Performance

Report

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| Name of service: | Performance report date: |
| Presbyterian Aged Care - Ashfield | 10 October 2022 |
| Commission ID: | Activity type: |
| 0534 | Site Audit |
| Approved provider: | Activity date: |
| The Presbyterian Church (New South Wales) Property Trust | 29 August 2022 to 31 August 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 Presbyterian Aged Care - Ashfield (**the service**) has been considered by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Services included in this assessment

# 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 20 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 1(3)(e) –** the service ensure 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.
* **Requirement 4(3)(f) –** the service ensures meals are varied and of suitable quality and quantity.
* **Requirement 5(3)(b) –** the service environment is safe, clean, well maintained, and comfortable and enables consumers to move freely, both indoors and outdoors.
* **Requirement 5(3)(c) –** the service ensures furniture, fittings, and equipment are safe, clean, well maintained, and suitable for the consumer.
* **Requirement 6(3)(c) –** the service ensures appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* **Requirement 6(3)(d) –** the service ensures feedback and complaints are reviewed and used to improve the quality of care and services.
* **Requirement 8(3)(c) –** the service ensures effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints.

# 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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

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.

The Assessment Team found that the service did not provide consumers’ medical or clinical information in a timely manner. Consumers and representatives reported that they received no consultation regarding meal choices, a lack of information relating to COVID-19 and lockdown periods and reported the service did not provide information relating to clinical or medical treatment of consumers without consumers or representatives following up.

The Approved Provider’s response of 20 September 2022 explained that the facility manager at the service provides weekly newsletters by email to consumers’ representatives and hardcopies are displayed throughout the service. When the service is in a COVID-19 outbreak, the Approved Provider said hard copies of newsletters and updates are delivered to consumer’s rooms. The Approved Provider said consumers and representatives are included in the consumer of the day and four monthly care evaluation processes and are provided open communication and offered a copy of the consumer care plan. The Approved Provider explained an electronic menu display and selection process has been implemented following the Site Audit.

Whilst I acknowledge the information provided by the Approved Provider in the response dated 20 September 2022, I have also considered the statements made by consumers and representatives and consider the service failed to demonstrate that information provided to each consumer is current, accurate and timely. Therefore, I find Requirement 1(3)(e) non-compliant.

I am satisfied that the remaining five requirements of Quality Standard 1 are compliant.

Consumers said staff treated them with respect and felt their identity, diversity and dignity was valued. Care planning documentation identified consumers’ backgrounds, personal preferences, identities, and cultural practices and aligned with consumer feedback. Staff demonstrated respect for consumers and an understanding of their identity and individual values.

Consumers expressed that they were supported to make decisions about their own care and the way care and services are delivered and said they are supported to make connections and maintain relationships of choice.

Consumers said they are supported to take risks to enable them to live the best life they can and are supported to take risks. Staff confirmed they support consumers to understand the risks and discuss risk mitigation strategies with them. Care planning documentation evidenced examples of consumers being supported to take risks and to live the best life they can.

Most consumers and representatives said they feel that consumers’ personal privacy is respected within the service and are confident their information is kept confidential. Staff described practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering and seeking permission before commencing care.

# Standard 2

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

## Findings

The service demonstrated assessment and care planning included a consideration of risks to consumers’ health and wellbeing and informed the delivery of safe and effective care and services. Care planning documentation reflected the individual’s current needs and an individualised consideration of risks.

Consumer care planning documentation identified consumers’ individual needs, preferences and goals or strategies including advanced care planning. Consumers and representatives confirmed they are consulted in relation to consumers’ needs, goals and preferences of consumers’ care, and that staff spoke with them about advanced care and end of life planning.

Care planning documentation reflected input from consumers, representatives and other organisations and services, including medical officers and allied health professionals. Consumers and representatives said they are effectively communicated the outcomes of consumer assessment and care planning and have access to consumers’ care and services plans.

Care planning documentation evidenced that care and services are regularly reviewed for effectiveness or when a consumer’s circumstances change, or an incident occurred.

# Standard 3

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

## Findings

Most consumers and representatives expressed satisfaction with the care provided and confirmed their personal and clinical cares were met. Care planning documentation demonstrated effective risk management strategies for high impact or high prevalence risks for sampled consumers, including falls, skin integrity, aspiration, pain management and behaviour management.

Care planning documentation recorded the needs, goals, and preferences for consumers nearing the end of their life and provided guidance to staff. Staff described how they ensure comfort and dignity of consumers at the end of their life, including repositioning, pain management, eye and mouth care and emotional and spiritual support.

The service demonstrated that deterioration of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. This was evident in the care planning documentation reviewed by the Assessment Team.

Information about consumers’ care was documented and effectively communicated and consumers and representatives expressed satisfaction with how information is communicated and shared within the service. Consumers’ care planning documents demonstrated communication with consumers’ medical officers, allied health professionals and representatives.

Consumers described how they access other health professionals, including medical officers, physiotherapists, dentists, and ophthalmologists. Staff were able to describe the process for referring consumers to external health providers.

The service has two infection prevention and control leads and an appropriate infection control program which includes anti-microbial stewardship and standard and transmission-based precautions to prevent and control infections.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

Where meals are provided, they are varied and of suitable quality and quantity.

The Assessment Team found deficiencies relating to the quality and variety of meals, the respect of consumers’ choice and preferences, and staff assistance during meal services. The Assessment Team received positive feedback relating to the quantity of food and the breakfast food service, however, most consumers expressed that the lunch and dinner meal service is not appetising, bland, and not cooked to the satisfaction of consumers. The Assessment Team reported that consumers are provided with a seasonal menu which is displayed in the dining area and contains two options of a hot lunch meal and one option of a hot dinner meal. The Assessment Team observed staff members assisting consumers in a way that was undignified.

The Approved Provider’s response of 20 September 2022 provided information relating to engagement with consumers and representatives regarding meal services, meal choices and meal quality. The Approved Provider demonstrated providing consumers and representatives of consumers with functional impairments a meal selection for a seasonal period. The winter dinner menu confirmed that two hot meal options are offered for the lunch service daily, and occasionally two hot meal options are offered for the dinner meal service. The Approved Provider explained that the staff observed to be assisting consumers during the meal service by the Assessment Team were agency staff. The Approved Provider’s response said an electronic tablet is now utilised for the menu display and selection and allows for faster updates to menu changes and more timely choices. The electronic case management system is used to communicate consumer meal preferences and consumer and representative surveys and feedback.

Whilst I acknowledge the information provided by the Approved Provider in the response, I have given weight to the consumer statements made at the time of the Site Audit and remain of the view that at the time of the Site Audit the meals provided were not varied and of suitable quality. I find requirement 4(3)(f) is non-compliant.

I am satisfied the remaining six requirements of Quality Standard 4 are compliant.

Consumers confirmed they receive safe and effective services and supports for daily living which meet their needs, goals and preferences and optimises their independence.

The service demonstrated that there are services and supports available to support consumers’ emotional, spiritual and psychological wellbeing. Consumers spoke of meaningful activities offered to them.

The service encourages and supports each consumer to do things of interest to them, have social and personal relationships and participate in the community both within and outside the service environment. Consumers confirmed they are supported to engage with people who are important to them and the community outside of the service.

Consumers and representatives indicated consumers’ condition, needs and preferences are effectively communicated within the organisation and with others responsible for care or services. Staff described how changes to consumers’ care and services are communicated through handover processes and the electronic case management system.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Review of care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers.

The Assessment Team observed equipment which supports consumers to engage in activities of daily living and lifestyle activities to be safe, suitable, clean, and well-maintained. The Assessment Team reviewed documentation which demonstrated the completion of scheduled and reactive maintenance.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

The service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The Assessment Team observed equipment including wheelchairs and mobility devices being stored throughout the service in communal areas and shower recesses and observed skips of dirty washing being kept in shower rooms, several toilets were found to not to be appropriately cleaned with a strong odour of urine. The Assessment Team also observed a trip hazard caused by uneven concrete on the disability access ramp to the service. Consumers and representatives provided negative feedback relating to the cleaning and maintenance of consumer rooms and bathrooms and equipment.

The Approved Provider’s written response, received 20 September 2022, reported that implementations have commenced in response to the Site Audit the Approved Provider explained that the service has engaged a ‘housekeeper’ who has completed the orientation process, and the maintenance officer has been given additional duties to conduct a daily inspection to ensure all furniture and equipment is appropriately stored and report any required maintenance. The Approved Provider explained the uneven concrete identified by the Assessment Team is not currently being used, however, rectification works have been added to the plan for continuous improvement (PCI). The service has reviewed uneven concrete in another area which has been painted to alert consumers and representatives to the variation in height of the concrete.

I have considered the information from the Site Audit Report and the Approved Provider’s response and am of the view that at the time of the Site Audit, the service did not demonstrate the service environment was safe, clean, and well-maintained. Therefore, I find Requirement 5(3)(b) is non-compliant.

The Assessment Team observed furniture and equipment to not be clean or well maintained. For example, the Assessment Team observed tub chairs to be soiled with faeces and dried blood and have torn upholstery. Mobility equipment was observed to be stored on the verandas and outdoor areas within the service and the Assessment Team observed incomplete painting of consumer room’s doors, with several consumer doors observed to have patches of different colour paints.

The Approved Provider’s written response, received 20 September 2022, provided an explanation of the matters raised in the Site Audit report. The Approved Provider said the torn and soiled chairs observed by the Assessment Team to be stored on the veranda were placed there whilst a solution was found, and that quotes have recently been obtained for the completion of the painting of indoor doors. Additional duties have been delegated to maintenance and cleaning staff, including the daily inspections of furniture and equipment, daily cleaning of tub chairs and ad hoc cleaning of soiled furniture.

I have considered the information form the Site Audit Report and the Approved Provider’s response and am of the view that at the time of the Site Audit, the service did not demonstrate furniture, fittings and equipment are clean and well maintained. Therefore, I find Requirement 5(3)(b) is non-compliant.

I am satisfied the remaining one requirement of Quality Standard 5 is compliant.

Consumers and representatives considered the service to be comfortable and said the service environment allows them to maintain their independence. The service environment has several areas for consumers to interact with each other.

**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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong; and

Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found that the service was not able to demonstrate that appropriate action is taken in response to feedback and complaints. Consumers and representatives expressed dissatisfaction with the actions taken by the service in response to feedback provided via written complaints forms or the consumer and representatives meetings. Ongoing complaints were made relating to meals, cleaning, and laundry services which were reflected in the service’s complaints register.

The Approved Provider’s response of 20 September 2022, outlined actions taken in response to feedback and complaints, including the employment of a new chef, displaying the menu on a television screen, the improvement of the laundry service through dedicated days for the delivery of clothing and the provision of clothing labels to consumers. The Approved Provider explained that the review of laundry services processes is being completed. The Approved Provider confirmed staff received education relating to open disclosure.

While the Approved Provider’s response reported actions taken to address complaints relating to meals and the laundry service, I have given weight to the various statements made by consumers and representatives expressing dissatisfaction with the handling of feedback and complaints and consider the service did not demonstrate that it takes appropriate action in response to complaints at the time of the Site Audit. Therefore, I find Requirement 6(3)(c) is non-compliant.

The Assessment Team found that the service was not able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Issues relating to meals and laundry services have been raised over several months and were reflected in the service’s PCI. Consumers and representatives continued to raise these concerns with the Assessment Team during the Site Audit and most consumers and representatives reported being disappointed with the actions taken by the service in response to their feedback and complaints.

The Approved Provider’s response of 20 September 2022 provided information relating to actions taken to address complaints relating to laundry and meals services. The Approved Provider said feedback and complaints are added to the PCI where applicable and the facility manager does not close complaints in the complaints register until the complainant has been provided sufficient time to consider the actions taken.

While the Approved Provider’s response reported that feedback and complaints are included in the service’s PCI where appropriate and are reviewed by management, the service has not demonstrated that feedback and complaints have been used to improve the quality of care and services relating to meals and laundry services. Therefore, I find Requirement 6(3)(d) is non-compliant.

I am satisfied the remaining two requirements of Quality Standard 6 are compliant.

Most consumers and representatives said they are encouraged and supported to provide feedback and make complaints, however, three representatives said they have concerns about repercussions to care as a result of making complaints. Staff said they would encourage and support consumers and representatives to make complaints.

The service provided written materials to communicate advocacy and language services, and external complaint pathways to consumers and representatives. The Assessment Team observed brochures, forms and posters providing information on advocacy and external supports for consumers displayed in communal areas.

**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

The service demonstrated the number and mix of staff is planned in a way that enables the delivery of safe and quality care and services to meet the needs of consumers. Consumers and representatives said they receive respectful, kind, and caring services and supports in a timely manner.

Consumers were confident they receive quality care and services from the experienced staff who are capable and sufficiently skilled. The service has a recruitment process for employee selection to ensure staff are suitable for their roles, including the maintenance of position descriptions, orientation, and mandatory training.

The service had an effective performance and development system which included annual performance appraisals. Staff confirmed they received informal performance discussions and more formal annual appraisals which are positive and mutual.

**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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Effective organisation wide governance relating to information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities, regulatory compliance, and feedback and complaints.

The Assessment Team found deficiencies in governance systems relating to information management, continuous improvement and feedback and complaints. The Assessment Team reported that the service was able to demonstrate the existence of information management systems, however, were unable to demonstrate that information was provided to consumers or representatives in a timely manner. The Assessment Team found the service was unable to demonstrate the actions to improve the quality of care and services were implemented despite having a documented continuous improvement policy and procedure. The Assessment Team reported the service and organisation support consumers and representatives to provide feedback or make complaints, however, were unable to demonstrate that appropriate action was taken in response.

The Approved Provider’s response of 20 September 2022 provided additional information in relation to information management, continuous improvement and feedback and complaints. The Approved Provider explained consumers and representatives are provided newsletters and offered a copy of their consumers’ care plan at any time but noted that sometimes information can be noted if the service is awaiting information from external providers. The Approved Provider described how the service operates two plans for continuous improvements, one with open items and one with closed items. The Approved Provider provided examples of addressed items contained within the service’s PCI relevant to various Quality Standards. The Approved Provider’s response demonstrated the organisation has a feedback and complaints process which includes investigation, review of policies, practices and procedures and communication within reasonable timeframes.

The Approved Provider demonstrated that it has an organisation wide governance system relating to continuous improvement and feedback and complaints, however, the findings of the Assessment Team identify that these systems are not effective. The service has been unable to demonstrate that feedback and complaints, and the PCI, have been reviewed and used to improve the quality of care and services, particularly relating to meals and laundry services. On the totality of the evidence provided in the Site Audit report and in the Provider’s written response of 20 September 2022, I am satisfied Requirement 8(3)(c) is non-compliant.

I am satisfied the remaining four requirements of Quality Standard 8 are compliant.

Consumers and representatives advised the service is run well and they have a say in the development, delivery and evaluation of care and services.

The governing body promotes a culture that is safe and inclusive with quality care, is accountable for its delivery of care and maintains oversight through a governance framework, surveys and benchmarking.

The organisation had implemented effective risk and incident management systems and used appropriate practices to identify, report, prevent and manage risks and incidents, including high impact or high prevalence risks. Staff were able to explain the processes of risk management, including escalating reports of infections and falls.

The service demonstrated the organisation’s clinical governance systems and framework ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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-2)