Performance

Report

**1800 951 822**

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| Name: | Regis Fawkner |
| Commission ID: | 4518 |
| Address: | 101F Major Road, FAWKNER, Victoria, 3060 |
| Activity type: | Site Audit |
| Activity date: | 27 May 2024 to 29 May 2024 |
| Performance report date: | 2 July 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 3030 Regis Fawkner |

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 Regis Fawkner (**the service**) has been prepared by P. Wallner, 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 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 assessment team’s report received 26 June 2024.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated consumers with dignity and respect, and valued their identity, culture and diversity. Staff spoke about consumers in a respectful manner showed they valued consumers' identity, culture and diversity. Care plans detailed consumers' background, identity and culture, and strategies to support them. Staff were observed interacting with consumers in a respectful manner.

Consumers and representatives described how staff provided care that was consistent with consumers’ cultural needs and preferences. Staff described how consumers’ culture influenced how they delivered culturally safe care and services each day. Care planning documents detailed consumers’ background and cultural needs such as any religious practices they wished to maintain. The service had documented policies to support staff in the delivery of culturally safe care and services.

Consumers and representatives said the service supported them to make independent decisions about their care, including who was involved in it, and to maintain relationships of choice. Staff described how they supported consumers to make independent choices about their care and services, and who delivered them. Care planning documents identified consumers’ independent care choices, including who else was involved in their care, and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to take risks, to live the best life they could. Staff were aware of the risks taken by consumers and explained how they supported them to understand the potential harms and how they could be minimised, before completing a risk assessment in consultation with the consumer and representatives. Care planning documents showed evidence of appropriate risk assessment, including information about identified risks and relevant mitigation strategies. The service had written policies and procedure to guide staff in the assessment and management of risks.

Consumers and representatives confirmed the service provided clear and easy to understand information, to inform their choices. Management and staff described various communication methods they used to inform consumers in line with their individual needs and preferences. Noticeboards throughout the service displayed current information about upcoming events, activities, services, and complaint avenues.

Consumers said the service respected their privacy and kept their personal information confidential. Management and staff described the practical ways they respected the personal privacy of consumers. The service had documented protocols in place to protect consumer privacy and confidentiality, and staff practices were observed to align with these protocols.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives outlined how they were involved in the assessment and care planning process, and said consumers received the care they required. Management and staff described how assessment and planning considered risks to each consumer’s health and well-being and informed the delivery of safe and effective care and services. Care planning documents confirmed assessment and care planning informed the delivery of safe and effective care and services, and that risks to consumers’ health and well-being were considered. The service had documented policies and procedures to guide staff practice in assessment and care planning.

Consumers and representatives described how they were involved in the assessment and planning of care, including end of life care planning. Staff described how they ensured assessment and planning captured each consumer’s current needs and preferences, and how they approached conversations around end of life care planning. Care planning documents identified each consumer’s current needs, goals, and preferences, including advance care plans and end-of-life wishes, if the consumer/representative wanted.

Consumers and representatives confirmed they, and the people they chose, were involved in the assessment, planning, and review of consumers’ care and services. Staff and management outlined how assessment and planning of care was done in partnership with consumers and others they wished to involve, such as other health professionals. Care planning documents evidenced regular review in line with the service’s policies, and included input from a range of external providers such as medical officers and allied health professionals.

Consumers and representatives said the service regularly communicated with them about consumers’ health and well-being, and they were offered a copy of the consumers’ care plan. Management and staff described effective processes for documenting and communicating assessment outcomes. Care planning documents showed outcomes of assessment and care planning were communicated to consumers and representatives, in a timely manner. The service had systems in place to ensure the outcomes of assessment and planning were routinely communicated to consumers and representatives.

Consumers and representatives confirmed that consumers’ care and services were regularly reviewed, and reviewed following changes in circumstances, to ensure it was effective. Care planning documents evidenced regular reviews for continued effectiveness, and reviews following a change in circumstance, or an incident impacting on the needs, goals, or preferences of the consumer. Management and staff explained the process for regular, and as needed, review of care plans. The organisation had documented policies and procedures to guide staff in reviewing care for effectiveness.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 3(3)(a) was Not Met. While most areas of personal and clinical care were considered safe and effective, the Site Audit found gaps related to pressure injury and incontinence care. Evidence brought forward included:

* Consumers advised they received safe and effective personal and clinical care that met their needs and optimised their well-being.
* A bed-bound consumer at high risk of pressure injuries, had acquired a pressure injury at the service which was being managed. The wound was being regularly photographed and monitored by a wound specialist and clinical staff however, records and staff interview responses indicated repositioning was not always being performed every 2-3 hours as documented in the care plan.
* Management described various pressure injury prevention strategies being provided and advised they were satisfied with the strategies in place, and the wound was healing.
* One consumer’s care planning documentation indicated they had incontinence associated dermatitis. Some staff advised they could not always attend to pad changes promptly due to short staffing. Records showed the consumer’s condition was being photographed weekly, treated, and had nearly healed at the time of the audit.
* The indwelling catheter for a consumer was identified as being 3 days overdue for changing by the consumer’s medical officer. Management immediately followed up with the medical officer and the change was completed on day 3 of the Site Audit. No negative impacts were identified, and the consumer’s representative said this incident was unique and they were generally satisfied with the care provided.
* Care planning documentation evidenced that repositioning and continence aid management had been inconsistently completed by staff.
* Five out of 7 staff interviewed considered short staffing meant consumers were not always being repositioned or provided continence care on time, which resulted in an increased risk of pressure wounds and incontinence associated dermatitis.

The approved provider’s response received 26 June 2024, did not agree with the Not Met finding and provided additional information and evidence regarding the personal and clinical care delivered at the service. The provider advised:

* The service does not have a pattern of either pressure injuries or incontinence associated dermatitis. The few examples identified in the Site Audit report demonstrate that pressure injuries and incontinence associated dermatitis are being effectively prevented or managed and they do not provide evidence of insufficient staffing levels. These examples do not constitute a failure of this Requirement.
* A consumer referred to in the Site Audit report has not had incontinence associated dermatitis since November 2022, and there is currently only one case of incontinence associated dermatitis at the service.
* A consumer referred to in the Site Audit report at high risk of pressure injuries, is being effectively managed with a multidisciplinary approach and evidence demonstrates their wounds are healing.
* The indwelling catheter for a consumer referenced in the Site Audit report, was scheduled for monthly change by the consumer’s medical officer. The service had placed the request to the consumer’s medical officer around the time it was due and sent a reminder during the Site Audit. The catheter was changed by the medical officer on 30 May 2024. The catheter was previously changed on 24 April 2024 and 13 March 2024, which is approximately 5-weekly. There were no adverse impacts to the consumer identified and the consumer’s representative was satisfied with the care provided.
* The consumers and representatives are overwhelmingly satisfied with the care and services provided.
* The service notes the small sample of staff who provided feedback that they sometimes feel under pressure and rushed however, the service has measures in place to support all staff during busy periods and this is not evidence that staff numbers are insufficient to provide safe and effective care.

I acknowledge the Site Audit report identified 2 consumers with either pressure injuries or incontinence associated dermatitis acquired at the service, which some staff attributed to delays in care provision due to short staffing. I have further considered the issues of workforce sufficiency under Requirement 7(3)(a). The approved provider’s response contained additional information and evidence which showed these conditions were in high-risk consumers with related comorbidities, and they had either been resolved, or were responding well to the treatment provided by the service and the other health professionals involved. I consider the service’s actions in relation to the catheter care provided to another consumer to be appropriate. I also note the Site Audit report found the service was effectively managing high impact and high prevalence risks to consumers under Requirement 3(3)(b), and that consumers and representatives expressed satisfaction with the care and services provided. While the service will need to address the concerns expressed by staff around feeling rushed, and remain vigilant in meeting the care needs of high-risk consumers, I consider the service is providing safe and effective care to each consumer. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) Compliant.

I am satisfied the remaining 6 Requirements in Standard 3 are Compliant.

Consumers and representatives expressed satisfaction with how high-impact and high-prevalence risks were managed by the service, and confirmed the risk management interventions were effective. Management and clinical staff described how high-impact and high-prevalence risks were effectively managed through regular clinical data monitoring and reporting, and the implementation of individualised risk mitigation strategies for consumers. Care planning documents confirmed risks to each consumer were identified and assessed, and effective mitigation strategies were put in place.

Management and staff described how they recognised and addressed the needs and preferences of consumers nearing the end of life, and how they maximised their comfort and preserved their dignity. Consumers’ care plans evidenced discussions with representatives regarding palliative care, where appropriate. The service had documented policies to guide staff in providing palliative and end of life care.

Consumers and representatives said the service was responsive to changes in consumers’ care needs, and that staff informed them of changes to their health, along with planned management strategies. Staff described how deterioration or change in consumers’ condition was recognised, and managed in partnership with consumers, representatives, and the relevant health specialists. Care planning documents showed the service recognised and responded to a deterioration or change in consumers’ condition promptly.

Consumers and representatives said information about consumers’ condition, needs and preferences was communicated effectively between staff and external providers involved in their care. Staff described how information about consumers’ needs, conditions, and preferences was documented and communicated within the service, and with others having responsibility for care delivery. One consumer was identified as being overdue for a catheter change, however this was completed by their medical officer prior to the conclusion of the Site Audit. Care planning documents evidenced adequate information to support the delivery of safe and effective care and services.

Consumers and representatives said they had access to a range of other organisations and health professionals, and the service provided timely and appropriate referrals. Consumers’ care planning documents confirmed the involvement of medical officers, allied health professionals, and other providers of care. Management and clinical staff described how various other health professionals supplemented the care delivered by the service, to ensure quality outcomes for each consumer.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and staff hygiene practices. Management and staff demonstrated an understanding of infection prevention and control practices and antimicrobial and confirmed they had received competency training in infection prevention and control and antimicrobial stewardship. The service had an infection prevention and control leads and documented policies and procedures to guide staff in infection prevention and control and to promote antimicrobial stewardship.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service provided safe and effective services and supports for daily living that met consumers’ needs, goals, and preferences, and optimised their independence, health, well-being and quality of life. Some consumers and representatives expressed concerns about laundry items going missing which were immediately followed up by management. Staff were aware of consumers’ needs, goals, and preferences for daily living support. Care planning documents reflected the services and supports for daily living required by consumers to optimise their quality of life, health, wellbeing, and independence.

Consumers said their emotional, spiritual, and psychological needs were supported. Care plans included information on supporting consumers' psychological and emotional well-being. Staff described how they supported consumers when they were feeling low, and provided examples of how they supported consumers’ emotional, spiritual or psychological well-being.

Consumers and representatives confirmed the service supported consumers to engage with their community, inside and outside the service, have personal relationships, and do things they enjoyed. Staff described helping consumers to participate in their communities, keep in touch with people, and do things they were interested in. Care planning documents detailed how to support consumers to participate in the community, do things of interest, and maintain personal and social relationships.

Consumers and representatives said information about consumers’ current condition, needs and preferences was communicated effectively between staff, and to other relevant providers of services and supports for daily living. Staff explained how current information about consumers’ condition, needs and preferences for daily living was shared within the service, and with external providers, where necessary. Care planning documents provided adequate current information to support safe and effective care and services for daily living.

Consumers and representatives said the service made timely referrals to appropriate other providers of services and supports. Care planning documents confirmed the service collaborated with other providers of services and supports for daily living to support consumers. Staff and management described the referral process to external providers.

Consumers and representatives expressed overall satisfaction with the quality, quantity and variety of food provided to consumers. Consumers could request alternative meals such as salads, sandwiches and omelettes or snacks, and could provide feedback on the menu and the performance of the kitchen. Three consumers/representatives expressed concerns to the Assessment Team, which they had not raised with management, regarding the lack of European meals. Management documented the feedback and advised they would take action to include more cultural foods. Staff demonstrated awareness of consumer’s individual dietary needs and preferences and were observed providing appropriate dining assistance. The menu was displayed throughout the service and the kitchen was clean and tidy.

Consumers said they had access to suitable equipment, which was clean and well-maintained. Staff could describe how equipment was kept safe, clean, and well-maintained. The service’s equipment was observed to be safe, clean, and well-maintained.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and they could personalise their rooms. Management and staff described features of the service that helped each consumer feel welcome, and optimised their sense of belonging, independence, interaction, and function. The service environment appeared welcoming with sufficient lighting, handrails, and clear signage to aid navigation. Consumers and visitors were observed accessing different areas of the service.

Consumers and representatives said the service was clean, well maintained, and they could move around freely, both indoors and outdoors. Cleaning and maintenance staff explained the scheduled and as needed processes in place to ensure the service was clean and well maintained. The service was observed to be clean and well maintained, with consumers moving throughout the service and exiting freely.

Consumers and representatives confirmed the equipment, furniture and fittings in the service were clean, safe, suitable, and well maintained. Staff described effective processes in place for ensuring furniture, fittings and equipment was clean and well maintained. Furniture, fittings, and equipment appeared suitable, safe, clean, and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable providing feedback or making complaints, and they were aware of the different ways they could do so., such as speaking to staff/management, and at consumer and representative meetings. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The organisation had procedures and systems in place to encourage and resolve complaints. Information on how to make complaints, feedback forms and secure lodgement boxes were available throughout the service.

While most consumers and representatives were unaware of external advocacy and complaint services, they said they were more comfortable raising complaints within the service and were satisfied with how management responded. Management and staff described various external advocacy, complaint, and translation services, and how they supported consumers to access them. Information about advocacy and interpreter services was readily available around the service.

Consumers and representatives confirmed the service resolved their concerns or complaints and practiced open disclosure. One representative said their complaint about missing laundry had not yet been resolved however, management detailed appropriate actions they were taking to address the issue. Management and staff detailed how they responded to complaints and practiced open disclosure when things went wrong. The electronic feedback register showed the service logged and responded appropriately to complaints. The service had written policies and provided training to all staff in open disclosure.

Consumers and representatives confirmed their feedback and complaints were reviewed and used to continuously improve the quality of care and services. Management described how feedback and complaints were regularly trended and analysed and used to inform continuous improvement. The complaints register, the Continuous Improvement Plan, and other records confirmed feedback and complaints informed continuous improvement actions at the service.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 7(3)(a) was Not Met. While consumers, representatives and management advised there were sufficient staff to provide safe and quality care, 5 staff members stated there were insufficient staff to deliver quality care. Evidence brought forward included:

* Most consumers and representatives said there were sufficient staff to provide safe and effective care and services. One representative said staff were often busy and rushed when providing support with eating however, they said they had not raised this issue with management even though they felt comfortable to do so.
* Five of 7 staff interviewed said there were not enough staff which resulted in them often being rushed and not always providing the care consumers required. Staff said they could not always reposition bed-bound consumers 2 hourly or change their incontinence pads on time, which led to pressure injuries and incontinence associated dermatitis.
* Staff members acknowledged they had not highlighted these concerns to management, even though they felt comfortable reporting concerns and mistakes to management.
* Management described how the master rosters was created by the organisation and adjusted by the service based on consumers’ assessed care needs. An additional staff member had recently been added to the morning shift in the Memory Support Unit based on staff feedback and the care needs of the consumers in that area.
* Management described how they repositioned bed-bound consumers and changed continence aids regularly, in line with their care plans. Management said incontinence associated dermatitis was not a trending clinical issue risk at the service.
* Records confirmed the mandatory care minutes, and 24/7 nursing requirements were being met.
* Call bell records showed the average response time was less than 5 minutes which was within the organisation’s target times.

The approved provider’s response received 26 June 2024, did not agree with the Not Met finding and provided additional information and evidence regarding the care provided to specific consumers and the adequacy of the workforce overall. The provider advised:

* The service has a robust workforce strategy and rostering process which ensure the staffing number and mix is sufficient to meet the care needs of consumers. Rosters are reviewed and discussed each day with well-established practices to fill planned absences and unplanned vacant shifts, along with any necessary adjustments to meet the acuity needs of consumers.
* The current staffing complement is based on 100% occupancy of 76 consumers however, the average occupancy over the last 6 months has been 57 consumers which creates capacity and flexibility in the roster and means the service exceeds the legislative requirements for care minutes.
* Care minutes and registered nurse minutes exceed the statutory requirements.
* The service conducts a monthly call bell audit which showed the average call bell response time was 4 minutes and 30 seconds which is below the organisation’s internal benchmark of 5 minutes.
* The service does not have a pattern of either pressure injuries or incontinence associated dermatitis due to short staffing. The few examples identified in the Site Audit report demonstrate that pressure injuries and incontinence associated dermatitis are being effectively prevented or managed, and they do not provide evidence of insufficient staffing levels. These examples do not constitute a failure of this Requirement.
* A consumer referred to in the Site Audit report has not had incontinence associated dermatitis since November 2022, and there is currently only one case of incontinence associated dermatitis at the service.
* A consumer referred to in the Site Audit report at high risk of pressure injuries, is being effectively managed with a multidisciplinary approach and evidence demonstrates their wounds are healing.
* The service notes the small sample of staff who provided feedback that they sometimes feel under pressure and rushed however, the service has measures in place to support all staff during busy periods and this is not evidence that staff numbers are insufficient to provide safe and effective care.
* The consumers and representatives are overwhelmingly satisfied with the care and services provided and the staffing levels.

I have further considered the issues of personal and clinical care under Requirement 3(3)(a). I acknowledge the concerns identified in the Site Audit report in relation to staff feeling rushed and the risks of pressure injuries and incontinence associated dermatitis attributed to delays in care provision. The approved provider’s response contained additional information and evidence which showed these conditions were in high-risk consumers with related comorbidities, and they had either been resolved, or were responding well to the treatment provided by the service and the other health professionals involved. I also note consumers and representatives expressed satisfaction with the care and services provided, and that the Site Audit report found the service was effectively managing high impact and high prevalence risks to consumers under Requirement 3(3)(b). I further note the occupancy rate, rosters, call bell response times, statutory care minutes and registered nursing minutes are indicative of a sufficient workforce. While the service will need to address the concerns expressed by staff around feeling rushed, and remain vigilant to the clinical and personal care needs of high-risk consumers, I consider the workforce to be planned and generally sufficient to enable, the delivery and management of safe and quality care and services. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(a) Compliant.

I am satisfied the remaining 4 Requirements in Standard 7 are Compliant.

Consumers and representatives said staff were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Staff were observed interacting with consumers in a positive, caring, and respectful manner. The service had policies, procedures, and training to guide staff in delivering respectful care.

Consumers and representatives said staff were skilled and competent in their roles, and their care needs were met. Management described how they ensured the workforce was suitably qualified and knowledgeable to effectively perform their roles. Records confirmed all staff met the minimum qualification, registration, vaccination, and security requirements for their roles, prior to commencing employment. Staff confirmed they had to complete various training and competencies to provide best practice care.

Consumers and representatives said staff had appropriate training and support to deliver safe and effective care and services. Management detailed the ongoing support provided to staff including the ongoing mandatory training and competencies staff were required to complete. Management explained the service’s systems for monitoring and managing staff learning, and maintaining qualifications and registrations. Records showed staff were trained and supported to provide quality care and services in accordance with the Quality Standards.

Management described how the performance of staff was monitored through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management, when needed. Staff said they were supported by management during performance reviews and provided with opportunities for improvement. Some staff said while they felt supported by management during performance reviews, they had not advised management they felt their performance was impacted by a lack of staffing. Records showed performance appraisals were on track.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run, and they were engaged in the development, delivery and evaluation of the care and services. Management said they actively engaged consumers and representatives in the development, delivery and evaluation of care and services through various mechanisms including monthly consumer meetings, feedback processes, surveys, internal audits, and care planning consultations. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives explained how the organisation’s Board created a culture of safe and inclusive care. Management described the organisational structure, governance frameworks and reporting processes that enabled the Board to oversight the performance of the service and be accountable for complying with the Quality Standards. Management confirmed the Board members are subject to an annual skills assessment and comprises a mix of both independent and non-executive directors, and members with clinical and non-clinical backgrounds. Records confirmed the Board actively promoted a culture of providing safe and inclusive quality care.

The organisation demonstrated effective documented governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management described ways staff could provide anonymous feedback or make complaints. Staff and management were aware of the governance systems and the associated policies and procedures, and how they supported compliance with the Quality Standards.

The service had effective risk management systems and practices addressing the management of high-impact and high-prevalence risks to consumers, identifying, and responding to abuse or neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them in the course of their work.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and staff detailed how these policies and procedures were applied in the delivery of care and services.

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