Performance

Report

**1800 951 822**

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| Name of service: | RSL ANZAC Village |
| Service address: | 90 Veterans Parade NARRABEEN NSW 2101 |
| Commission ID: | 0531 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 12 April 2023 to 17 April 2023 |
| Performance report date: | 8 June 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 RSL ANZAC Village (**the service**) has been prepared by T Solomon, 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 9 May 2023.

# 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 | **Non-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

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 4(3)(a)

* Ensure consumers 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 Ensure behaviour support plans are individualised and contain recommendations from support services.
* Ensure ongoing concerns related to laundry services are addressed and resolved.

Requirement 4(3)(f)

* Ensure where meals are provided, they are varied and of suitable quality and quantity to personal care, skin integrity management and restrictive practices management.
* Ensure ongoing concerns related to food services are addressed and resolved.

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives consistently reported they are treated with dignity and respect. Care plans contained information which is consistent with the consumer’s identity and culture, and interactions observed by The Assessment Team between consumers and staff were respectful and caring.

Requirement 1(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives described how staff respect consumers’ culture, values, and diversity. Care planning documentation reflected consumers’ cultural needs, interests, and preferences.

The service supports consumers to exercise choice and independence in relation to their care and services, including in relation to decisions about who and how others will be involved in decisions about their care and services.

Consumers and/or representatives described how the service assists them to maintain relationships of choice, and confirmed they are able to make decisions about how they wish their care to be provided and stated staff follow these wishes.

Requirement 1(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team were provided with a dignity of risk report and reviewed consumer care documentation. They found a risk assessment is undertaken in consultation, and with the consent of the consumer and measures are put in place to manage the risks.

Consumers and/or representatives indicated they are kept informed about what is happening at the service and have information available to them in a format that is easy to understand. The service has a range of mechanisms in place to ensure consumers are provided with current, accurate and timely information to enable them to exercise choice.

Information to support consumers to make decisions was observed posted in multiple locations throughout the service. This included the daily menu, activity calendar, bus trips, newsletters, and upcoming ANZAC day events at the service.

Consumers and/or representatives reported their privacy is respected, and observations confirmed staff respect consumers’ privacy. Personal information about consumers is kept confidential, and the Assessment Team observed staff knocking on doors prior to entering rooms and noted that computerised information is kept secure.

# Standard 2

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

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Requirement 2(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service was able to demonstrate consideration of risks to consumers’ health and well-being is being managed effectively. Risks are identified and considered in assessment and planning to inform the delivery of safe and effective care to each consumer.

On admission, the service will complete a suite of clinical assessments for consumers which address each domain of care. This is done using the information provided by the consumer, the consumer representatives and/or discharge summary from the hospital. Risk assessments are conducted with consideration of consumers’ health risks including but not limited to falls, pain, behaviours, medication, continence, and personal care.

Requirement 2(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated the use of assessment and planning processes to address the current needs, goals and preferences of the consumer. This includes advanced care planning and end-of-life care that is tailored to the consumers’ preferences. End-of-life and/or advanced care planning discussions commence at the initial care conference soon after admission to the service and are reviewed annually, or when necessary.

Requirement 2(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

A review of care and service plans, progress notes, and care conference records showed participation and involvement of the individuals the consumers have requested to be included in the decision-making process related to the care and services they receive. Consumers and/or representatives stated they are satisfied with the level of consultation and input they can provide into their care and services planning.

Requirement 2(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrates the outcomes of assessment and planning are effectively communicated to the consumers and/or representatives and documented in the care plan which is readily available. Care planning documents reviewed, and staff interviews indicate consumers’ assessment outcomes are communicated through care conferences and documented in the consumer’s care plan.

The care plan is shown to consumers and/or representatives electronically during assessments, and consumers and/or representatives are asked to review the care plan and offered a copy of the document. The summary care plan contains summarised detail of consumers’ needs, goals and preferences including identified risks and agreed management strategies.

Consumers and/or representatives reported they have participated in a care conference or review, and stated the service always informs them about any changes, reviews, or concerns with the consumer's care. Consumers and/or representatives confirmed they had been offered or have a copy of their care plan.

Requirement 2(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has policies and procedures that outline a schedule of reviewing care plans on a regular basis three monthly, and when a consumer’s condition changes, situation changes, or incidents occur which may impact the consumer’s needs, goals, and preferences. The electronic care system was updated to reflect this procedure.

The Assessment Team noted consumer care plans are reviewed every three months and there is evidence that review occur following changes to consumer circumstances.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Requirement 3(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives consistently indicated they are satisfied with how their personal and clinical care is provided. Personal care charts are maintained, including daily hygiene charts, oral hygiene charts, bowel charts and repositioning charts. Consumers with specialised nursing care including catheters and stomas, care plans provide information in relation to the device’s maintenance and replacement.

Consumers experiencing pain are generally managed effectively with appropriate pain monitoring, assessment and provision of interventions as required. In relation to skin integrity, risk assessments are generally completed in a timely manner to identify consumers who are at risk of pressure injury and other skin conditions. Interventions are recorded in the consumer’s care plan to address or reduce the risk. Management of wounds was found to generally be appropriate.

Requirement 3(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has a clinical risk register that is used in conjunction with the weekly clinical risk meeting. The register is used to identify perceived risks in consumers’ health and well-being, to identify consumers with specific clinical risks, to monitor and support consumers’ needs and is updated as consumer needs change.

In relation to falls prevention and management, the service has an ongoing falls prevention program which includes multiple exercise programs for consumers who are a high falls risk, a review of post-fall assessment and fall prevention strategies by the physiotherapist, and increased monitoring and assistance for consumers who are a high falls risk. Incident review and investigation relating to falls are discussed during the weekly clinical risk meeting to analyse and identify trends and assess the effectiveness of strategies

Requirement 3(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team noted the registered nurse and care staff were aware of the care that needed to be provided for a consumer to have a dignified and personalised end-of-life process. They were able to recall the personalised care they provided for consumers and that it was in alignment with the consumer’s wishes, including the assurance of regular pain relief and the minimisation of invasive procedures.

Requirement 3(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service was able to demonstrate that deterioration or a change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. A review of care documents of consumers who experienced deterioration showed escalation and response to deterioration have been identified or recognised in a timely manner. Consumers and/or representatives provided positive feedback regarding the service’s effectiveness in responding to deterioration in a consumer’s condition.

Requirement 3(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team observed consumer information present within their files that is relevant and accurate and supports the input of staff as well as external visiting professionals such as dieticians and podiatrists. Information for consumers is updated by a registered nurse on the care plans and nursing notes and verbally passed onto care staff via regular handovers.

Requirement 3(3)(f) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of other care and services occur. Care documents indicate appropriate referrals according to the consumers’ current needs and preferences. Consumers and/or representatives expressed satisfaction with access to medical and allied health services

Requirement 3(3)(g) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team observed that staff members were adhering to infection control procedures. This included the use of proper handwashing techniques and the correct usage of personal protective equipment.

Cleaning staff were able to describe to tell the Assessment Team the procedures they use to minimise the spread of infection within the facility. This includes the use of specialised cleaning products and when the use of personal protective equipment is needed.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Non-compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

Consumers were satisfied with most areas of support and services they receive. Care planning documentation reflected a lifestyle profile which include individual preferences, past and current interests, social, cultural, and spiritual needs that are important to the consumer. Staff demonstrated a sound knowledge of individual consumers’ needs and preferred activities and how they support consumers to meet their needs, goals, and preferences.

However, consumers were not satisfied with the laundry services provided.

The Approved Provider responded with additional information and a plan for continuous improvement, including but not limited to the following actions: arrange a meeting with the laundry service to discuss consumer feedback, updating the current labelling process, monthly audits of the laundry service.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(a) is found Non-compliant.

Overall consumers and/or representatives provided negative feedback about the food and meal service. Most care plan documentation is consistent with consumer preferences and dietary needs. Whilst the service provides opportunities for consumers to give feedback about the food, the feedback is not used to adjust the meals to reflect the consumers’ needs and preferences.

The catering contractor stated they have regular food forums, and he tries to visit the consumers after lunch to get immediate feedback on the meals. The catering contractor has had toolbox talks with the care staff to better improve delivery of meals to rooms to minimise the chance of food becoming cold. They continue to work with the care staff to better improve the service at mealtimes. However, the service’s complaint records include numerous complaints about the meals over the past five months.

The Approved Provider responded with additional information and a plan for continuous improvement, including but not limited to the following actions: weekly review of food cards and adjusting the menu based on feedback, ongoing monthly food forums, individual consultation with identified consumers to address concerns and feedback.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(f) is found Non-compliant.

Requirement 4(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Consumers and/or representatives indicated their emotional and spiritual needs are met, and they consistently expressed satisfaction with the caring and supportive attitude of the staff. The service has systems in place to support consumers’ spiritual needs and refers to appropriate services for psychological and other support if needed. Information about consumers’ spiritual and emotional support is captured in their care and services documentation.

The service has two chaplains, one in each area who provide emotional and spiritual support. Most consumers identify as belonging to Christian faiths and there are Catholic services and Anglican services each week. The chaplains are on-call and provide emotional support as needed, however the service also refers consumers to a psychologist service as required.

The service supports consumers to have social and personal relationships and has a program of activities consumers are invited to attend. For those consumers who are unable, or uninterested in the group programs provided by the service, they are supported to have individual stimulation and engagement. Consumers are generally able to participate in life within the service and the wider village community.

The service has systems in place to ensure information on the consumer’s condition, needs and preferences is generally communicated effectively. This includes consumers’ emotional, spiritual, lifestyle and dietary needs. A review of consumer documentation demonstrated these systems are generally effective, and staff were familiar with consumers’ needs and preferences in relation to services and supports for daily living.

The service demonstrated appropriate referrals are made to other organisations and providers of care as required. External support organisations utilised by the service include the National Disability Insurance Scheme, Dementia Support Australia, and the Older Person Mental Health services.

Requirement 4(3)(g) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The lifestyle and activity staff interviewed provided positive feedback about the equipment and access to the resources they need. The Assessment Teams’ observation of lifestyle activities confirmed there was an adequate supply of resources available for the activities program.

The service has a contract with a well-established cleaning and laundry service. The laundry contractors do regular audits of the service as well as consumer surveys to monitor the needs of the service.

# Standard 5

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

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Requirement 5(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service environments of both Kokoda and Connie Falls were observed to be welcoming and comfortable, and consumers and/or representatives stated there are adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising.

Consumers have their own bedrooms with an ensuite bathroom, and consumers are able to furnish their rooms with their own personal items. Each bedroom either has a balcony or an outdoor sitting area for use.

Requirement 5(3)(b) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team observed consumers across both buildings of the service accessing the external environment, this included using the outdoor furniture for recreational use or while participating in gardening activities.

The manager reported that the service has entered into a contract with a well-established cleaning and laundry service. The contract manager stated they have regular cleaning schedules in place at the service, with two cleaners working in Connie Falls and two cleaners in Kokoda, as well as a facility supervisor. They adhere to a cleaning schedule of daily cleaning of every room with a deep cleaning once a week.

The Assessment Team observed most furniture, fittings, and equipment to be safe, clean, well-maintained, and suitable for consumers. Consumers and/or representatives were satisfied with the furniture, fittings, and equipment. Management and staff overall demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

Maintenance records and information gathered overall showed furniture, fittings and equipment were clean, safe, and regularly maintained, and were suitable for consumer use.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found the service was unable to demonstrate consumers and/or representatives are encouraged and supported to make complaints. The Assessment Team found consumers and/or representatives did not feel safe in making complaints.

The Approved Provider responded with additional information and a plan for continuous improvement, including but not limited to the following actions: scheduling a presentation from Senior’s Rights to provide consumers and/or representatives with advice on their rights whilst living in residential care, updating the monthly newsletter to include the customer care email for the head office customer care team to enable consumers and/or representatives to contact them directly to lodge a complaint, education for staff on customer service and complaints management.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 6(3)(a) is found compliant.

The Assessment Team found the service was unable to demonstrate that consumers and/or representatives, and staff members are made aware of advocacy services or external services available in making complaints on behalf of consumers.

The Assessment team observed resources displayed throughout the service such as Seniors Rights Service, Older Persons Advocacy Network and Telephone Interpreting Service. The Assessment Team also observed written material for advocacy and language services in various languages throughout the service.

However, consumers and/or representatives were not aware of advocacy or external complaint services available for raising and resolving complaints. Most consumers and/or representatives stated they are not aware of advocacy or external complaint services.

The Approved Provider responded with additional information and a plan for continuous improvement, including but not limited to the following actions: scheduling a presentation from Senior’s Rights to provide consumers and/or representatives with advice on their rights whilst living in residential care, added advocacy services as and agenda item to the resident meetings.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 6(3)(b) is found compliant.

Most consumers and/or representatives who have submitted complaints stated the service has not addressed their concerns to their satisfaction or taken appropriate and effective action to resolve their complaints.

Most responses recorded in the complaints register acknowledged the complaints, however not all complaints contained the actions which were performed or details about the specific outcome of the resolution. Complaint resolution information did not contain details of any follow-up actions, or if consumers were satisfied with the outcome of the complaint.

The Approved Provider responded with additional information and a plan for continuous improvement, including but not limited to the following actions: the service has followed up with consumers identified during the site audit to address their concerns, weekly review of the complaints register by the facility manager and follow up discussions with the complainant in regards to actions taken to address the feedback.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 6(3)(c) is found compliant.

Requirement 6(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team found the service has made changes and improvements based on the review of feedback and complaints. Consumers and/or representatives reported there have been some improvements in the past twelve months such as an increase in staffing levels and changes and upgrades in the service environment.

Information from consumer complaints and feedback is captured through complaint forms, consumer meetings, online digital forms on the website and verbal complaints to staff and management. The management team meet regularly to look at complaint and feedback trends and analyse data to use in the continuous improvement plan.

# Standard 7

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

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Requirement 7(3)(a) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team reviewed staffing numbers and found the service has a sufficient number of staff to deliver safe and quality care and services. Consumers and/or representatives reported the service has sufficient levels of staff to provide quality personal and clinical care

Staff members stated the service has a sufficient level of staffing to provide quality care and services, and agency staff are used to replace sick leave at short notice. The management team have empowered the registered nurses to manage filling shifts when staff call in sick, and the registered nurses call on the casual pool to fill shifts or will use agency staff when required.

The service demonstrates staff interactions are kind, caring and respectful of consumers’ identity, culture, and diversity. Consumers and/or representatives consistently reported staff members are kind and caring and treat them with respect.

The Assessment Team observed staff interacting and talking with consumers in a caring and respectful way. Documentation shows staff have been provided with identity, culture, and diversity training and education.

Requirement 7(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service supports staff to ensure they have the skills, qualifications, and knowledge to effectively perform their roles. Consumers and/or representatives stated they feel staff are effective in providing personal and clinical care.

The service has competency assessments performed regularly and on an ongoing basis by qualified personnel such as clinical care managers, registered nurses, and the facility manager. Staff were able to demonstrate a good understanding of the training delivered such as Serious Incident Response Scheme, mandatory training, and infection control.

Requirement 7(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team found the service supports staff to deliver quality care and service outcomes in line with the Quality Standards. The service has a recruitment and selection process that is undertaken by the head of learning and development, the management team, and the educator. Potential staff members are interviewed, and validations are completed to ensure qualifications and certifications are valid and current. Police and employment reference checks are performed, and induction, orientation, and ongoing development programs are completed for successful candidates.

Requirement 7(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

Documentation shows staff performance reviews are provided in line with staff members’ anniversary employment date and are on track for performance reviews due in 2023. Staff confirmed they have received yearly performance reviews in which they were able to receive and provide feedback in relation to their performance. Registered nurses stated the service provides opportunities for further training and education.

The management team showed how performance reviews are monitored and tracked through a spreadsheet with status alerts and due dates. Performance reviews are staggered throughout the year to ensure they are completed on staff members’ anniversary dates of employment.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service does not have consumers engaged directly within the board or committees, however the service was able to demonstrate that consumers engage in the development, delivery and evaluation of care and services through surveys, audits, consumer meetings and feedback and complaints.

Consumers and/or representatives stated they are encouraged to participate in consumer meetings and asked to provide feedback about their care and services. A review of audits, surveys and minutes from consumer meetings demonstrate consumers are encouraged to provide feedback and have input about their care and services.

The service has a board and Chief Executive Officer who meets every second month, and an executive management team that comprises of the general manager, facility managers and clinical care managers and they provide operational data to the board. The board is also advised by the safety and quality committee, and the audit and risk committee.

The service demonstrates the board promotes a safe and inclusive culture and takes accountability for the delivery of quality care and services. The executive leadership team engages with the service to communicate initiatives and directives from the board to frontline staff. The management team ensures staff are informed of board communications about changes and culture at handovers and staff meetings to understand diversity and values. The board seeks to communicate visions and values in simple terms for staff to remember through videos, emails, and newsletters.

The board provides action plans and policies to the management team to implement and monitor how staff deliver care and services. Consumers and/or representatives stated they feel the service is run well and they have seen improvements at the service, including an increase in staffing levels, staff professionalism as well as refurbishments of the service environment.

Requirement 8(3)(c) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The Assessment Team observed digital and paper-based information systems that are suitable and provide readily available information to staff that relates to consumers clinical and personal care. Staff confirmed they can access information easily when needed to perform their roles.

The service has a continuous improvement program in place based on feedback from consumer and/or representative and incidents that occur. The service performs regular audits, surveys and internal monitoring and obtains feedback from consumers and/or representatives to identify improvement opportunities.

The service ensures it meets regulatory compliance requirements through recommendations and updates from the head office to identify and monitor compliance with regulatory requirements. Documentation shows the review and updating of policies and procedures to ensure regulatory compliance with requirements. Staff training and education have been implemented in line with legislative changes and updates.

Requirement 8(3)(d) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service reviews high-impact and high-prevalence risks through clinical and incident data and identifies trends to inform mitigation strategies such as education and training, systems review and environmental changes. The service has a safety and quality committee and an audit and risk committee that investigates and recommends changes and improvements to mitigate risks to the board and the management team.

The service has systems in place to identify and prevent the abuse and neglect of consumers through ongoing staff training and education in line with Serious Incident Response Scheme, and the analysis of incident information to implement safeguards and reduce incidents. All incidents including suspected incidents of consumer abuse or neglect are reviewed by the clinical care manager and facility manager to ensure incidents are correctly categorised and reported. Incident data is analysed by the safety and quality committee and audit and risk committee and reported to the board.

Documentation of incidents demonstrates the service performs analysis of how and why incidents occur and will review implemented strategies in the development of preventative measures.

Requirement 8(3)(e) was found to be non-compliant at a previous assessment. Since that time the Approved Provider implemented actions to address the non-compliance.

The service has policies and procedures in place to guide staff with antimicrobial stewardship. The policies and procedures provide registered nurses with guidance on relevant steps required before requesting antibiotics for consumers such as consultation with clinical care managers and general practitioners.

The service supports clinical management and staff to oversee the implementation of antimicrobial stewardship in reducing the inappropriate use of antibiotics, and the prevention, management, and control of infections and antimicrobial resistance. Outcomes and data from the review of clinical data and trends are communicated to the board and the management team.

The service provides training and education for staff to identify restraints and support strategies to reduce restrictive practices through behavioural management. Staff understand the definition of restraint and have strategies in place to support consumers with behaviours of concern. Consumers are regularly reviewed by a general practitioner to monitor and minimise the use of restraints.

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)