Performance

Report

**1800 951 822**

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| Name: | Regis Tiwi |
| Commission ID: | 6997 |
| Address: | 11 Creswell Street, TIWI, DARWIN, Northern Territory, 0810 |
| Activity type: | Site Audit |
| Activity date: | 16 April 2024 to 18 April 2024 |
| Performance report date: | 17 May 2024 |
| Service included in this assessment: | Provider: 3522 Regis Aged Care Pty Ltd  Service: 5397 Regis Tiwi |

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 Tiwi (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site audit, which 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 13 May 2024, which outlines immediate actions commenced following the site audit in response to deficits identified to ensure any perceived risk and consumer impacts are minimised. The response also includes a comprehensive plan for continuous improvement detailing a range of actions, commenced and/or planned, as well as progress, planned due dates and evaluation methods and timeframes.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not 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 2 requirement (3)(d)**

* Ensure outcomes of assessment and planning are effectively communicated to consumers and representatives and care plans are discussed with and made available to consumers and/or representatives.

**Standard 3 requirement (3)(a)**

* Ensure staff have the skills and knowledge to provide personal and/or clinical care and services to consumers in line with their assessed needs and preferences and the service’s processes, and that is tailored to their needs and optimises their health and well-being, including in relation to continence care and unplanned weight loss.

**Standard 4 requirement (3)(f)**

* Ensure meals provided are varied and of suitable quality. Review meal and meal service monitoring processes to ensure feedback and complaints related to meals are sought, identified and actioned, and changes in consumers’ nutritional intake are identified, reported and actioned.

**Standard 7 requirement (3)(a)**

* Ensure appropriate and adequate staffing levels are maintained to deliver care and services in line with consumers’ needs and preferences.

# 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

Most consumers and representatives said consumers are treated with dignity and respect, their identity, culture and diversity are valued, and they feel safe when receiving care and services. Admission packs, policies, and procedures highlight the right for consumers to be treated with dignity and respect and their identities valued. Consumers are engaged during the assessment process regarding how they can be supported to maintain their culture, beliefs, and traditions. Staff are familiar with consumers with specific cultural needs and described how they tailor care and services in response.

Consumers said the service supports them to make decisions, including decisions relating to their routines, who they want to be involved in their care, where they eat their meals, and what activities they want to participate in. Staff gave examples of how they help consumers make day-to-day choices and were familiar with consumers’ relationships with family and friends, describing how this influences consumers’ care and services. Opportunities for consumers to develop and maintain social connections are provided through provision of group activities which consumers say they enjoy.

Consumers are supported to take risks to support their independence. The service has considered a range of activities deemed to incorporate an element of risk and associated risk assessments show consumers are involved in this process, including identification and discussions of risks and mitigating strategies, and there are processes to ensure these are regularly reviewed.

Information provided to consumers is communicated in a way that is clear and easy to understand. Consumers are provided information through a range of avenues, including emails, noticeboards, activity programs, menus, newsletters, and one-to-one visits. Monthly resident and representative meetings take place where management, lifestyle, and hospitality staff meet with consumers and their representatives to discuss various matters, such as the food menu, complaints and feedback, upcoming events, and lifestyle activities. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential, and most consumers said staff are respectful of their privacy.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is 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. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is non-compliant as one of the five requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(d) in this Standard not met.

**Requirement (3)(d)** The assessment team recommended this requirement not met as outcomes of assessment and planning are not effectively communicated to consumers and documented in a care plan that is readily available to consumers. Care plans do not include detailed information relating to consultation about consumers' assessment and planning or any evidence that care plans are offered to consumers and/or their representatives. Seven consumers and representatives interviewed said they do not feel involved in the care plan process, have not seen or been offered a copy of the care plan, or know how to obtain a care plan. The plan for continuous improvement (PCI) includes an entry dated April 2024 relating to increased feedback during clinical well-being reviews and to educate staff to offer a copy to the resident or representative following the release of information policy.

The provider’s response outlines immediate actions taken following the site audit, including arranging additional education and training support for clinical staff in the care plan review process and enhancing oversight at the service. The PCI also details a range of actions planned and/or commenced, including, but not limited to, completion of clinical well-being reviews for consumers highlighted in the assessment team’s report and offering them care plan documents.

I acknowledge the provider’s response. However, I find outcomes of assessments and planning have not been effectively communicated to consumers and documented in a care plan that is readily available to consumers. I have placed weight on feedback from half of the consumers and representatives interviewed indicating they do not feel involved in the care plan process, have not seen or been offered a copy of the care plan, or know how to obtain a copy. I acknowledge the actions implemented and/or planned to address the deficits identified as outlined on the PCI. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement. As such, I find the evidence presented does not demonstrate consumers and/or representatives have been involved in discussions relating to consumers’ care and service needs nor enabled them to have an understanding and ownership of the care plan.

For the reasons detailed above, I find requirement (3)(d) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all other requirements**, assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. On admission, a range of assessments, including validated risk assessment tools are completed, with information gathered used to develop care plans which are used by staff to guide provision of care and services. An admission checklist and care plan review process are used screen and identify risks to consumers when they first enter the service. Assessments are completed on an ongoing basis, including during the three-month care plan evaluation and in response to consumers’ changing needs and preferences. Assessment and planning processes identify and address consumers’ current needs, goals, and preferences, including advance care and end of life planning, which are discussed with consumers and representatives on admission and revisited at three monthly care plan reviews.

Care files show consumers and others, including allied health professionals are involved in assessment and planning processes, however, consumers interviewed consider the process is not based on ongoing partnership. Care files show care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact consumers’ needs, goals, and preferences, with care plans updated in response.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c) and (3)(e) 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. | Not 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 non-compliant as one of the seven requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(a) in this Standard not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as each consumer does not receive safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Eight consumers and representatives said consumers are not provided care that is tailored to their needs and optimises their health and well-being. Feedback provided includes frequent delays with toileting and experiencing an episode of incontinence while waiting for staff to attend to them; experiencing rashes related to poor continence care; and staff sometimes taking up to one hour to assist a consumer to the toilet and staff telling the consumer to go the toilet in their continence aid when they cannot assist them straight away. Seven staff said they do not attend to personal or continence care in accordance with consumers’ individual needs and preferences. One staff said when consumers press their call bells for assistance to use the toilet, staff tell them to use their continence aid. For a consumer who experienced unplanned weight loss over a three month period, no referral has been initiated or strategies implemented in line with service policies and procedures.

The provider’s response outlines immediate actions taken following the site audit, including completion of an audit on continence management, scheduling training and enhancing oversight at the service. The PCI also details a range of actions planned and/or commenced, including, but not limited to, reviewing all care plans to ensure personal and clinical care is tailored to each consumer’s needs with a focus on toileting, continence needs and showering preferences; and reviewing weight for all consumers to identify unplanned weight loss and ensure weight loss, where identified, has been managed.

I acknowledge the provider’s response, however, I find each consumer has not been provided safe and effective personal and/or clinical care that is tailored to their needs and optimises their health and well-being, specifically in relation to continence care and unplanned weight loss. I have placed weight on feedback provided by half of the consumers and representatives interviewed who described impacts for consumers resulting from poor continence care, and staff who said they do not attend to personal or continence care in accordance with consumers’ individual needs and preferences. I have also considered for a consumer who experienced unplanned weight loss, actions have not been taken in line with processes described by clinical staff, including implementation of management strategies and initiating referrals. I acknowledge the actions implemented and/or planned to address the deficits identified as outlined on the PCI. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement.

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

**In relation to all other requirements**, there are systems and processes to identify, monitor, and effectively manage consumers identified with high impact or high prevalence risks. Care files sampled demonstrate effective management of risks relating to pressure injuries/wounds, falls, chemical restraint, and diabetes. Care files also evidence involvement of medical officers and allied health professionals in the assessment and management of clinical risks related to consumers’ care.

The needs, goals, and preferences of consumers nearing the end of life are recognised and addressed. During this time, care is tailored to the consumer’s needs, comfort is prioritised and family members' needs are considered. A consumer’s care file sampled includes discussions with their representative and a palliative care plan outlining the consumer’s wishes. The consumer has been referred to the palliative care team and appropriate medications prescribed to manage symptoms.

Where deterioration or change in a consumer’s condition is identified, care files show this is recognised and responded to in a timely manner, with referrals to medical officers and/or allied health professionals initiated, where required. Deterioration guidelines are available to assist staff in the management of various types of deterioration, and staff described how they monitor and respond to changes in consumers’ condition, including reporting directly to registered staff. Critical information about consumers’ health status, needs, and preferences is reported to all staff through handover processes, and where required, with others where responsibility for care is shared. Care files include recommendations from allied health professionals to inform provision of consumers’ care.

Infection-related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infection and practices to promote appropriate use of antibiotics. The service has an infection prevention and control lead, and an outbreak management plan is available to guide staff if and when required. Care staff described general actions to prevent the spread of infection, including hand hygiene and the use of personal protective equipment. Clinical staff said where an infection is suspected, symptoms are monitored, a medical review arranged and pathology testing undertaken prior to commencement of antibiotics. Infection data is collated and discussed at relevant meetings.

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. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is non-compliant as one of the seven requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(f) in this Standard not met.

**Requirement (3)(f)** The assessment team recommended this requirement not met as meals provided are not varied, or of suitable quality and quantity. Six consumers expressed dissatisfaction with the food, including with the quality, taste, temperature, variety, and timeliness of the meal service. One staff member said they often receive complaints about food and the food is basically the same each day, including for consumers on modified textured diets. Lunchtime meal services across two different days showed a lack of staff engagement and interaction with consumers who were being supported with their meals. Food was observed to be uneaten, and there was a high level of food wastage. While there are mechanisms to capture and analyse feedback relating to food and incorporate consumer preferences into the menu, consumers said they have seen little improvement. Management acknowledged the feedback provided by consumers stating various actions are being undertaken to capture and address the feedback, including food focus meetings, and food discussions during all resident/relative meetings and consumers have recently completed a food satisfaction survey.

The provider’s response outlines immediate actions taken following the site audit, including enhancing oversight at the service. The PCI also details a range of actions planned and/or commenced, including, but not limited to, providing staff education on engagement during meal service, escalating changes and capturing feedback; reviewing the in room dining service; and reviewing complaints and feedback relating to food services, identifying trends and capturing and actioning improvements.

I acknowledge the provider’s response, however, I find meals provided are not varied or of suitable quality. In coming to my finding, I have placed weight on feedback provided by consumers who expressed dissatisfaction with the meals and from staff who stated the food is the same each day, including for those consumers who require modified diets. Current measures to monitor and report changes to consumers’ nutritional intake overall are not effective with meals observed to not be eaten and a high level of food wastage noted. Furthermore, the overall dining experience is not supporting consumers’ social connections and sense of belonging with a lack of staff engagement and interaction with consumers during meal service and assistance. I acknowledge the actions implemented and/or planned to address the deficits identified as outlined on the PCI. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living non-compliant.

**In relation to all other requirements**, all consumers said they receive safe and effective services and supports for daily living that meet their needs, goals, and preferences and which optimise their independence, health, well-being. Staff described how they support consumers to achieve their daily living needs, goals, and preferences, ranging from promotion of independence with personal care, helping them to attend lifestyle activities and church services and helping them prepare for social/family gatherings. Activities, such as seated yoga/exercise/dance and walking groups consistently form part of the weekly activity program to support consumers to maintain their independence, health and quality of life. All consumers said they feel connected and engaged in meaningful activities that are satisfying to them. They also said the service acknowledges and observes their cultural and spiritual practices by supporting them to attend religious services and celebrate specific days that are meaningful to their culture or religion. Staff provided examples of how consumers’ psychological and emotional well-being is supported, including through one-on-one engagement with consumers identified as needing additional emotional support.

Consumers are supported to get the most out of their social life and can follow their interests. The service works with other organisations, advocates, and community members to help consumers follow their interests, be involved social activities and continue community connections. A monthly lifestyle calendar is maintained and developed through obtaining and analysing consumer feedback from monthly resident meetings and during activities. When consumers choose not to participate in the activity program or begin to withdraw from it, lifestyle staff ask if consumers would like one-on-one time with them, a volunteer or a visit from a religious leader in their faith. Where required, referrals to individuals, other organisations and providers of other care and services are initiated. Consumers and representatives said they are kept informed about consumers’ care and service delivery needs and feel staff and departments are aware of their preferences, supports, and care needs.

Staff described how equipment to support consumers’ daily living requirements is kept safe, clean, and well maintained, including through preventative and reactive maintenance processes.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d), (3)(e) and (3)(g) 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 is welcoming, with light and spacious communal areas, a café, well-maintained and spacious, enclosed gardens and courtyards, and numerous seating areas for consumers and visitors. The service consists of two floors with a dedicated secure memory support unit on the ground floor, and there is lift access available to enable movement between floors. There are five wings which each provide accommodation and recreation areas for consumers, and a kitchenette, including a servery. Consumers are accommodated in both single and double rooms, and private ensuites and shared bathrooms are available. While there are navigational signs to different wings, these are positioned high on walls and ceilings and the directional arrows do not facilitate easy location of various wings.

The service environment and furniture, fittings and equipment is safe, well maintained, suitable and comfortable. Outdoor garden areas are safe, clean and free from debris and tripping hazards, and consumers are able to move freely both indoors and out. Cleaning is undertaken in line with daily cleaning schedules, and additional tasks, such as more frequent cleaning of high-touch points, are added during infectious outbreaks. Reactive and preventative maintenance processes, supported by contracted services are in place, however, some maintenance issues were observed and raised with management during the site audit.

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

Consumers and representatives are aware of feedback and complaints processes and feel comfortable to raise feedback and complaints. Information relating to internal and external complaints avenues, interpreter and translation services and advocacy services is displayed around the service. Feedback forms are available in each wing, and secure feedback boxes are located throughout the service and are regularly monitored. Consumers and representatives are supported to provide feedback and complaints through a range of avenues, including participation in monthly resident/relative meetings, food focus groups, surveys, and daily interactions. Staff described how they assist consumers to provide feedback, including seeking consent to fill out feedback forms on their behalf. Staff said they try to resolve issues straight away if they can or will raise the issues with nursing staff to ensure the issue is captured and actioned.

Most consumers and representatives interviewed said staff apologise to them when things go wrong, and take action to rectify complaints, however, some do not feel the actions taken are consistently long lasting. The service has systems and processes for managing complaints which are incorporated into the continuous improvement of care and services. There are timeframes for acknowledgement of complaints and for implementation of the investigation process. Substantive information is sourced to provide updates, consultation and outcomes to the respective parties. Complaints are reviewed and, where required delegated, to specific departments within the service. The service is supported by head office through the feedback and complaints team which review data at the end of each month to ensure progress. Most consumers and representatives interviewed said the service keeps them informed of improvements, changes and updates through newsletters, meeting forums and interactions with staff.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is 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. | Not Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is non-compliant as one of the five requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(a) in this Standard not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as the number and mix of members of the workforce is not sufficiently planned to enable the delivery and management of safe quality care and services. Seven consumers and representatives said there are not enough staff to support consumers when they require assistance, such as continence and personal care which impacts their dignity and affects their skin integrity. Consumers and representatives described multiple examples of consumers having to wait for assistance, with staff arriving to turn off the call bell and then advising consumers will have to wait to have continence care attended. Wait times described varied from 20 minutes to hours depending on staffing numbers and if staff were taking breaks. Six care staff said there are not enough staff to meet consumers’ needs impacting their ability to provide care. Staff said consumer hygiene care, such as toileting, changing continence aids, and showering are done late and, in some instances, not completed or consumers have to relieve themselves in their continence aids. Staff said they turn call bells off and try to manage consumer expectations, and they return when they have time but frequently wait times are more than 15 minutes. Complaints data from January to April 2024 records 11 complaints reflecting a lack of staff support, such as wait times, call bells being turned off with care not attended to, and specific requests for more staff in one area of the service. Unfilled shift roster data for a 16 day period in April 2024 includes a combined total of 23 unfilled care staff, registered nurses and food service assistants shifts. In response, management said they are in the process of reviewing workforce numbers and recruiting registered nurses, and are planning to speak with all staff to gain their viewpoint and undertake a review of care minutes.

The provider’s response highlights a continued focus on recruitment, with six registered nurses and 15 personal care assistants in various phases of the recruitment process, and nine personal care assistants in the process of being onboarded. The PCI also details a range of actions planned and/or commenced, including, but not limited to, reviewing call bell reports and identifying appropriate trends and actions; reviewing rostering and staff meal break times; and supervising delivery of care on the floor.

I acknowledge the provider’s response, however, I find sufficient numbers of staff to deliver safe and quality care and services was not demonstrated. In coming to my finding, I have placed weight on feedback provided by half of the consumers and representatives interviewed indicating insufficient staff to provide safe and quality care and services and the resulting impacts to consumers’ health and well-being described. I have also considered feedback provided by staff indicating staffing levels are not sufficient resulting in consumers’ care and services being provided late or not at all, compromising consumers’ dignity. I acknowledge the actions implemented and/or planned to address the deficits identified as outlined on the PCI. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes with the planned actions related to this requirement.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources non-compliant.

**In relation to all other requirements**, most consumers and representatives said staff treat consumers in a kind and caring way and are respectful of their privacy, culture and diversity. Most staff described how they support individual consumers and treat them with dignity and respect, recognising specific nationalities, faith practices and cultural identities. All staff confirmed participation in training relating to identifying signs of elder abuse and reporting requirements, with two staff stating if they had any concerns regarding staff behaviour they would report this to nursing staff or management.

Most consumers and representatives said staff are competent and have the necessary skills to undertake their duties, with an understanding of consumers' needs and preferences. They also expressed confidence in staffs’ ability to perform their duties and said they have the appropriate training and equipment to complete tasks. An audit schedule is maintained to identify potential staff competency deficiencies and additional training requirements. Staff competency is monitored on an ongoing basis through documentation reviews, audits and floor walks. Clinical and care staff are knowledgeable about specific topics relevant to consumers’ care needs, such as the management of wounds, diabetes, falls, skin and charting protocols. Onboarding processes include an orientation and buddy shifts, and mandatory and professional training is required to be completed and is a condition of employment. Management are working through a backlog of outstanding modules that have not yet been completed, and actions have been implemented to ensure all mandatory training is up to date, with actions taken for staff non-compliance.

Assessment, monitoring and review of staff performance is undertaken during probationary periods and through annual review processes. Staff said they participate in performance reviews where they reflect on their performance and have a discussion with management. While a number of annual appraisals are overdue, this has been identified and with plans to have these completed by the end of the financial year. Staff performance is monitored and tracked ongoing, including through feedback and complaints, incident data, audits and daily floor monitoring of staff. There are processes to manage poor staff performance.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) 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

Most consumers and representatives feel involved and supported to have input into consumers’ care and services. Consumers and representatives are engaged and supported in the development, delivery and evaluation of care and services through various avenues, including meeting forums, food focus groups, feedback and complaints processes and surveys. Continuous improvement initiatives are regularly reviewed with input sought from consumers and representatives, and the service works with local organisations and services to support and enhance consumer engagement, where possible.

Consumers and representatives said consumers feel safe living at the service and overall feel it is well run, stating staff are friendly and management are approachable. The organisational structure and framework is supported by policies and procedures to oversee responsibilities and expectations of all individuals throughout the organisation. The organisation is governed by a Board and there are various reporting mechanisms to ensure the Board is aware of and accountable for the delivery of care and services.

A governance structure is in place 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 governing body is aware of 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. However, one representative was not satisfied with the management of an incident involving a consumer, and management acknowledged improvement and actions to update unexplained absence policies and procedures. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. 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, therefore, the Standard is 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-2)