Performance

Report

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| Name: | Residential Gardens |
| Commission ID: | 0367 |
| Address: | 420 Woodstock Avenue, ROOTY HILL, New South Wales, 2766 |
| Activity type: | Site Audit |
| Activity date: | 13 December 2023 to 15 December 2023 |
| Performance report date: | 6 February 2024 |
| Service included in this assessment: | Provider: 1711 Residential Gardens For Spanish Speaking Frail Aged Limited  Service: 383 Residential Gardens |

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 Denise McDonald, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others
* the provider’s response to the assessment team’s report received 24 January 2024
* a report for an assessment contact 29 August 2023 – 30 August 2023
* a performance report for the above assessment contact dated 18 October 2023
* Regulatory Bulletin – Regulation of restrictive practices and the role of the Senior Practitioners, Restrictive Practices – RB 2023-22
* Quality of Care Principles 2014 – Part 4A Behaviour support and restrictive practices – residential care and certain flexible care
* other information and intelligence held by the Commission in relation to the performance of the service

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 6(3)(c) – The service ensures when complaints are made, action is taken to resolve the concern using the principles of open disclosure, including acknowledgement and involving consumers or their representatives in resolution actions.
* Requirement 6(3)(d) – The service ensures all feedback given and complaints received are documented and used to inform continuous improvement activities to enhance the quality of care and services received by consumers.
* Requirement 8(3)(c) – The service implements monitoring processes to ensure its policies and procedures, for continuous improvement, feedback and complaint management and which inform compliance with regulation are implemented and abided by, by management and staff.

# Standard 1

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

Findings

The Quality Standard is assessed as compliant as 6 of the 6 specific Requirements has been assessed as compliant.

Consumers, who were all from Spanish speaking backgrounds, said their identity and culture was respected by staff, who treat them with dignity. Care documentation evidenced, and staff demonstrated knowledge of, consumers’ background, identity, and social preferences. Staff were observed to be speaking in Spanish and engaging with consumers in a respectful manner.

Consumers said, and staff confirmed, where consumers had requested their personal care be delivered by staff of a specific gender, this need was met to ensure care was culturally safe for those consumers. Care documentation reflected consumers’ cultural needs, personal preferences and spiritual beliefs. Policies, procedures, and training guided staff to provide person-centred and culturally safe care.

Consumers, who were married, said they are supported to maintain their relationship through living in a shared room, with staff assisting them to spend uninterrupted time together. Staff said, and care documentation evidenced, consumers had chosen how and when their care was delivered. Policies and procedures promote consumer choice and decision making.

Consumer representatives confirmed, and gave examples of how, consumers were supported to undertake their chosen activities even if this posed a risk to their health and wellbeing. Staff demonstrated knowledge of consumers who wished to take risks and the assistance needed to promote their safety. Care documentation evidenced risks were identified, potential harm was discussed, and agreed strategies to minimise risk, were at the discretion of consumers or their representative.

Menus, newsletters and handbooks were available in both English and Spanish to ensure consumers received information in ways that were easy to understand for them. Staff said consumers were given a menu and activity program so they could exercise choice over their daily living. Consumers and representatives said most of the written information received was translated into Spanish and they confirmed current information about changes to consumers’ care, lifestyle activities, menu and special events was provided, however they were unaware of how to access Spanish television programs and the Wifi due to recent changes. This is further considered under Requirement 6(3)(c) as it relates to actions taken in response to complaints.

Consumers and representatives gave practical examples of staff respecting consumers privacy and maintaining their confidentiality, by holding conversations about their care in private spaces. Staff said they, and they were observed to, knock and await consent prior to entering consumers rooms and closing doors while providing care.

# Standard 2

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

Findings

The Quality Standard is assessed as compliant as 5 of the 5 specific Requirements has been assessed as compliant.

Staff described the care planning process which consisted of completing a suite of validated assessment tools to identify risks to consumers, which informed which strategies were documented within the care plan to direct staff on the consumers care needs. Staff demonstrated knowledge of risks to consumers health and the care strategies required to reduce those risks. Policies and procedures guided staff on assessment and care planning processes, however risk of inappropriate environmental restraint had not been considered. This is further considered under Requirement 8(3)(e) as it relates to clinical governance processes.

Consumers confirmed their care goals and preferences, including for advance care and end of life had been discussed with them. Care documentation evidenced advance care planning had been completed with consumers who chose to provide this information and their care needs, goals and preferences had been captured. Staff demonstrated knowledge of consumers care needs and preferences.

Consumers and representatives said staff routinely involved them in the assessment, planning and review of consumers’ care. Care documentation evidenced assessment and planning processes included consumers, their representatives, medical officers and allied health professionals. Staff confirmed formal care conversations are scheduled every 3 months.

Consumers and representatives said the consumers’ care plans have been made available to them, but they did not have a need for them as they are in regular contact with staff. Staff described the processes for recording and communicating assessment outcomes with care documentation evidencing the outcomes were discussed with consumers and representatives as required.

Staff advised, and care documentation evidenced, care plans were reviewed every 3 months and when the consumer was reassessed when they experienced an incident such as a fall or when they lost weight unexpectedly, with the care plan updated accordingly. Consumers and representatives said when consumers condition declines, staff revisit discussions on their goals and preferences.

# Standard 3

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

Findings

The Quality Standard is assessed as compliant as 7 of the 7 specific Requirements has been assessed as compliant.

Following an assessment contact undertaken 29 August 2023 to 30 August 2023, the service was previously found non-compliant with Requirement 3(3)(a) as deficits were found in behaviour and wound management practices and care was not tailored to the needs and preferences of the consumer.

The evidence within this Site Audit report supports the service has implemented improvement actions including providing staff with training on restrictive practices, planning behaviour supports and best practice wound, pressure injury and behaviour management. Management audited consumers care documentation to ensure the training has been effectively implemented and discussed best practice expectations at meetings with registered staff.

During this Site Audit, care documentation evidenced for consumers with complex wounds or pressure injuries these were being dressed in accordance with dressing regimes and wound charting evidenced frequent review and accurate pictorial monitoring was occurring. Consumers said their pain was being managed and confirmed staff regularly monitored them for pain and checked their comfort levels. While care documentation evidenced for consumers identified as being subject to environmental and chemical restrictive practices informed consent had been obtained, behaviour supports were planned and regular review of the restrictive practice occurred, not all consumers subject to environmental restrictive practice had been identified. This is further considered under Requirement 8(3)(e) as it relates to clinical governance processes.

While not all consumers subject to environmental restrictive practices have been identified, I am satisfied consumers were receiving care tailored to their needs, which optimised their health and wellbeing.

Therefore, I find Requirement 3(3)(a) is compliant.

In relation to the remaining 6 requirements of this Quality Standard, I find them compliant as:

Consumers and representatives said consumer’s risks, such of having a catheter and potential for falling, were effectively managed. Staff interviewed described the high impact, high prevalence risks for consumers and knew what to do to mitigate those risks. Care documentation evidenced high impact risks to individual consumers were being managed according to directives, except fluid intake for consumers with fluid restrictions, was not being consistently recorded or monitored. This is considered further under Requirement 8(3)(e).

Representatives said they could visit and support their family members during end of life care and staff provided care which kept the consumer comfortable. Staff described how care delivery changes for consumers nearing EOL and confirmed they have access to palliative care specialist if required. Policies, procedures, and clinical protocols guided staff practice in the management of end of life.

Consumers and representatives said staff were quick to respond when they identified they were unwell, or their condition had changed. Care documentation evidenced staff escalated consumers for clinical monitoring and review when signs or symptoms of deterioration were noticed. Policies and procedures guide staff practice on the management of deteriorating consumers and staff demonstrated knowledge of the responses required relevant to their role.

Consumers and representatives said consumer’s care information was communicated well as staff know their planned care requirements. Staff advised information was accessible to them as it was documented in the electronic care management system, and they were notified of changes in care via handover. Care documentation evidenced information is exchanged between staff, medical officers, allied health professionals and hospitals as required.

Consumers and representatives said when they were required to be referred to other health professionals, this was done. Staff demonstrated knowledge of referral pathways and confirmed referrals were monitored to ensure timely review of the consumer. Care documentation evidenced consumers were referred quickly to a range of medical officers, allied health professionals and specialists when a need was identified.

Staff demonstrated knowledge of precautions required to prevent and control the spread of infection and how to minimise the need for antibiotics. Staff were observed to have implemented infection control precautions, including wearing personal protective equipment and undertaking hand hygiene while providing care to consumers who were infectious. Policies, procedures and plans guided staff to manage and monitor administration of antibiotics and antivirals.

# Standard 4

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

Findings

The Quality Standard is assessed as compliant as 7 of the 7 specific Requirements has been assessed as compliant.

Consumers and representatives said consumers independence and quality of life were promoted through the lifestyle program. Staff described how leisure activities were tailored to cater to the differing level of cognitive and functional abilities of consumers. Consumers were observed participating in their chosen activities of daily living.

Consumers said they were supported to access regular religious services, in line with the faith. Staff advised consumers spiritual, religious and emotional support needs were documented in consumers care plans. Activities programs evidenced church services were scheduled and volunteers were observed conducting one to one support visits.

Consumers and representatives felt supported to pursue their individual interests and confirmed members of a community club, visit them regularly. Staff described how they support consumers to do the things of interest to them and keep in touch with their family and friends. Care documentation identified the people important to individual consumers and the activities of interest to them.

Consumers and representatives felt information about consumers daily living choices and preferences were effectively communicated. Staff said information about consumers support needs was handed over between shifts and it was documented in the electronic care management systems. Staff confirmed consumers dietary information was shared between the care and catering departments to ensure consumers nutritional needs were met.

Consumers said staff suggested referral to pastoral services in response to the passing of family member, but this was declined. Care documentation evidenced the service collaborates with external providers to support the diverse needs of consumers, including having Spanish speaking volunteers to increase consumers social interactions.

Consumers said the meals were varied, and were very good, including the traditional Spanish food that was served. Staff confirmed the menu hasn’t changed since January 2023, due to outbreaks impacting operations, but a new menu has been approved and is to be implemented immediately. Staff demonstrated knowledge of consumers’ preferences, modification needs and were observed to assist consumers as required, during meal service.

Consumers confirmed equipment they used was cleaned regularly and it was replaced when faulty. Staff described various systems and processes were in place to monitor the safety and cleanliness of equipment, with documentation evidencing inspections were up to date. Equipment available to assist consumers mobility was observed to be clean and suitable for consumer’s needs.

# Standard 5

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

Findings

The Quality Standard is assessed as compliant as 3 of the 3 specific Requirements has been assessed as compliant.

Consumers and representatives said they felt at home, finding their way around was easy and they had personalised their rooms with photos and personal belongings. Staff were observed welcoming visitors and representatives were participating in activities with consumers. Living areas were observed to be well lit, dining rooms were large and lounge rooms were available for consumer to sit with family and friends.

Internal and external grounds were observed to be safe and well maintained, with staff confirming routine audits are conducted to monitor for hazards and identify any repairs needed. Consumers and representatives said communal areas and consumer rooms were kept clean; and they were able to move between indoor and outdoor areas as they wished but some consumers were identified as subjected to environmental restraint without assessment due to the security measures which impacted their free movement. This is considered further under Requirement 8(3)(e) as it relates to clinical governance processes.

Consumers and representatives said consumer rooms were generally well maintained, with fixtures in good working condition except there were delays in repairing a consumer’s air-conditioning unit. Staff demonstrated knowledge of processes in place to report items for repair, however, despite the work being completed, maintenance documentation had not been kept up to date. Furniture and equipment were observed to be in good condition, clean and suitable for consumer use.

# 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant as 2 of the 4 specific Requirements have been assessed as non-compliant. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 24 January 2024.

In relation to Requirement 6(3)(c), the Site Audit report evidenced 3 consumer representatives said they had lodged complaints with management and action had not been undertaken to resolve their concerns. The feedback and complaints register contained one item, the receipt of a formal complaint lodged by a representative with the Commission, despite representatives advising of feedback given and complaints lodged.

For one representative, they confirmed they had lodged a complaint, following the service’s handling of an incident where the consumer refused to leave the reception area for a period of 13 hours. The site audit report evidences the complaint was acknowledged, once the representative had approached the Commission.

For two other representatives, they advised complaints were lodged in previous months, relating to missing laundry and jewellery, without resolution or further engagement from management. A more recent complaint from one of these representatives, regarding air-conditioning in the consumer’s room having malfunctioned, had also gone unresolved for a period of 3 weeks.

Further complaints were made in relation to unresolved access to Spanish television programs, which the service had acknowledged, was working towards resolving but had failed to keep consumers informed of their actions.

The provider’s response included clarifying information and additional supporting evidence including a copy of a consumer’s care plan, case conference records with one of the representatives and the feedback and complaints register. The provider also submitted their 2023 Plan for continuous improvement (PCI) and outlined other responsive actions planned and commenced to redress these deficiencies. These actions include the implementation of a consumer liaison officer, engagement of a consultancy service to review complaints management processes and the development of a consumer engagement framework.

The provider clarified the original incident, referred to in the formal complaint, occurred on 13 September 2023 and the formal complaint was lodged on 27 November 2023. The response confirms there was a delay in being able to consult with the representative, following receipt of the formal, complaint due to their unavailability. I note a case conference has since been held with the consumer’s leisure care plan being updated to include activities of interest to prevent reoccurrence. However, given the length of time between the confirmed date of the incident, the concerns voiced by the representative and the formal complaint, I consider no action would have been taken without the complaint to the Commission being lodged.

The provider refutes they received the complaint regarding the missing laundry and claims the complaint of missing jewellery was investigated on the same day it was lodged, advising the representative was informed the jewellery was unable to be located and additional actions would be taken if the jewellery was not located with a family member. The provider also asserts maintenance staff inspected the air-conditioner and found it to be working, with regular checks over the 3-week period also confirming it was operational and this was communicated to the representative.

While the provider has advised actions were taken, no evidence was submitted to substantiate their engagement with representatives, who were either not aware of the actions taken or they remained dissatisfied with the outcome. I also note the complaint regarding the missing jewellery, has not been included on the updated feedback and complaints register, despite the provider advising it would be included, actions are outstanding, and it is yet to be resolved. I consider this further supports systems and processes are not in place to ensure complaints are actioned in a timely manner.

I consider the outlined improvement actions will take time to implement, embed and demonstrate effectiveness in the management and responsiveness of the service to consumers and representative complaints and feedback.

Based on the detailed evidence above, I find Requirement 6(3)(c) is non-compliant.

In relation to Requirement 6(3)(d), following an assessment contact undertaken 29 August 2023 to 30 August 2023, the service was previously found non-compliant with this requirement as deficits were found in the recording and analysis of consumer feedback and complaints to drive continuous improvement. The feedback and complaint register was found to contain limited details on subsequent actions, evaluation of outcomes and/or the implementation of improvement activities and their was a lack of evidence supporting Board awareness of complaints lodged or feedback given by consumers and their representatives.

The service committed to implementing continuous improvement actions including recording of consumer feedback and improving reporting mechanisms to the Board to ensure they were aware of consumers concerns and suggestions to drive continuous improvement.

During this Site Audit, there was no evidence to support the service had successfully implemented previous continuous improvement actions as consumer feedback, complaints and survey outcomes were still not being recorded on the complaints register. Board reports only contained information on complaints and opportunities to improve the quality of care and services had not been noted on the PCI.

The providers response acknowledges the findings and has again committed to implementing actions such as engaging a consultant to oversee the implementation of complaints management processes, developing a consumer engagement framework and increasing oversight of the feedback and complaints register.

While I note the providers response outlines their intended improvement actions, actions such as the development of the consumer engagement framework, have not been reflected in the PCI, and the updated feedback and complaints register does not contain all complaints or survey results, which further supports systems and processes to record, collate and use feedback to drive improvement, currently are and remain ineffective.

Based on the detailed evidence above, I find Requirement 6(3)(d) is non-compliant.

In relation to the remaining 2 requirements of this Quality Standard, I find them compliant as:

Consumers and representatives said they knew how to provide feedback and complaints. Staff demonstrated knowledge of complaints mechanisms and escalation processes to raise consumer concerns. Meeting minutes evidenced consumers feedback and complaints were encouraged. Feedback forms and lodgement boxes were readily accessible if consumers wanted to lodge complaints anonymously.

Consumers confirmed they were aware of external advocacy and complaints services and would seek their assistance if required. Consumers who predominantly spoke Spanish, were aware of interpreter services but used family or the staff who also spoke Spanish. Staff were knowledgeable to external complaints support and would assist consumers to access these if needed. Posters and brochures, promoting availability of external complaints and interpreter services were displayed.

# Standard 7

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

Findings

The Quality Standard is assessed as compliant as 5 of the 5 specific Requirements has been assessed as compliant.

Consumers and representatives said there was enough staff, consumers do not have to wait for care, with their care preferences being met. Staff confirmed there is sufficient staff to meet consumer needs and strategies were used to replace staff when they take planned and unplanned leave. Rostering documentation evidenced a registered nurse was continually on duty and care minute targets were being met.

Consumers said staff treat them kindly and respectfully. Staff were observed greeting consumers by their preferred names and treating consumers kindly. Staff were knowledgeable of consumers identity, life histories and conversed with consumers in Spanish.

Consumers and representatives said staff knew what they were doing and were competent in their role. Position descriptions described the required qualifications needed for each role, and documentation evidenced, staff compliance and currency of registrations and security checks was monitored. Management advised an orientation process was used to assess staff competency and ensure they had the knowledge applicable for their duties.

Consumers and representatives said staff were well trained and had not identified any areas where they required additional training. Staff said they were required to complete annual mandatory training and additional training is organised when required. Education records evidenced high completion rates for hand hygiene, incident management, manual handling and infection control and prevention.

Management said they conducted periodic performance reviews at 3 and 6 months, during probation and annually thereafter. Personnel records evidenced annual appraisal processes had not been conducted during 2023, as new systems were being adopted to align with employment anniversary dates. Management confirmed informal processes had been used to monitor workforce performance.

# 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. | Not Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the 5 specific Requirements has been assessed as non-compliant.

The Assessment team recommended Requirement 8(3)(c) was not met. In coming to my finding, I have considered the information contained within the Site Audit report and the provider’s response submitted on 24 January 2024.

The Site Audit report included supporting evidence that systems and processes for information management, continuous improvement, financial and workforce governance were effective, however, systems and processes supporting regulatory compliance, feedback and complaints were ineffective.

In relation to regulatory compliance, policies and procedures reflected the legislative requirements for restrictive practices outlined in the *Quality of Care Principles 2014* (the Principles), however entry and exit through an internal and an external door was controlled by an electronic locking mechanism, and it was not clear how this restriction to consumers free movement had been considered for 17 consumers. These consumers were found to be potentially restrained, within the environment, without the appropriate consent, behaviour support and review processes being implemented required under the Principles.

In relation to feedback and complaints, the findings of non-compliance in Requirement 6(3)(c) and Requirement 6(3)(d) support complaint management practices as outlined in policies and procedures have not been implemented and monitoring processes have been ineffective in identifying these deficits.

While the Site Audit report evidenced continuous improvement processes were effective, I have come to a different view and found deficits in the completion and monitoring of improvements required to demonstrate compliance with these Quality Standards, when previous non-compliance was found. Planned improvement actions have either not been implemented or completed, and when completed evaluation of those actions has not occurred to assess their effectiveness and informed whether subsequent actions were required.

The providers response acknowledges the findings in relation to restrictive practices, feedback and complaints with remedial actions identified within the response, however, some of these actions were not documented within the PCI submitted, which further supports continuous improvement systems were not effectively implemented and understood. Additionally, while a feedback and complaints register had been developed, this was incomplete and did not contain all feedback given including those with outstanding action items.

Based on the evidence above, I find monitoring systems to ensure regulatory compliance, inform continuous improvement and to govern the management of feedback and complaints have been ineffective, and the providers planned improvement actions will take time to demonstrate their effectiveness and sustainability.

Therefore, I find Requirement 8(3)(c) is non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant as:

Consumers and representatives confirmed they participated in meetings and care conferences to design how care was delivered. Management advised of progress towards the establishment of a consumer advisory committee to assist with evaluation and development of services. Meeting minutes and surveys evidenced consumers evaluated services and provide input into care delivery.

The Board confirmed they had appointed new members to provide expertise in clinical care and financial management to ensure the quality of care and delivery of safe services. The Board is supported by a clinical governance committee and receives monthly reports to oversee the care being delivered and identify areas of concern. The Board has endorsed policies, procedures and set clear expectations emphasising safety, inclusivity, and diversity aligned with the Quality Standards.

An electronic risk management system was implemented and was used to report, manage and respond to high impact and high prevalence risks, elder abuse and support consumers to engage with risk. Staff demonstrated knowledge of policies and procedures to identify and manage risk and were assisted by decision making tools to escalate and manage reportable incidents. Management and staff described how organisational processes supported consumers to live life as they chose.

A clinical governance framework including policies, procedures and other tools supported staff to understand their roles and responsibilities in antimicrobial stewardship, the use of open disclosure and to minimise the use of chemical restrictive practices. Staff demonstrated knowledge of processes used which reduce antimicrobial resistance, monitor the use of psychotropic medication and to request cessation when they were no longer required and to apologise when things went wrong. Board reports and meeting minutes evidenced oversight and monitoring of clinical care occurs, however, these processes had not identified deficits in the monitoring of consumers whose fluid intake was restricted and that consumers potentially subject to environmental restraint had not been accurately identified resulting in noncompliance with regulatory compliance. I have considered this further under Requirement 8(3)(c).

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