Performance

Report

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| Name of service: | Peninsula Villages Ltd |
| Service address: | 91 Pozieres Avenue UMINA BEACH NSW 2257 |
| Commission ID: | 0428 |
| Approved provider: | Peninsula Village Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 February 2023 to 17 February 2023 |
| Performance report date: | 31 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Peninsula Villages Ltd (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 23 March 2023.
* 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

**I find this Standard compliant**.

Consumers and their representative’s said consumers were treated with dignity and respect and they felt accepted and able to express their religious and cultural needs. Consumers could describe how they were supported to express their cultural heritage and to nominate who they would like involved in their care, how they could communicate their decisions, make connections with others, and maintain relationships of choice. Consumers said they received up to date information about activities, the menu and events happening in the service.

Staff described if they witnessed a consumer not being treated with dignity and respect by another staff member, they would promptly report the incident to management. Staff were able to describe the methods used to show respect including asking for consent before providing care, knocking before entering the consumer’s room, and respecting consumer’s preference for care. Staff explained how consumers were supported to maintain relationships of choice through receiving visitors, undertaking outings to visit friends and family, and attending the service’s group activities.

Care planning documentation reflected consumers’ cultural needs and preferences and evidenced consultation with consumers and (if required) their representatives to identify and discuss all aspects of risks associated with consumers’ choice and independence and to implement safety strategies. Resources including the information book, which was provided to consumers on entry to the service, identified consumers were provided with information related to decision making including for meals, activities, involvement of family in their care and services, and care provision.

Staff were observed treating consumers with dignity and providing care and services in accordance with consumer preferences. Information and posters were displayed on noticeboards in languages other than English.

**Requirement 1(3)(f)**

The Site Audit report raised deficiencies related to the security of consumers’ confidential information. The approved provider’s response included evidence of continuous improvement measures to strengthen systems and processes including but not limited to:

* Communication to staff regarding the organisation’s expectation of security of information
* Education provided to staff
* Auditing and monitoring processes
* Updating of policies
* Installation of mechanisms to improve security and remind staff to secure areas

The Site Audit report did not raise any incidents or impact to consumers in relation to the security of consumers’ confidential information and I have considered information provided as part of the response submission under this and other requirements. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement 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

**I find this Standard compliant.**

**Requirement 2(3)(a)**

The Site Audit report brought forward information that assessment and care planning processes are mostly completed to identify the needs, goals and preferences of consumers. Registered staff complete assessments to inform care planning for consumers upon entry to the service and care plans were reviewed 3 monthly. Management said progress notes and associated documents were reviewed daily.

The Site Audit report brought forward information that assessment and planning did not consistently inform the delivery of safe and effective care and services in relation to identified risks, or changes to care and service needs. The Site Audit report detailed that behaviour assessments and support plans had not been implemented or updated for 3 of 32 consumers reviewed.

The approved provider’s response evidenced for 3 of 3 consumers named in the report, behaviour assessments, support plans and associated documentation demonstrated regular consultation with family and medical officers as well as monitoring of behaviours and strategies to manage changed behaviours including referral to specialist services. For example:

* For one named consumer, the behaviour support plan is complete and includes information in relation to strategies recommended by dementia support services.
* For a second named consumer, a care plan was initiated upon entry to the service which included information in relation to the consumer’s behaviour. The service met with and discussed the consumer’s representative to discuss behaviours and a behaviour support plan was implemented to guide staff. As the behaviour support plan was developed, other supporting documentation provided information to guide staff.
* For a third named consumer, the approved provider advised the consumer’s behaviours were discussed upon entry to the service, although this was not clearly evidenced in the response. The consumer was assessed by the medical officer regularly and a functional behavioural assessment was completed which identified the consumer had profound dementia and was unable to communicate. The service discussed moving the consumer to a more suitable area with the representative and the consumer was referred to dementia support services. The approved provider did not evidence that a behaviour support plan was implemented for this consumer near the time of entry to the service, however the consumer’s behaviour was being charted which included interventions trialled by staff and a behaviour support plan has now been implemented with strategies recommended by dementia support services.

The approved provider’s response evidenced continuous improvement actions including:

* Providing education to staff in relation to care planning including review of the clinical policy and the guide to care documentation and specifically behaviour support planning.
* Conducted an audit of all consumers who require a behaviour support plan and implemented improvements where all support plans are now fully reflective of consumer’s needs.
* Developed and implemented a monitoring tool to guide registered staff in daily reviewing and monitoring of progress notes, changed behaviours, incidents and to ensure that behaviour support plans are reflective of the consumer’s current needs and interventions.
* Added behaviour support plan information to the daily handover sheet to prompt staff.
* Reviewed job descriptions and duty statements to reflect responsibilities of staff in relation to assessment and care plan maintenance to include review of behaviour support plans.
* Recruitment opportunities for a specialised dementia care nurse.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 2(3)(b)**

Consumers were confident their current needs, goals and preferences including for advance care planning was respected by the service. Consumers could describe their preferences which were reflected within their care planning documentation. Staff could describe consumer’s preferences and care needs for end of life planning and confirmed these discussion were held at entry to the service as well as through care plan reviews. I am satisfied assessment and planning identifies and addresses consumer’s needs including for advance care and end of life planning.

**Requirement 2(3)(c)**

The Site Audit report brought forward information that 9 of 65 consumers interviewed were unaware that they were able to participate in the assessment and planning of consumer’s care and that one of 65 had never discussed or been offered a copy of the care plan.

The approved provider’s response included evidence that demonstrated:

* The organisation’s clinical communication and partner in care procedures to guide staff practice in partnering in care.
* Audit documentation for the past 12 months that consumers or their representative’s have been offered a copy of their care plan which was either accepted and/or declined during partnering in care processes.
* For 2 named consumer documented evidence of regular partnering in care with the representative of the consumer, including that the offer of a copy of the care plan had been declined.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 2(3)(d)**

The Site Audit report brought forward information that consumers and their representatives felt communication about the consumer’s plan of care was limited, and they were not advised of any outcomes of assessments. Management advised regular communication with consumers and representatives about consumers’ changing and ongoing care needs is held and staff could describe how they involved consumers in assessment, planning and reviews.

The approved provider’s response included evidence that demonstrated:

* The organisation’s clinical communication and partner in care procedures to guide staff practice in partnering in care.
* Audit documentation for the past 12 months that consumers or their representative’s have been offered a copy of their care plan which was either accepted and/or declined during partnering in care processes.
* For 2 named consumer documented evidence of regular partnering in care with the representative of the consumer, including that the offer of a copy of the care plan had been declined.
* Documented evidence of partnering in care for other consumer’s included within the approved providers response.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 2(3)(e)**

The Site Audit report brought forward information that behaviour charting for consumers was not reviewed regularly for effectiveness and when they have impacted the needs, goals, or preferences of the consumer. Management advised progress notes and incident reports are reviewed daily and care and services plans are reviewed at 3 monthly care plan reviews.

The approved provider’s response included evidence that demonstrated:

* The organisation’s behaviour management procedure to guide staff practice in behaviour monitoring and management.
* Education will be provided to staff in relation to care planning including review of the clinical policy and the guide to care documentation and specifically behaviour support planning.
* Conducted audit of all consumers who require a behaviour support plan and implemented improvements where all support plans are now fully reflective of consumer’s needs.
* Developed and implemented a monitoring tool to guide registered staff in daily reviewing and monitoring of progress notes, changed behaviours, incidents and to ensure that behaviour support plans are reflective of the consumer’s current needs and interventions.
* Added behaviour support plan information to the daily handover sheet to prompt staff.
* Reviewed job descriptions and duty statements to reflect responsibilities of staff in relation to assessment and care plan maintenance to include review of behaviour support plans.
* Recruitment opportunities for a specialised dementia care nurse.
* For one named consumer a care plan was initiated upon entry to the service which included information in relation to the consumer’s behaviour. The service met with and discussed the consumer’s representative to discuss behaviours and a behaviour assessment and plan was implemented to guide staff. As the behaviour support plan was developed, other supporting documentation provided information to guide staff which included information regarding the consumer’s behaviours. There was no information regarding incidents or charting included in the approved providers response in relation to review of the care plan.
* For a second named consumer a behaviour support plan was in place. This consumer’s care and services has been regularly reviewed by dementia support services. The consumer was transferred to another area of the service following a review of care and services. The approved provider’s response details 5 incidents with appropriate follow up actions including review and monitoring of bowel, sleep and pain charting as well as review of care plan and behaviour support plan. Evidence of serious incident response scheme reports were evidenced.
* For a third named consumer a behaviour support plan was in place. The consumer’s charting provided by the approved provider indicated on one occasion the consumer swore only. There have been no incidents raised in the Site Audit report or within the approved provider’s response. The consumer’s care and services has been reviewed by dementia support services and their care plan has been updated with the recommendations.

The approved provider’s response acknowledges areas for improvement in relation to the identification of incidents and this has been considered in other requirements. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement 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

I find this Standard compliant.

**Requirement 3(3)(a)**

The Site Audit report brought forward information that some consumers and their representative’s were not satisfied with the provision of care and service concerning continence management, nutrition, and pressure area care. Eight named consumers were presented in the Site Audit report :

* For one named consumer, representative feedback advised changes in the consumer's behaviour, resulting in the consumer becoming resistant to showering. A dementia specialist service reviewed the consumer in February 2023 and changed medication; however, the consumer has experienced increased aggressive behaviours. Care documentation did not reflect recommendations from the dementia specialist service that had been updated in the consumers' behaviour support plan. For 2 months in 2023, the consumer presented with aggressive behaviours on 45 occasions, including pinching and hitting other consumers. The service had not reported 5 of these incidents, including notification as appropriate under the Serious Incident Response Scheme.
* For a second named consumer, consumer/representative feedback was not received at the Site Audit. The Site Audit report provided information that on 5 occasions between November 2022 and January 2023, incidents of changed behaviours had not been reported, including notification as appropriate under the Serious Incident Response Scheme.
* For a third named consumer, representative feedback advised that the consumer is not regularly toileted. Sometimes, the representative has had to contact the service to request that staff attend to the consumer. Concern was raised about the consumer experiencing weight loss and not eating, and care documentation identified that the consumer had lost 7 kilograms over 2 months.
* For a fourth named consumer, consumer/representative feedback was not received at the Site Audit. The Site Audit report provided information that the consumer experienced increasingly changed behaviours; however, care and service plans were not reviewed after the incidents, including the consumers' behaviours support plan.
* For a fifth named consumer, representative feedback raised concerns about several care issues, including nutrition management and the need for meal assistance and review by a speech pathologist; skin integrity, including concerns that wounds on the consumer's foot are deteriorating. Care documentation identified inconsistent completion of repositioning charts.
* For a sixth named consumer, representative feedback raised concern about communication and consultation in relation to the consumers' care, including changed behaviours and weight loss. Care documentation identified inconsistent completion of repositioning charts.
* For a seventh named consumer, representative feedback raised concern about an appointment at the hospital to change the consumer's urinary catheter. The representative said they had to follow up with the service to ensure they received the information needed.
* For an eight named consumer, representative feedback raised concerns about hygiene care, including the consumers' preference for a daily shower and provision of oral care; and concern about the consumer experiencing leg swelling.

The approved provider's response included clarifying information and clinical record extracts and refuted the findings in the Site Audit report under this requirement. Information was provided in the submission response relating to the following:

* The third, named consumer, evidenced that the consumer does experience episodes of incontinence. Bladder monitoring and a toileting schedule are in place, and the service monitors the consumers' skin integrity. I acknowledge that the evidence provided in the submission demonstrates that consumer assessment and care plans are in place to guide staff in delivering care for the consumer. However, this does not necessarily prove that the care is provided, and I have placed weight on representative feedback concerning toileting. I am unable to come to a view about the weight loss experienced by the consumer as the response submission did not provide further information.
* The fifth named consumer evidenced 2 reviews by the speech pathologist, stating the consumer does not require full meal assistance. A case conference was held with the representative and evidenced actions taken by the service to ensure the consumers' meal preferences were compliant.
* For a seventh named consumer, further information provided as part of the response submission evidenced the hospital appointment was for the changing to a suprapubic catheter as the consumer was experiencing urinary retention; and regular and ongoing communication with the consumer representative.
* For an eighth named consumer, further information provided evidence that care plans are in place to guide staff in delivering hygiene and oral care for the consumer and charting records that daily showers were provided. Consumer case conference records, evidence ongoing consultation and communication with the representative, including review of the consumers' hygiene needs and preferences.

Concerning the other named consumers, I have considered the information relating to incomplete care documentation, including behaviours support plans under requirements in Standard 2. I have placed weight on staff interviews during the site audit, demonstrating an understanding of the named consumers' care. Regarding the lack of reporting of incidents, including notification under the Serious Incident Response Scheme, I have considered this under Standard 2 as well as Requirement 8(3)(e) and 8(3)(d).

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**In relation to Requirement 3(3)(b)**

The Site Audit report brought forward information that the service was not effectively managing consumers in relation to changed behaviours, pressure area care, falls, medication management and restrictive practices. Ten named consumers were presented in the Site Audit report , including:

* One named consumer, whose representative raised concern about administering time-sensitive medications; however, while this had improved recently, there are incidents where the medications are still delayed.
* A second named consumer raised feedback that staff do not ensure the consumer is positioned appropriately, including with a pillow placement. As a result, the consumer experienced increased pain from a sacral pressure injury.
* Consumer/representative feedback was not received at the Site Audit for a third named consumer. The Site Audit report provided information that on 3 occasions in February 2023, the consumer experienced changed behaviours, including biting and hitting staff while providing care. Another consumer interviewed at the Site Audit advised that they are woken during the night as the consumer frequently calls out.
* For a fourth name consumer, the representative advised they had recently visited the service and found the consumer in a wheelchair (normally mobilises utilising a four-wheeled walker) and complaining of back pain. The representative advised that the service had not contacted them regarding the change in the consumer's mobility or pain.
* Consumer/representative feedback was not received at the Site Audit for a fifth named consumer. The Site Audit report provided information that the consumer experienced increasing behaviours between December 2022 and February 2023, including verbal aggression. However, care documentation did not provide evidence that the incidents of changed behaviours had been reported or that a review of the consumers' behaviour support plan had been completed.
* For the other named consumer presented under this requirement in the Site Audit report , I have considered the management of their clinical and personal care, including the management of associated risks under requirement 3(3)(a). In relation to these consumers, I am satisfied that the service has effectively managed the risk/s associated with their care.

The approved provider's response to the Site Audit report demonstrated that the service has organisational policies and procedures relevant to this requirement, a tool to identify high impact and high prevalence risk/s for each consumer, and daily monitoring processes by clinical management at the service.

I have considered information within other requirements of this report. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 3(3)(c)**

Consumer’s representatives were satisfied with the care delivery for consumers who were receiving palliative care and that the service had discussed their needs and preferences for care. Staff demonstrated an understanding of end of life care processes. Staff said end of life preferences are sought upon entry to the service and when care is reviewed. Documentation identified end of life preferences are recorded and procedures were available to guide staff practice. I am satisfied preferences for consumers nearing end of life are recognised, their care is dignified and their comfort is maximised.

**Requirement 3 (3)(d)**

The Site Audit report brought forward information that processes in place to ensure when a consumer’s condition changes or deteriorates that this information is escalated to ensure consumers receive timely and appropriate medical review and intervention, is ineffective.

The Site Audit report identifies the service had not responded to changes in consumers physical or cognitive function in a timely manner on more than 5 occasions for 5 consumers.

For the named consumers this related to behaviour management, weight loss/gain, and falls management.

The approved provider’s response included clarifying information as well as supporting documentation including job descriptions, procedures, clinical records extracts, and a plan for continuous improvement.

In relation to named consumers:

* For 2 of the named consumers, I was not persuaded that the information provided was linked to this requirement.
* For the named consumer with behaviour changes, I am satisfied that the consumer was being monitored by the Service, and that changes in cognitive function were identified, an external review had occurred and recommendations from the review were incorporated into the consumers care documentation in a timely manner.
* For the named consumer with identified weight loss and subsequent weight gain, I am satisfied that the consumer was being monitored by the Service, and that changes in weight were identified, a dietitian review had occurred and recommendations from the review were incorporated into the consumers care documentation in a timely manner. I note the consumer had gained and maintained weight.
* For the named consumer and falls management, the approved provider has identified that the information identified, does not relate to the named consumer.

I note that not all information presented within the Site Audit report was relevant to this requirement, as such I have not put weight on this information. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 3(3)(e)**

The Site Audit report brought forward information that the approved provider was not able to demonstrate effective processes are in place to ensure consumer’s information is documented, communicated accurately and is reflective of the consumer’s current care needs. Feedback from consumers and their representative’s, staff and allied health professionals identified information about consumers’ care needs are not consistently shared.

The approved provider provided a response that included clarifying information as well as supporting documentation including job descriptions, procedures, clinical records extracts, handover sheets, audit tools and a plan for continuous improvement. The approved provider noted that the Requirement is recommended as Met in the body of the Site Audit report.

The approved provider refutes information within the Site Audit report in relation to comments made by the physiotherapist. I also note that the information related to the physiotherapist is in relation to the referrals and follow up processes, as such I have considered this information under Requirement 3(3)(f).

The approved provider has reviewed processes to ensure 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. An additional audit has commenced, and daily review and update of handover sheets is occurring. I am satisfied with these actions that care staff should have current and accurate information to provide care and services to consumers.

In relation to named consumers:

* I note that information for three names consumers did not demonstrate a link to this Requirement.
* For the named consumers and behaviour management, I note the supplied behaviour support plans does include relevant information on these consumers.
* For the named consumer and staff potentially not knowing consumer preferences, I note the improved audit and updating process that has been implemented and the supplied handover sheets do identity information relevant to this consumer.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards.

**Requirement 3(3)(F)**

The Site Audit report brought forward information that the service does not demonstrate timely and appropriate referrals occur for consumers requiring care and services from other organisations and providers of care.

For named consumers this related to dietitian referrals, behaviour referrals, and medical officer referrals.

The approved provider’s response included clarifying information as well as supporting documentation including job descriptions, procedures, clinical records extracts, and a plan for continuous improvement. The approved provider indicated that information presented is not accurate for a consumers weight loss and has supplied weight records with current data.

In relation to named consumers:

* All consumers have been reviewed and noted for weight loss and supplied clinical records extracts for each consumer. These clinical records demonstrate that the consumers are monitored and appropriate action has been taken in line the organisations procedures.
* For the named consumer and behaviour management, I note the consumer had been referred to an external consultant and the medical officer.
* For the named consumers with identified clinical issues, I note the consumers had been referred to the medical officer.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement 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

**I find this Standard compliant.**

Consumers said they felt part of the community of the service and their independence was respected. Consumers felt supported by the service to participate in spiritual activities. Consumers said the service communicated their needs to other services where required. Most consumer said meals were varied and of suitable quality and quantity.

Management and staff were able to describe how they provided cares to consumers to keep them safe and how they supported consumers to do as much as they could to maintain independence and quality of life. Staff described how they supported consumers when they were feeling low. Staff described how they worked with individuals and services to deliver social activities by engaging entertainers, craft activities and organising bus trips that were of interest to consumers. Lifestyle staff said they communicated with external community services and volunteers about various activities to support consumers’ needs and preferences.

Care documentation identified tailored service delivery and supports for daily living to meet the consumer’s needs, goals and preferences. Care documents recorded consumers’ lifestyle interests and activity plans demonstrated a range of activities to meet consumer interests. Care documentation identified links and referrals to other providers to support consumers living with dementia.

# 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

**I find this Standard compliant.**

**Requirement 5(3)(a)**

Consumers and their representatives said the service makes them feel welcome and optimises their independence, interaction, and function. The service environment was welcoming with wide corridors, discrete signage and handrails to provide consumers support to easily navigate through the service. There are several large communal areas overlooking gardens or balconies as well as many smaller areas, a large chapel to accommodate consumers and visitors, and each building had an area for entertainment and activities and a kitchenette. Consumers’ rooms were personalised with items reflecting their individual tastes and providing a sense of belonging.

**Requirement 5(3)(b)**

The Site Audit report brought information forward that the service environment was not cleaned or monitored effectively. Three of 65 consumers reported dissatisfaction of the cleanliness of their environment including their windows and the bathroom. The Site Audit report raised concerns about the internal and external living environment.

The approved provider’s response included evidence of continuous improvement actions including:

* A window cleaning contractor was engaged by the service to complete external cleaning of windows each 6 months with the first scheduled for March 2023.
* Full cleaning schedules demonstrate consumer rooms receive a full clean once per week with reduced cleaning each other day. The plan for continuous improvement evidenced random room checks will be conducted by management.
* Environmental audits have been conducted to ensure the service’s environment is satisfactory and improvements actioned where required.
* A new asset management system has been implemented which schedules and records all maintenance.
* Monitoring of the service environment through a consumer survey has been implemented.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 5(3)(c)**

Staff were able to describe the cleaning and maintenance processes for equipment and confirmed issues for equipment are responded to in a timely manner. The service’s online maintenance register demonstrated reactive maintenance requests were addressed in a timely manner. Shared equipment was observed to be clean and well maintained and the call bell system was observed to be working.

# 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

**I find this Standard compliant.**

**Requirement 6(3)(a)**

Consumers and their representative’s felt encouraged, safe and supported to provide feedback and make complaints and could describe the various methods available to do so. Staff were able to describe methods they use to encourage and support consumers/representatives to provide feedback and make complaints. Methods included providing a copy of the feedback form and assisting the consumers to complete the form if requested. Meeting minutes evidenced consumers were supported to raise feedback and make complaints.

**Requirement 6(3)(b)**

Consumers were unable to describe advocacy services offered, however staff were able to describe how they had assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback including utilising multi-lingual staff, using communication aids and contacting the consumer’s representative for assistance. The consumer handbook included information regarding internal and external complaints and advocacy groups.

**Requirement 6(3)(c)**

The Site Audit report raised deficiencies in relation to the service’s responsiveness to complaints raised by consumers. Feedback from 3 of 65 consumers expressed dissatisfaction with the responsiveness of the service regarding feedback. The Site Audit report included that the service did not demonstrate appropriate action was taken in response to complaints, and complaints documentation is incomplete. The Site Audit report documented:

* For one named consumer’s representative, dissatisfaction of response to feedback of care and service issues including cleaning, clinical care, and medication management.
* For a second anonymous consumer various complaints which were not responded to and evidence was not recorded within the feedback register.
* For the third named consumer instances of formal and informal complaints regarding care and services which were not responded to and evidence no action had been recorded for one compliant within the feedback register.

The approved provider’s response included evidence of continuous improvement actions including:

* Review of the feedback policy has been updated to include informal feedback.
* Implementation of a feedback slip for meal related issues.
* Implementation of a consumer and representative electronic survey.
* Education to staff regarding processes for recording informal feedback.
* Advertisement to encourage feedback.
* Terms of reference amended to include complaints and feedback as an agenda item.
* All consumers have been contacted to explain how to provide feedback and is a standing agenda item at consumer meetings.
* Issuing of acknowledgment letter for all feedback received.
* Consumers named within the Site Audit report have been contacted to discuss any feedback.

On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 6(3)(d)**

The Site Audit report raised deficiencies in relation to the review of feedback and complaints. Consumers were unaware how feedback and complaints are used to improve the quality of care and services. Management could not provide examples of improvements made at the service as a result of feedback and complaints. The Site Audit report identified 3 of 65 consumers expressed dissatisfaction in improvements following feedback and complaints.

* For one named consumer, dissatisfaction was expressed about the lack of improvement in the texture of food after feedback was provided.
* For a second named consumer, dissatisfaction was expressed about the lack of improvement in the taste of meals after feedback was provided.
* For a third named consumer’s representative, dissatisfaction was expressed about the lack of improvement of a variety of care and services after feedback was provided.

The approved provider’s response evidenced:

* The feedback and complaints policy includes that feedback is used to inform the plan for continuous improvement.
* Items recorded within the feedback and complaints register are reviewed for completion by the Deputy Chair of the Board of Directors monthly and a quarterly report is presented to the Governance committee which includes a trend analysis.
* Feedback received in relation to meals are captured within the feedback and complaints register.
* Feedback is recorded including for the third named consumer’s representative which includes improvements undertaken.

Feedback provided in relation to meals within the service has been considered under other requirements in this report. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement 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

I find this Standard compliant.

Consumers and their representative’s said that staff were busy, however expressed satisfaction that staff attended to consumers’ care needs in a timely manner. Most said staff were kind, gentle and caring when providing care. They felt the workforce was competent and staff delivered care and services that meet the needs and preferences of consumers. They said staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

Management could describe the processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services. Management said staff competencies were monitored on an annual basis. Management said all staff were current with the service’s mandatory training requirements. Documentation confirmed all staff have completed mandatory training. Reports demonstrated all staff were current with their annual performance reviews and staff recalled having performance reviews within the last 12 months.

Staff were observed staff interacting with consumers respectfully and in a kind and caring manner.

# 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

**I find this Standard compliant.**

**Requirement 8(3)(a)**

Consumers, representatives and management described various ways consumers were supported to be engaged in the development, delivery and evaluation of care and services. Documentation demonstrated the service sends out regular communication regarding any organisational changes including where there are propose changes and actively seeks consumer feedback. Members of the Board engaged with consumers at special events. I find this requirement compliant.

**Requirement 8(3)(b)**

The organisational framework identified a leadership structure which outlined the roles and responsibilities of the executive leadership team, governance committees, and service management. Information was reported and escalated through Board committee meetings and sub-committee meetings. The Board reviewed high prevalence high risks reports which are benchmarked against similar services. Board members were aware of concerns relating to the service and provided ongoing accountability and oversight of these issues. Board members advised the service’s strategic plan included an activation strategy with assigned roles and timeframes. The progress of these actions was reported to the Board and discussed at Board Meetings. I find this requirement compliant.

**Requirement 8(3)(c)**

The Site Audit report brought forward information that the service did not demonstrate effective governance systems and monitoring to ensure compliance relating to information management, regulatory compliance and feedback and complaints.

I have considered information provided as part of the response submission, including the plan for continuous improvement under this and other requirements. The approved provider has demonstrated systems and processes are effective in relation to information management, regulatory compliance and feedback and complaints. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 8(3)(d)**

The Site Audit report brought forward information that the service did not demonstrate effective risk management systems and practices.

I have considered information provided as part of the response submission, including the plan for continuous improvement under this and other requirements. The approved provider acknowledged areas for improvement in relation to risk management and the response submission included implemented continuous improvement actions to ensure compliance with the Quality Standards. On balance of the information available to me I am satisfied information provided within the response as well as implemented continuous improvement actions are sufficient and sustainable to ensure continued compliance with the Quality Standards. I find this requirement compliant.

**Requirement 8(3)(e)**

The organisation had a clinical governance framework in place with documented policies and procedures to guide staff practice in relation to governance, antimicrobial stewardship, restrictive practices and open disclosure. Staff and management could describe how these policies and procedures influenced and monitored care delivery. I find this requirement compliant.

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