Performance

Report

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| Name of service: | Peter Arney Home |
| Service address: | 1 Gentilli Way SALTER POINT WA 6152 |
| Commission ID: | 7231 |
| Approved provider: | Amana Living Incorporated |
| Activity type: | Site Audit |
| Activity date: | 19 October 2022 to 21 October 2022 |
| Performance report date: | 9 December 2022 |

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 Peter Arney Home (**the service**) has been prepared by A Kasyan, 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; and
* the Approved Provider’s response to the Assessment Team’s report received on 16 November 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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

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. The service should seek to ensure:

Requirement 1(3)(a) – ensure staff practice is respectful of each consumer and supports and maintains consumers’ dignity through provision of care which is in line with each consumer’s unique needs and preferences.

# Standard 1

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

Findings

The Quality Standard is assessed as Non-compliant as one of the six specific requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement 1(3)(a) Compliant because they found consumers reported staff are respectful of them; staff were observed to be generally treating consumers with respect throughout the Site Audit and there are policies and procedures to guide staff in their approach to dignity, respect and consumer diversity.

However, based on the Assessment Team’s report and the Approved Provider’s response I found Requirement 1(3)(a) Non-Compliant because two consumers were not treated with dignity and respect at all times and the consumers’ individuality was not consistently recognised and respected in all aspects of care and services.

The Assessment Team provided the following information and evidence presented in Requirement 4(3)(b) relevant to my finding for this Requirement:

* The Assessment Team observed a staff member replied to the request for assistance in a way that was not compassionate nor respectful towards the consumer. The consumer asked for assistance to properly position in bed, so they could reach their breakfast. A staff member approached by the Assessment Team denied assisting the consumer, responding, the consumer prefers to do things their way and they wouldn’t want help to position. Another staff member standing by assisted the consumer who later told the Assessment Team they felt more comfortable after being positioned in more upright manner, so they could reach their breakfast.
* The Assessment Team observed staff not providing the second consumer, who is legally blind, with assistance in line with their assessed needs. The Assessment Team observed a staff member came to ask the consumer what they wished for morning tea and the consumer asked who they were. The staff did not answer but asked what drink the consumer would like. When the consumer asked again who they were, the person gave their name as they walked out and closed the door.
* The consumer reported the service appears to always give them new staff who don’t know they have special needs due to their blindness. The consumer reported a lot of staff come into their room and don’t announce themselves and they have to keep asking them who they are.
* In addition, the consumer’s representative advised they usually have their phone on speaker and often could hear staff knock on the door and when the consumer asks, “who are you”, staff do not answer but just ask if the consumer all right. The representative advised they complained to the service regarding this, but it has not been resolved.

The Approved Provider’s response included further information and evidence in relation to the two identified consumers highlighted in the Assessment Team’s report. The response included, but was not limited to:

* It is acknowledged that the Assessment Team’s observations of the two consumer’s care during the Site Audit were not acceptable. This is not the usual standard of care, and certainly not the expected standard of care. Two staff members have been identified and a performance enhancement process has commenced.
* In relation to the second consumer’s feedback about the service not always giving them staff who know the consumer’s special needs due to their blindness, the Approved Provider responded by stating staffing needs and skill-mix across the service is reviewed on a shift-by-shift basis. Staff may be re-allocated to another section to ensure appropriate coverage to meet consumer care needs.
* The Approved Provider included progress notes for the second consumer in its response from September to October 2022 to demonstrate ongoing emotional support was being provided to the consumer.

Based on evidence in the Assessment Team’s report and the Approved Provider’s response, I find the service to be Non-compliant with Requirement 1(3)(a).

I have considered two consumers were not consistently treated with respect. I acknowledge the Approved Provider’s actions in response to the Assessment Team’s feedback about the disrespectful manner care and supports were delivered by the two staff members. I have also considered information recorded in the progress notes in relation to the second consumer’s care. Whilst there were numerous examples of staff providing emotional support to the consumer respectfully, some examples of progress notes did not show empathy, respect and compassion. Examples of such records included statements the consumer was “very paranoid about things” on their table, “very time consuming”, “resident took good 15 minutes on (sic) toilet”, the consumer complained staff do not always explain what kind of food and drinks are served to them, and the consumer “was complaining about the morning staff, that they didn't feed” them and staff “being rude and rough”.

Based on the summarised evidence above I find Requirement 1(3)(a) Non-Compliant.

I find the remaining Requirements in this Standard are Compliant.

Consumers reported staff are respectful of them, and staff were observed to be treating consumers with respect throughout the Site Audit. Consumers and representatives reported consumers feel safe at the service and their culture is respected. Consumers said information is available to them to help make choices about personal and clinical care, food options and lifestyle activities.

Staff demonstrated they are aware of consumers’ culture, including food preferences and relevant policies and procedures related to cultural safety to guide their practice. Documentation showed consumers have a cultural assessment on entry to the service that identifies things that are important to them.

The service supports consumers to make decisions regarding their care and services. Consumers are supported to make decisions regarding who should be involved in their care, and consumers’ notes showed directives provided by consumers regarding decision-makers of their choice.

The service provides information to consumers and their representatives that is current and accurate. Consumers have a care plan that describes their care needs that is accessible to staff, and staff spend time with consumers and their next-of-kin to discuss consumers’ services. Documentation showed clinical staff have regular contact with representatives, including at case conferences where ongoing information is provided, and consumers and representatives can make choices regarding their social preferences.

The service has policies and procedures to guide staff in their approach to dignity and respect, and consumer diversity. The service has policies and procedures to direct staff to complete risk assessments and to hold discussions with consumers and/or representatives when consumers are identified as wishing to undertake activities putting the consumer at risk of injury or harm. Consumers and their representatives are provided information on entry to the service regarding privacy of information. Consumers’ information is stored on electronic records that require password entry. Staff said they are aware of privacy of consumer information and representatives reported they believe consumers information is kept confidential.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Consumers and their representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services and they were informed of outcomes of assessment and planning. Consumers and representatives are invited to meet with clinical staff, a medical officer, and other members of the multidisciplinary team to discuss consumers’ care. Consumers stated they discuss their specific care needs, goals and preferences with staff including in relation to end of life care.

The service has processes to ensure comprehensive assessments are completed for each consumer to develop care plans. The service has assessment tools to identify risks and monitor and record changes and deterioration in consumers which then inform strategies recorded in the care plan. Care plans are accessible to staff, and summary care plans are located in the consumers’ bathrooms and in a designated file for the staff member responsible for care of the consumer on the day.

Care plans are reassessed every twelve months or when consumer care changes. The service also evaluates care plans every three months during the Resident of the day process to ensure care and services are still effective and the needs, goals and preferences of the consumer are still current.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Overall, consumers and representatives reported staff knew the consumers well and provided the care they need. Representatives expressed satisfaction related to communication within the organisation of the consumer’s condition. Consumers were satisfied with access to appropriate health providers including a medical officer, dietician, speech pathologist, podiatrist, psychologist and optometrist.

The service has a program available to consumers approaching end of their lives where a person is assigned to sit with and support the dying consumer, especially if there is no family involved. In addition, consumers are referred to an external palliative care consultancy group who attend the service and provide support.

Staff said they have had training in palliative care, and they provide additional support to consumers during their terminal stage of life. Staff were able to describe the signs and symptoms of clinical deterioration and how they inform the clinical team of any changes to consumers’ health and well-being.

Clinical staff described how they gather specific formation in relation to any changes in consumer behaviour, bladder and bowel function, pain, infection, recent medication changes and other risk factors to timely identify and manage deterioration.

The service shares information through face-to-face meetings, emails, phone calls, electronic and paper-based system. Care staff confirmed they receive timely and accurate information regarding care of the consumers and any changes are communicated face to face at handovers, through messages and by accessing a hardcopy handover sheet.

A review of consumer files including progress notes, internal and external referral requests and care planning documentation confirmed input from other services and providers of care. Documentation showed consumers’ risks are managed in line with the consumers’ care plans and this includes management of risks of falls, malnutrition and hypo- and hyperglycaemia.

There are processes, policies and procedures to minimise infection related risks through prevention and control of infection. The services supports an appropriate use of antibiotics by following best practice guidelines. The service has a designated Infection Prevention Control Lead and infection control champions at the service level, in addition to infection control specialists within the organisation who provide consultations on at least weekly basis. Clinical staff reported each consumer is assessed for signs and symptoms of infection and doctors are consulted appropriately.

# 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

This Quality Standard Compliant seven of the seven Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 4(3)(b) Not Met. The Assessment Team found two consumers have not been supported with their spiritual, emotional and psychological needs. The Assessment Team’s findings were based on the following information and evidence:

* One consumer was not provided with emotional or psychological support tailored to their needs. Whilst the consumer’s preference was to stay in their room most of the time, which was respected by staff, the service did not ensure the consumer was getting enough meaningful and stimulating conversations with people throughout the day. The consumer did not have social visits meaningful to the consumer for six weeks prior to the Site Audit. The consumer has not had visits by the priest and had not had a blessing in their room in line with their assessed needs, goal and preferences. The consumer said they were lonely and the consumer’s representative expressed concerns about lack of support available at the service to maintain the consumer’s emotional well-being through meaningful connections and conversations. The Assessment Team observed one staff member denied assisting the consumer with positioning.
* The second consumer’s complex health conditions, including severe vision impairment, was impacting their ability to effectively communicate with people. This consumer was not provided emotional and psychological supports in line with their assessed needs. Whilst documentation showed, over two months preceding the Site Audit, the consumer was involved in regular walking and exercises and attended one of the games of their interest on several occasions, there was no evidence of other social visits to support the consumer’s emotional and psychological well-being through being socially connected.
* The consumer’s care plan identified they enjoyed having meaningful conversations and they expressed their wish to play their favourite game with someone. However, the service was unable to find a suitable companion. The consumer advised, apart from playing bingo, there was nothing else for them to do.
* The Assessment Team observed a staff member ignoring the consumer’s request to introduce themselves when offering drinks.

The Approved Provider acknowledges some of the gaps identified in the report. However, does not agree with all the findings in this Requirement and the recommendation of Not Met. The Approved Provider has commenced an action plan to address some of the gaps identified by the Assessment Team and provided additional information.

In relation to the first consumer:

* The consumer was visited by the Catholic Priest twice since the consumer’s request in July 2022. It is unfortunate, the services provided by the Catholic Priest were reduced this year due to COVID-19 precautions and restrictions.
* From September 2022 to the date of the Site Audit, there have been 23 notations in the activity record from therapy staff providing services.
* In addition to the support provided by staff, a volunteer was sourced for the consumer and had conducted 2 visits since they commenced in October 2022.
* The consumer has been choosing to remain in their room for many years and this is captured in the consumer’s clinical and care assessments, specifically mobility assessments and maintaining life roles assessments.
* The consumer is visited regularly by two representatives. The consumer has a phone which they use to communicate with people important to them multiple times per day.
* It is acknowledged that the Assessment Team’s observations of the consumer’s care during the site visit were not acceptable. This is not the usual standard of care and not the expected standard of care. A performance enhancement process has already commenced.
* Immediately following the Assessment Team’s feedback about the consumer’s feedback of being lonely, allied health staff went to speak to the consumer about their loneliness and how the service could help.
* A new survey template is being developed that asks questions specific to resident wellbeing as well as determining if they have other activities they may wish to rekindle or try for the first time.

In relation to the second consumer:

* The progress notes document daily entries of staff providing one on one support in the consumer’s room and checking in to prompt activities and provide the opportunity to give feedback on any concerns.
* The consumer has nominated bingo, scrabble, walking/being outside and occasionally attending group activities as lifestyle activities they enjoy. The consumer acknowledges that their anxiety prevents them attending some group activities.
* The Approved Provider acknowledges that the observations of one staff member communication with the consumer are not acceptable. However, this observed behaviour of one staff member is not indicative of all staff at the service. This staff member has been identified and a performance enhancement process has commenced.

Based on evidence in the Assessment Team’s report and the Approved Provider’s response, I have come to a different view from the Assessment Team’s recommendation of Not Met and find the service Compliant with this Requirement. In coming to my finding, I have also considered information in the Assessment Team’s report across Standards 2 and 4 which shows there is a process for assessment and planning to address consumers needs, goals and preferences including in relation to emotional, spiritual and psychological well-being. A number of consumers were referred to the organisation’s psychologist and the Assessment Team observed the consumers were being seen by them on the last day of the Site Audit.

In relation to the first consumer, I have considered information presented in the progress notes attached to the Approved Provider’s response dated 29 August 2022 where a palliative care approach was discussed with the consumer and their representative due to the consumer’s deterioration and poor health prognosis. The service identified the consumer was at risk of depression and offered visiting psychologist services which both the consumer and the consumer’s representative declined. I consider, the service identified the consumer was at risk of depression and might require additional emotional and psychological supports and offered specialist services which the consumer declined. I have also considered the service identified the consumer’s needs to have regular visits by the Catholic Priest. I accept the visit were limited due to COVID-19 restrictions which was beyond the Approved Providers’ control.

In relation to the second consumer with severe visual impairment, I have considered the Approved Provider’s response shows the service identified in a timely manner the consumer might require additional supports to maintain and improve their psychological well-being and arranged a referral to visiting psychologist, as a result. In addition to timely referral, I consider there were numerous examples in the progress notes attached to the Approved Provider’s response of staff spending extra time with the consumer to provide emotional support as per the consumer’s request.

I have considered information about the Assessment Team’s observation of staff interaction with the two consumers in a manner that was disrespectful and not compassionate under Standard 1 Requirement 1(3)(a) where it is more relevant.

Based on the evidence summarised above, I find Requirement 4(3)(b) Compliant.

I’m satisfied Requirements 4(3)(a), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) are Compliant.

Consumers confirmed they are encouraged to be independent and their needs, goals and preferences for that are respected and supported. Staff provided examples of how they support consumers to remain independent and optimise their quality of life, and documentation confirmed different ways the service is supporting consumers to do this.

Assessments identify consumers’ interests and direct staff with the assistance required to undertake activities of their choice. Therapy staff described how they support consumers participate in activities outside the service and do things of interest to them such as providing one consumer with taxi vouchers to go regularly out to shopping centres and other organisations.

The service refers consumers to other organisations and providers of care including Dementia Support Australia who provide support in lifestyle needs of consumers with a diagnosis of dementia.

The organisation procures equipment that is safe and suitable. Allied health staff said they undertake maintenance of equipment as appropriate and remove equipment that is unsafe. The maintenance officer also maintains equipment for safety such as standard wheelchairs. The Assessment Team observed a range of equipment being used by therapy staff and consumers throughout the Site Audit. The equipment was observed to be clean and well maintained.

The service has a four-weekly rotating menu that showed a variety of meals offered. This included two hot meals, lunch and dinner and sandwiches and salads. Meal order forms show what consumers or representatives of consumers had chosen over a week. Consumers reported they enjoy the meals provided, and the Assessment Team observed a variety of meals being served over the three days.

# 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

The Assessment Team observed the service environment to be welcoming and supportive of consumers through the use of lighting, signage, rooms personalised with items and furniture and various spaces/nooks for interaction or quiet times inside the service or outside in the gardens.

All consumers and representatives interviewed said consumers’ rooms and the service is clean and well maintained. Consumers and representatives said consumers have access to natural light and fresh air if they choose to and the temperature throughout the service is comfortable. Consumers said they can mobilise indoors and outdoors with or without assistance. Staff described how they assist consumers who cannot mobilise on their own to access areas they choose to.

The service has scheduled and reactive maintenance programs in place, and there are monitoring systems in place to ensure the cleaning and maintenance systems are effective.

The service has maintenance officer onsite each weekday who maintains the gardens, facility and equipment, as per the agreed maintenance schedule. Documentation showed maintenance requests are submitted electronically and are actioned promptly.

Observations confirmed consumers are able to move freely throughout the service, including outdoors and there are navigational aids to assist. The service appeared clean and well maintained with appropriate furnishings throughout the service to enhance the environment.

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and their representatives interviewed confirmed they knew how to provide feedback and make complaints, and they felt safe and comfortable in doing so. Consumers said they felt comfortable talking to staff and management. Consumers and their representatives confirmed when they have raised complaints they have been responded to in a timely manner and were generally satisfied with actions taken to resolve the issues.

Consumers have access to advocacy services and other methods for raising and resolving complaints. Consumers have a number of ways to raise a complaint, including via a feedback form that staff, consumers and visitors have access to on entry to the service. Staff reported they are aware of the feedback process and encourage and support consumers provide feedback when they have a complaint or compliment.

Feedback, including complaints, suggestions and compliments are recorded and used to improve the quality of care. Documentation showed complaints are recorded including the actions taken, the outcome and consultation with the complainant. Management described how information from feedback is used to improve the care of consumers. Consumers and representatives provided examples of improvements made at the service following consumers and/or representatives’ feedback. The service has an open disclosure policy which is used when things go wrong.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The workforce is planned and the mix and match of staff enables safe and quality care. Consumers and representatives confirmed they are generally satisfied with the staffing numbers and consumers don’t have to wait long on most occasions to be attended to. Staff said they were generally able to complete their duties, and management replace staff when staff cannot attend at short notice. Management advised shifts that were to be filled were offered to permanent and casual staff prior to engaging agency staff. The service receive assistance from the centralised workforce team located at head office with filling vacant permanent and unplanned leave shifts.

The vast majority of consumers and representatives interviewed confirmed staff are kind and caring when providing consumers with care and services. Management advised they ensure consumer satisfaction with staff interactions through surveys, complaints and feedback and direct observations.

The organisation has a structured induction process and ongoing training program that is monitored by the Human Resources (HR) team and followed up at the service. Staff competency is also monitored through surveys, complaints and feedback, buddy shifts, direct observations and performance appraisals. Consumers and representatives confirmed they are confident staff are skilled in their roles to provide quality care and services.

The service has a scheduled mandatory training program that starts at induction and then delivered on an ongoing basis. Management advised all training is evaluated to identify if training needs are met and this is monitored via training attendance. Staff confirmed they attend regular training sessions and are encouraged to participate in further training opportunities internally or externally.

The service has a performance review and performance management process in place that includes performance appraisals for new staff following their probation period and ongoing for all staff annually. However, management advised they are behind with performance appraisals.

In its response, the Approved Provider advised the service had identified the delay in completing staff appraisals prior to the Site Audit and had entered it on their local plan for continuous improvement. Relevant members of management team have since been granted access to the performance appraisal system to assist in completing the overdue appraisals. It is estimated that all overdue appraisals will be completed in three months.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing numerous examples of how consumers are involved in the co-design of services and engaged on a day-to-day basis. Consumers said they are involved in care planning, delivery and evaluation, providing various examples of how this occurs in practice

There is a three-level program of audits which is one of many ways the governing body monitors the quality of care and services they provide.

The governing body meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective. There are organisation-wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care.

The governing body have a working group that regularly review the policies and procedures ensuring staff are provided with best practice care guidelines to deliver safe and quality care.

The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. The service has a system to support the reporting, recording and reviewing of Serious Incident Response Scheme (SIRS) incidents. The service uses an electronic incident management system to record all incidents and, once entered, these are allocated to investigation teams based on the preliminary severity assessment for action.

Staff interviewed were able to describe strategies they use to minimise the use of restrictive practice and provided examples of how they practiced open disclosure.

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