Performance

Report

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| Name of service: | Residential Gardens |
| Service address: | 420 Woodstock Avenue, ROOTY HILL NSW 2766 |
| Commission ID: | 0367 |
| Approved provider: | Residential Gardens For Spanish Speaking Frail Aged Limited |
| Activity type: | Site Audit |
| Activity date: | 16 August 2022 to 19 August 2022 |
| Performance report date: | 27 September 2022 |

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

**This performance report**

This performance report for Residential Gardens (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 14 September 2022.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 1(3)(c) – Each consumer is supported to exercise choice and independence to make and communicate decisions about their care and services, the maintenance of their relationships, and when and how others should be involved in their care and decision making.
* Requirement 2(3)(b) – Assessment and planning consistently identifies and addresses consumer’s current condition, needs, goals and preferences.
* Requirement 2(3)(c) – The service demonstrates assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in the assessment, planning and review of their care and services.
* Requirement 2(3)(d) – The outcomes of assessment and planning are consistently and effectively communicated to consumers and/or representatives. Care plans are readily available to consumers and/or representatives and consumers and representatives are aware they can access this if they wish.
* Requirement 2(3)(e) – The service’s processes are consistently effective for the review of care and services following incidents, and changes in the consumer’s circumstances, needs, goals or preferences.
* Requirement 3(3)(a) – Personal and clinical care provided to each consumer is best practice, tailored to the consumer’s needs, and optimises their health and well-being. This includes in relation to minimising the use of restrictive practices, and the assessment, monitoring and management of pain, skin integrity, wounds, and behaviours requiring support.
* Requirement 3(3)(b) – The high impact and high prevalence risks associated with the care of each consumer is effectively managed. This includes in relation to risks associated with diabetes, falls, and skin integrity.
* Requirement 3(3)(d) – The deterioration or change in a consumer’s condition is consistently recognised and responded to in a timely manner. Processes implemented are effective in identifying early indications of wounds or skin breakdown.
* Requirement 3(3)(e) – The systems implemented at the service to document and communicate information about the consumer’s condition, needs and preferences are consistently effective in ensuring quality personal and clinical care that meets the consumers needs and optimises their health and well-being.
* Requirement 3(3)(g) – The service implements effective minimisation of infection related risks and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. The service’s infectious outbreak management procedures and documentation are up-to-date and in line with current guidance.
* Requirement 4(3)(a) – Services and supports for daily living meet each consumer’s needs, goals and preferences, and optimise their independence, health, well-being and quality of life. Consumer’s needs, goals and preferences regarding services and supports for daily living are identified and documented to facilitate staff understanding.
* Requirement 4(3)(b) – Services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being are identified and implemented.
* Requirement 4(3)(c) – Services and supports for daily living enable consumers to participate in their community within and outside the service environment and do things of interest to them.
* Requirement 4(3)(d) – The service has effective systems to gather and communicate information about consumer’s condition, needs and preferences regarding services and supports for daily living, and to plan effective interventions to support consumers in relation to these needs.
* Requirement 5(3)(b) – The service has effective processes in place to identify and actions risks to the safety of the service environment, and the service environment enables consumers to move freely both indoors and outdoors.
* Requirement 6(3)(a) – All consumers and representatives feel encouraged and supported to provide feedback and make complaints, without fear of repercussion.
* Requirement 6(3)(b) – All consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Requirement 6(3)(c) – The service has effective processes to ensure that appropriate action is consistently taken in response to complaints to ensure complaints are actioned to the satisfaction of the complainant, and an open disclosure process is used when things go wrong.
* Requirement 6(3)(d) – Feedback and complaints including from consumers, representatives and staff is reviewed and analysed to inform continuous improvement actions and improvements to care and services.
* Requirement 7(3)(d) – The service’s training, monitoring and evaluation processes are effective in ensuring staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards, particularly in relation to safe and effective personal and clinical care.
* Requirement 8(3)(a) – Consumers are actively engaged and supported in the development, delivery and evaluation of care and services. Consumer feedback influences the development, delivery and evaluation of care and services, across the service and organisation.
* Requirement 8(3)(d) – The organisation’s risk management systems and practices implemented at the service are effective in the management of high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.
* Requirement 8(3)(e) – The clinical governance framework implemented at the service is effective in minimising the use of restrictive practices, promoting appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics, and ensuring open disclosure processes are consistently followed.

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

Findings

This Quality Standard is Non-compliant as one of the six Requirements have been assessed as Non-compliant.

The Assessment Team found that for consumers sampled, they have not always been supported to exercise choice and independence to make and communicate decisions. Some consumer’s family or friends have made decisions about their care and the way services are delivered, with little evidence of the consumer’s involvement or choice regarding this. There were not clear processes to identify when and how family and others should be involved in consumer’s care. The service was unaware that that for one consumer, they did not want their friend signing forms on their behalf. For two consumers, while their family were involved in making decisions on their behalf, the service did not demonstrate the consumers were supported to exercise choice and independence regarding these decisions, and to maintain their relationship.

The approved provider’s response to the Site Audit report included clarifying information about forms and processes in place at the time of the Site Audit to support consumers to make decisions about when family, friends, carers or others should be involved in their care. However, the approved provider’s response did not demonstrate that for the consumers named in the Site Audit report, they were supported to exercise choice and independence to make and communicate their decisions about their care and services and when others should be involved in making decisions regarding their care or maintenance of their relationships.

I find the following Requirement is Non-compliant:

* Requirement 1(3)(c)

Consumers and representatives interviewed by the Assessment Team said consumers are treated with dignity and respect by staff. The Assessment Team observed that staff interactions with consumers were respectful and dignified. The service caters for Spanish speaking consumers and accommodates consumers from a wide range of Spanish speaking cultures. Consumers and representatives consistently provided feedback about the importance of the service catering to Spanish speakers and how much they value this.

Consumers provided feedback that staff respect their privacy and the Assessment Team observed staff knocking prior to entering consumers’ bedrooms and closing the door when providing care. The Assessment Team observed that consumer’s personal information is kept secure.

The service has policies affirming the right of consumers to take risks to enable them to live the best life they can. The service provided documentation relating to risks undertaken by two consumers which include documentation of the risks involved and measures to support the consumers to take the risks as safely as possible.

All consumers living at the service during the Site Audit were Spanish speakers with most not being proficient in English. Spanish-speaking staff are available at the service to ensure information is communicated in a way that is clear and easy to understand. The Assessment Team found that signage and day-to-day information about what is happening in the service is provided in Spanish such as the menu, activity calendar and consumer meeting minutes. However, some key documents such as the resident agreement are available in English only.

The approved provider’s response demonstrates, where possible, documents and information is translated into Spanish, except when there are considerations that this may not be appropriate. On balance, and considering no negative feedback about translation of documents was received by consumers or representatives, I find the service demonstrated information provided to consumers is current, accurate and timely, and communicated in a way that is clear and easy to understand.

I find the following Requirements are Compliant:

* Requirement 1(3)(a)
* Requirement 1(3)(b)
* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Requirement 1(3)(f)

# 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. | Non-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. | Non-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. | Non-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. | Non-compliant |

Findings

This Quality Standard is Non-compliant as four of the five Requirements have been assessed as Non-compliant.

Review of consumer assessment and planning documentation showed consumer care plans are not consistently reflective of their current condition, needs, goals and preferences. For one consumer, their behaviour support plan did not include recommendations made by the geriatric specialist, and for two consumers care plans did not include changes to their psychotropic medication. Care plans were not consistently updated to identify consumer’s current wounds or following falls. One consumer’s care documentation had conflicting information regarding their blood glucose level (BGL) range.

For one consumer who sustained an injury to their wrist, care planning documents did not identify the type of support applied to their wrist and required monitoring of the injury. The consumer’s care plan was not updated in relation to their current needs regarding management of the injury and assistance required for hygiene, grooming, dressing and toileting care. However, assistance with mobility the consumer now requires was reassessed and identified.

The Assessment Team found palliative care plans were not tailored for individual consumers. These were generally generic statements and not the consumer’s individual current need, goals and preferences regarding end of life planning. The approved provider’s response clarifies the service’s processes regarding advanced care and end of life planning, including evidence of this in practice to identify the consumer’s individual current need, goals and preferences regarding end of life planning for one consumer named in the Site Audit report.

I consider that the service has processes in place to identify and address consumer’s needs goals and preferences regarding advance care planning and end of life planning if the consumer wishes. However, other aspects of consumer’s current condition, needs, goals and preferences were not consistently identified and addressed in assessment and planning.

The Assessment Team found care and services were not reviewed for effectiveness when incidents occur or these needs, goals and preferences change. For several consumers, the Assessment team found pain was not re-assessed following changes to their pain management medications, identification and dressing of wounds, return from hospital or post-falls. The Assessment Team found that non-pharmacological interventions to manage consumer’s behaviours were not regularly reviewed for effectiveness, including when the interventions were not successful.

The service did not demonstrate incident forms are routinely completed when incidents occur. When incidents forms are completed there has not been a root cause analysis to determine strategies to mitigate the risk and ensure the consumers safety. For example, following the identification of wounds or post-falls. In their response, the approved provider agrees with the Site Audit report that, at this time, incident management is on an improvement trajectory, and outlines improvements made to the service’s incident management system prior to and following the Site Audit. This includes evidence of appropriate management, investigation and prevention of some incidents for consumers named in the Site Audit report.

However, I do not consider the service’s processes are consistently effective for the review of care and services following incidents, and changes in the consumer’s circumstances, needs, goals or preferences.

The service has a system of annual case conferences with consumers and representatives. However, mixed feedback regarding involvement in care assessment and planning was received from consumers and representatives interviewed by the Assessment Team. Representatives for three consumers were not satisfied with their involvement in the assessment and planning of their consumer’s care. One representative said they were not consulted regarding changes in the consumer’s medication and following unplanned weight loss. The representative said they had asked to be informed of when the consumer declined medications and meals and this information has not been provided. The representative asked for changes to the consumer’s care plan but did not get this until five weeks after the request. Two representatives of consumers who passed away at the service were not satisfied with their involvement in advanced care planning and/or communication on the consumer’s condition.

The approved provider’s response includes further information about the service’s processes to involve consumers and representatives in the assessment and planning of consumer care. However, this does not demonstrate that processes are consistently effective in ensuring assessment and planning is based on ongoing partnership with the consumer and/or representative. The approved provider’s response does demonstrate involvement of organisations and providers of care and services in the assessment and planning of consumer care.

Most consumers and representatives interviewed said they have never seen a copy of the consumer’s care plan. Some representatives did not consider the outcomes of assessment and planning were effectively communicated to them. One representative said while they knew the medical officer was reviewing their consumer due to a change in their condition, the representative had not received an update following this review. While the service provided evidence of case conferences occurring, they were unable to demonstrate if consumers or representatives received a copy of the care plan.

The approved provider’s response provides some further information about the communication and availability of consumer care plans. In their response, the approved provider agrees that improvements could be made in ensuring consumers and representatives are aware that they are able to have a copy of the care plan and the implementation of a procedure for providing a copy of the care plan to the consumer and/or representative. At this time, the outcomes of assessment and planning are not consistently or effectively communicated to consumers and/or representatives, and care plans are not readily available to consumers and/or representatives.

I find the following Requirements are Non-compliant:

* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

The Assessment Team found the service did not demonstrate assessment and planning considers risks to the consumer’s health and well-being to ensure these risks are managed effectively. This included for consumers prescribed anticoagulant therapy, assessment of skin integrity and wounds, use of low beds, and monitoring of BGLs for consumers with diabetes.

The approved provider’s response includes clarifying information about the risk assessment processes in place at the service during the Site Audit, and increased monitoring processes following the Site Audit. The approved provider’s response clarifies how risks are assessed and recorded in care planning documents, with considerations to the consumer’s care and services identified. While gaps were identified in the review of consumer care and services, including in relation to risks, this has been considered in my assessment of Requirement 2(3)(e). Overall, I am satisfied the service’s process for assessment, planning and consideration of risks to the consumer’s health and well-being is effective.

I find the following Requirement is Compliant:

* Requirement 2(3)(a)

# Standard 3

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

Findings

This Quality Standard is Non-compliant as five of the seven Requirements have been assessed as Non-compliant.

The Assessment Team found that personal and clinical care for each consumer was not best practice, tailored to the consumer’s needs, and optimised their health and well-being. The service did not demonstrate that they were working to minimise environmental restrictive practices or that these were tailored to individual consumer’s needs. The service did not demonstrate that pain was consistently assessed, monitored, and managed for several consumers, including for consumers when monitoring indicated some level of pain. The service did not demonstrate best practice maintenance of skin integrity, or wound identification and management to optimise consumer’s health and well-being. For two consumers, despite staff documenting assistance with personal care including showering, toileting, and position changes, pressure injuries were not identified until they were stage 3 and skin breakdown was not identified until it was found to have necrotic areas. The Assessment Team found gaps in behaviour support plans and behaviour management for some consumers. For one consumer who experiences behaviours requiring support, interventions recorded to manage behaviour were generic and staff do not have access to information required to tailor interventions to the consumer’s needs.

The approved provider’s response identifies continuous improvement actions implemented to improve the monitoring and management of clinical care for consumers, including regarding the deficiencies identified above. The approved provider’s response demonstrates since the Site Audit, the service has taken a more individualised approach to minimise the environmental restrictive practices at the service. However, I am not satisfied these processes are consistently ensuring all consumers receive personal and clinical care that is best practice, tailored to the consumer’s needs, and optimises their health and well-being.

The Assessment Team identified deficits in individual consumer’s care and management of associated high impact or high prevalence risks. For one consumer who lives with diabetes, inconsistent information regarding their BGL range was identified and the service did not demonstrate monitoring of BGLs in line with the medical officer’s directives. For three consumers who had falls, post-fall monitoring was not in line with best practice guidelines and incident reporting and management was not effective to mitigate the risk of further incidents. For consumers at risk of skin breakdown and pressure injuries, maintenance of skin integrity was not effective in preventing skin breakdown or pressure injuries.

The approved provider’s response identifies the processes in place to identify and monitor the high impact and high prevalence risks associated with consumers care. For two consumers identified in the Site Audit report who had experienced falls, the approved provider’s response provides some clarifying information about the post-fall monitoring of these consumers. While I am satisfied the service has processes for assessment, identification and some monitoring of the high impact and high prevalence risks, I am not satisfied these processes are ensuring these risks are effectively managed for all consumers.

The Assessment Team identified the service had not responded to the change in several consumers condition, particularly deterioration in wounds, in a timely manner. For two consumers, wounds and skin breakdown was not recognised in a timely manner until they had deteriorated. For three consumers, wound monitoring and charting was not effective to recognise and respond to deterioration and/or infection.

The approved provider’s response identifies some processes in place to monitor deterioration or change in a consumer’s condition following a fall. However, the service has not demonstrated the deterioration or change of a consumer’s condition is consistently recognised and responded to in a timely manner.

The Assessment Team found the service has a fragmented documentation system with various clinical and service documents in several offices, clinics, and nurses' stations which makes it difficult to locate information easily. Clinical documentation such as care plans, progress notes and incident forms are located on the electronic system, whereas monitoring charts are in hardcopy documents. A review of care documentation showed inconsistent and conflicting reporting of consumers condition, needs and preferences. For several consumers, monitoring of care such as toileting and repositioning was not consistently completed. Documentation and communication of consumer condition was not effective to identify early signs of pressure injuries and skin breakdown. Staff do not have easy access to information about consumer’s lifestyle, history and interests to assist in identifying and utilising effective interventions to manage behaviours.

The approved provider’s response identifies that the electronic care planning system is currently being upgraded, and the service has processes in place during this time to mitigate impact on consumer care when using a hybrid electronic and paper-based system. However, there are gaps in consumer personal and clinical care identified which indicate information about the consumer’s condition, needs and preferences are not consistently documented or communicated within the organisation and with others where responsibility for care is shared.

The Assessment Team found gaps in the implementation of standard and transmission based precautions to prevent and control infection, and the service’s outbreak management procedures and documentation. Documentation of COVID-19 and influenza vaccination status for consumers and staff was not current, and the service’s outbreak management plan did not include current advice.

The service did not demonstrate practices to promote appropriate antibiotic prescribing and use for one consumer who was prescribed antibiotics for a possible skin infection without monitoring to assess if an infection was present. There was mixed feedback received from staff regarding knowledge of antimicrobial stewardship.

In their response, the approved provider states that the service’s outbreak management plan has been updated, and provides further information regarding consumer and staff vaccination status and documentation. The service has included improvements regarding antimicrobial stewardship in their plan for continuous improvement.

The service did not demonstrate effective minimisation of infection related risks or practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

I find the following Requirements are Non-compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(g)

The Assessment Team found the service was unable to demonstrate a process for documenting the individual needs, goals and preferences of a consumer nearing the end of their life. For one consumer who passed away at the service, review of care documentation showed deficits in the monitoring of their end of life care. The Assessment Team identified gaps in the service’s processes for completion of advanced care plans and end of life planning.

The approved provider’s response clarifies the service’s processes regarding advanced care and end of life planning, including evidence of this in practice to identify the consumer’s individual current need, goals and preferences regarding end of life planning for one consumer named in the Site Audit report. While there were some gaps in the monitoring of a consumer who passed away at the service, the evidence provided in the Site Audit report indicates the consumer’s overall end of life needs were identified and generally addressed. While the Assessment Team received some negative feedback from representatives of consumers who passed away at the service, this generally related to communication and care planning and therefore I have considered this in my assessment of Standard 2. Overall, the service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

The Assessment Team found the service did not demonstrate effective and timely processes for the management of consumers requiring a referral to an allied health professional or specialist services.

The approved provider’s response outlines the referral processes for general practitioners, and other allied health or specialist services. The approved provider’s response and referrals made for consumers identified in the Site Audit report demonstrates that, overall, timely and appropriate referrals to individuals, other organisations and providers of other care and services is occurring.

I find the following Requirements are Compliant:

* Requirement 3(3)(c)
* Requirement 3(3)(f)

# 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. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Non-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. | Non-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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Non-compliant as four of the seven Requirements have been assessed as Non-compliant.

The Assessment Team found that services and supports for daily living did not meet all consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. This includes in relation to deficiencies in processes for consumer decision-making, cultural, spiritual, emotional, and psychological well-being, participating in the community, having support for personal relationships, and having stimulating and interesting things to do.

Regarding services and supports to promote consumer’s emotional, spiritual and psychological well-being, staff interviewed were unsure about the service’s process for consumer’s spiritual needs at the end of their life, such as administering last rites. The Assessment Team did not find evidence of emotional support for consumers following any incidents reviewed or during end of life care. Care documents reviewed did not identify individualised emotional support needs or preferences for the consumers sampled. However, consumers have access to a community service which provides group support and counselling sessions.

The approved provider’s response includes some additional information about supports to promote consumer’s spiritual well-being, and the work underway to update the electronic care planning system. The service identified improvements to services and supports to promote consumer’s emotional, spiritual and psychological well-being in their plan for continuous improvement. However, at this time, services and supports for daily living do not promote each consumer’s emotional, spiritual and psychological well-being.

The Assessment Team found services and supports for daily living did not enable consumers to participate in their community within and outside the service environment, support consumer’s personal relationships, and do things of interest to them. Care documents reviewed and observations by the Assessment Team found while the service operates a group activity program, consumers who do not wish to, or are unable to, participate in the group activity program are not provided with stimulation or assisted to do things of interest to them. Review of lifestyle documentation for sampled consumers showed that the activities provided to many consumers is minimal and is not reflective of their current condition and ability to participate in activities or their recorded interests. There were minimal mechanisms for gaining consumer input into the activity calendar, or to be supported to go out into the community. However, one consumer was supported by staff during the Site Audit to attend an event in the community.

The approved provider’s response identifies the impact the COVID-19 pandemic had on the provision of activities and supports available in the community outside the service environment, and that these activities and supports are beginning to recommence. The approved provider’s response provides further information about how two consumers are supported to maintain their relationship. While I acknowledge the impact of the COVID-19 pandemic on consumers being assisted to participate in the environment outside the service, the service did not provide sufficient evidence to demonstrate consumers receive services and supports for daily living that enable them to participate in their community within and outside the service environment and do things of interest to them.

The Assessment Team found the service does not have effective systems to gather and communicate information about consumer’s condition, needs and preferences regarding services and supports for daily living, or to plan effective interventions to support consumers in relation to these needs. Documentation about consumer’s lifestyle, history, preferences and needs was limited, not reflective of the consumer’s current lifestyle participation, and not accessible by all staff. Lifestyle staff interviewed by the Assessment Team were not aware of some aspects of support for daily living consumers required.

In their response, the approved provider clarified that consumer information including lifestyle plans, is available to all staff in known locations. The approved provider identifies that gaps identified above will be rectified by the implementation of the upgraded electronic care planning system. At this time, I do not consider that information about the consumer’s condition, needs and preferences regarding services and supports for daily living is communicated within the organisation, and with others where responsibility for care is shared.

I find the following Requirements are Non-compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)

The service demonstrated that timely and appropriate referrals have been made to other organisations or providers of care in relation to services and supports for daily living. For example, consumers had been referred to a Spanish speaking psychologist and a group counselling program.

Most consumers interviewed by the Assessment Team indicated general satisfaction with the meals provided at the service. The service has a seasonal menu with options available for consumers who do not want the listed meal, and special dietary requirements are catered for. There is regular communication between the service and the contracted catering service regarding any issues or feedback about the meal service.

The service demonstrated that equipment provided for services and supports for daily living is safe, suitable, clean and well maintained.

I find the following Requirements are Compliant:

* Requirement 4(3)(e)
* Requirement 4(3)(f)
* Requirement 4(3)(g)

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Non-compliant as one of the three Requirements have been assessed as Non-compliant.

The Assessment Team found that the service environment is generally clean, well maintained and comfortable. However, some aspects of the service environment compromise the safety of consumers and consumers are unable to freely move around the service environment. There is a small building separate from the main building that accommodates eight consumers. There are no staff based permanently in this building. One consumer who resides in this building has a history of falls, is known not to use the call bell and has been found on the floor in his room on several occasions. While this consumer was on a sight chart, review of this chart demonstrated it was not being completed as directed.

The approved provider’s response identifies that following consultation with consumers, the consumers in the separate building have been relocated to the main building where staff are based.

The Assessment Team found in the main building, consumers living on the ground floor have free access to several outdoor areas. However, there are no outdoor areas on the upper level and consumers living on this level have no access to the ground floor outdoor areas due to the restricted access to the lift.

In their response, the approved provider identifies that consumers are able to move indoors and outdoors via the lift with the assistance of staff. Consumers are supported by staff to access outdoor areas when they wish, and outdoor activities are organised regularly for consumers. Since the Site Audit, the service has taken steps to ensure that the lift is able to be used independently by consumers who are not assessed as requiring environmental restrictive practice.

The approved provider has made changes to ensure the service environment is safe for consumers and consumers are able to move more freely both indoors and outdoors. However, I am not satisfied the service has effective processes in place to identify and actions risks to the safety of the service environment, and the requirement for consumers to move freely both indoors and outdoors.

I find the following Requirement is Non-compliant:

* Requirement 5(3)(b)

The Assessment Team observed consumer bedrooms are large and attractively furnished with ensuites or shared bathrooms. Living areas are light and well furnished. Consumers living on the ground floor are able to freely access several outdoor courtyard areas. Signage throughout the service is in Spanish and English. While the service environment is generally attractive and welcoming, the service has limited wayfinding aids and dementia enabling design principles to assist consumers. For example, other than the room number, there is no identifying information to assist consumers to locate their room.

The service has systems in place to ensure that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Reactive maintenance records reviewed by the Assessment Team show that reported issues are promptly attended to.

I find the following Requirements are Compliant:

* Requirement 5(3)(a)
* Requirement 5(3)(c)

# 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. | Non-compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

This Quality Standard is Non-compliant as four of the four Requirements have been assessed as Non-compliant.

Consumers and representatives interviewed by the Assessment Team provided mixed feedback about feeing encouraged and supported to provide feedback and complaints. While several consumers said they knew how to provide feedback or a complaint to the service, other consumers and representatives commented that they were reluctant to make a complaint for fear of repercussion. The Assessment Team found that information regarding feedback and complaints is made available to consumers through the admission pack and complaints brochures which are available in English and Spanish throughout the service. However, other opportunities to raise concerns or provide feedback were limited. For example, resident meetings have not been held on a regular basis and two consumers said they were not aware of any resident meetings.

The approved provider’s response included some additional information about complaint and feedback information available to consumers and representatives. The service has begun work on addressing the feedback from consumers and representatives to ensure that all consumers and representatives feel they can make complaints in a free and untroubled manner.

At this time, I am not satisfied that all consumers and representatives are encouraged and supported to provide feedback and make complaints.

The Assessment Team found that consumers were not made aware of or have access to advocates, language services and other methods for raising and resolving complaints. The Assessment Team did not observe any advocate or language service brochures or posters on display in the service. The service’s complaints policies and procedures promote advocacy services, but no information is provided to consumers or representatives. Consumers and representatives were unaware of any external services that could assist them if they had a concern. Management said a coordinator translates for consumers when required. Several representatives raised concerns with the Assessment Team about the coordinator, or other staff translating, not being trained as interpreters and said they have observed that translations are not accurate and appear biased towards the service.

The approved provider’s response identifies that the service has commenced work to ensure that information about advocates, language services and other methods for raising and resolving complaints is available and consumers, representatives and staff are aware of how to access these.

At this time, I am not satisfied that all consumers and representatives are aware of and have access to advocates, language services and other methods for raising and resolving complaints

The Assessment Team found the service does not always take appropriate action when consumers and representatives raise concerns about care and services. Several consumers and representatives interviewed by the Assessment Team were not satisfied that action taken is effective in resolving their complaint or with the timeliness of a response from the service. Three representatives interviewed said they had made complaints regarding their consumer’s care and services and this was not appropriately actioned, or little had changed in response. Two representatives said they were not provided with an apology in response to a complaint they had raised, in line with the process of open disclosure. Several staff interviewed were not aware of an open disclosure process including care staff, administration staff and lifestyle staff.

The approved provider’s response states that service has taken on board the feedback from representatives named in the Site Audit report and has ensured that these representatives have been able to discuss their concerns and have these addressed. The approved provider’s response states that apologies are made in the complaint process and this is always documented in email correspondence. The approved provider’s response identifies that education had been provided to staff on open disclosure prior to the Site Audit.

I am not satisfied that the service has effective processes to ensure that appropriate action is consistently taken in response to complaints, and to ensure complaints are actioned to the satisfaction of the complainant. Evidence was not provided to demonstrate that an open disclosure process is consistently used when things go wrong.

The Assessment Team found the service is not ensuring that complaints are captured, processed through the complaint system and analysed to improve the quality of care. Feedback given to the Assessment Team from consumers and representatives did not indicate that their feedback and complaints lead to improvements to care and services. The service’s feedback and complaints register had minimal information about action taken in response to raised complaints. The plan for continuous improvement for 2022 includes mainly items identified by management based on findings of previous audits. The plan for continuous improvement did not appear to use other sources of feedback such as from meetings or feedback and complaints from consumers, representatives or staff. A staff survey completed in April 2022 indicated that staff would like support for further training and education to improve their skills. The Assessment Team did not observe evidence that these survey results have been followed up or actioned. The Assessment Team did not observe evidence demonstrating trending and analysis of complaints and feedback.

The approved provider’s response included evidence of continuous improvement undertaken by the service in response to identified gaps. However, this did not demonstrate that feedback and complaints from consumers, representatives and staff is reviewed and analysed to inform continuous improvement actions and improvements to care and services.

I find the following Requirements are Non-compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Non-compliant as one of the five Requirements have been assessed as Non-compliant.

The Assessment Team found that staff at the service are not effectively trained or supported to provide consumers with safe and quality personal and clinical care required by the Quality Standards. Deficiencies identified by the Assessment Team across the Quality Standards indicate that staff training and support has not been effective to deliver the outcomes required by these Standards. This includes in relation to assessment, planning and review of consumer care and services, management of pain, skin integrity and wounds, incident management, timely response to consumer deterioration, and antimicrobial stewardship. While the organisation has commenced supporting staff to complete mandatory training and competencies it is unclear how training will be monitored for effectiveness on an ongoing basis.

The approved provider’s response outlines the training schedule and how the service monitors completion of training by staff that is currently being led by the clinical consultant onsite. However, this was not demonstrated to be effective in ensuring staff are trained, equipped and supported to deliver the outcomes required by the Quality Standards, particularly in relation to safe and effective personal and clinical care.

I find the following Requirement is Non-compliant:

* Requirement 7(3)(d)

The Assessment Team found the service has sufficient staff to provide care and services to consumers. The Assessment Team received varied responses from consumers and representatives interviewed regarding the number and mix of staff at the service. Some were satisfied with the number of staff, but other others felt there should be more Spanish speaking staff. Call bell response time data reviewed by the Assessment Team was largely within the organisation’s guidelines of seven minutes. Whilst the service has had ongoing challenges in relation to permanent staffing, the service has managed to employ sufficient agency staff to meet the current needs of consumers.

The Assessment Team found that workforce interactions with consumers are overall kind, caring and respectful. Most consumers and representatives interviewed praised the staff for the care they provide to consumers. The Assessment Team observed staff on numerous occasions interacting with consumers in a kind and respectful manner.

The Assessment Team found gaps in the service’s orientation, training and monitoring processes to ensure staff have the skill and knowledge to effectively perform their roles, particularly for agency staff. A service training plan has been developed by the clinical consultant, however, this does not include orientation training for new staff or agency staff.The approved provider’s response includes further information about the service’s orientation, competency and monitoring processes, including for agency staff.

While the Assessment Team identified gaps in staff practice in relation to personal and clinical care delivery, I have considered this in my assessment of Requirement 7(3)(d). Overall, I consider that the service has processes to ensure staff are competent and have the qualifications and knowledge to perform their roles.

The Assessment Team found the service does not have an effective system and process to monitor and review the performance of each member of the workforce. Staff appraisal documentation did not indicate that performance appraisals have been completed or completed in the required timeframe. Management advised that performance appraisals had commenced in June 2022 but were put on hold due to the recent COVID-19 outbreak at the service. Incident management records indicated that not all incidents involving consumers or staff have been effectively investigated or actioned which may have resulted in staff requiring performance management.

The approved provider’s response clarifies that the service had adjusted the performance appraisal schedule meaning that performance appraisals were occurring as required and were in progress during the Site Audit. The approved provider’s response includes clarifying information regarding staff performance review and an example of gaps in staff practice being identified and action taken in response in accordance with the service’s procedures.

While there were some gaps in incident investigation and management being used to inform review of staff performance, overall, I consider the service has processes to ensure the regular assessment, monitoring and review of the performance of each member of the workforce.

I find the following Requirements are Compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)
* Requirement 7(3)(c)
* Requirement 7(3)(e)

# 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. | Non-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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

This Quality Standard is Non-compliant as three of the five Requirements have been assessed as Non-compliant.

The Assessment Team found the organisation did not demonstrate that it actively engages and supports consumers in the development, delivery and evaluation of care and services. Consumers are not encouraged to participate in their day to day care delivery and do not have a broader representation in the planning of their care and services. The service had not developed the Partners in Care program and some consumers who were palliating during COVID-19 were unable to receive visits from their families. Management advised the Assessment Team that the Board is considering a new strategy for family and friends of consumers to encourage participation in the service. This will be part of the organisation’s strategic plan but was under review during the Site Audit.

The approved provider’s response states that for all consumers receiving palliative care, visits from family were unrestricted and all attempts were made to accommodate all families during the period of palliation. However, the approved provider acknowledges the Partners in Care program is currently in progress.

While the organisation has commenced taking steps towards meeting this Requirement, at this time, I do not consider that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Assessment Team found the organisation does not have effective risk management systems and practices in place at the service relating to managing risks to the health, safety and well-being of consumers. The organisation has a risk management framework and policies and procedures. However, these are generic and risks specific to the organisation have not been identified. The organisation does not have an effective incident management system to mitigate significant incidents at the service and deficiencies in the effectiveness of interventions is not evaluated and documented. Documentation reviewed by the Assessment Team identified that incidents are not always identified or reported by staff. When incidents are reported on the service’s system, they do not have sufficient information including analysis of the incident to determine the cause, or interventions to prevent further incidents.

The approved provider’s response includes some additional information about the management of high impact or high prevalence risks for individual consumers. However, this does not demonstrate organisational risk management systems and practices are effective in managing high impact or high prevalence risks across the service. At this time, incident management is on an improvement trajectory, and the approved provider’s response outlines improvements made to the service’s incident management system prior to and following the Site Audit.

At this time, I am not satisfied that the organisation’s risk management systems and practices implemented at the service are effective in relation to managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system.

The Assessment Team found the organisation does not have a documented clinical governance framework and clinical oversight at the governance level is not effective. While the organisation has policies in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, the policies are largely generic and effective procedures to guide the workforce in implementing the policies are not in place. Gaps in staff understanding and staff practice in these areas were identified by the Assessment Team.

The approved provider’s response identifies clinical governance processes including reporting and clinical risk assessment that occurs at the Board level, service level, and to the Commission. However, this has not been effective in ensuring safe and quality clinical care, including in relation to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure.

I find the following Requirements are Non-compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

The Assessment Team found the organisation’s governing body is not provided with sufficient information and in a format for them to be effectively involved in or to be accountable for the planning, delivery and evaluation of care and services. A fortnightly progress report provided to the Board including incident reports, wounds, human resources, falls, clinical risks, infection control, SIRS reports, consents, family updates, continuous improvement and complaints. However, details in the report were limited and did not provide an analysis or trending of clinical outcomes. The chief executive officer advised they have regular weekly or fortnightly meetings with the chairman to discuss any recommendations or changes, but these are not documented. The chief executive officer said they send an email to families with any changes recommended by the Board.

The approved provider’s response includes additional and clarifying information about the governing body’s reporting and monitoring processes. Overall, the service and the approved provider’s response demonstrates the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The Assessment Team found the organisation does not have effective governance systems in place in relation to information management, continuous improvement and regulatory compliance. The service demonstrated effective systems in relation to financial governance, and overall, for workforce governance. Clinical and lifestyle documentation systems are fragmented with various clinical, lifestyle and service documents stored electronically, in hard copy, and in different locations. The organisation does not have effective continuous improvement systems in place to collect and review the feedback of consumers and their experience is not included as part of the quality improvement system. The organisation has systems for receiving information about regulatory obligations from a range of sources. However, requirements in relation to minimising the use of restrictive practices, serious incident response scheme (SIRS), and effective incident management systems have not been followed.

The approved provider’s response identifies that the electronic care planning system is currently being upgraded, and the service has processes in place during this time to mitigate impact on consumer care when using a hybrid electronic and paper-based system. The approved provider’s response included evidence of continuous improvement undertaken by the service in response to identified gaps. While the service did not demonstrate that feedback and complaints from consumers, representatives and staff is used to inform continuous improvement, I have considered this in my assessment of Requirement 6(3)(d). I have considered gaps in the service’s incident prevention and management systems in my assessment of Requirement 8(3)(d).

Overall, I am satisfied governance systems are effectively implemented at the service, or are in the process of being improved and implemented, in relation to information management, continuous improvement, regulatory compliance, financial governance, and workforce governance.

I find the following Requirements are Compliant:

* Requirement 8(3)(b)
* Requirement 8(3)(c)

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