Performance

Report

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| Name of service: | Performance report date: |
| Rosary Home | 24 August 2022 |
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| Approved provider: | Activity date: |
| Congregation of Dominican Sisters of Malta (VIC) | 6 July 2022 to 8 July 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 Rosary Home (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; 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 12 August 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **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 2(3)(a**) The Approved Provider ensures assessments and plans are completed and accurate in line with the organisation’s procedures including risk assessments when changes occur.

• **Requirement 2(3)(b)** The Approved Provider ensures assessments and plans are updated and reflective of consumer’s current needs, goals and preferences including advanced care planning where the consumer wishes.

**• Requirement 2(3)(d**) The Approved Provider ensures 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.

**• Requirement 2(3)(e)** The Approved Provider ensures assessments and care plans are reviewed regularly for effectiveness including when incidents or changes occur and that appropriate updates are made to the plans to ensure consumers changed needs are met.

**• Requirement 3(3)(a)** The Approved Provider ensures each consumer gets safe and effective personal care and clinical care which is in line with best practice and the consumers needs. Ensure staff practice in relation to restrictive practices, wound care, skin care and pain are in line with best practice and the service’s procedures to optimise the wellbeing of the consumer.

**• Requirement 3(3)(b**) The Approved Provider ensures high impact and high prevalence risks associated with the care of the consumer are managed effectively. Ensure risks associated with pressure injuries, falls, behaviours and pain are identified, and appropriate assessments and strategies are implemented to manage and minimise the risks. Ensure monitoring of staff practice is effective at ensuring consumers risks are being managed effectively.

**• Requirement 3(3)(e)** The Approved Provider ensures information about the consumer’s condition is documented, recorded and communicated effectively to the staff providing care to the consumer.

**• Requirement 7(3)(a)** The Approved Provider ensures sufficient staff are deployed to support care and service delivery in line with consumers needs and to meet these Quality Standards.

**• Requirement 7(3)(d)** The Approved Provider ensures staff are provided sufficient training where deficits in staff knowledge and practice has been identified. Ensure the effectiveness of staff training is monitored and reviewed.

**• Requirement 8(3)(c)** The Approved Provider ensures the organisational governance systems of information management, continuous improvement, workforce governance and regulatory compliance are effectively implemented and monitored at the service.

**• Requirement 8(3)(d)** The Approved Provider ensures staff practice aligns with the organisation’s risk management framework and procedures including in relation to recognising, reporting and managing incidents, effectively managing consumer’s high impact and high prevalence risks and supporting consumers to live the best life they can.

**• Requirement 8(3)(e)** The Approved Provider ensures a clinical governance framework is effectively implemented and monitored at the service

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

Consumers stated that staff are kind and respectful when communicating and assisting them. Staff displayed knowledge of individual consumers backgrounds and an understanding of their personal circumstances and life journey and demonstrated how this understanding influences day-to-day care delivery.

Staff indicated they are aware of the consumers who have dietary preferences based on their religious or cultural preferences or dietary needs. The Assessment Team identified that the care planning documentation relating to background assessments for some consumers are sometimes incomplete, however did not identify any impacts to care as a result of this and consumers consistently confirmed that they felt supported.

Staff provided examples of how consumers are supported to make choices about their care and services and maintain relationships with those important to them. Consumers and representatives explained how they are supported to exercise choice and independence and maintain relationships within and outside the service environment.

Management explained how they engage and support consumers to take risks through internal risk assessment processes and ensuring they discuss the risk associated with the activities with the consumer and representative. Care planning documents contain risk assessments that include mitigation strategies.

Consumers and representatives indicated that they receive all relevant information via monthly newsletters confirmed they are updated in the instance of any incidents, reassessments, changes to behaviours, mood, or care.

Staff described ways to protect consumers' privacy, including knocking before entering a room, covering up consumers while attending to their hygiene needs, and closing all doors before assisting them. The service actively protects consumer information via electronic and physical means.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-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. | 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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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;
* 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;
* 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;
* 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.

The Assessment Team found deficiencies in the assessment, planning and delivery of care to consumers. A review of care planning documentation by the Assessment Team evidenced that multiple assessment and care plans were either not completed or documented in the electronic care management system. The Assessment Team identified four named consumer’s whose care files were missing assessment and care plans, impacting staff’s ability to provide care and services and posing risks to consumer health and wellbeing.

The Assessment team also spoke with some staff members who did not demonstrate a shared understanding of the electronic management system and were unsure who was responsible for updating care and assessment plans and ensuring the accuracy of information.

The Approved Provider’s written response, received 12 August 2022, acknowledged the deficits identified by the Assessment Team and outlined the actions taken in response to the findings, which included a review of all consumers care planning documentation, in consultation with consumers and representatives and the implementation of three-monthly reviews and a review of policies and procedures to guide staff and additional staff training.

Whilst I acknowledge the actions taken by the Approved Provider to address the issues identified by the Assessment Team, at the time of the Site Audit, the service did not consistently demonstrate that assessment and care planning, including risks to the consumer’s health and wellbeing, informed the delivery of safe and effective care and services. I find Requirement 2(3)(a) is non-compliant.

Care planning documentation evidenced that care, dietary and nutrition needs, and preferences, including advance care and end-of-life planning were not consistently documented by the service. The Assessment Team found multiple consumers with care plans that had omitted information such as prescribed diets and care preferences, care assessments that were not up to date and advance care plans that were not completed.

The Approved Provider’s written response, received 12 August 2022, undertook to complete a review of care planning documents for all consumers to ensure assessments are recorded in line with the service’s care planning policies. The Approved Provider undertook to engage with consumers and discuss the importance of advance care planning and include these directives as part of the regular reviews.

Having considered the evidence in the Site Audit report and the Approved Providers response, I am of the view that at the time of the Site Audit, the service did not consistently demonstrate that assessment and planning identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end of life planning. I find Requirement 2(3)(b) is non-compliant

The service could not demonstrate that outcomes of assessment and planning are effectively communicated to consumers and documented in a care and services plan that is readily available to the consumer. The Assessment Team identified three named consumers whose care plans were not reviewed as per the services policy and spoke with a representative who advised that they receive inconsistent information from staff.

Additional evidence in the Approved Provider’s response of 12 August 2022, acknowledged the inefficiencies in the way information is communicated within the service. The Approved Provider undertook to ensure information is recorded and shared in line with the service’s policies, additional training will be rolled out to staff on open communication and added to meeting agendas to ensure staff adhere to expectations.

I acknowledge the undertakings committed to by the Approved Provider, however, find that at the time of the Site Audit the service did not demonstrate outcomes of assessments and planning are effectively communicated and find Requirement 2(3)(d) is non-compliant.

The Assessment Team also identified that the service was not able to demonstrate that 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. A review of care documentation found that multiple assessments and care plans have not been completed and that care plans are not up to date to meet consumer’s need, goals and preferences. The Assessment Team brought forward evidence of six named consumers with outdated pain, skin and or dietitian assessments and outdared care plan reviews.

The Approved Provider’s response of 12 August 2022 provided additional explanation of the challenges faced due to labour pressures that have impacted how the service reviews and manages the changing needs of consumers. The Approved Provider advised of ongoing recruitment and increases to staff numbers that will alleviate these issues, and actions within their continuous improvement plan, such as additional staff training in incident, management reporting and an update to internal policies to support staff through assessment reviews.

I acknowledge the actions planned by the Approved Provider to address the issues raised, however, I remain of the view that at the time of the Site Audit, the service did not consistently demonstrate that care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals, or presences of the consumer. I find Requirement 2(3)(e) is non-compliant.

I am satisfied that the remaining requirement of Quality Standard 2 is compliant.

Consumers reported being consulted with and involved in the assessment and care planning on an ongoing basis and allied health professionals such as the physiotherapist and optometrist were observed onsite assessing consumers at the service.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | 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. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being;
* Effective management of high impact or high prevalence risks associated with the care of each consumer;
* 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.

The Assessment Team identified deficiencies in delivery of personal and clinical care. Care documentation revealed that clinical monitoring, attending to personal hygiene and best practice guidelines were not followed in relation to wound management and restrictive practices. The Assessment Team identified two named consumers for whom personal hygiene was not attended to for an extended period as exhibited by their care documents: inconsistent clinical monitoring and actions for three sampled consumers according to their care plans and care plans with inconsistent pain charting and monitoring for consumers. Staff stated that staffing pressures meant they are unable to assess or check when change in consumer condition is reported and stated they are often too busy to update logs in line with organisational policy.

The Assessment Team also found that restrictive practices were not always managed in line with best practice. Care planning documents reveal that behaviour support plans were not completed for consumers; and inconsistent information on review of and application of the restrictive practices where regular prescribed psychotropic medicines were added as a restraint.

The Approved Provider’s response of 12 August 2022 provided additional explanation of recent staffing ratio reviews that have been implemented to address the staffing concerns. The plan for continuous improvement also undertook to deliver staff education on restrictive practices and an internal review of the use of psychotropic medications within the service. Individualised behaviour support plans will also be reviewed and developed in collaboration with consumers and representatives.

While I acknowledge the service has taken some actions to address the deficits identified by the Assessment Team, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider that at the time of site audit the service did not demonstrate each consumer gets safe and effective, best practice care. On the balance of the evidence provided, I find the service non-compliant with requirement 3(3)(a).

The Assessment Team identified the service was unable to consistently demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. A review of care plans identified:

* Inconsistent weight recording, with no evidence of review or follow up with dietician for two consumers identified with rapid weight loss;
* Incorrect risk assessment with inaccurate mobility and transfer care plan for a named consumer with high falls risk;
* Inconsistent practices regarding thickened fluids for consumer with swallowing difficulty.

The Approved Provider did not refute the Assessment Team’s findings in its written response of 12 August 2022, and provided information including supporting evidence of actions that have been taken since the Site Audit, which included a full review to analyse the deficiency and gaps in the internal Falls Policy and Procedure, staff education on incident reporting, including wounds and falls risks, the development of falls prevention and falls risks flowcharts to support and guide staffing their roles and a review of internal handover and communication practices to ensure incidents and changes to conditions are captured and appropriately followed up.

I acknowledge the Approved Provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service did not consistently demonstrate that consumer high impact or high prevalence risks were managed effectively.  I therefore find requirement 3(3)(b) is non-compliant.

The Assessment Team identified deficits in how the service documented changes in consumers condition, specifically, the team identified one consumer on respite care who did not have dietary assessment or care plan completed; one consumer who was reviewed by the dietician for rapid weight loss and whose food intolerances were not effectively communicated; and staff who reported that handovers are not effective if the previous shift was short staffed and therefore clinical follow ups are ineffective at times.

The Approved Provider did not refute the Assessment Team’s findings in its 12 August 2022, written response and provided information and supporting evidence of actions that have been taken since the Site Audit including generating handover sheets to reflect residents’ current needs and preferences, clinical staff handovers from the external providers while visiting the service and update relevant assessment.

While I acknowledge the service has taken actions to address the deficits identified by the Assessment Team, there has not been sufficient time to demonstrate the sustainability and effectiveness of the Approved Provider’s changes. I consider at the time of the site audit the service did not have effective systems to ensure information about the consumers’ needs, condition and preferences were accurately documented. Based on the summarised evidence above, I find the service non-compliant with Requirement 3(3)(e).

The Assessment Team reviewed care documents and brought forward evidence that referrals to individuals and other providers of care occurred in an untimely manner. The Site Audit Report identified three named consumers for who the Assessment Team did not see evidence of follow up referrals to dietitians, speech pathologists or medical officers as recommended or directed by their care plans. I have reviewed the evidence provided in the Site Audit report as well as additional explanation provided by the Approved Provider in its 12 August 2022 written response.

Evidence within the Site Audit report gave reasons for the delay in a referral in one instance and demonstrated appropriate referrals in another, the Assessment Team also observed allied health professionals such as the physiotherapist and optometrist onsite during the site audit. I am of the view that the Approved Provider has provided sufficient evidence to support that the consumers have access to and are referred to other providers of care as needed, and referrals occur within a timely manner.

Based on the evidence documented in the Site Audit Report and the Approved Provider’s response I am satisfied the service is compliant with requirement 3(3)(f).

I am satisfied that the remaining three requirements of Quality Standard 3 are compliant.

Staff described how to provide care to consumers that are palliating or requiring end of life care stated that they follow the consumer’s advanced care directive. Care plans generally reflect the identification of, and response to, deterioration or changes is recognised and responded to in a timely manner.

The service was able to demonstrate minimisation of infection-related risks through standard and transmission-based precautions to prevent and control infection and through antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Staff could describe what is important to consumers and the activities they like to participate in. Most consumers were happy with the activities and reported to enjoy them and reported that they are supported with their emotional, spiritual and psychological well-being needs. Consumers were observed engaging happily in a variety of group and independent activities during the site audit and with each other.

Consumers are supported to engage with the internal and outside community, maintain connections with the people important to them and to pursue their interests. Staff were observed assisting consumers in attending activities and engaging with them and consumers were observed spending time with people important to them and going out into the community as desired.

Consumers indicated that staff are aware of their needs and preferences in relation to services and supports for daily living. Care plans provide adequate information to support effective and safe care, as it relates to services and supports for daily living, including where responsibility for care is shared.

Care plans demonstrate that the services engages other individuals and organisations to supplement the lifestyle program, including volunteers. The service has established policies for creating referrals to individuals and providers outside the service.

Staff were able to explain the dietary needs and preferences of consumers, which were consistent with care documentation. Most consumers indicated that although quantity of the meals provided is adequate however the menu is repetitive, and food is generally bland. Management advised that dietitian was onsite doing a four-week analysis of the menu to finalise the review of the new menu which will be presented for consumer input before implementation.

The service was observed to have adequate supplies of well-maintained and clean equipment. The maintenance schedule noted preventative maintenance was completed outside of the outbreak periods during which the service was in lockdown.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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

Consumers said they felt safe and at home at the service and were supported to personalise their spaces. The Assessment Team observed consumers independently accessing different areas of the service with the service environment supporting interaction with other consumers and visitors.

The service environment was observed to be safe, generally clean and well-maintained enabling consumers to move freely, both indoors and outdoors. Staff advised that consumers with limited mobility are supported to move freely around the service including the use of aids. Staff were aware of maintenance procedures and reporting.

Staff reported that the equipment for moving, and handling consumers is checked regularly to ensure it is safe. Preventative maintenance logs reflected that an efficient system was in place for all equipment and did not indicate any outstanding maintenance items. Consumers reported they feel safe when staff are using equipment to help with transfers and mobility.

**Standard 6**

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

## Findings

The Assessment Team found the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. A review of complaints data indicated reoccurring themes regarding food quality and taste, staff communication and handovers and access to medical officer appointments.

The deficiencies noted around food quality and taste have been addressed and included a fresh menu designed by the dietician to be implemented, likewise the service provided additional information relating to staff communication at handovers and provided explanation of ongoing recruitment to increase staff numbers.

The Approved Provider has provided evidence to demonstrate access to medical officers and allied health officers is available as required. The service has four medical officers that regularly visit the service and clinical staff allocate residents that need to be reviewed.

The service demonstrated appropriate responses to the consumer feedback and complaints and demonstrated it has systems in place that use feedback and complaints to improve care and services. On the totality of evidence provided in the Site Audit report and in the Approved Providers written response of 12 August 2022, I am satisfied the service is compliant with Requirement 6(3)(d).

I am satisfied the remaining three requirements of Quality Standard 6 are compliant.

Consumers and their representatives said they are encouraged to provide feedback, feel comfortable to raise concerns and the management are responsive to feedback and improvements. Staff were able to describe how they supported consumers in making complaints or raising concerns.

Staff were able to describe the advocacy and language services available to consumers and knew where to direct consumers and representatives for further information. Consumer representatives indicated they are aware of external avenues to raise concerns and have done so in the past.

Consumers indicated that generally management had responded appropriately, issues had been addressed and provided examples. Management described actions taken to resolve complaints and demonstrated an understanding of open disclosure.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* 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.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Site Audit Report reflected mixed feedback from consumers and staff regarding staffing numbers, affecting the provision of personal care and service. Examples given included consumers personal hygiene unattended, daily work logs or task in relation to personal and clinical care not completed, clinical monitoring and management being affected due to staff inadequacy and shortage.

The Approved Provider’s response of 12 August 2022 described initiatives taken to address the concerns. This includes planning of staff ratios, and mandatory training for staff with respect to wound care, pain management and other clinical indicators.

I acknowledge the Approved Provider’s actions; however, consider the changes will take time to demonstrate effectiveness. At the time of the Site Audit, the service did not consistently demonstrate the workforce is planned and deployed to support safe and quality care. Therefore, I find Requirement 7(3)(a) is non-compliant.

The Site Audit report identified deficiencies in the training and support of staff to undertake their roles. The Assessment Team brought forward instances where staff were not confident to view or update care documents and report incidents in the care management system and training records that show only 5%-7% of staff have completed mandatory training for 2022.

The Approved Provider’s response provided additional explanation of the training provided to staff on the care management system and detailed the annual training program staff are expected to undertake. The Approved Provider included staff training and monitoring in the continuous improvement plan, additional training modules for new and existing staff and a review of existing policies to support staff in their roles. While I acknowledge the planned actions, I have also considered the feedback from staff and consumers in relation to the delivery of care, based on the evidence presented in the Site Audit report, I find requirement 7(3)(d) is non-compliant.

I am satisfied the remaining three Requirements of Quality Standard 7 are compliant.

Consumers said overall staff interactions are kind, gentle care is provided, and staff understand what is important to consumers. Staff were observed to be kind and patient when assisting consumers in leisure activities.

Consumers and representative believed staff know what they are doing. While staff indicated they are unable to complete training in a timely manner they acknowledged training is available and is required to be completed annually.

Staff performance is monitored through formal performance appraisals and informal monitoring and review. Staff described the performance appraisal process and confirmed they occur annually.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirements are non-compliant:

* Effective organisation wide governance systems relating to information management, human resources, continuous improvement, feedback and regulatory compliance;
* Effective risk management systems and practices, including but not limited to management of high impact or high prevalence risks, recognising and responding to neglect, managing and preventing incidents and supporting consumers to live the best life they can
* Where clinical care is provided - a clinical governance framework, including but not limited to the following, antimicrobial stewardship, minimising the use of restraint, open disclosure.

The Assessment Team identified deficiencies in the systems established to monitor staff performance and identify skills gaps and staff competency and deficiencies in workforce planning to ensure sufficiency of staff. The Assessment Team identified breakdowns in the information management systems in place across the service affecting the sharing of accurate and timely information relating to consumer care needs and ineffective processes to ensure appropriate information is recorded.

In its response of 12 August 2022, the Approved Provider undertook to take action as part of it continuous improvement plan. These actions include a review of policies and procedures to support staff and recruitment of additional staff such as a quality controller. I acknowledge these planned actions, however at the time of the Site Audit the service did not demonstrate effective governance systems. I find Requirement 8(3)(c) is non-compliant.

The Assessment Team found the organisation has risk management systems to direct and guide staff. However, the risk management systems have not been consistently implemented and were found to be ineffective. Relevant evidence included:

* Staff practice was not in line with clinical procedures in relation to the high impact risks of pain, wounds, pressure injuries, falls and behaviours.
* Assessments were not consistently or accurately completed, clinical care to manage the risks was not delivered in line with consumers needs resulting in consumers having unmanaged risks impacting on their health and wellbeing.

In its response of 12 August 2022, the Approved Provider addressed these issues in its plan for continuous improvement which included an action plan to manage risks, ongoing audits and the recruitment of new staff to oversee compliance. While I acknowledge these actions, the establishment of these system will take time to have affect and I remain of the view the service did not demonstrate effective risk management systems. I find Requirement 8(3)(d) is non-compliant.

The Assessment Team found the clinical governance practices were ineffective, leading to consumer assessment and care planning not being undertaken and completed, restrictive practices not based on best practice and staff competencies not being maintained. The Assessment Team identified a vacant clinical care role as a possible cause for these deficiencies.

The Approved Provider’s response advised a clinical Co-Ordinator has been appointed to oversee and support the effective clinical governance and ensure day to day clinical operations. I acknowledge the steps taken by the service to resolve the issues identified, however at the time of the Site Audit, there were deficiencies in the clinical governance framework. I find Requirement 8(3)(e) is non-compliant.

I am satisfied the remaining two Requirements of Quality Standard 8 are compliant.

Consumers and representatives are encouraged to be involved in the development, delivery and evaluation of care and services. Management reported there are a number of ways consumers are actively involved in the design, delivery and evaluation of services.

The organisation’s governing body displays accountability and promotes quality care and services through acting in response to feedback and identified trends, such as upgrades to furniture in the communal areas, telephone system and camera to better support consumers at the service. The governing body engages with sub-committees, executive and management directives at the service to communicate changes that impact the service’s operations and legislative environment.

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-2)