Performance

Report

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| Name of service: | Regis Marleston |
| Service address: | 18 Cudmore Terrace MARLESTON SA 5033 |
| Commission ID: | 6864 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 July 2023 to 27 July 2023 |
| Performance report date: | 8 September 2023 |

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

**This performance report**

This performance report for Regis Marleston (**the service**) has been prepared by M Glenn, 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 consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 22 August 2023.

# Assessment summary

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

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

# Areas for improvement

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

**Standard 1 requirement (3)(d)**

* Ensure risks related to activities consumers choose to partake in are identified, and these risks and related consequences are discussed and agreed management strategies implemented in consultation with consumers and/or representatives.
* Review processes, policies and procedures relating to supporting consumers to take risks to enable them to live the best life they can.

# 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. | Non-compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the six specific requirements has been assessed as non-compliant. The assessment team recommended requirement (3)(d) in Standard 1 Consumer dignity and choice not met.

**Requirement (3)(d)**

The assessment team were not satisfied each consumer is supported to take risks to enable them to live the best life they can. The assessment team’s report provided the following evidence gathered through interviews, and documentation relevant to my finding:

* Consumer A, who has no cognitive impairment, stated they were not informed of the potential risk and mitigation strategies to ensure they partake in an activity safely. A dignity of risk form states the representative is happy for Consumer A to go out to partake in the activity. Management said the representative was consulted as they are the joint guardian. The representative said they were aware Consumer A partakes in the activity unsupervised and was given a copy of the form.
* Consumer A said they are happy to go outside by themselves without alerting staff. The policy states the consumer should be signing the register when leaving which they said they do not do. Consumer A also said they have a mobile phone when they leave service, however, at the time of the Site Audit, the phone had no credit, which they said occurs frequently. The plan for the use of the phone as a strategy was not recorded in any assessment.
* A physiotherapist assessment dated November 2022 indicates Consumer A has a risk of falls, with poor mobility, unsteadiness, poor/impaired balance, and requires supervision with mobility. The most recent falls risk assessment indicates a medium risk of falls. Consumer A experienced a fall in March 2023 on the footpath, however, the dignity of choice assessments in relation to leaving the service and partaking in the activity unsupervised were not reviewed.

The provider’s response included commentary relating to the information included in the assessment team’s report, as well as supporting documentation. The provider did not agree with the assessment team’s recommendation, indicating the assessment team failed to accurately triangulate all information pertaining to Consumer A and, as such, have erroneously concluded that risks relating to the activity were inadequately identified and mitigated. The provider’s response also stated Consumer A has a strong personal preference relating to the activity that the assessment team failed to take into consideration. The provider’s response included, but was not limited to:

* A risk assessment form was updated in October 2022 which was discussed with Consumer A and the representative at time of completion. The representative was happy for Consumer A to go out by themselves to partake in the activity and understood associated risks. The risk assessment was included in the response.
* The related management plan was updated in May 2023 clearly identifying that Consumer A had no issues noted relating to incidents or inability to partake in aspects of the activity independently. The risk assessment was included in the response.
* In relation to Consumer A signing in and out, there are progress notes relating to this non-compliance. There is no restrictive practice in place for Consumer A so it is difficult to force them to adhere to the policy when they choose not to. An hourly location chart is in place to assist to know Consumer A’s whereabouts.

I acknowledge the provider’s response. However, I find Consumer A was not effectively supported to take risks safely. While I acknowledge Consumer A partakes in activities which include an element of risk, in line with their wishes and preferences, I have considered that a collaborative approach to the assessment process has not been undertaken with Consumer A or their representative to help them to understand the risks Consumer A’s choices pose to their health and well-being or to allow them to make decisions and choices relating to strategies to manage those risks.

In coming to my finding, I have considered feedback from Consumer A indicating they were not informed of the potential risk and mitigation strategies related to the activity. I have also placed weight on the risk assessment dated October 2022 and management plan dated May 2023 included in the provider’s response. While the assessment indicates associated risks were explained to the representative and they understood and were willing for Consumer A to take the risk, risks discussed are not outlined. Similarly, while the management plan includes safety measures to support the consumer to undertake the activity, the mobile phone, signing in and out, hourly location charting and mobilising independently to the shop for related supplies are not documented. The supporting documentation also does not satisfy me that there has been a consideration of related risks more broadly or development of agreed upon mitigation strategies in consultation with Consumer A or their representative. For example, there is no indication Consumer A’s mobility and risk of falls has been considered in the context of the consumer partaking in the activity outside of the service and independently mobilising to the shops. Such consultation processes would ensure consumers’ understanding of risks related to their choices remains known and current, and management strategies remain effective and appropriate.

For the reasons detailed above, I find requirement (3)(d) in Standard 1 Consumer dignity and choice non-compliant.

**In relation to all other requirements in this Standard,** most consumers and representatives felt consumers were treated with dignity and respect, with their identity, culture and diversity valued. Lifestyle profiles reflected information about consumers’ backgrounds, likes and dislikes. Staff were observed treating consumers respectfully and in a dignified manner, greeting them by their preferred names and showing an interest in their well-being. Staff receive training on dignity and respect principles, and the service has recently reviewed and updated its diversity and action plan which feeds into staff practice.

Care files included information relating to consumers’ cultural background, personal and religious beliefs and traditions, and strategies to support them. Lifestyle staff identified consumers from different cultures and backgrounds and described care and services specific to their needs. Overall, consumers interviewed felt accepted as part of a family, and said staff treat them as individuals and understand what is important to them. The also felt valued and safe when receiving care and services and supported to maintain their identity.

Consumers and representatives felt consumers were supported to make decisions about their health and well-being, determine who they wish to involve in the decision-making process, communicate their decisions, and make and maintain personal relationships. Care files reflected individualised preferences relating to food, social relationships, activities, and personal care, and included representatives, and those who consumers prefer or are required to be involved in the care and services provided to them. Staff described how they assist consumers to make day-to-day choices and assist with accessing supports to meet needs, goals, and preferences.

Information is provided to consumers through a range of avenues, including resident handbooks, newsletters, emails, noticeboards, meeting forums and one-to-one conversations. Communication is also provided in various languages and in larger fonts, appropriate to the consumer cohort. Each consumer’s privacy was found to be respected and personal information kept confidential. Staff are provided with information regarding privacy and confidentiality as part of the induction and orientation process. Consumers and representatives interviewed said privacy and confidentiality is discussed as part of the entry process and consumers can decide who can and cannot access information about their care and services. A sample of consent forms confirmed consumers’ permission to have their personal information shared with family members and other providers of care and services.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

# 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop a care plan which incorporates each consumer’s current needs, preferences, goals and strategies to manage identified risks. However, while goals were documented, these were generic and not personalised to each consumer. Advance care planning is discussed with consumers and/or representatives on entry and during care plan reviews. A palliative approach trajectories framework is used which includes three palliative care trajectories and guides implementation of appropriate strategies. Consumers and representatives interviewed were satisfied with assessment and planning processes.

Care files sampled confirmed consumers and their representatives are involved in assessment and planning of care and services on entry and on an ongoing basis, and demonstrated involvement of medical officers and allied health professionals in consumers’ care, with resulting recommendations incorporated into care plans. There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers. Care plans had been updated following regular review processes and in response to incidents and changes in consumers’ health and condition. Staff confirmed they are informed of changes to consumers' care needs and services, including through handover processes. Representatives confirmed they are regularly updated on changes to consumers’ health and care needs.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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

The Quality Standard is assessed as compliant all of the seven specific requirements have been assessed as compliant. The assessment team recommended requirement (3)(a) in Standard 3 Personal care and clinical care not met.

**Requirement (3)(a)**

The assessment team were not satisfied each consumer receives safe and effective personal care which is in line with best practice, tailored to their needs and optimises their health and well-being, specifically in relation to personal care, continence and skin integrity. The assessment team’s report provided the following evidence gathered through interviews, and documentation relevant to my finding

Consumer B

* Consumer B’s representative stated oral hygiene is not always performed. A sign was observed in the room reminding staff to clean Consumer B’s teeth twice a day.
* The representative stated staff did not follow the toileting schedule, leaving them to attend to Consumer B’s toileting needs, and staff did not perform adequate perianal hygiene care following change of continence aids. The representative said they have raised many concerns relating to care without sustained improvements.

Consumer C

* Consumer C stated they brush their teeth two to three times a week and staff do not remind them to brush their teeth regularly.
* The representative said they have not observed any staff offering to brush or comb Consumer B’s hair, and the consumer is unable to do this for themselves. Representatives stated staff do not attend to scheduled toileting times, especially when they are visiting, leaving them to feel responsible for attending to the consumer’s toileting needs. The representatives have kept a diary of when they had been taking Consumer B to the toilet showing this occurred about seven to eight times in a week.
* The representatives stated they have had ongoing conversations with management regarding the standard of personal care provided, however, change is not sustained.
* Representatives stated a wound dressing had not been changed for approximately eight days. Care documentation confirmed in June 2023, Consumer C asked staff to change a dressing. The wound was noted to be a broken blister and appeared infected. A wound swab was taken and antibiotics commenced. An incident report form was completed indicating a staff member had not followed processes.

Consumer D

* Representatives said dental care was not encouraged or regularly undertaken. They were concerned staff were not identifying and reporting bruising and provided photographs of bruising to legs that they said related to equipment use and had occurred in the past fortnight. Care documentation confirmed the last incident relating to bruising was over five months ago.

The provider did not agree with the assessment team’s recommendation. The provider’s response included commentary relating to the information included in the assessment team’s report, as well as supporting documentation relating to Consumers B and C. Consumer D was noted as an unidentified consumer in the assessment team’s report. The provider’s response included, but was not limited to:

* An agreed care and service plan review dated the day after the site audit which indicates Consumer B’s representative is overall satisfied with the care provided, including in relation to communication, continence care, and oral care, and the representative has accepted an offer of weekly meetings/catchups with clinical management.
* A personal hygiene care assessment for Consumer C and documentation relating to identification of the wound, including the incident form, general practitioner progress notes and wound care chart. The incident form indicates the dressing was placed on the consumer without a corresponding incident form or commencement of a wound chart.

Based on the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered the evidence presented does not indicate systemic deficits relating to provision of safe and effective personal and/or clinical care as it relates to this specific requirement. While I acknowledge feedback provided by representatives, there was no information to indicate during what time period these instances had occurred, or if they were current, historical or longstanding issues. Staff knowledge or feedback relating to the issues raised by representatives has not been tested, nor has any related documentation been referenced, such as progress notes or related charting to indicate if care is or is not being provided in line with the consumer’s assessed needs and preferences.

In coming to my finding, I have considered information in the assessment team’s report demonstrating a number of consumers have been provided safe and effective personal and clinical care, which is in line with best practice, is tailored to their needs and optimises their health and well-being. Care files sampled demonstrated consumers receive safe and effective care in relation to time sensitive medications, personal care, wounds and diabetes. Documentation demonstrated wound management had been undertaken in line with the service’s processes and improvement opportunities relating to documenting wound measurements had been identified. Clinical staff were also found to be knowledgeable of diabetic management processes.

In relation to issues raised by Consumer B and C’s representatives not resulting in sustained improvements, I have considered this evidence in my finding for requirement (3)(d) in Standard 6 Feedback and complaints.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

**In relation to all other requirements in this Standard,** high impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and strategies to mitigate risks relating to chemical restraint, pain, choking and weight loss. Care files also evidenced involvement of medical officers and allied health professionals in assessment and management of consumers’ high impact or high prevalence risks. Staff were knowledgeable of sampled consumers and strategies and interventions for preventing risk, and consumers expressed satisfaction with current interventions.

The needs, goals, and preferences of consumers at end of life are recognised and addressed. Staff described how they maximise consumers’ comfort and preserve dignity during the end of life phase, and work closely with consumers, their families and the medical officer to ensure high quality care is provided. A care file for a consumer who was actively palliating included their wishes, regular consultation with the representative and medical officer and provision of care needs, including pain management, to maximise the consumer’s comfort. The consumer’s care was noted to have been adjusted in line with their deteriorating condition.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to medical officers and/or allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated to reflect any changes to consumers’ care and service needs. Staff described how they monitor and respond to deterioration and demonstrated steps taken when change is identified in a consumer's condition. One representative said staff are competent and quick to pick up changes in the consumer’s condition, always keep them informed, and they feel confident to raise any concerns related to deterioration to clinical staff.

Adequate processes to detect, prevent and control the spread and severity of infections and support appropriate use of antimicrobials were demonstrated. The service has an infection prevention and control lead and receives support from the organisation’s national infection control manager, and there are policies and procedures to guide staff practice with all infection control related issues. Outbreak management plans are easily accessible to staff and provide guidance on the management of different types of outbreaks, including transmission-based precautions. Clinical staff described actions taken when an infection is suspected, including sending urine samples and wound specimens to pathology for analysis to allow for correct prescribing of antibiotics, and staff were knowledgeable of infection control practices, describing how they reduce the risk of infections, which was observed through staff practices. Consumers and representatives expressed satisfaction with staff practices in relation to managing infection related illnesses and outbreaks.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# 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

Care files identified interests and activities that were important to consumers, and provided information to support individual choice, daily living, well-being, and service delivery. Consumers and representatives interviewed said consumers get safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, health, well-being, and quality of life.

Consumers and representatives interviewed confirmed services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being, through provision of religious and cultural services and emotional support by staff. Clinical and care staff described services and emotional support provided to consumers who were grieving for the loss of their independence and social life when entering the service or following a loss of their loved one.

Consumers felt supported and encouraged to engage with their community, maintain relationships of choice and do things of interest to them. A lifestyle activity register is maintained and assists staff to track activities consumers attend. Consumers were observed engaging in social connections with each other, which spanned a diversity of areas across the service. Staff identified consumers’ activity preferences and described how they support them to maintain social and personal relationships, in line with the service’s policy.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with consumers’ changing needs and preferences, including through handover processes, and consumers and representatives said staff were proactive in initiating referrals to meet consumers’ changing needs and supports.

Meals are prepared in line with a four-week rotating menu which is reviewed on an annual basis by a dietitian. Most consumers interviewed were happy with the food provided, and said there is always plenty to eat and alternative options are available. Consumers said they are able to provide feedback on the menu through surveys and attendance at monthly resident meetings, and are looking forward to the commencement of the food focus group.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Care staff described how they maintain equipment, including maintenance processes, and consumers said equipment used to support lifestyle services is cleaned after use and is in good condition.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# 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 service environment was observed to be welcoming and supportive of consumers by way of lighting, wayfinding signage and comfortable spaces indoors and outdoors for interaction or quiet reflection. Communal areas and corridors are spacious and consumers can move around and interact with visitors and other consumers. There are comfortable private areas equipped with comfortable armchairs, games to play and books or newspapers to read. Consumers said the service looks lovely and is inviting, they can use lifts to move between floors, and they are encouraged to decorate and furnish their living space with personal items and things of importance to them.

The service environment was safe, clean, comfortable and well maintained, with consumers able to move freely both indoors and outdoors. Regular cleaning is undertaken which is monitored through monthly cleaning audit processes. Reactive and preventative maintenance processes, supported by contracted services, are in place and staff described how they report maintenance issues, in line with the service’s processes. All furniture, fittings and equipment was observed to be safe, clean, and well maintained.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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 all four of the specific requirements have been assessed as compliant. The assessment team recommended requirement (3)(d) in Standard 6 Feedback and complaints not met.

**Requirement (3)(d)**

The assessment team were not satisfied feedback and complaints are reviewed and used to improve quality care and services as while three representatives said their feedback and/or complaints had been listened to, this had not led to improvements that were sustained. The assessment team’s report provided the following evidence gathered through interviews, and documentation relevant to my finding:

* Consumer C’s representative said they have raised concerns relating to care. The representative expressed frustration over having ongoing conversations over the standard of care being provided, saying whilst they were listened to and received an apology, it only resulted in short term improvement of care which was not sustained for any length of time.
* The feedback folder only included one complaint for Consumer C within the past three months.
* In response to feedback, management provided documentation from the consumer’s care file, including emails of concerns raised for follow up by senior clinical staff, review of consumer needs following feedback, an incident report relating to the wound dressing, and a clinical care review dated 20 June 2023 stating the representatives meet regularly with the clinical care coordinator and/or clinical care manager, and all issues have been addressed.
* A representative said they have raised many concerns relating to Consumer B’s care. Signs were observed in the consumer’s room and bathroom reminding staff of specific care needs. The representative said senior clinical staff had listened to their concerns, but they were tired of talking about it over and over. They advised after discussions there had been some improvements, but it was not consistent or sustained.
* The feedback folder did not include any complaints or suggestions relating to Consumer B over the past three months.
* Management advised in response to feedback, they would meet with the representative to capture all concerns and ensure these are addressed on an ongoing basis.
* Representatives for another consumer advised they had provided ongoing verbal feedback relating to the consumer’s care. The representatives said they were listened to, however, feedback provided did not result in sustained improvements to care, and they were frustrated.

The provider did not agree with the assessment team’s recommendation. The provider’s response included commentary relating to the information included in the assessment team’s report, as well as supporting documentation. The provider’s response included, but was not limited to:

* Note that the majority of information provided by Consumer C’s representative had not been previously raised as a complaint and was followed up accordingly once known. Additional information relating to call bell response times, wound management, laundry and meals was also provided and has been considered in my finding.
* A consumer experience survey completed by Consumer C in July 2023 indicated always to the question about whether a high standard of care and services are provided.
* Consumer B’s representative had not raised any concern in the last three months. Additionally, the representative stated they did not raise any concerns to the assessment team. A consumer engagement survey completed in June 2023 indicated Consumer B always receives care and support from aged care staff who have appropriate skills and training; and always is comfortable lodging complaints, with confidence appropriate action will be taken.

Based on the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. While I acknowledge feedback provided by the three representatives, I do note 28 consumers and/or representatives provided feedback to the assessment team during the site audit. As such, I do not consider the evidence presented demonstrates systemic issues with the overall feedback and complaints system as it relates to monitoring, reviewing and using data to improve the quality of care and services provided to consumers. The provider’s response demonstrates appropriate action and follow-up with the consumers and/or representatives highlighted prior to, during and after the site audit has been undertaken.

In coming to my finding, I have considered information in the assessment team’s report across the Quality Standards demonstrating a feedback log is maintained and showed investigation and subsequent actions taken. Management discussed improvement actions taken in response to consumers’ feedback, including provision of a computer for consumer use, creation of a butterfly garden, and introduction of yoga sessions as a scheduled activity. Resident meeting minutes demonstrated feedback from consumers is used to improve the delivery of care and services. Feedback data was also noted to be used to identify improvement opportunities, with a new training program implemented for inexperienced care staff in response to trends identified from feedback data and observation of staff performance.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints compliant.

**In relation to all other requirements in this Standard,** consumers and representatives are comfortable providing feedback, suggestions or complaints, including directly with staff and management and during resident meetings, and were aware of the availability and location of feedback forms. Management described how they support and encourage consumers to provide feedback, including through provision of an open-door policy, engagement with consumers during daily ‘walk arounds,’ and contacting each consumer or representative at least quarterly to undertake surveys relating to satisfaction of care and services, with individual follow up for understanding of issues if scores indicate dissatisfaction. Resident meeting minutes include a standing item of feedback, with reminders provided of the important role feedback plays in driving improvement, and information on feedback and complaints options were included in newsletters, welcome packs, and on posters displayed throughout the service.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and ongoing. Information relating to these mechanisms was also observed on display, including in languages other than English. An advocacy service attends the resident meeting on an annual basis to speak with consumers about their role. Consumers and representatives were aware of external avenues to raise complaints, however, had not sought to use them.

Policy and procedure documents are available to guide staff practice with regard to feedback, complaints and open disclosure processes. A feedback log is maintained and demonstrated investigation and subsequent action taken in response to feedback and complaints. Most staff were familiar with the term open disclosure and management described how they ensure consumers and representatives are kept informed with the progress and outcomes of complaints. Representatives said when they raise issues they are listened to and an apology is provided.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints compliant.

# 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

There are processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. A rostering system is maintained to ensure shifts are filled, and changing consumer acuity and needs are monitored with actions taken to ensure appropriate staffing levels and mix. There are processes for planned and unplanned leave. All staff interviewed said there were enough staff available, they rarely worked short staffed, and unless emergencies arose they had sufficient time to complete consumers’ care within a shift. Most consumers and representatives were satisfied there were sufficient staff available.

Staff interactions with consumers were observed to be kind, caring and affectionate. Staff interactions are monitored through observations and surveys undertaken with consumers and/or representatives at least every three months which capture levels of satisfaction, including that consumers are treated with respect and dignity. Staff meeting minutes included reference to staff processes to report behaviour that did not meet expectations. Consumers and representatives were satisfied most staff were kind, caring, respectful and familiar with consumers’ personal story and cultural needs, with one consumer referring to staff as ‘family.’ However, some representatives were unhappy with staff responses when approaching them for assistance and deficiencies in personal care. This feedback was acknowledged by management who said they would action with staff.

Most consumers and representatives were satisfied with staff, saying most were very good, although some needed more training or guidance in provision of personal care. Position descriptions detail roles and responsibilities for each position, and management and staff meeting minutes for July 2023 included discussion of updates to duty statements to improve provision of care and services. Staff competency is monitored through audits, compliance with mandatory training requirements, feedback, and performance reviews. Staff skills and competency is also considered through rostering processes to ensure the correct balance of required skills for each shift. Staff described their responsibilities to undertake mandatory training, and there are processes to ensure staff have the appropriate qualifications and registrations for their role.

Consumers and representatives felt staff were well recruited, trained and supported to deliver care and services. A thorough recruitment and onboarding process is in place which incorporates education and buddy shifts. Staff training is provided through toolbox sessions, and online modules and includes mandatory components which are monitored for completion. Staff are able to request areas for development within goals set in annual performance discussions, or by approaching management. Staff confirmed they are able to access sufficient training to perform their roles competently and are encouraged by management to access further guidance or support where required.

A staff performance framework ensures staff performance is regularly assessed, monitored and reviewed. Management described the routine performance management framework for new and experienced staff, incorporating review of feedback, incidents, and peer feedback, and processes for managing staff who did not meet expectations.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers are engaged in the development, delivery and evaluation of care and services through surveys, feedback processes and meeting forums. Consumers were aware of opportunities to be involved in the oversight, development and evaluation of care and services and felt welcome to be as engaged as much or little as they preferred.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The governing body comprises of a Board who are supported by specialised subcommittees. The organisation has a schedule of quality audits to be undertaken, with management able to adapt sequencing of these on a service level where a need is identified. A clinical governance and care committee reviews all aspects of clinical care, including assessments by external organisations, and reportable information, including quality care indicators and consumer experience surveys. Board members also undertake regular visits to each facility, spending time with staff and consumers to understand the consumer experience. Overall, consumers and representatives believed the service was well run, and consumers were safe.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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)