Performance

Report

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| Name of service: | Royal Freemasons Bacchus Marsh |
| Service address: | 58 Grey Street DARLEY VIC 3340 |
| Commission ID: | 4575 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 28 November 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 Royal Freemasons Bacchus Marsh (**the service**) has been prepared by M. Nassif, 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 11 November 2022.

# 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 | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* Requirement 7(3)(a) – Ensure the workforce the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

# 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

Consumers and representatives said they were treated with dignity and respect by staff, with their identity and culture valued. Staff described the ways in which consumers’ identity, culture and diversity were valued and respected. Care planning documents showed consumers’ backgrounds and personal details were recorded and their individual cultural and diversity needs were identified.

Consumers and representative said consumers’ culture was respected, they could express their cultural identity and their cultural preferences were met. Staff identified consumers’ different cultures and explained how they delivered culturally safe care. This was in line with care planning documents.

Consumers and representatives said consumers were supported to exercise choice and independence regarding their care and services, involve who they wanted to, and maintain important connections and relationships. Staff knew the preferences and choices of specific consumers and described how they supported them to make informed decisions about their care and services, exercise independence and maintain relationships. The service had a policy on dignity, diversity, choice, and independence to guide staff in promoting consumer choice and independence.

Consumers said they were supported to take informed risks to enable them to live the best life they can. Staff identified the consumers who are supported to participate in activities involving risks and explained how the service discusses the risks with them. Care planning documents described areas in which consumers are supported to take risks to live the life they wish. The organisation had documented policies and guidelines on assessing and managing risks to consumers and balancing choice and dignity.

Consumers and representatives said they were provided with current and appropriate information about their care and services to enable them to exercise choice. Staff described various ways they provided information tailored to consumers abilities and needs. Care planning documents indicated the different communication strategies required for each consumer.

Consumers confirmed their privacy was respected and personal information kept confidential. Staff described practical ways they respected the personal privacy of consumers, and this information aligned with the feedback received from consumers. The organisation had documented policies and procedures to guide staff practice in relation to maintaining consumer privacy, and the collection, disclosure, security, storage, and use of consumers’ personal information.

# 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 Assessment Team recommended Requirement 2(3)(a), was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 2(3)(a), the Site Audit report found risk assessments relating to skin integrity and wounds were adequately identified. However, records showed the falls risk assessment tool (FRAT) was not always completed accurately or in a timely manner following suspected/unwitnessed falls. Examples from 3 consumers were provided where a FRAT was not completed post falls and, for 1 consumer, did not consider the impacts medication they were talking may have had on their risk of falls. Staff said the service had a system in place for the falls risk assessment tool to be completed post fall, and upon change to consumers condition, however they acknowledged this was not always done promptly due to lack of time associated with staffing shortages.

The provider’s response acknowledged the deficit and outlined corrective actions that has and will be undertaken to address the deficit. I have considered the evidence brought forward under this Requirement and consider it relates more to deficits in the management of high impact or high prevalence risks and staffing sufficiency and therefore have considered it under Requirements 3(3)(b) and 7(3)(a).

The evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. The service demonstrated 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. Therefore, based on the evidence before me, I find Requirement 2(3)(a) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Consumers and representatives said they had the opportunity to discuss their current care needs, goals and preferences including advance care plans and end of life care. Care planning documents reflected detailed individual assessments and goals of care. Care planning documents recorded end of life care wishes and advance care directives for consumers who wish to have one. Staff described the needs, goals and preferences of consumers.

Consumers and representatives said the assessment and planning process is based on a partnership with the service and included others they chose to involve in their care. Staff described the process of involving relevant allied health professionals, such as physiotherapists and occupational therapists in assessment and planning. Care planning documents showed assessments and care planning involved consumers, representatives and other multi-disciplinary inputs such as medical practitioners, physiotherapists, dieticians, and podiatry services.

Care planning documents showed they were frequently updated. Staff explained the process of communicating the outcomes of assessments by talking to consumers and allowing time for them to ask questions. Staff said they involved representatives in discussions if consumers had difficulties communicating. Management said consumers and representatives were offered a copy of their care plans when changes occurred or upon the three-monthly review.

Management explained how care and services were reviewed for effectiveness on a regular basis, or when circumstances changed, or incidents occurred. The service had policies and procedures for recording and reporting incidents and care plans were updated when circumstances changed.

# 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 Assessment Team recommended Requirements 3(3)(a), 3(3)(b) and 3(3)(d), were not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), the Site Audit report identified several deficiencies. I consider the following relevant to Requirement 3(3)(a):

* Representatives said when the service is short staffed or a change in condition was not identified, they have had to prompt staff to attend to consumers’ personal hygiene and toileting.
* One consumer’s continence and personal care was not adequately managed when their care needs increased during a 4-day phase of illness. The representative raised concerns with management and said the service addressed deficiencies in continence and personal care and the consumer now received adequate care.
* Three consumers experienced significant weight loss and required staff assistance with eating which wasn’t being provided. Two representatives believed that staff were not assisting with feeding due to lack of staff and this is what caused the weight loss. One representative said they raised their concerns with management who responded appropriately and there have not been any issues since. Management advised all consumers who have experienced unintentional weight loss will be added to the dietician list and placed on the high protein, high calorie diet as an immediate measure.
* Two representatives said their loved ones’ personal care was not always attended to. One representative said their loved one’s teeth were not cleaned for 10 days, and they were not always assisted with dietary and fluid intake. The representative felt this was due to insufficient staff. Another representative said on numerous occasions their loved one had to wait up to 20 minutes for staff to attend to their call bell when they required toileting assistance, resulting in the consumer being incontinent by the time staff arrived.

The provider’s response acknowledged the deficiencies identified in the Site Audit report and detailed comprehensive corrective actions undertaken, commenced or planned including:

* The organisation has commenced a monthly risk audit which identifies any gaps in care and processes and has completed an improvement action plan for all gaps identified.
* The service has identified areas for improvement including personal and continence care, pain management, weight management and dietary intake assistance.
* The service’s risk audit for September had already identified the issue of falls management and updating falls risk assessments in a timely manner.
* Monthly falls data showed a significant reduction in the number of falls from August to October.
* The service has identified additional areas of staff training which is being implemented.

The evidence brought forward under this Requirement showed that, while staff are able to deliver safe and effective personal and clinical care, this is not always provided in a timely manner due to staff sufficiency. I have therefore considered this evidence under Requirement 7(3)(a) where it is relevant and found non-compliant. The evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 3(3)(a) compliant.

Regarding Requirement 3(3)(b), the Site Audit report identified several deficiencies in the management of high impact and high prevalent risks associated with consumer care. The following deficiencies were identified:

* The service identified 17 consumers had lost more than 2 kilograms in the past 3 months. In most cases the weight loss had not been addressed as per the services policy and procedures.
* Eighteen consumers had experienced falls that resulted in injury from August 2022 to October 2022. Although falls were recorded in the incident recording system, the service’s post-fall processes, such as completing the falls risk assessment tool, were not always followed.
* Some representatives said they were not satisfied with how falls and weight loss were managed and attributed this to staff shortages. They said they felt obligated to attend the service to ensure consumers who were unable to access the dining room were assisted with food and drink.
* Clinical staff acknowledged they do not always have time to assist consumers consume all their meals or their medicated nutritional supplements to help manage weight loss.
* Management advised they were already aware of issues around weight loss and falls however, the recent coronavirus outbreaks and staffing shortages had delayed them addressing the issues in accordance with their policy guidelines. Management advised all consumers who have experienced unintentional weight loss will be seen by the dietician and commence on food/fluid charting and a high protein/high calorie diet as an immediate measure.
* Inadequate staffing levels was found to be a contributing factor to effective prevention of falls and weight loss.

The provider’s response acknowledged the deficiencies identified in the Site Audit report and detailed comprehensive corrective actions undertaken, commenced or planned. These have been outlined above in response to Requirement 3(3)(a).

The evidence brought forward under this Requirement showed that, while the service and staff are aware of how to effectively manage high impact or high prevalence risks to consumers, and have strategies in place to do so, staffing levels has contributed to the service’s ability to manage those risks. I have therefore considered this evidence under Requirement 7(3)(a) where it is relevant and found non-compliant. The evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 3(3)(b) compliant.

Regarding Requirement 3(3)(d), the Site Audit report found the service had not always responded promptly to changes in consumers’ physical function. While the service demonstrated effective management of unstable blood glucose levels the service did not respond appropriately to a consumer’s injury related pain or recognise a sudden decline in a consumer’s condition. The following deficiencies were identified:

One consumer suffering abdominal pain and vomiting was not promptly assessed for possible obstructed bowel despite having a previous history of bowel obstructions. However, the Site Audit report outlined staff were monitoring the consumer’s condition frequently. Staff had taken appropriate and immediate action to relive the consumer’s pain and assist with bowel movement however there was no success. The consumer was monitored appropriately and transferred to hospital in a reasonable timeframe, after consultation with the medical officer. I further note the consumer said they were pain free and comfortable at the time they were interviewed. The consumer was observed to be clean and resting comfortably once back in the service.

One consumer suffered a broken bone following a fall and their acute pain was not promptly identified and managed. Progress notes demonstrated staff commenced post fall pain charting 6 days after the consumer’s fall. The service’s falls policy and procedures required pain charting to commence immediately post fall. From the time of the consumer’s fall incident to the time staff commenced pain charting, progress notes demonstrated staff saw signs of pain and on some occasions provided pain relief medication but did not assess effectiveness. The consumer was also reviewed by a medical officer who prescribed regular pain relief medication; however, progress notes demonstrate pain relief medication was not consistently provided.

The provider’s response acknowledged the deficiencies identified in the Site Audit report and detailed comprehensive corrective actions undertaken, commenced or planned, including additional training to staff in identifying clinical risk and deterioration.

In relation to the consumer who suffered abdominal pain and had an obstructed bowel, the evidence provided in the Site Audit report demonstrated the service did appropriately recognise and respond to the change in the consumer’s health. In relation to responding to the consumer with acute pain after suffering a broken bone following a fall, the evidence provided in the Site Audit report demonstrated the service did appropriately respond to the consumer’s increase in pain, though the response could have been timelier. The consumer’s representative said since the consumer was reviewed by the medical officer who prescribed stronger pain relief medication, staff have been monitoring the consumer’s pain and was providing adequate pain relief.

The evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 3(3)(d) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 3 are compliant.

Records showed consumers nearing the end of life received appropriate care. Consumers and representatives confirmed staff had spoken to them about advance care planning and end of life preferences. Staff said although they are often short staffed, they prioritise the care of consumers facing the end of life, to ensure their comfort is maximised and dignity is preserved.

Consumers and representatives were satisfied with the delivery of care including the communication of changes in consumers’ condition or preferences. Progress notes and care planning documents reflected adequate information about the consumer’s condition, needs and preferences is documented to support safe and effective care. Staff described how changes in consumers’ care and services were communicated through verbal handovers, meetings, accessing care plans or accessing daily consumer task reports or electronic notifications.

Consumers and representatives were satisfied that referrals to other providers of care and services were timely and appropriate. Staff described the process for referring consumers to other health professionals and allied health services. Care planning documents included input from other services such as; medical practitioners, podiatrists, physiotherapists, geriatricians, and dieticians.

Consumers and representatives were satisfied with the service’s infection control practices. The service had documented policies and procedures to guide infection control practices and promote antimicrobial stewardship. Infections were registered on the electronic system and analysed to inform clinical performance and identify improvements. Staff said they had received training on infection minimising strategies.

# 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

Consumers said the services and supports for daily living met their needs, goals, and preferences, and optimised their independence and quality of life. Care planning documents captured the consumers’ life story and things they want to do and identified their preferences, lifestyle likes and dislikes, and social affiliations. Staff demonstrated a clear understanding of what is important to the consumers and what they like to do consistent with care planning documents.

Consumers said there were services and supports to promote their emotional and spiritual well-being including religious services and pastoral care. Staff described the services and supports in place to promote consumers’ emotional, spiritual, and psychological well-being such as spending one-on-one time with those who didn’t wish to participate in group activities. Care planning documents outlined consumers’ emotional and spiritual needs with strategies in place to support needs.

Consumers said they were supported to participate in their community within and outside the service, maintain social and personal relationships and do the things of interest to them. Staff described how they supported individual consumers to participate in the wider community and maintain their personal relationships. Care planning documents identified how consumers were supported to participate in activities of interest and stay engaged with the wider community.

Consumers and representatives said staff were aware of their condition, needs and preferences and the communication process was well conducted. The service utilised an electronic documentation system and a shift handover process to ensure information about consumers’ condition needs and preferences was communicated between staff and with those involved in their care. Staff detailed the processes for effectively communicating information about consumers’ needs within the service and to externally to others where responsibility for care is shared.

Records showed the service provided timely and appropriate referrals to other individuals, organisations and providers of care and services. Staff described how consumers are referred to other providers of care and services and gave examples. Consumers said that the service offers to refer them to external providers to support their care and service needs when necessary.

Consumers said the meals provided were varied and of suitable quality and quantity. The service had processes in place for consumers to order what they wanted each day from various options on the menu. Staff described how they met individual consumer dietary needs and preferences and how any changes to their needs and preferences were communicated. Care planning documents reflected consumers’ stated preferences and staff knowledge.

Consumers and representatives felt safe using the equipment provided and said it was clean, well maintained and suitable for use. Equipment was observed to be safe, suitable, clean, and well maintained. Staff were observed cleaning the equipment between each consumer’s use. Staff said equipment was readily accessible and, if it needed attention, they entered a maintenance request on the electronic system, and it was completed promptly by maintenance staff. Maintenance documentation showed scheduled preventative and reactive maintenance had been completed.

# 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

Consumers said the service environment felt welcoming to them, their friends and family and various features created a sense of belonging, independence and interaction. Consumers said they could add personal furnishings and decorations in their bedrooms. Consumers and representatives said they can easily find their way around the service and navigate to specific areas. The environment was observed to be welcoming with plenty of space for consumers, no clutter, adequate lighting and clear signage to aid navigation.

Consumers and representatives said the service environment was clean, well maintained, and comfortable. Consumers said they could move freely around the service and the outdoors. This was consistent with observations. The service environment appeared safe, clean, and well maintained with easy access to the various indoor and outdoor areas. Cleaning schedules were in place for each unit and communal area with guidelines on processes, frequencies of detailed cleans and touch point cleaning.

Consumers and representatives said the furniture and equipment was safe, clean, well maintained, and suitable for the consumer. Staff said they had access to suitable equipment and described the process for logging a maintenance request. Maintenance records showed requests were attended to in a timely manner. Furniture, fittings and equipment were observed to be clean and well maintained throughout the service.

# Standard 6

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

Findings

Consumers and representatives felt encouraged and supported by the service to provide feedback and make complaints. Consumers said they were aware of various ways they could provide feedback or make a complaint, but they preferred to speak directly to the nurse or the facility manager. Staff said they supported consumers to raise concerns or make a complaint, by speaking directly to themselves, the registered nurse, the service manager or by completing a feedback form.

Consumers and representatives said they know how to provide feedback and make complaints. Staff were aware of their role in supporting consumers to raise concerns. Information about other external avenues for raising complaints, and accessing advocate or interpreters was found in brochures and posters available in various locations and noticeboards throughout the service.

Consumers and representatives that had complained said they were satisfied with the process and the service always expressed an apology and was responsive to their concerns. The service’s Feedback Register showed that feedback and complaints have been managed in accordance with the organisation’s policies. Staff demonstrated the use of an open disclosure process.

Consumers and representatives who had given feedback to the service or made a complaint said they were satisfied their input made noticeable improvements. Records showed feedback and complaints were used to improve the quality of care and services. The service had a documented continuous improvement process, and feedback and complaints were a key input for identifying areas for improvement.

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

Findings

The Assessment Team recommended Requirement 7(3)(a), was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(a), the Site Audit report identified the following deficiencies:

* Ten consumers felt care and services were adversely impacted by inadequate staffing numbers. They said weekends and Mondays seemed to be the worst staffed days of the week. They indicated they had to wait thirty minutes for assistance, however this was not reflected in the call bell report.
* One consumer advised they had requested their breakfast early as they had an early appointment and when it hadn’t come at the requested time, they pressed their call bell. It wasn’t answered until 30 minutes later and they missed their appointment as a result.
* A representative said their consumer had been impacted by staff shortages at the service. They gave an example of a takeaway meal they ordered not being passed on to their consumer by staff who were too busy.
* Five staff said vacant shifts were not filled most of the time with the new model of care and often one care staff member will have to cover all the wards for two-hour blocks, leaving an area with only one staff member. They find this disruptive to care as they do not know consumers in other areas very well and they can’t get all the work done that is required.
* Management conceded there was a staff shortfall, which they had already identified and were actively working with the Board to address this issue. They said they had a large bank of casual staff but 30 personal care workers had not made themselves available in last three months.
* Call bell records indicated the average call bell response time was 4 minutes however, this did not align with consumer feedback and observations made while at the service.
* Evidence brought forward under Requirement 3(3)(a) demonstrated that clinical and personal care was not always delivered in a timely manner due to staffing sufficiency.
* Evidence brought forward under Requirement 3(3)(b) demonstrated that while the service and staff are aware of how to effectively manage high impact or high prevalence risks to consumers, and have strategies in place to do so, staffing levels has contributed to the service’s ability to manage those risks.

The provider’s response detailed comprehensive corrective actions undertaken, commenced or planned in relation to the deficiencies identified including:

* The provider explained they had been impacted by significant staffing shortages experienced across the entire aged care sector along with a large covid outbreak from 25 August 2022 to 1 October 2022, with 55 consumers and 8 staff affected.
* The provider clarified that every avenue is explored to fill vacant shifts, including seeking agency staff. Over the past three years with COVID-19 the service found agency staff very difficult to employ on an ad-hoc basis, with many only willing to fill blocks of time.
* The organisation has adopted several strategies to address staff shortages through ongoing recruitment and improved workforce planning. Since the audit, the service has had some success with recruitment and other initiatives and staffing levels have significantly improved.

I accept the whole aged care sector has experience workforce shortages and been challenged by COVID-19. While I acknowledge the service has taken appropriate actions to address the deficiencies identified, there has not been sufficient time to demonstrate the sustainability and effectiveness of the changes. I have also given weight to consumer/representative feedback on the negative impacts staffing numbers had. The service did not demonstrate the number and mix of members of the workforce enabled the delivery and management of safe and quality care and services. Therefore, based on the evidence before me, I find Requirement 7(3)(a) non-compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Consumers and representatives said staff treated them with care and respect and staff were observed interacting with consumers in a kind, caring, and respectful manner. Staff demonstrated they referred to all consumers by their preferred name and knew their care needs and what was important to them.

Consumers’ feedback reflected that staff were competent to meet the needs of consumers. Management explained the service recruited against position descriptions which set out the responsibilities and necessary qualifications, registrations and skills for each role. The service had induction and training systems in place to ensure staff were competent and had the qualifications and knowledge to perform their roles effectively.

The service had extensive mandatory and optional training and education resources to support staff. Completion records were kept, and management followed up if any staff failed to complete mandatory training. Consumers and representatives felt staff were well trained and performed their roles effectively. Staff confirmed they had been trained and supported by the service.

Management advised annual performance reviews and appraisals were conducted by each staff member’s direct line manager. Staff explained when their next appraisal was due and how the process was conducted. Staff personnel files showed regular performance monitoring and review was occurring in accordance with the service’s policies.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Assessment Team recommended Requirement 8(3)(d), was not met. I have considered the Assessment Team’s finding, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(d), the Site Audit report reported the organisation had risk management systems in place to assess and manage the high-impact or high-prevalence risks associated with the care of consumers. However, the Site Audit report found risks around weight loss and falls were not always appropriately identified and managed, as identified under Requirement 3(3)(b). As the evidence relied on was more reflective of insufficient staffing impacting on the service’s ability to manage high impact or high prevalence risks, which has been considered under Requirement 7(3)(a), the evidence brought forward in the Site Audit report under this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(d) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers said they had ongoing input into how their care and services were delivered, and the service encouraged their participation when making decisions. Meetings minutes of bimonthly consumer/relative and friends meetings confirmed consumers were engaged in the development, delivery and evaluation of care and services.

The organisation had a strategic plan and monitors through reporting the direction, and improvements of the organisation. Management explained the organisation communicates with consumers, representatives, and staff via meetings, emails, newsletters, and training and by video messages.

The service had an effective organisation wide governance system in place in relation to: information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, management explained delegations in place to provide authority for discretionary spending within a budget. Management said they can seek authorisation for further spending as required, which includes delegation arrangements for out-of-budget expenses.

The organisation had a clinical governance framework with documented policies and procedures covering antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated their knowledge of the need to reduce antibiotic use and to apply behavioural management strategies in preference to using restraint to manage challenging behaviours.

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)