well maintained and comfortable.

The site audit report noted:

* The Assessment Team observed staff in the process of cleaning the kitchen floors; however, the large amount of rubbish, dirt and grease build up indicated the floors had not been cleaned thoroughly in recent periods.
* On the first day of the site audit, the Assessment Team observed faeces smeared along some walls within the service’s memory support unit. The Assessment Team noted that upon their return, one hour later, the faeces remained on the walls. On the second day of the site audit, the faeces had been cleaned. The Assessment Team further observed faeces in the garden of the memory support unit. This issue was raised with staff and the area was promptly cleaned.
* The Assessment Team observed fruit flies and fruit fly droppings on the ceiling above the Kitchenette. This issue was raised with management, who advised the issue was caused by fruit left out for consumers during the day and they would purchase fly nets to contain the fruit in the future. On the third day of the site audit, fruit nets were observed to be covering fruit bowls and the ceiling had been cleaned.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the cleanliness of the kitchen floors – the service acknowledged the issue and advised the daily site cleaning was managed by an external provider, and they were notified to attend to the floors.
* Concerning the presence of faeces on the walls and garden within the memory support unit – the service advised that in addition to their cleaning plan, nursing staff are to check the walls, communal areas and the garden area to ensure prompt cleaning. Instructions have been provided to cleaning staff to monitor the issue on a daily basis and to ensure the cleaning was attended to in a timely manner.
* Concerning the presence of fruit flies – the service indicated the fruit flies were not present due to the provision of fruit, rather from the drainage system in the kitchen area. The service has a preventative maintenance cleaning schedule to manage the fruit flies and has liaised with an external provider to clean the drainage system.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, based on observations by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate the service environment was safe, clean, well maintained and comfortable. Therefore, I decided the service is non-compliant with Requirement 5(3)(b).

*The other Requirements:*

Consumers and representatives advised the service environment was welcoming, with good natural lighting, wide passageways, accessibility aids for consumers to move freely such as handrails, and clear signage throughout the service, which utilised colours to indicate different areas and floors for ease of identification. The Assessment Team observed the rooms of consumers were personalised according to the consumer's preference and taste, containing photographs and other personal memorabilia.

Staff explained how they assisted consumers to access all areas of the service, including internal sitting areas and external courtyards.

The Assessment team observed the maintenance register and identified consumer equipment such as walking frames and wheelchairs, were cleaned regularly. Consumers indicated furniture and equipment was suitable, clean, well maintained and safe.

# Standard 6

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

Findings

Consumers and representatives stated they felt comfortable and understood how to provide feedback or make complaints, including feedback forms, consumer and representative committee groups, case conferences and verbally to staff or management. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

The Assessment Team observed information regarding advocacy and external complaint services on display throughout the service. Feedback forms and a locked feedback box were located in the service’s foyer.

The service had documented policies regarding consumer feedback and open disclosure processes to guide staff practice in relation to resolving consumer complaints. Staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process.

Consumers and representatives confirmed the service used feedback and complaints received from consumer and representative was used to improve care and services. Management explained the processes in place which ensured feedback was used to improve services and provided examples.

# 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

*Requirement 7(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate 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.

The site audit report noted:

* The Assessment Team noted 10 out of 18 consumers and expressed there was not enough staff at the service, feedback included:
  + A consumer’s representative indicated there was not enough staff to assist with the consumer’s preference to receive toileting assistance from male staff.
  + A consumer indicated due to bathroom renovations and a lack of staffing, the consumer does not bother to press the call bell for assistance as the response time is too long.
  + A consumer receiving palliative care indicated there were not enough staff, and the current staff were overworked. The consumer expressed dissatisfaction with call bell response times as the consumer is unable to mobilise without the assistance of staff.
  + A consumer with mobility issues that utilised a wheelchair, indicated they require a staff member to push their wheelchair. However, as there is not enough staff, the consumer uses their legs to pull themselves around the service in the wheelchair, the Assessment Team observed this occurring.
* Most staff expressed they had adequate time to perform their roles and responsibilities, however some staff indicated they were under a lot of pressure and were always short staffed.
* A review of call bell data between 1 November 2022 and 14 November 2022 showed 578 calls (14.2%) were over 8 minutes. Of these 578 calls, 7 were over one hour and 40 were between 30 minutes and one hour.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the representative’s feedback regarding lack of staff to support the consumer’s toileting preferences – the service outlined a male staff member has been provided to the consumer to attend to their personal care needs, since the consumer’s toileting preferences was identified in March 2022. In addition, there were ten male staff within the service to support the consumer’s preferences.
* Concerning the consumer’s feedback regarding the lack of staffing to assist their toileting needs – the service indicated the consumer resides in the service’s wing reserved for consumers with low acuity and staffing levels are reviewed to ensure consumer needs are met. Due to increasing care needs, staffing levels were increased on June 2019, May 2021 and November 2021. Management reviewed the consumer’s call bell response times dated between 15-23 November and identified only once instance of a call bell response exceeding 10 minutes.
* Concerning the concerning receiving palliative care – the service indicated the consumer had raised these concerns previously in a case conference in September 2022, management acknowledged the consumer’s concerns and reassured the consumer the matter would be escalated to the Administrator. A continuous improvement plan was created regarding the increased trends in call bell response times. Management further advised staffing levels have been reviewed on multiple occasions and is a continuous, and regular process.
* Concerning the consumer utilising a wheelchair to mobilise – the service advised the consumer was always assisted by one staff member to mobilise to push the wheelchair. However, the consumer prefers to wheel themselves around the service, as they do not want to wait for staff assistance. The service evidenced a dignity of risks assessment and case conference notes outlining the consumer’s preference to wheel themselves around the service.
* Concerning staff feedback – The service outlined there was a robust system in place to review staffing levels to meet consumer needs, and recruit and retain staff. Management indicated they regularly review staffing levels and workloads as per the consumer’s care needs. The service further emphasised staffing level increases are always based on consumer’s care needs rather than funding. The service evidenced multiple recent changes resulting from management’s reviews of staffing levels.
* Concerning call bell response times – the service indicated management have been reviewing response times and evaluating the effectiveness of staffing level increased to ensure consumer’s care needs. Management will identify consumers receiving call bell responses longer than 8 minutes, and report their findings. The service outlined call bell responses:
  + were monitored closely and investigated if responses are outside of expected timeframes
  + discussed in various meetings with staff and management.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider.

I acknowledge the actions taken by the Approved Provider to address the identified issues. However, based on feedback from consumers, representatives and staff, I consider that at the time of the site audit, the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Therefore, I decided the service is non-compliant with Requirement 7(3)(a).

*The other Requirements:*

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services. Staff advised the service had a policies and procedures which set out the expected behaviours of staff.

Management detailed the processes which ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

The service demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences, and the Quality Standards. Staff described the orientation process and the training requirements relevant to their role.

The service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Management described the performance appraisal process and a review of documentation showed performance appraisals were conducted regularly and staff performance was reviewed when incidents occurred, which included taking disciplinary action where appropriate.

# 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

Consumers and representatives considered the organisation was well run and confirmed they were involved in the development, delivery, and evaluation of services. The regular consumer and representative meeting provided a forum for consumers and representatives to provide feedback and have an open discussion about actions taken based on previous feedback.

The service demonstrated the governing board was accountable for the delivery of care and services and promoted a culture of safe and inclusive care for consumers. The organisation had various committees and meetings, which reviewed information regarding the quality and safety of the care delivered at the service and identified trends and areas for improvement.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed information about each consumer’s needs, goals, preferences was accessible by the workforce.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Staff described the risk management processes at the service, including key areas of risks that had been identified and mitigated.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff described the process of open disclosure, including their responsibilities and management involvement in meeting with consumers and consumer representatives to openly discuss clinical issues.

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)