Performance

Report

**1800 951 822**

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| Name of service: | Presbyterian Aged Care - Thornleigh |
| Service address: | 3 Hillmont Avenue THORNLEIGH NSW 2120 |
| Commission ID: | 0530 |
| Approved provider: | The Presbyterian Church (New South Wales) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 14 August 2023 |

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

**This performance report**

This performance report for Presbyterian Aged Care - Thornleigh (**the service**) has been prepared by J Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The Assessment Team’s report for the site audit conducted from 7 June 2023 to 9 June 2023. The site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Approved Provider’s response to the site audit report, received 18 July 2023.
* Other information and intelligence held by the Aged Care Quality and Safety 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-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 3(3)(a)*** – each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

i) is best practice; and

ii) tailored to their needs; and

iii) optimises their health and well-being.

* ***Requirement 6(3)(a)*** *–* consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints*.*
* ***Requirement 6(3)(d)*** *–* feedback and complaints are reviewed and used to improve the quality of care and services*.*
* ***Requirement 7(3)(c)*** *–* the workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles*.*
* ***Requirement 7(3)(d)*** *–* the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards*.*
* ***Requirement 7(3)(e)*** – regular assessment, monitoring and review of the performance of each member of the workforce.
* ***Requirement 8(3)(c)*** – effective organisation wide governance systems relating to the following:

i) information management

ii) continuous improvement

iii) financial governance

iv) workforce governance, including the assignment of clear responsibilities and accountabilities

v) regulatory compliance

vi) feedback and complaints.

* ***Requirement 8(3)(d)*** – effective risk management systems and practices, including but not limited to the following:

i) managing high-impact or high-prevalence risks associated with the care of consumers

ii) identifying and responding to abuse and neglect of consumers

iii) supporting consumers to live the best life they can

iv) managing and preventing incidents, including the use of an incident management system.

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant, as the service is compliant with all six of the six specific requirements in Standard 1.

Consumers were treated with dignity, respect and staff valued them as individuals. Staff were respectful to consumers and understood their individual backgrounds and preferences, which were recorded in care plans. Consumers confirmed they received culturally safe care and services and staff provided care consistent with their traditions and preferences. Consumers were supported to communicate decisions about their care and maintain relationships of choice. Consumers’ care plans included information about how care should be delivered, who was involved in their care and how the service supported them to maintain personal relationships.

Consumers were supported to take risks, exercise choice and maintain independence, which enabled them to live their best lives. For consumers wishing to take risks, a dignity of risk form was completed and documented in their care plans. Consumers confirmed they were provided with information that was clear, easy to understand and enabled them to exercise choice. For example, consumers received information via activity schedules, verbally from staff, during care plan reviews and on noticeboards throughout the service. Consumers’ personal information was kept confidential in locked nurses’ stations and staff respected consumers’ privacy by ensuring doors were closed when care was provided.

# Standard 2

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

Findings

The Quality Standard is assessed as Compliant, as the service is compliant with all five of the five specific requirements in Standard 2.

Consumers were involved in the assessment and planning process, which considered risks to their health and well-being and informed the delivery of safe and effective services. Consumers’ care plans identified and addressed their current needs, goals and preferences, which included end of life planning where they wished. The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers participated in regular reviews and evaluations which involved medical officers and allied health professionals.

The outcomes of assessment and planning were documented in consumers’ care plans which were readily available to consumers and those involved in their care. Consumers confirmed they had access to their care plans and clinical staff updated consumers’ representatives in person, by telephone or by e-mail. Consumers and representatives confirmed they were involved in regular care plan reviews and notified when incidents occurred or care needs changed. Consumers’ care and services were reviewed quarterly, following changes to their conditions, or following incidents which impacted their needs, goals or preferences.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-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 have assessed this Quality Standard as Non-compliant, as I am satisfied the service is non-compliant with Requirement 3(3)(a).

*Requirement 3(3)(a):*

The Assessment Team considered the service did not demonstrate each consumer received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Specifically, five consumers advised their personal and clinical care needs were not always met, as staff lacked knowledge of their personal needs and preferences.

Issues raised by the five consumers included: not being showered when planned or needed; poor staff knowledge of how to take consumers’ vital observations, such as blood pressure readings; not being regularly repositioned to avoid pressure injuries; not receiving adequate hydration; poor continence management; poor levels of staff training in manual handling; and rough handling on some occasions.

In its response of 18 July 2023, the Approved Provider acknowledged the findings in the site audit report and advised of steps taken to address the non-compliance. In addition, the Approved Provider included documented evidence in support of actions taken to return the service to compliance with Requirement 3(3)(a) of the Quality Standards.

Actions take to address the non-compliance included:

* a case conference held with one affected consumer and their representative, whereby concerns were identified and the representative was encouraged to submit complaints and feedback about their loved one’s care at any time.
* new staff attended training in manual handling and all staff attended a refresher course, which 100% of staff have completed for 2023.
* staff training in taking vital observations has been included in the service’s plan for continuous improvement (PCI).
* staff attended a ‘toolbox talk’ on taking vital observations.
* with respect to the allegation of rough handling made by one consumer’s representative, the staff member was stood down pending an investigation into the allegation and a Serious Incident Response Scheme (SIRS) notification was made during the site audit.
* registered nurses attended a mandatory education forum on 20 June 2023, which focused on scenario-based incident management, incident reporting, documentation and the SIRS.

While I acknowledge the Approved Provider has taken steps to remedy the deficiency, at the time of the site audit, each consumer was not receiving safe and effective personal and clinical care that was best practice, tailored to their needs and which optimised their health and well-being. Furthermore, although the Approved Provider is taking action to address the issues, it will take time to fully assess the effectiveness of the actions and to establish whether the service is fully compliant with the requirement. Therefore, I find the service was non-compliant with Requirement 3(3)(a) at the time of the site audit.

*The other Requirements:*

I find the service compliant with the other requirements in Standard 3.

The service managed risks to consumers through regular clinical data monitoring, trending, reporting and applying individualised mitigation strategies for consumers. Staff understood risks to consumers and described applicable management strategies, such as reassessing an individual’s mobility following a fall. Consumers were mostly satisfied with how the service managed risks associated with their care.

A review of consumers’ care documentation, progress notes and monitoring charts showed their individual needs and preferences were recorded, along with their end of life wishes. Staff who provided palliative care described how they supported consumers nearing the end of life. For example, staff made consumers comfortable by repositioning to minimise pressure injuries, providing regular personal care, ensuring pain was managed and maintaining skin integrity. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care. Staff received information about consumers’ conditions during shift handovers, daily huddles and through the service’s electronic care management system. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant, as the service was compliant with all seven of the seven specific requirements in Standard 4.

Consumers confirmed they were supported to participate in activities they liked and which optimised their independence and quality of life. Lifestyle staff partnered with consumers in a lifestyle assessment which detailed consumers’ likes, dislikes, interests and social, emotional, cultural and spiritual needs. Staff understood what was important to consumers and this aligned with information in consumers’ care plans. Consumers confirmed they received the emotional, spiritual and religious supports needed to maintain their psychological well-being, such as attending religious services, receiving visits from volunteers and spending one-on-one time with staff.

Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Consumers participated in activities such as bus outings, visits from external organisations, spending time with family inside and outside of the service, maintaining phone contact with loved ones and socialising with other consumers. Consumers were satisfied with the quality, quantity and variety of food provided by the service. Consumers were offered meal options and could request an alternative if the menu was not to their liking. Consumers’ dietary needs and preferences were understood by kitchen and care staff.

Where the service provided equipment, the Assessment Team noted it was safe, clean and well maintained. Consumers said they had access to mobility aids and other equipment which assisted them with activities of daily living. Care staff were responsible for cleaning shared equipment after each use and understood how to submit maintenance requests.

# Standard 5

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

Findings

The Quality Standard is assessed as Compliant, as the service is compliant with all three of the three specific requirements in Standard 5.

The service environment was welcoming, easy to understand and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms with possessions of their choosing. Consumers accessed courtyards, lounges, dining rooms and activities areas which promoted free movement, independence, belonging, interaction and function. The Assessment Team noted the service environment was easy to navigate, well-lit, had clear signage and handrails to assist consumers’ ease of movement.

The service environment was safe, clean, well maintained and consumers moved freely both indoors and outdoors. Staff described how the service was cleaned and maintained within a cleaning schedule. A review of the cleaning logs confirmed housekeeping occurred as scheduled. The service had a preventative and reactive maintenance program whereby furniture, fittings and equipment were safe, clean and well maintained.

# Standard 6

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| Feedback and complaints | | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Non-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. | Non-compliant |

Findings

I have assessed this Quality Standard as Non-compliant, as I am satisfied the service is non-compliant with Requirements 6(3)(a) and 6(3)(d).

*Requirement 6(3)(a):*

Consumers and representatives said they understood how to provide feedback and make a complaint. However, 50% of interviewed consumers and representatives stated they were not comfortable making a complaint unless it was anonymous, as they believed complaints were not welcomed by the service’s new managers. Specifically, two consumers and representatives within this group believed if they complained, the consumer would be moved to another service within the broader organisation. I note there was no evidence bought forward to support this statement, other than management’s ‘tone’ being ‘officious’.

During the Site Audit, the Assessment Team advised management of the feedback provided by consumers and representatives, which management acknowledged and stated their willingness to ensure all parties were comfortable with providing feedback and making complaints.

In its response of 18 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 6(3)(a), and advised it had taken steps to address the non-compliance. However, the Approved Provider did not accept the evidence that service management suggested consumers who made a complaint would be moved to another service.

Actions take to address the non-compliance included:

* implemented a responsive feedback procedure to strengthen consumer and representative confidence in how complaints would be actioned.
* all consumers were provided with a feedback form and information about how to submit feedback.

While I acknowledge the Approved Provider has taken steps to remedy the deficiency, at the time of the Site Audit, not all consumers and their representatives were encouraged or supported to provide feedback and make complaints. Furthermore, it will take time to assess the effectiveness of the service’s response and establish whether consumers now feel comfortable making a complaint. Therefore, I find the service was non-compliant with Requirement 6(3)(a) at the time of the Site Audit.

*Requirement 6(3)(d):*

The Assessment Team considered the service did not demonstrate feedback and complaints were used to improve the quality of consumers’ care and services. Whilst management described the processes in place to review feedback and complaints, there was no evidence to show information was consistently recorded in the complaints register. In support of this observation were comments from consumers and representatives who said they had provided feedback, though the Assessment Team noted it was not recorded in the complaints register. In addition, there was no evidence to show feedback and complaints were regularly analysed and trended to improve consumers’ care and services.

Notwithstanding the Assessment Team’s overall finding, I note the service’s Plan for Continuous Improvement (PCI) included improvements made in response to consumer feedback. For example, the cleanliness of the service improved after feedback was provided at a meeting held on 31 May 2023. Consumers were satisfied with how their feedback was received and the prompt actions taken to address their concerns.

In its response of 18 July 2023, the Approved Provider presented a PCI which detailed how feedback and complaints would be monitored, analysed, trended and reviewed for effectiveness and linked to the service’s overall PCI. The PCI included details of remedial actions being taken and advised they would be completed by August 2023.

Actions included:

* case conferences were held with consumers and representatives who had made complaints about aspects of their care and services, with actions taken to improve consumers’ care experience.
* management were strengthening the care partnership with consumers and representatives to give confidence in providing feedback.
* feedback and complaints was included as a standing agenda item for the registered nurses’ staff meeting.
* registered nurses escalated feedback and complaints raised by consumers’ families to management, who documented information in the feedback log with actions taken and outcomes achieved.
* all staff were reminded of their role in feedback and complaints management.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit the service was not reviewing feedback and complaints to improve the quality of consumers’ care and services. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 6(3)(d) at the time of the Site Audit.

*The other Requirements:*

I find the service compliant with the other requirements in Standard 6.

Information about how to make an internal or external complaint, provide feedback and access advocacy and interpreter services was available in the consumer handbook, a newsletter, in brochures and on noticeboards throughout the service and at consumer meetings. Staff understood the principles of open disclosure and apologised to consumers when things went wrong.

# Standard 7

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| Human resources | | Non-complaint |
| 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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

I have assessed this Quality Standard as Non-compliant, as I am satisfied the service is non-compliant with Requirements 7(3)(c), 7(3)(d) and 7(3)(e).

*Requirement 7(3)(c):*

The Assessment Team considered the service did not demonstrate its workforce was competent and had the knowledge to effectively perform their roles. Though staff and management were confident in their capabilities to meet consumers’ needs, the feedback received from consumers and representatives was mixed. Specifically, consumers and representatives identified concerns about staff competence in manual handling, providing care in line with consumers’ individual needs and preferences and complaints management.

Further, the Assessment Team identified though staff understood the incident escalation pathway under the Serious Incident Response Scheme (SIRS), reports were not consistently submitted when required and this impacted consumer care.

In its response of 18 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 7(3)(c), and advised it had taken steps to address the non-compliance.

Actions take to address the non-compliance included:

* use of a skilled-based assessment whereby staff were assessed to ensure they had the necessary skills needed to perform their roles.
* all new staff hold a Certificate III in Individual Support (Ageing).
* clinical staff attended a forum on 20 June 2023, where case study scenarios were presented and training provided on how to investigate, manage, prevent recurrence, document incidents and where required, submit a report to the SIRS.

While I acknowledge the Approved Provider has taken steps to remedy the deficiency, at the time of the Site Audit, not all members of the workforce had the required competencies and knowledge to meet consumers’ individual needs and preferences. Furthermore, it will take time to assess the effectiveness of the service’s remedial actions and to understand whether the service has returned to compliance. Therefore, I find the service was non-compliant with Requirement 7(3)(c) at the time of the Site Audit.

*Requirement 7(3)(d):*

The Assessment Team considered the service did not demonstrate its workforce was recruited, trained, equipped and supported to deliver outcomes required by the Quality Standards. Specifically, consumers and representatives identified concerns about staff competence in manual handling and complaints management.

In its response of 18 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 7(3)(d), and advised it had taken steps to address the non-compliance.

Actions take to address the non-compliance included:

* complaints management and manual handling training is included in the induction process and an annual mandatory education day.
* staff attended additional education sessions in manual handling and all staff completed the training.
* staff participated in clinical skills-based assessments at commencement of their employment and annually thereafter.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit the service was not supporting staff to deliver care in a way which met the Quality Standards. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 7(3)(d) at the time of the Site Audit.

*Requirement 7(3)(e):*

The service did not demonstrate its was regularly assessing, monitoring and reviewing the performance of each member of the workforce. Whilst the service had policies and procedures which detailed expected performance for staff, previous service management did not document staff appraisals. The service’s new management acknowledged staff performance appraisals were incomplete; however, there was a plan in place to ensure completion.

In its response of 18 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 7(3)(e), and advised it had taken steps to address the non-compliance.

Actions take to address the non-compliance included:

* new management identified overdue staff performance appraisals and the task was added to the service’s PCI.
* following identification of overdue staff appraisals, 94% are now completed, with remaining staff to have been reviewed by 31 July 2023.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit the performance of staff was not being regularly assessed, monitored or reviewed. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 7(3)(e) at the time of the Site Audit.

*The other Requirements:*

I find the service compliant with the other Requirements in Standard 7.

Most consumers and representatives confirmed there were sufficient staff at the service, though at times there was a shortage. However, consumers said there was no personal, clinical or emotional impact on them when staff shortages occurred. Management advised it used a master roster, which was developed in line with consumers’ needs, with a registered nurse onsite at all times. Where unplanned leave occurred, shifts were filled through the service’s staffing pool and where necessary, management filled shifts. Consumers and representatives confirmed staff were mostly kind, caring and respectful when providing care and services. Staff were observed greeting consumers by their preferred names and were familiar with their individual needs and identities.

# Standard 8

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | 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. | Non-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 service is non-compliant with Requirements 8(3)(c) and 8(3)(d).

*Requirement 8(3)(c):*

The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

However, the organisation’s governance systems were ineffective in relation to workforce governance, regulatory compliance and feedback and complaints.

With respect to workforce governance, the service had not maintained staff training records, nor was staff performance regularly monitored and reviewed.

In its response of 18 July 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 8(3)(c), as it related to workforce governance and advised it had taken steps to address the non-compliance.

Actions take to address the non-compliance included:

* new management identified overdue staff performance appraisals and the task was added to the service’s PCI.
* new staff attended a mandatory induction program conducted by the organisation’s clinical nurse educator.
* the organisation’s human resources department developed a spreadsheet to record staff attendance at mandatory training.

With respect to regulatory compliance, the Approved Provider’s response of 18 July 2023 acknowledged the ‘not met’ finding but did not describe the actions taken to address the non-compliance.

With respect to feedback and complaints, the service did not demonstrate feedback and complaints were consistently recorded and effectively managed.

In its response of 18 July 2023, the Approved Provider presented a PCI regarding how feedback and complaints would be monitored, analysed, trended and reviewed for effectiveness. The PCI included details of remedial actions being taken and advised they would be completed by August 2023.

Actions included:

* case conferences held with consumers and representatives who had made complaints about aspects of their care and services, with actions taken to improve consumers’ care experience.
* management were strengthening the care partnership with consumers and representatives to give confidence in providing feedback.
* feedback and complaints was included as a standing agenda item for the registered nurses’ staff meeting.
* registered nurses escalated feedback and complaints raised by consumers’ families to management, who documented information in the feedback log with actions taken and outcomes achieved.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit the organisation’s governance systems were ineffective in relation to workforce governance, regulatory compliance and feedback and complaints. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 8(3)(c) at the time of the Site Audit.

*Requirement 8(3)(d):*

The organisation had systems in place to manage high-impact or high-prevalence risks associated with the care of consumers and which supported them to live their best lives. However, staff did not consistently use the risk management system to manage and prevent incidents, not were they adequately trained in identifying and responding to the abuse and neglect of consumers, including when a report must be made to the SIRS.

For example, a consumer’s representative advised the Assessment Team of two instances where their loved one was subject to rough manual handling by a staff member, with other staff having witnessed the incidents but they did not following reporting guidelines. During the Site Audit, the representative’s feedback was shared with management, who were unaware of the two instances of rough manual handling. Once aware, management submitted a report to the SIRS and advised staff would receive education on incident reporting and the SIRS.

In its response of 18 July 2023, the Approved Provider advised there is a procedure in place which is used to identify, analyse and prevent recurrence of high-impact or high-prevalence risks. The response further described actions taken to remedy deficiencies in the service’s risk management system.

Actions included:

* all incidents deemed a critical and which must be reported to the SIRS are now escalated to the service’s quality team for review.
* the quality team escalates critical and SIRS incidents to the executive leadership team, the board and the clinical governance committee.
* clinical staff attended a mandatory forum where processes for risk management were reinforced, including additional education about the SIRS.
* staff received education about high-impact and high-prevalence risks associated with the care of consumer.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, the service’s risk management system was ineffective. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 8(3)(d) at the time of the Site Audit.

*The other Requirements:*

I find the service compliant with the other Requirements in Standard 8.

Consumers were engaged in the development, delivery and evaluation of care and services provided to them. Input was provided through consumer meetings, committees, surveys and discussions with staff. The organisation’s board promoted a culture of safe, inclusive and quality care, for which it was accountable. The board had oversight of the service’s performance through consumer and representative feedback, monthly quality indicator reports, internal audits and reports from the quality team. The service had systems in place to support clinical governance, promote antimicrobial stewardship and the use of open disclosure when something goes wrong.

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)