Performance

Report

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| Name of service: | Royal Freemasons Sale |
| Service address: | 28 Surkitt Boulevard SALE VIC 3850 |
| Commission ID: | 4566 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 25 November 2022 |
| Performance report date: | 5 January 2023 |

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 Sale (**the service**) has been prepared by V Stephens, 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 on 8 December 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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all six requirements are compliant.

The service was previously found non-compliant with Requirement 1(3)(a) after an Assessment Contact in March 2022, as the service did not demonstrate that consumer preferences regarding personal hygiene are respected or actioned.

Actions taken by the service to rectify previous non-compliance include supporting consumers in a comprehensive care review to ensure the consumer, their representative and the care team are active partners in care choices and agreed actions occur. The Assessment Team found that all consumers sampled for this requirement are treated with dignity and respect and their identity, culture and diversity are valued. Staff were observed treating consumers with respect and demonstrated an understanding of individual choices and preferences. Consumer care planning documents included information about individual preferences. Accordingly, I find the service compliant with Requirement 1(3)(a).

The service was previously found non-compliant with Requirement 1(3)(c) after an Assessment Contact in March 2022, as the service did not support accommodation preferences for two sampled consumers.

Remedial actions taken by the service includes supporting accommodation preferences for the two previously identified consumers and supporting consumers in a comprehensive care review. All sampled consumers said the service supported them to exercise their own choice and independence and decision-making about how care and services are delivered. Staff described how they best support the decisions of consumers and care documentation reflects support for consumers to maintain relationships. Observations reflect that staff assist consumers in maintaining relationships with family and friends. Accordingly, I find the service compliant with Requirement 1(3)(c).

I am satisfied the remaining four requirements of Standard 1 are compliant.

Sampled consumers stated the service provides care and services that are culturally safe. Staff provided examples of how they support the individual needs of consumers, and consumer care planning documents capture individual requirements.

Sampled consumers described how they are supported to take risks that enable them to live their life the way they choose. Staff demonstrated they are aware of the risks taken by consumers and understood the supports required.

Sampled consumers and their representatives described how they are kept informed and updated by staff and management on changes via memorandums, monthly activity calendars and meetings. Staff provided examples of how information is provided to consumers. The Assessment team observed that information was available to consumers to support decision making.

Sampled consumers stated they are confident their privacy is respected and that their personal information remains confidential. Care staff described how they maintain consumer privacy when providing care. Staff described how only relevant staff access nurses stations and that handover sessions being held away from communal areas. Observation of staff practice demonstrated respect for consumer privacy.

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all five requirements are compliant.

The service was previously found non-compliant with Requirement 2(3)(a) after an Assessment Contact in March 2022, as the service did not demonstrate safe and effective assessment and care planning for consumers. In addition, risks were not identified and considered in care planning.

The service has implemented a number of actions to improve assessment and care planning processes, including an internal audit for all consumer assessments and care plans, staff education on personalised assessment and care planning, scheduling consultations with consumers, and completing a new suite of consumer assessments and care plans during the care consultation process.

All sampled consumers were satisfied with the improvement in assessment and care planning processes. Care planning documents include the assessment of risks related to falls, skin integrity, nutrition and hydration, diabetes, medications and specialised nursing. Management explained how daily reports generated through the electronic care management system are reviewed and updated to ensure tasks are in line with assessed and planned care. Clinical staff demonstrated knowledge of assessment and care planning processes and how risk is assessed and minimised. Accordingly, I find the service compliant with Requirement 2(3)(a).

The service was previously found non-compliant with Requirement 2(3)(b) after an Assessment Contact in March 2022, as the service did not demonstrate assessment and planning identifies the current needs of consumers, particularly in relation to the assessment of pain and wounds. In addition, advance care planning and end-of-life documentation was not always completed in a timely manner.

Improvements have been made by the service to ensure consumer care plans are meeting the current needs of consumers. Actions undertaken by the service include case conferences with all consumers and/or representatives, completion of an internal care plan audit, staff education on personalising care plans and ongoing monitoring of assessments and care plans by clinical staff with oversight from the clinical care manager and nurse advisor.

Feedback from all sampled consumers and/or their representatives indicated they were engaged in the care planning process to review and ensure consumer care plans address what is important to consumers including end of life wishes. All sampled consumer care files demonstrated current care requirements, goals, and preferences including information about advance care planning. Management described effective scheduling of care plan consultations. Accordingly, I find the service compliant with Requirement 2(3)(b).

The service was previously found non-compliant with Requirement 2(3)(c) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate effective ongoing partnerships with consumers and/or their representatives.

The service demonstrated an improvement in consumer partnerships. Actions taken by the service to facilitate improvements include care consultations with consumers and/or their representatives to ensure they are active partners in care choices and agreed actions. All sampled consumers expressed satisfaction with the improved communication, consultation, and partnership in planning care. Care documentation for sampled consumers demonstrated the involvement of consumers and/or their representatives in care planning and the contributions of health professionals and other organisations consumers wish to involve. Staff stated that ongoing care planning consultation is maintained in line with the service’s monthly resident of the day, 3‑monthly care plan evaluation and informally as required. Accordingly, I find the service compliant with Requirement 2(3)(c).

The service was previously found non-compliant with Requirement 2(3)(d) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service was unable to demonstrate effective communication with consumers regarding assessment and care planning outcomes.

The service has implemented a number of actions to improve assessment and care planning processes, including training key personnel and the implementation of a care review program that involves comprehensive care conferences and consultations with all consumers and/or their representatives. Feedback from all sampled consumers indicates satisfaction with the improved communication about care and awareness of accessing care plans. A number of sample care files were reviewed which demonstrated improved and effective communication and documentation of consumer assessment and planning outcomes. Clinical staff were observed accessing and printing care plans for consumers scheduled for their 3-monthly care plan evaluation and consultation. Accordingly, I find the service compliant with Requirement 2(3)(d).

The service was previously found non-compliant with Requirement 2(3)(e) after an Assessment Contact in March 2022 and following a Site Audit in March 2021.

The service has demonstrated an improvement in the review of consumer care as illustrated by a number of actions taken by the service including implementation of a care review program to support consumers to participate in their care evaluation, allocation of each consumer to a designated clinical staff member for the care review process, and development of a 3-monthly care plan review schedule which is posted in all nurses stations and is integrated into electronic care management work logs. Feedback from all sampled consumers and/or their representatives reflect care and services are reviewed regularly for effectiveness, following a change in consumer condition, diet preference, care requirement and following an incident such as a fall, pressure injury, or medication incident. Consumer files were reviewed and reflected review of consumer care and services with care plans updated to reflect changes to consumer care needs, goals, and preferences. Accordingly, I find the service compliant with Requirement 2(3)(e).

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all seven requirements are compliant.

The service was previously found non-compliant with Requirement 3(3)(a) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service was unable to demonstrate effective assessment, prevention, and management of consumer pain and skin integrity including wounds. In addition, the service did not demonstrate that a consent process was in place for the use of restrictive practices, or that it was used as a last resort.

The service demonstrated improvement in the delivery of safe and effective care and services through a number of actions including ongoing staff education, internal quality audit systems, monthly quality report review and trend analysis, and development of a psychotropic self‑assessment tool. Sampled consumers expressed satisfaction with the improvement in care they receive and are grateful for the services provided. Care staff demonstrated an in-depth knowledge of the personal care needs of consumers. Feedback from clinical staff and a sample review of consumer care files demonstrate individualised strategies to maintain skin integrity and appropriate assessment and management of wounds and pain. The service maintains a restrictive practice register with relevant assessments, evidence of informed consent, behaviour support plans and regular reviews, including evidence of cessation or reduction of psychotropic medications where appropriate. Accordingly, I find the service compliant with Requirement 3(3)(a).

The service was previously found non-compliant with Requirement 3(3)(b) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as deficits in care at the service were present in inconsistent management of specialised nursing care, falls management, fluid restriction, medication management and nutritional needs.

A range of actions have been taken by the service to improve the assessment, monitoring and management of high impact and high prevalence risks including development of a clinical risk matrix, re-establishment of a falls review committee, and staff education on falls management, safe medication management and other specialised nursing care. A review of sample consumer files found that falls, unplanned weight loss, diabetes, oxygen therapy, catheter care, changed behaviours and medication incidents are identified and addressed. Risk mitigation strategies are planned and implemented to prevent possible harm. All sampled consumers and/or their representatives indicated that the service identifies clinical risks and takes appropriate action. Accordingly, I find the service compliant with Requirement 3(3)(b).

The service was previously found non-compliant with Requirement 3(3)(c) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate consumers nearing the end of life had their wishes recognised and comfort maximised.

The service has reviewed all consumer care planning documents as part of the care review program. This includes the review of advance care plans and end-of-life wishes. The service demonstrated systems and processes are in place to enhance consumer comfort and to preserve consumer dignity at the end of life through improved care planning and communication with consumers, representatives and medical practitioners. All sampled consumers expressed satisfaction in advance care planning reviews and are confident their end-of-life wishes have been recognised. Care planning documentation demonstrates how the service plans to meet the palliative care needs and preferences of consumers. Accordingly, I find the service compliant with Requirement 3(3)(c).

The service was previously found non-compliant with Requirement 3(3)(d) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate timely response to deterioration or changes to consumer health.

The service has reinforced the stop and watch early warning system which is triggered when there are changes of concern identified indicate risk. All sampled representatives described how staff contact them immediately when there is any change in consumer condition and staff were able to describe their role in identification and escalation of concerns. Accordingly, I find the service compliant with Requirement 3(3)(d).

The service was previously found non-compliant with Requirement 3(3)(e) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate effective communication and handover processes.

The service has implemented a number of actions to rectify the identified deficits in documentation of consumer information, including communication within the team, review of the service’s handover and communication process in consultation with clinical care staff and allied health practitioners, and the development and implementation of a new handover procedure. The service demonstrated that information about consumer condition, needs and preferences are documented in care plans, handover sheets, message boards and progress notes which are communicated within the service. Care documentation evidenced input from a range of medical practitioners. Clinical and care staff described how they are informed and updated with relevant changes and required tasks through the new handover process and updated work logs. All sampled consumers and/or representatives expressed satisfaction with how communication occurs in relation to care. Accordingly, I find the service compliant with Requirement 3(3)(e).

The service was previously found non-compliant with Requirement 3(3)(f) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate timely referrals.

The service demonstrated improvement in referrals through the introduction of senior clinical oversight for each wing, improved communication and handover processes, and monthly review of clinical indicators by clinical management. Sampled consumers and/or their representatives expressed satisfaction with timely access and referral to medical practitioners and other health professionals as needed. Care documentation demonstrated regular and ongoing contributions from health professionals with recommendations incorporated into care. Clinical staff could describe how they access medical professionals, hospital in-reach services after hours, external specialists and the relationships with allied health service providers. Accordingly, I find the service compliant with Requirement 3(3)(f).

The service was previously found non-compliant with Requirement 3(3)(g) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate it minimises the risk of infections specifically in relation to equipment availability and staff practice.

The service has implemented several actions to rectify previously identified deficits including ongoing staff education on infection prevention and control, and regular equipment stocktakes to ensure the accessibility and availability of personal protective equipment. Clinical and care staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as the application of practices to promote antibiotic stewardship. All sampled consumers and/or their representatives described how a recent COVID-19 outbreak was effectively managed and they provided positive feedback on the service’s enhanced infection control procedures and practices. Accordingly, I find the service compliant with Requirement 3(3)(g).

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all seven requirements are compliant.

The service was previously found non-compliant with Requirement 4(3)(a) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate they provide adequate activities to support consumer quality of life and daily living.

The service has made improvements as all sampled consumers described how they are supported to engage in the things they want to do and that individual preferences are respected. Care planning information identified consumer choices and provided information about the services and supports needed. Lifestyle staff discussed how activities are added to the calendar, and where consumers do not wish to participate in group activities, individual activities are provided. The Assessment Team observed a range of activities being provided while on site, including exercise groups, card games, a concert and bus trips. Accordingly, I find the service compliant with Requirement 4(3)(a).

The service was previously found non-compliant with Requirement 4(3)(c) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate that they support consumers to do the things of interest to them.

The Assessment Team found that the service has made improvements as all sampled consumers described how they are supported to participate in their community both within and outside the service, keep in contact with people important to them and be involved in activities that interest them. Staff provided examples of how they support consumers to participate within and outside the service environment and to maintain social relationships. Care planning documents contained information on individual consumer interests and identified people important to consumers. Accordingly, I find the service compliant with Requirement 4(3)(c).

The service was previously found non-compliant with Requirement 4(3)(f) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate how consumer meal choices and preferences were considered to ensure suitable meals are provided.

The service has made a number of improvements and demonstrated there are processes in place to ensure consumers receive varied meals that are of suitable quality and quantity. Improvements include consulting consumers about their dietary preferences and increasing opportunities for consumers to provide feedback on meals. The majority of sampled consumers expressed satisfaction with the quality, quantity and variety of the meals offered. Staff were observed providing meal choices to consumers, then serving the selected meal to each consumer. Accordingly, I find the service compliant with Requirement 4(3)(f).

The service was previously found non-compliant with Requirement 4(3)(g) after an Assessment Contact in March 2022, as the service did not demonstrate that suitable and clean equipment is consistently provided to support consumer care and lifestyle needs.

All sampled consumers stated they feel safe with the supplied mobility aids, personal care aids and sensor equipment used to alert staff. Staff said equipment is accessible and is required to be cleaned after each use. Equipment used for activities of daily living were observed to be safe, suitable, clean and well maintained. Accordingly, I find the service compliant with Requirement 4(3)(g).

I am satisfied the remaining three requirements of Standard 4 are compliant.

All sampled consumers described how their emotional, spiritual and psychological well-being is supported. Consumers said they can maintain contact with their families, friends and external groups who provide them with comfort and emotional support. Lifestyle staff said consumers are supported through regular church services and to attend activities in the community. Lifestyle staff said that they spend individual time at least weekly with each consumer and this assists them to determine if they are feeling low and if other supports are required. Consumer care planning documentation includes information on the emotional, spiritual and psychological needs of consumers.

Most sampled consumers stated that they were confident their information was communicated effectively and described staff understanding their preferences and needs. Lifestyle staff said that they captured comprehensive information in consumer care planning and this assists the service to plan activities and events.

All sampled consumers described how they are supported by external organisations and other providers of care and services. Staff described timely referrals to other individuals, organisations and service providers and named specific consumers who utilise these services. Lifestyle staff and management described how they work with external organisations and volunteers to help supplement the lifestyle activities offered within the service. Consumer care planning documentation reflects the service collaborates with external providers to support the diverse needs of consumers.

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all three requirements are compliant.

The service was previously found non-compliant with Requirement 5(3)(b) after an Assessment Contact in March 2022, as the service did not demonstrate that all areas were clean.

All sampled consumers said the service is comfortable, safe and clean. Cleaning staff described the cleaning schedule which includes weekly detailed cleaning of each consumer’s room and a general daily clean. Cleaners were observed cleaning in consumer rooms and communal areas such as dining rooms and visitors’ rooms. Accordingly, I find the service compliant with Requirement 5(3)(b).

I am satisfied the remaining two requirements of Standard 5 are compliant.

All sampled consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using the café, communal areas and moving independently around the service. The service provides comfortable furnished communal areas that optimise consumer interaction and engagement. Maintenance staff described the preventative maintenance schedule and explained how external contractors are managed, the process for reactive maintenance and organising repairs for equipment and the building. The living environment was observed to be welcoming, clean and well maintained.

All sampled consumers expressed satisfaction with the furniture and equipment and stated it was suitable for their needs. Furniture, fittings and equipment were observed to be safe and clean and equipment was in good working order.

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all four requirements are compliant.

The service was previously found non-compliant with Requirement 6(3)(b) after an Assessment Contact in March 2022, as consumers and representatives were unaware of external advocacy organisations to assist with raising and resolving complaints.

The service has made improvements by ensuring information on advocacy services, external complaint organisations and interpreter services are available in the resident handbook. Information was also observed displayed throughout the service, with a variety of organisation’s pamphlets and flyers available in a number of languages in the front foyer. Consumers and representatives said they were aware of the mechanisms to provide feedback both directly to management and how to access external organisations. Accordingly, I find the service compliant with Requirement 6(3)(b).

The service was previously found non-compliant with Requirement 6(3)(c) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service had not taken appropriate action to resolve complaints, nor was open disclosure consistently implemented.

Sampled consumers and representatives stated the service has made improvements in addressing and resolving complaints. Most sampled consumers said they have been satisfied with the timeliness of actions taken to resolve their complaints. All sampled consumers said they were satisfied the management would work with them to resolve complaints. Management provided examples of when open disclosure has been provided. Accordingly, I find the service compliant with Requirement 6(3)(c).

The service was previously found non-compliant with Requirement 6(3)(d) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate that feedback from consumers is reviewed and used to improve the quality of care and services.

All sampled consumers and representatives said there had been an improvement in the resolution of complaints by the service. Management provided examples of feedback that has been used to improve care and services for consumers. Complaint registers were reviewed with a number of entries over the past 6 months which reflect feedback and complaints have been reviewed and used to inform continuous improvement at the service. Accordingly, I find the service compliant with Requirement 6(3)(d).

I am satisfied the remaining requirement in Standard 6 is compliant.

Sampled consumers said they are aware of feedback processes, and feel comfortable raising concerns and providing feedback to management and staff at the service. Consumers felt staff are able to address any concerns raised, and if required, can also raise issues directly with management. Management and staff said consumers and their representatives are encouraged to provide feedback via meetings, feedback forms and informal discussions.

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all five requirements are compliant.

The service was previously found non-compliant with Requirement 7(3)(a) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as consumer and representative feedback and review of rosters indicated there was insufficient staff to provide safe and quality care and services.

The Assessment Team found the service has delivered improvements in staffing levels and the skill mix of staff. The majority of consumers said they were satisfied they receive the assistance they require and do not miss out on their preferred care. Staff explained they are offered additional hours or extra shifts to cover staffing shortfalls. Sampled clinical staff said the skill mix of registered and enrolled nurses has improved the delivery of consumer care. Care staff were observed responding to call bells in a timely manner. Accordingly, I find the service compliant with Requirement 7(3)(a).

The service was previously found non-compliant with Requirement 7(3)(c) after an Assessment Contact in March 2022 and following a Site Audit in March 2021. Deficits identified from the previous visit in March 2022 included that the service did not always demonstrate that staff were recruited to roles with appropriate qualifications and competencies. Consumer and staff feedback was negative in relation to agency and new staff not understanding their needs.

The service has implemented planned actions to ensure staff are effectively performing the roles they have been recruited to. Sampled consumers said all staff are competent, understand their preferences for care and that they receive safe care. Sampled staff said staff skill mix has improved consumer care. Accordingly, I find the service compliant with Requirement 7(3)(c).

The service was previously found non-compliant with Requirement 7(3)(d) after an Assessment Contact in March 2022 and following a Site Audit in March 2021 due to staff not completing mandatory training and other training sessions as required.

The Assessment Team reviewed training records which demonstrated that on average 50 per cent of staff had completed mandatory training modules. Staff feedback was positive regarding support from management, and on the level of training provided. Agency staff confirmed they are required to complete orientation modules when commencing their contract and newly appointed staff are required to complete a suite of training modules as part of their onboarding. All sampled consumers said staff are able to provide safe and effective care. Accordingly, I find the service compliant with Requirement 7(3)(d).

The service was previously found non-compliant with Requirement 7(3)(e) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as no formal staff appraisal process had been undertaken.

The facility manager demonstrated the proposed schedule to commence formal staff appraisals from November 2022. The service’s current plan for continuous improvement and the complaints register contained entries relating to staff performance following consumer feedback. Management described that the clinical team are providing supervision, support and observing staff practice on a daily basis during their tour of the service and through handover and staff meetings. The manager provided information on the supervision, monitoring and spot checks that have occurred to review staff practice in relation to medication administration. While I note many formal staff appraisals remain outstanding, given other mechanisms to monitor and review staff performance are in place, on balance, I find the service compliant with Requirement 7(3)(e).

I am satisfied the remaining requirement in Standard 7 is compliant.

The majority of sampled consumers expressed satisfaction with the interactions they have with all designations of staff and that staff are respectful, kind and understand what is important to them. Staff demonstrated they understood individual consumer needs and preferences. Staff and management were observed engaging with consumers in a kind and respectful manner.

# 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

I have assessed this Quality Standard as compliant as I am satisfied that all five requirements are compliant.

The service was previously found non-compliant with Requirement 8(3)(a) after an Assessment Contact in March 2022 and following a Site Audit in March 2021. Deficits included a lack of opportunities for consumers to engage in developing and reviewing care and services.

The service has implemented regular meetings including a food focus meeting and has embedded revised monthly and quarterly care consultations which affords each consumer an opportunity to provide feedback and discuss care and service options. Overall, consumers provided positive feedback regarding opportunities to be engaged through meetings and other forums. Accordingly, I find the service compliant with Requirement 8(3)(a).

The service was previously found non-compliant with Requirement 8(3)(b) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate that the governing body was promoting a culture of safe, inclusive and quality care.

The service demonstrated improvements in reporting to, and engaging the board and the executive team in the service’s work to address previously identified non-compliance including enhanced reporting to the board and quality and safety committee. The board has also recently convened an additional monthly meeting to ensure a ‘whole of organisation approach’. Accordingly, I find the service compliant with Requirement 8(3)(b).

The service was previously found non-compliant with Requirement 8(3)(c) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the organisation was unable to demonstrate organisation-wide systems to support the delivery of safe and effective care.

The service has been supported to understand and apply the organisation’s governance systems, and the appointment of a new experienced management team ensures effective and collaborative management within the service. The service demonstrated effective governance in a number of areas including continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Accordingly, I find the service compliant with Requirement 8(3)(c).

The service was previously found non-compliant with Requirement 8(3)(d) after an Assessment Contact in March 2022 and following a Site Audit in March 2021. Deficits identified included the service not applying the organisation’s risk management framework to effectively manage clinical incidents and specialised clinical care. In addition, reporting risks and incident data to the board was not evidenced.

The service now has effective risk management systems in place including regular reporting of risks to the board and the recruitment of registered nurses to senior clinical positions to improve clinical oversight and accountability of clinical incidents, staff practice and delivery of safe and quality care. The service demonstrated improvements in the management of high impact and high prevalence risks, with staff following correct processes, reporting mechanisms and clinical review of consumers. Major incidents are reported to the board through the organisation’s electronic information system. Accordingly, I find the service compliant with Requirement 8(3)(d).

The service was previously found non-compliant with Requirement 8(3)(e) after an Assessment Contact in March 2022 and following a Site Audit in March 2021, as the service did not demonstrate understanding of restrictive practice, particularly chemical restraint.

The Assessment Team found the service has now demonstrated improved understanding and management of restrictive practices through the development of psychotropic medication assessment tools for each unit. Review and monitoring of restrictive practices is overseen by clinical management, who are also supported by the quality support team. The service provided examples of antimicrobial stewardship and an open disclosure process when communicating with consumers and their representatives when something had gone wrong or in the event of an incident. Accordingly, I find the service compliant with Requirement 8(3)(e).

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