Performance

Report

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| Name of service: | Prunus Lodge |
| Service address: | 12 Bells Lane MOLONG NSW 2866 |
| Commission ID: | 0300 |
| Approved provider: | United Protestant Association of NSW Limited |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 4 November 2022 |
| Performance report date: | 14 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 Prunus Lodge (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 25 November 2022.

# 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 | **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.

Requirement 3(3)(a)

* Ensure each consumer gets safe and effective personal care and clinical care including in the areas of restrictive practices, pain management, medication management, continence management and falls management.
* Provide education and training to ensure staff have a comprehensive understanding of environmental restraint and this understanding aligns with the Quality of Care Principles 2014.

Requirement 3(3)(b)

* Ensure effective management of high-impact or high prevalence risks for consumers.
* Ensure the high-impact or high-prevalence risks for each consumer are identified and staff are aware of each consumer with a high impact or high prevalence risk and how to manage the risk for the individual consumer.
* Ensure staff have an understanding of falls management and the organisation’s policies and procedures.

Requirement 3(3)(c)

* Ensure effective processes and procedures are in place to support consumers nearing end of life with maximised comfort and their dignity preserved.
* Ensure adequate clinical support available after hours to support consumers during the end-of-life phase.

Requirement 3(3)(e)

* Ensure accurate and consistent recording of consumer information.
* Review current documentation system and streamline current processes to facilitate effective use by staff to improve outcomes for consumers.
* Ensure consumer health information is documented and communicated within the organisation, and with others where responsibility for care is shared.

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumer and/or representatives stated they are treated with dignity and respect. Care staff described how consumers identity and culture influence the day-to-day delivery of care and services. Care planning documents reflected the diversity of consumers at the service and included information on their backgrounds, including previous occupations, spiritual observances, details of family members and things of interest to them. Staff were observed treating consumers with kindness and patience when they were emotionally distressed or agitated. The Assessment Team observed the Charter of Aged Care Rights displayed at the service which outline consumers’ right to respect and dignity.

The service provides culturally safe care and services. While consumers at the service are largely of the Christian faith and have Anglo-Saxon backgrounds, the service has policies welcoming and supporting diversity in place. Information about consumers’ life history including their cultural needs is captured within the care planning documentation. Staff are aware of and deliver care and services in ways that consider consumers’ preferences and cultural needs.

The service was able to demonstrate consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice

A review of organisational documentation identified the service supports consumer choice and independence through its policies in relation to choice and decision making, completion of care plan reviews, and the use of regular surveys to understand consumer preferences.

The organisation has an established policy and procedure which promotes the consumer’s right to choose the way they live their lives, including engaging in activities which put them at risk. A review of the organisation’s risk-taking policy and procedure requires the organisation to balance supporting consumers to engage in risk with their duty of care to minimise risk of harm by considering the consumer’s decision-making capacity. Orientation for staff new to the service includes education and discussions about dignity of risk.

The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice. Consumers and/or representatives interviewed advised they receive up to date information about activities, meals, COVID-19 and other events happening in the service. Posters and flyers of upcoming activities were observed on noticeboards and in rooms.

Requirement 1(3)(f) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has processes which are followed by staff to ensure that consumers’ privacy is respected, and their personal information is kept confidential which is underpinned by the service’s Privacy Policy. Care staff were able to describe methods on how they respect consumer’s privacy, including each staff member having their own personal login for the electronic care management system, conducting shift handover in the nurse’s station with the door closed and not discussing consumers in public areas where other consumers and/or family members can overhear conversations.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrates that assessment and planning include consideration of risks to consumers health and well-being and informs the delivery of safe and effective care. Consumer’s care and service records show a pre-admission/orientation checklist is completed by the administration staff. This includes information pertaining to mobility requirements, dietary requirements, allergies, medical diagnosis, vaccination status and medical officer preference prior to the admission day.

Initial assessments are completed by registered nurses on entry which include consideration of risks associated with falls, dietary requirements, medications, skin integrity etc. Staff interviewed stated initial assessments are used to provide information in the delivery of care while comprehensive assessment are undertaken to develop the consumer’s individualised care plan. Consumers and/or representatives expressed satisfaction with the assessment and care planning process, and the care and services received. Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives stated the service understood their care needs, goals, and preferences. They described what was important to them in terms of how their care is delivered including end of life care. Staff could describe what is important to the consumers in terms of how their personal and clinical care is delivered, and this information aligned with care documentation and feedback from consumers and/or representatives.

Consumers and/or representatives reported they are involved in assessment and planning on an ongoing basis and are notified when other health care providers are engaged by the service to provide care for the consumer. Review of consumer files identified consumers, representatives, and other health professionals, such as medical officers, geriatricians, allied health professionals and specialists who provide care, are involved in assessment, planning and review of the consumer’s care delivery. Staff could describe how consumers and/or representatives, and other individuals and providers, are involved in assessment and care planning during entry to the service and on an ongoing basis.

Consumers and/or representatives stated staff notify them when care and services change through preference or a change in their status and are aware they can request a copy of their care plan.

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Care plans reviewed show they are generally updated when incidents occur, or circumstances change. Consumers with clinical declined are regularly reviewed by their medical officers. Staff advised consumer care plans are reviewed 6 monthly or in response to changes in consumer needs, changes to consumer preferences and following incidents.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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. | Non-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. | Non-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

The Quality Standard is assessed as Non-compliant as four of the seven specific requirements have been assessed as Non-compliant.

The service was unable to demonstrate each consumer receives safe and effective clinical care which is best practice and optimises their health and well-being. The Assessment Team identified gaps in clinical monitoring, medication management and mechanical restraint management.

The service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Staff reported that falls are their high impact/high prevalence risk. The Assessment Team identified gaps in clinical monitoring of consumers post fall and reporting out of range observations.

The service has a clinical staff member (registered nurse or an enrolled nurse) available every day for day shifts. There is an on-call system to access registered nurse advice after hours from another service. Clinical observations outside the acceptable range for consumers are not always reported to the registered nurse and medical officer and are not always undertaken according to the organisation’s direction.

The Assessment Team reviewed the documentation of consumers who recently passed away at the service. The needs, goals and preferences of consumers nearing the end of life were identified and efforts made to address them. No concerns regarding consumer’s dignity were raised or identified. However, consumers nearing the end of life are not always able to have their comfort maximised due to limited access to registered nurses for pain and clinical management. Clinical and care staff interviewed described how they support consumers nearing end of life and gave examples of interventions such as mouth and eye care, repositioning and pain management to maximise comfort and dignity. An end-of-life pathway is commenced once the consumer is acknowledged as end of life by the service, the medical officer, and the representatives. Staff reported they have access to specialist palliative care services who provide education and advice if required. However, some staff raised concerns regarding the timely access of as needed medication, specifically pain medication after hours for consumers nearing the end of life.

The Assessment Team found while the information about the consumer’s condition is generally documented, the issues regarding the communication of information within staff at the service are not effectively addressed. There were also gaps identified in the timely communication of consumer’s clinical concerns to their medical officers. Clinical staff do not attend morning shift or night shift handover. Care staff have a handwritten handover sheet for the 24-hour period. This handover sheet was reviewed by the Assessment Team and had minimal and some unclear information regarding changes in consumers health.

The Approved Provider responded with a plan for continuous improvement that includes; providing education to staff on restrictive practices, a review of current risk assessments to ensure they are appropriate, update current consent forms related to restrictive practices, provide education to staff on clinical monitoring and observations, a review of falls management policies and guidelines, provide education to staff on falls management, provide education to staff on falls management policies, recruit a night duty registered nurse, provide education to staff on end of life care including effective pain management, provide education to staff on identifying the deteriorating consumer, effective communication re deterioration, implement daily huddle meetings with members of the clinical team to discuss consumer care issues and incidents.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(e), are non-compliant

I am satisfied the remaining three requirements of Standard 3 Personal care and clinical care are compliant.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service was able to demonstrate deterioration or change of a consumer’s mental health, cognitive or physical function is recognised and generally responded to in a timely manner. Consumers and/or representatives provided positive feedback regarding the review and management of deterioration in consumer’s overall health by the service staff.

Consumer care planning documentation reflects the identification of, and response to, deterioration or changes in their health condition. Staff explained the assessment process following changes to a consumer’s condition which includes support from health specialists such as medical officer, geriatricians, allied health professionals and emergency services when required.

The service demonstrated it makes timely and appropriate referrals to individuals and other providers of healthcare services. Care documentation confirms the input of others, including medical officers, allied health professionals and referrals to other health professionals where needed.

Consumers and/or representatives stated timely and appropriate referrals occur when needed and that the consumer has access to relevant health professionals such as allied health professionals, medical officers, local hospital and emergency services and specialist services, when required. Staff could describe how the input of other health professionals informs care and services for consumer which aligns with information in the care documentation and consumer feedback.

The service has processes in place for infection prevention and control through implementation of standard and transmission-based precautions and demonstrated practices to minimise infection related risks. Infection rates are monitored on monthly basis and discussed during clinic meetings. Staff were able to describe infection prevention measures such as hand hygiene, correct use of personal protective equipment, and correct donning and doffing of personal protective equipment. The Assessment Team observed staff using these infection prevention measures and cleaning high point touch areas like computer keyboards after use. Antimicrobial use is monitored by the care manager and discussed at the medication advisory committee. Clinical staff were able to describe antimicrobial stewardship, and care staff were able to describe different strategies they implement to prevent infections for consumers, avoiding the need for antibiotics.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Overall, consumers and/or representatives gave positive feedback regarding how the service supports them to maintain their independence, health, well-being and quality of life. Lifestyle care plans were individualised and detailed consumers’ needs, goals, and preferences.

Lifestyle care plans provide a guide for the delivery of safe and effective support for consumers’ daily living needs, which optimises their independence and quality of life. Information contained within was consistent with information obtained in interviews with consumers and/or representatives. Staff members were familiar with consumers’ goals and preferences and could describe the ways in which they encourage consumer independence and support their quality of life.

The lifestyle program posted within the service included a wide range of activities designed to promote consumers physical, social, and emotional health and wellbeing. Consumers were observed participating in activities which included walks, art, games, going out, having visitors, visiting the hairdresser and Melbourne Cup celebrations.

Consumers and/or representatives provided positive feedback in relation to the emotional, spiritual, and psychological supports put in place for consumers. Lifestyle care plans are individualised and detailed in relation to how a consumer’s emotional and spiritual wellbeing can be promoted.

Requirement 4(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives provided positive feedback about being supported to maintain contact with those important to them and to continue to do things that are of interest to them. Staff could describe relationships of importance to consumers, interests of consumers, both within and outside the service, and how these are being supported by the service.

Consumer and/or representatives were happy with the way consumer information was communicated within the service and to others involved in care. Care planning/lifestyle documents and staff feedback demonstrate that there are systems in place to ensure that information about consumers’ condition, needs and preferences is communicated within the organisation and with others responsible for delivery of care and services.

Care planning and lifestyle documents reflect the involvement of individuals and other organisations to provide lifestyle supports that align with the consumers’ needs and preferences. Care staff and lifestyle staff could explain the process in place for making referrals in relation to consumers’ diet, physiotherapy, pastoral services and/or other activities of daily living.

The organisation works with a range of organisations to provide a variety of lifestyle activities for consumers like volunteer organisations and schools. External volunteer visitor services are engaged for consumers with no regular visitors and with specific needs, for example school students and visitors from the local church visit a number of consumers.

Overall consumers and/or representatives provided positive feedback about the variety, quality and quantity of food that is available. They are aware of the choice of meals available on the dietitian approved four-week cyclic rotating menu. Several explained how their specific needs and preferences were met. Relevant staff including care staff and the cook demonstrated that they were aware of consumers’ dietary needs and food preferences.

Consumers and/or representatives confirmed that they were consulted about their food preferences, special dietary needs, and the menu. Feedback on food is also discussed at residents’ meetings and obtained through a survey.

The Assessment Team observed a wide range of equipment that was clean, suitable, and well maintained that was used by activity and care staff to deliver activities and lifestyle programs. Staff were familiar and could describe the cleaning, maintenance & replacement process involved for this equipment.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The design of the service’s living environment was observed to support consumers to direct their own lives, individually and collectively. Consumers have well-appointed dining and lounge rooms and reside in spacious airconditioned single rooms with ensuite bathrooms that provide them with high levels of privacy and comfort. The service has comfortable well-furnished airconditioned spaces where consumers interact with others as well as spaces for quiet reflection.

Living areas are all on one level so consumers can easily access all areas within the home and/or access the landscaped courtyard gardens and the heritage rose garden. Tea and coffee making facilities for consumers and their visitors are available in the individual houses.

New consumers and their families are welcomed and orientated by staff who show them around the home. Most consumers have chosen to personalise their room with photographs, ‘keepsakes and their own decorations.

The organisation employs a range of effective strategies to achieve and maintain a service environment that is safe, clean, well maintained, and comfortable. These include identification of consumers’ needs on entry, effective purchasing of equipment, preventative/reactive maintenance systems and cleaning programs, waste management programs, appropriate security systems, environmental workplace safety inspections, an incident and accident hazard reporting system and well publicised and understood emergency evacuation procedures.

Interviews with maintenance staff, a review of records and observations on site evidenced that regular preventative and corrective maintenance is carried out effectively and as scheduled.

The design of the environment facilitates easy access to all internal and external living areas including the gardens with walking paths. There is clear signage with directions throughout the building which enables easy wayfinding. Consumers were observed moving feely around the facility both inside and out, including those with limited mobility with the assistance of wheelie walkers, wheelchairs and/or walking sticks.

Consumers and/or representatives stated that they were happy with the service environment as it is a relaxed, welcoming, safe and comfortable environment that meets their needs. Consumers were observed enjoying lunch together in the dining rooms or sitting outside in the garden and/or walking in the grounds enjoying the sunshine. Outdoor areas are appropriately furnished for consumer use.

The Assessment Team observed that the service provides adequate supplies of indoor and outdoor furniture, fittings and equipment that are safe, clean, well maintained, and suitable for consumers. The service demonstrated that it can purchase, service, maintain, renew, and replace indoor and outdoor furniture, fittings, and equipment. The service has systems to ensure that appropriate stocks of goods and equipment are available. This is achieved through the utilisation of effective policies and procedures for budgeting, purchasing, inventory control, assets management and maintenance.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated consumers and/or representatives are encouraged and supported to provide feedback and make complaints. There are processes in place for making complaints, both internally and externally in accordance with the organisation’s feedback and complaints policy. Staff were able to describe the complaints process and how they can assist consumers to provide feedback. Internal processes to provide feedback and complaints include feedback forms, consumer meetings, verbal communication to staff, management, or the board members when they visit the service.

Most consumers and/or representatives interviewed stated they were not aware of how to make complaints to external organisations, however they advised they did not need to as they preferred to raise their concerns directly with staff and/or management. The Assessment Team observed brochures and posters displayed around the service which provide information on external complaints agencies and advocates. Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required.

Requirement 6(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service’s feedback and complaints policy include a section explaining open disclosure. Staff interviewed were able to explain how they applied open disclosure should they receive negative feedback or a complaint. Consumers and/or representatives reported they had no need to make formal complaints as the service addresses any concerns they had in a timely manner and apologised when things go wrong.

The service demonstrated feedback and complaints is used to improve the quality of consumer care and services. Staff confirmed the service has an effective quality system and feedback is used to identify improvements. The service has a plan for continuous improvement which is used to log improvement actions from different sources including complaints and feedback. The Assessment Team observed throughout the site audit the plan for continuous improvement was constantly updated to reflect feedback provided by the Assessment Team. The regional manager provided an example where feedback from consumers led to swipe cards being replaced with keypads to allow consumers access to outside 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumer and/or representative feedback was generally positive regarding the number of staff available to provide assistance. One consumer advised they felt there could be more staff but did not identify any specific concerns or issues that impacted on their care and services.

Consumers advised that their call bells were responded to in a timely manner and did not feel that they were waiting an excessive amount of time. A review of the call bell report noted that calls were responded to in a reasonable timeframe.

A review of the roster indicated that the service does fill vacant shifts or unplanned leave with existing staff or by extending shifts if needed. Staff from the sister service in Orange are also accessed if needed to fill shift vacancies. Staff interviewed on this topic confirmed that management endeavours to find replacements for unplanned leave and that if needed staff are asked if they can extend their shift for a few hours.

. The service can access additional clinical support through specialists such as the clinical nurse specialist and clinical nurse educator as well as contacting the sister service in Orange.

Consumers and/or representatives stated that staff were kind, caring and respectful. This included knocking on doors before entering rooms as well as being polite and respectful when talking with consumers. Interactions between staff and consumers were observed throughout the site audit to be kind, caring and respectful.

Requirement 7(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives considered staff had the knowledge and appropriate skills to perform their roles. Consumers reported they don’t have to remind staff of how to assist them and felt safe when staff were providing care. The clinical nurse educator and care manager advised the organisation has a series of competencies which staff are required to complete to ensure they understand and are able to perform their roles effectively. The care manager advised competencies are completed as part of the on boarding for new staff. Certain competencies are done on an annual basis such as medication management, clinical skills, mandatory reporting, and actions if there is a missing consumer. Competencies can also be retaken if issues are identified. Staff confirmed there are a series of competencies they were required to complete as part of the induction to the organisation. The registered nurse advised she is currently completing a workbook which includes a range of tasks including various competencies.

The registered nurse advised they were aware they could approach the care manager or clinical nurse educator if they felt any further education or training was needed for themselves, such as providing sub-cutaneous fluids or for other staff.

Requirement 7(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives advised that staff were knowledgeable and generally knew what they were doing when providing assistance and did not require further education. The care manager stated education topics for further staff training can come from appraisal discussions, any incidents or issues observed as well as when a new consumer moves to the service with a specific clinical care need. The clinical nurse educator advised staff have access to an on-line education system and face to face education sessions, including short toolbox talks as well as long more formal sessions. Staff advised they were able to attend education sessions at the sister service in Orange if unable to attend at the service. Education topics have included the Quality Standards, as well as mandatory education on Serious Incident Reporting Scheme, elder abuse, restrictive practice, CPR, first aid, food safety, fire safety and fire safety for wardens, chemical training, and pain management. A register has been developed to monitor the completion of the sessions to ensure all staff are completing the required sessions. A copy of the register was sighted which indicated the majority of staff have completed this education.

The organisation has a performance management framework to ensure the assessment, monitoring and review of staff members performance is conducted on a regular basis. Some staff interviewed advised they had either commenced at the service recently and were still within their probationary period, had just reached or were about to reach the timeframe for their annual review. The care manager advised the service has an electronic spreadsheet to manage the staff appraisals and ensure these are being completed. A reviewed of the spreadsheet noted staff have had appraisals and that currently the care manager will capture staff who have recently returned from leave.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that consumers, through different consultative processes, are involved in the development, delivery and evaluation of care and services. Management provided examples of input consumers had in the plans for improvements to the service. This included consumer suggestions for the installation of a tea and coffee station in the front lounge area and the re-use of the old laundry tub as a raised garden bed. Consumer meetings are held regularly and provide a forum for consultation with consumers. Representatives from the regional executive committee have a standing invitation to this meeting. Representatives from the regional executive committee advised that consumers and/or representative can and do approach committee members to raise issues, which in turn are referred to the regional manager. Ad-hoc visits to the service by committee members also provide an opportunity to discuss matters with consumers and seek their input.

Positive feedback received from consumers and/or representative confirmed that consumers feel that the care and services they received supported them and felt that services were safe and inclusive. Organisational improvements have been undertaken to improve accountability to ensure a culture of safe, inclusive, and quality care and services. These include an improved committee structure with improved communication lines to the senior board. Senior management advised the organisation is continuing with a program of audits and surveys through an external benchmarking organisation to monitor the quality of care and services being provided.

Staff advised they have access to consumers’ clinical information via the electronic clinical documentation system as well as a handover at each shift. Staff also have access to information on the organisation’s intranet system. The organisation has introduced a centralised electronic system to enable documents, such as forms, to be uploaded with an improved search functionality to enable staff to find documents when needed.

At the previous site audit, it was identified there was limited evaluation of improvements on the service’s plan for continuous improvement. The organisation has instigated more robust monitoring of the service’s plan for continuous improvement to assist in ensuring there is an evaluation of improvements. This includes tracking of the issues being raised and the use of consumer satisfaction surveys to determine if actions or improvements undertaken have been successful.

The organisation has appointed a director of clinical governance, quality and education to oversee risk, continuous improvement, quality, education, and compliance. This role will be involved in reviewing the organisation’s systems and processes and identifying gaps and improvements required.

The organisation has also appointed a clinical data analyst to review and monitor the collection and accuracy of clinical information being received from across the organisation. This is aimed at improving decisions being made based on clinical data.

Representatives from the regional executive committee advised that the organisation has in place a skills matrix for the individual board members in order to make sure there is right mix of skills going up to the State board including representatives with clinical skills.

The organisation is moving to an automated electronic system with human resource management to streamline processes and reduce paperwork. This system will include alerts for key events such as staff appraisals and any regulatory documents that may be required. Management advised the system is to be activated in 2023.

Senior management advised the organisation is a member of an industry peak body and receives regular updates and information when legislation is amended. Senior organisational staff also monitor websites of various industry and government agencies to identify any changes in legislation.

The director clinical governance, quality and education advised the organisation has introduced an updated flowchart for staff on Serious Incident Reporting Scheme and education was provided to staff. Education records were reviewed by the Assessment Team and confirmed that education had been provided to staff and a copy of a reporting flowchart was observed in the care staff office.

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The director clinical governance, quality and education advised the organisation recognised the importance of accurate data to monitor high impact/high prevalence risks as well as effective use of the incident management system. As a result, the organisation created a clinical data analyst position to monitor the data and internally validated the date to ensure it is correct before sending it to the external commercial benchmarking organisation and lodging clinical indicator data with the Department of Health.

At an organisational level unplanned weight loss was noted to be outside the benchmark. A review was conducted which identified the need to improve training on dysphagia and improved guidance was needed on the use of supplements. The director clinical governance, quality and education advised that quotes are being obtained to undertake a review of the dining experience using dieticians. Training on the International Dysphagia Diet Standardisation Initiative is also to be provided to staff across the organisation.

Staff at the service advised that falls were considered to be a high impact/high prevalence risk. Strategies had been developed to try and minimise the risk, including having beds which can be raised or lowered to an appropriate height for the individual consumer to safely get in and out of bed; reminding consumers to use their walking aids; conducting exercise classes and maintaining a clutter free environment.

Requirement 8(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The organisation has systems in place as part of the clinical governance framework to provide oversight on the use of antibiotics; minimising the use of restraint and acknowledging when a mistake or error has occurred and providing an apology as part of the open disclosure process.

The registered nurse and endorsed enrolled nurse were aware of the principles of antimicrobial stewardship and of the importance of alternate strategies.

Staff interviewed initially could not clearly define what open disclosure meant. However, upon further discussion they confirmed they were aware of the process and importance of offering an apology when a mistake has been made. A review of education records confirmed that education on the topic of open disclosure has been provided on several occasions by the organisation.

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)