Performance

Report

**1800 951 822**

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| Name of service: | Scalabrini Village Griffith |
| Service address: | 650 Oakes Road YOOGALI NSW 2680 |
| Commission ID: | 2755 |
| Approved provider: | Scalabrini Village Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 19 March 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 Scalabrini Village Griffith (**the service**) has been prepared by G Cherry, 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 27 February 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **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 3(3)(a): ensure safe and effective systems result in clear administration directions for consumers receiving ‘as required’ (PRN) medications, and appropriate equipment is provided to consumers, within a timely manner, as per medical officer/allied health professional/specialist directives and implementation of best practice principles relating to wound care
* Requirement 3(3)(e): implement effective systems to ensure information about consumer’s needs is accessible and communicated to all staff involved in consumers care.
* Requirement 7(3)(a): ensure effective systems enable a planned workforce, including skill mix and sufficiency of staff numbers for the delivery and management of safe and quality care provision.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 1(3)(a)

Most interviewed consumers and representatives consider consumers are treated with respect, and their dignity, culture and diversity valued. The assessment team observed staff interacting with consumers in a manner to ensure consumer’s dignity, identity, culture and diversity is respected and valued. Interviewed staff demonstrate knowledge of consumers individual cultural needs/preferences, with several languages spoken by staff to support consumer’s cultural and linguistically diverse backgrounds. Documentation generally demonstrate consumers’ cultural needs, interests and preferences are assessed and recorded to guide care provision.

Via representative interview, observation and documentation review the assessment team noted deficits relating to dignity for two consumers; due to timeframe between hygiene care for one consumer and staff observations for another. Via documentation review the assessment team express concerns relating to written descriptors of behaviours for two consumers; lack of documented preferred name for one consumer and cultural heritage incorrectly documented for two consumers. Interviewed staff demonstrate knowledge of consumer’s preferred name and cultural heritage. The assessment team observed two staff using inappropriately language in a communal area when referencing two consumers. Review of one consumer’s documentation noted wound photography not conducted in a dignified manner.

In their response, the approved provider evidence issues with water supply (now rectified) resulted in inconsistent hygiene needs however noted they achieved resolution/representative satisfaction at the time. Management amended documentation to reflect accurate name and cultural heritage. They acknowledge behaviour descriptors and wound photography to be less than optimal however note management’s immediate response in consultation/education of staff. In addition, review by management of all consumers’ wound photography identified an isolated incident. Policy documentation was updated to include wound photography guidelines to prevent reoccurrence. Discussions/education occurred with relevant staff who acknowledge inappropriate reference to consumers.

In coming to a view on compliance, I place weight on positive feedback received from most consumers/representatives and staff’s demonstrated knowledge of consumer’s preferences. I am swayed by management’s immediate response in addressing issues, reviewing consumer documentation and amending organisational guidance documentation as a method of preventing reoccurrence. For these reasons I find requirement 1(3)(a) is compliant.

Requirement 1(3)(d)

Consumers and representatives consider consumers are supported in taking risks to live their best life and acknowledge discussions occur with management/staff in relation to informed decision making and risk mitigation strategies. Interviewed staff demonstrate how support is provided and gave examples of consumers who choose to undertake risk activities, however, did not articulate risk mitigation strategies to support consumers choice. Documentation detail risk assessment and directives to support consumers risk taking activities, however the assessment team noted documentation did not consistently detail risk mitigation strategies relating to all chosen risks for two consumers.

The approved provider, in their response, supplied risk assessment documentation evidencing medical officer/staff discussion and agreement with consumers in relation to associated risks, including some risk minimisation strategies.

In coming to a view on compliance, I find positive feedback received from sampled consumers in relation to support received to take risks to enable them to live their best life and the service’s management processes. I find requirement 1(3)(d) is compliant.

Requirement 1(3)(f)

Sampled consumers and representatives consider staff respect consumers privacy. The assessment team observed staff delivering respectful care and communication with consumers. Documentation review detail organisational policy outlining expectations relating to management of consumers’ personal information and confidentiality. The assessment team observed medical records stored/archived in accordance with privacy legislation, and electronic systems password protected. However, the assessment team observed external providers attending two consumer’s needs in communal areas, an open door exposing one consumer while undertaking hygiene needs and consumer documentation to be within view of others.

In their response the approved provider evidence care delivery in communal area occurred by choice for one consumer and acknowledge inappropriate staff practices in relation to two consumers. Upon management being alerted to issues they immediately addressed inappropriate actions by staff and the external provider.

In coming to a view on compliance, I place weight on positive feedback received from most consumers/representatives and am swayed by management’s immediate response in addressing issues for two consumers. I find requirement 1(3)(f) is compliant.

I find the remaining requirements to be compliant.

Requirement 1(3)(b)

Consumers and representatives consider staff provide culturally safe care and services. Documentation captures relevant cultural details to guide care provision and brochures/information displayed throughout the service in several languages. Management noted staff speak several languages which enable them to communicate with consumers in their preferred language. Interviewed staff demonstrate awareness of consumer’s cultural backgrounds and knowledge of systems, processes and policy guidance documentation. Staff were observed delivering culturally appropriate care/services.

Requirement 1(3)(c)

Interviewed consumers and representative’s express satisfaction of support consumers receive to exercise choice/maintain independence and relationships of importance. Positive feedback included enabling consumer’s family to remain with them when unwell. Staff demonstrate awareness of supporting consumer choice and independence, giving examples/consideration in care delivery, including ensuring consumers with same heritage from similar regions/cities reside within proximity/are seated together for activities/meals, and supporting partnerships in room allocation. Feedback from one consumer regarding hygiene needs not being conducted at preferred time were addressed in the approved providers response. The assessment team observed staff supporting consumers to maintain relationships of choice.

Requirement 1(3)(e)

Interviewed consumers consider they receive current, accurate, and easy to understand information in a timely manner to enable choice and support their knowledge of activities. Staff gave examples of supporting consumers to exercise choice in care/service delivery which was observed throughout the visit. Documentation provided to consumers was observed to be detailed. The assessment team observed documentation and information (in multiple languages) displayed throughout the service. Meeting forums assist in ensuring consumers receive current information.

# Standard 2

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 2(3)(b)

The assessment team noted advance care directives and documented end of life wishes evident for sampled consumers. However, they note discrepancies/multiple directives in some sampled consumers assessment and planning documentation. Documentation for five consumers noted multiple directives relating to complex clinical needs for one, lacked details to guide care for another and frequency of blood glucose monitoring not specific for two consumers. Documentation for one consumer lacked information in relation assessment of all care domains. Information relating to consumers experiencing Covid-19 symptoms had not been removed from file domains although consumers are currently not symptomatic.

In their response the approved provider supplied supporting evidence of consumer information contained in alternative documentation, recent updates of medical officer/allied health directives to guide staff in delivering contemporaneous care and advise removal of outdated Covid-19 information. They note completed care documentation for one consumer who recently entered the service. I accept the approved provider’s view substantiated by evidence provided.

In coming to a view on compliance, I accept the approved provider acted upon evidence bought forward by the assessment team in relation to nominated consumers and while I note multiple directives in place form some I am persuaded by lack of negative impact plus staff feedback in relation to knowing consumer’s needs/preferences. For these reasons I find requirement 2(3)(b) is compliant.

Requirement 2(3)(d)

The assessment team note some mixed feedback from consumers and representatives and the service demonstrates outcomes of assessment and planning are generally communicated to consumers/representatives. Interviewed consumers/representatives acknowledge involvement and review of assessed care provision and receipt of care plan documentation when consumers first enter the service, however not all recall receipt of updated documentation.

In coming to a view on compliance, I have placed weight on the volume of feedback from consumers/representatives regarding their satisfaction of involvement in care provision and receipt of documentation. I find requirement 2(3)(d) is compliant.

I find the remaining requirements are compliant.

Requirement 2(3)(a)

The service demonstrates an effective system of assessment/care plan completion includes consideration of risks to most consumer’s health and well-being. Most sampled consumers/representatives consider they are consulted during assessment and creation of care planning documentation in relation to risks and express satisfaction needs are identified, and appropriate care provided. Policy directives guide staff in identifying, evaluating and managing risks. Sampled consumers’ documentation include information about risks to consumer health and well-being to inform safe and effective care and services. Interviewed staff demonstrate knowledge of risk management for sampled consumers.

Requirement 2(3)(c)

Overall, the service demonstrate assessment and planning is conducted in partnership with consumers and their nominated representative. Most interviewed consumers/representatives express satisfaction discussions about consumer’s care and services regularly occurs to inform assessment and planning. While some consumers could not recall involvement, they noted satisfaction with care provision. Care documentation include evidence of partnership with multiple care providers/organisations and directives recorded to guide care provision.

Requirement 2(3)(e)

The service demonstrates an effective system of regular care review, and/or when circumstances change and/or incidents impact consumer needs. Documentation review noted while updated care requirements/directives guide staff in care provision, previous directives were not consistently removed to eliminate confusion. Evidence of review/amended directives by external consultants/allied health professionals was noted in sampled consumer’s documentation.

# 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. | Non-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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is non-compliant as 2 of 7 requirements have been assessed as non-compliant.

Requirement 3(3)(a)

Most interviewed consumers and representatives express satisfaction with care provision and clinical staff generally demonstrate knowledge of consumer’s clinical needs. Clinical staff describe strategies for care provision, referring to consumers documentation for care directives/guidance; some care staff advise gaining updates from colleagues to ascertain current care requirements.

Consumers consider their pain needs are met. Established procedures ensure regular consideration of pain management in care provision and use of a variety of tools to identify pain. Documentation guide pain management incorporating pharmacological and non-pharmacological strategies.

Via documentation review, the assessment team bought forward evidence of deficiencies relating to clear directives for psychotropic medications for five consumers. The approved provider evidenced responsive communication with medical officer to amend/update documentation with clear directives in relation to administration of ‘as required’ psychotropic medications.

The assessment team noted concerns in relation to perimeter and external gate egress which has been addressed in requirement 5(3)(b). In addition, they note a lack of informed consent documentation for one consumer living within memory support environment. While the provider advised updating documentation due to changes in external gate egress negating this issue, evidence was not provided.

Management advised of staff education/training in response to an identified increase in pressure injury/wound care in mid-2022; noting significant improvement and a sustained decrease in wounds as a result. While documentation review evidence healing of pressure injury/wounds, referral to wound care specialists and implementation of specialist directives; the assessment team note variations from best practice principles relating to wound care management for 3 consumers. For example, inconsistencies in wound photography/recording of wound measurements and frequency of wound dressing. Management committed to further education training of staff and updating of policy documentation to guide wound care photography.

Documentation for five consumers noted multiple directives relating to complex clinical needs for one, a lack of details to guide care for another and details of blood glucose level (BGL) monitoring not consistently recorded for two consumers. One consumer’s documentation lacked information in relation assessment of all care domains. In their response the approved provider acknowledge not all domains contained completed assessments for one consumer (who recently entered the service), however advise these are now in place to guide care delivery. They supplied supporting evidence of medical officer/allied health directives, and BGL recording where required.

Policy documentation guides staff in organisational expectations regarding management for consumers post fall. The assessment team sited appropriate neurological observations recorded for one consumer however, some inconsistency in recording neurological observations for two consumers. Management committed to provide additional staff education in relation falls management and the approved provider supplied evidence of observations being recorded.

The service did not demonstrate an effective process to ensure consumers are provided with appropriate equipment as per identified clinical care needs. For example, the team noted lack of a suitably sized comfort chair and wheelchair for one consumer and lack of hip protectors for 3 consumers (as per allied health directives). Management acknowledge responsibility for provision of these items and responded by ordering appropriately sized chairs.

In coming to a view on compliance, I acknowledge immediate actions by the approved provider to issues bought forward, plus planned education/staff training. I am however, concerned the service’s self-monitoring systems did not identify the lack of appropriate equipment provision, or clear directives to guide staff in the use of ‘as required’ medications. For these reasons I find requirement 3(3)(a) is non-compliant as the service’s self-monitoring systems did not ensure compliance.

Requirement 3(3)(e)

Interviewed representatives consider communication occurs in relation to consumer’s needs/preferences when changes occur. Interviewed staff describe effective communication processes and transfer of information between medical officer, allied health professionals and external providers. However, the service did not demonstrate an effective system to ensure information is communicated between all staff to alert them to consumers current needs. Interviewed care staff express dissatisfaction with current electronic communication processes resulting in them not receiving information due to insufficient time to read electronic documentation plus a lack of verbal communication from clinical and/or care staff.

Management advise of a planned strategy for altering staff communication processes however this is not yet implemented. In their response, the approved provider acknowledge possible delays in clinical staff communicating with care staff, plus evidenced plans to improve internal communication mechanisms. They assert significant changes to consumer’s care is communicated as a priority citing consumer impact is not evident.

In coming to a view on compliance, I acknowledge planned communication changes and staff education/training however, I consider it will take some time to achieve/review/evaluate the effectiveness and ensure sustainability to meet this requirement. For these reasons I find requirement 3(3)(e) is non-compliant.

I find the remaining requirements are compliant.

Requirement 3(3)(b)

The service demonstrate high impact/prevalence risks are effectively managed through clinical governance systems and procedures to identify and manage risk. Management and staff demonstrate knowledge of high impact/prevalence risks for sampled consumers including monitoring and management processes. Documentation details recording of consumer risks/management and mitigation strategies. Policy/protocol documentation guides care provision.

Requirement 3(3)(c)

Effective management of consumers needs and preferences when nearing end of life are evident. Palliative care documentation guide staff in care provision. Interviewed staff demonstrate knowledge of mechanisms to ensure consumer’s comfort and dignity is maximised through provision of oral care, pain medication, aromatherapy and other individualised wishes. Pastoral care staff provide emotional and psychological support to consumers and/or family members. Policy/protocol documentation guides care provision. Via documentation review the assessment team noted consumer needs, goals and preferences are recognised and appropriately addressed during end of life, with comfort measure (such as pain relief) maximised and consumer’s dignity maintained.

Requirement 3(3)(d)

Effective processes identify and guide responsiveness when consumer’s experience deterioration and/or change to their mental health, cognitive or physical function. Interviewed staff demonstrate knowledge of processes to ensure changes are reported to clinical staff. Policy/protocol documentation guides care provision. Clinical staff generally reassess consumers when changes occur. Via documentation review the assessment team noted care documentation contain demonstration of timely identification and response to changes in wound care, engagement of medical officer/allied health professionals and/or transfer to hospital.

Requirement 3(3)(f)

The service demonstrates appropriate and timely referrals generally occur. Sampled consumers/representative’s express satisfaction consumers have access to relevant health professionals, such as allied health, medical officers, local hospital/emergency services and specialist services when required. While the service has access to a network of key allied health providers, management noted due to the location of the service some specialist providers (optometry and dental care) require family/representative involvement in transporting consumers to external appointments. Policy/protocol documentation guides care provision.

Requirement 3(3)(g)

Interviewed clinical staff demonstrate knowledge of infection prevention and control protocols and principles of antimicrobial stewardship. Care staff describe practical ways of preventing infection transfer and monitoring consumers for signs of infection during care delivery. The assessment team observed some staff not adhering to appropriate personal protective equipment (PPE) application to which management immediately responded. The service has an Infection Prevention Control (IPC) Lead and outbreak management plan; regular organisation infection control meetings occur. Documentation review detail management of recent outbreak.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 4(3)(g)

Via consumer feedback and observation, the assessment team noted deficits in the service’s ability to demonstrate consumers are provided with equipment such as suitably sized comfort and wheelchairs and hip protectors. The impact of this is considered in requirement 3(3)(a).

Most interviewed consumers and representatives consider furniture, fittings and equipment to be safe, suitable, clean and well-maintained and express satisfaction with services and supports for daily living to meet consumer’s needs and optimise independence and quality of life. Interviewed staff demonstrate knowledge of provision of multiple activities, including group settings and on an individual basis.

In coming to a view on compliance, I find positive feedback received from most consumers/representatives, plus a lack of consumer feedback relating to insufficient, unsuitable equipment and/or supplies to support them participating in activities of choice relating to services and support for daily living. On balance, I find requirement 4(3)(g) is compliant.

I find the remaining requirements are compliant.

Requirement 4(3)(a)

Interviewed consumers and representatives consider consumers receive effective services and supports for daily living and support to achieve goals and preferences. Examples include, consumer involvement in activity preparation/completion, choice in selection of bus trips, participating and/assisting in pet therapy programs. Documentation details consumer’s needs/preferences/participation in activities of choice, plus regular review to ensure currency. Outings are offered to all, including those who require mobility assistance. Staff demonstrate sound knowledge of consumer’s individual needs consistent with observations by the assessment team and documentation.

Requirement 4(3)(b)

An effective system to promote consumers’ emotional, spiritual and psychological well-being is evident. Consumers/representative’s express satisfaction consumers are provided with support to participate in (and assist in running) activities that promote a sense of achievement and emotional/psychological well-being. Interviewed staff demonstrate knowledge of individualised care needs to support consumers’ emotional and spiritual well-being. Pastoral care team members are accessible to support consumer (and family member’s needs) and network with community spiritual groups to ensure consumers receive spiritual guidance. External providers engage in supporting consumer’s needs.

Requirement 4(3)(c)

Consumers/representatives consider consumers receive support to participate in community activities, do things of interest and be involved in relationships of choice. Interviewed staff demonstrate knowledge of provision of multiple activities, including group settings and/or on an individual basis and gave examples of supporting consumers in activities external to the service. Documentation details comprehensive leisure and lifestyle choices for each consumer. Staff support social and interpersonal interaction through attendance at activities and seating arrangements to enable consumer’s engagement with others.

Requirement 4(3)(d)

Consumers/representative’s express satisfaction staff generally know consumer’s needs/preferences in relation to lifestyle requirements. Interviewed staff gave examples of information sharing to ensure they are informed of consumer’s lifestyle choices. An external support worker visits the service to provide regular care/support to one consumer. In their response the approved provider noted appropriate communication between the service’s Wellbeing Team and external support worker to ensure consumer’s needs are met.

Requirement 4(3)(e)

Consumers/representatives consider appropriate referrals to individuals and other care providers occurs when required. Interviewed staff gave examples of consumer referral to external providers of care/services in the provision of lifestyle support, including emotional/spiritual/mental health and community groups. Documentation details collaboration with external providers to support consumer’s diverse needs.

Requirement 4(3)(f)

Most interviewed consumers/representative’s express satisfaction meals are varied and of appropriate quality and quantity. Processes involve consumers’ in menu development and feedback gathering to ensure satisfaction; examples of immediate response to feedback were evident. Management noted initiation of a new dining program (expected completion late 2023) with an increased focus on consumer’s overall dining experience, increased consumer consultation, improved food quality and improved ambience. Meal planning processes consider dietary needs/preferences including culturally appropriate options; catering staff demonstrate knowledge of consumer dietary needs.

# Standard 5

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

Findings

This Quality Standard compliant as all requirements have been assessed as compliant.

Requirement 5(3)(b)

Most consumers/representatives consider adequate and accessible areas (internal and externally) to utilise when socialising, suitable quantity/quality of equipment/resources to support independence, enjoyment of activities and general satisfaction with cleanliness and maintenance. However, 3 representatives express some dissatisfaction with cleanliness of individual consumer rooms, and the service environment during a recent Covid-19 related outbreak.

Personnel responsible for cleaning services explained expectations of cleaning processes. The assessment team’s review of monitoring documentation noted inconsistent recording to demonstrate when cleaning occurred (including during recent infection related outbreak). Observation by the assessment team noted a generally clean/safe environment however, some areas affected by scuff marks/scratches on walls. Management acknowledge some disrepair which has been self-identified by internal monitoring/auditing processes resulting in the development of a planned response and commencement of repair work. Documentation reflects areas identified/prioritised for repair work and consumer input into colour selection is noted.

The assessment team observed shared equipment such hoists/comfort chairs to be in need of cleaning and/or repair. Comfort chairs were observed to contain broken vinyl and contain food/fluid residue. In their response, the approved provider contends issues not alerted at the time to enable responsive actions by management however the service’s self-monitoring processes are required to effectively identify issues of concern.

The assessment team observed consumers are supported/enabled to freely move within and around the service environment, however ability to exit the grounds are restricted due to an automatic gate requiring vehicle activation to open. Management responded to feedback by evidencing communication to maintenance staff regarding acquisition of keypad to enable pedestrian egress. The approved provider’s response noted identification, approval and commencement of building repair work, plus confirmation of keypad installation to the main gate enabling pedestrian egress.

In relation to 3 representative’s feedback, management met with each and have implemented agreed strategies to minimise/prevent further occurrences of dissatisfaction. Regarding cleaning throughout a Covid-19 related outbreak they advise cleaning occurred as per Infection Control Protocols used by the service’s external cleaning provider, citing touchpoint cleaning conducted by care staff (rather than external cleaning staff) as a strategy to minimise transfer of infection. The service’s monitoring/reporting of repair processes was supplied, plus advice of planned regular environmental audits.

In coming to a view on compliance, I find positive feedback received from most consumers/representatives, and the approved provider’s self-monitoring processes resulting in identification/authorisation of repair work, to be compelling. While I appreciate the approved provider’s view in relation to safety precautions due to service’s proximity to a regional road, I am concerned the service did not self-identify consumers were not enabled to freely/independently exit the grounds. I note a lack of consumer feedback relating to inability to gain egress and am persuaded by the approved provider’s immediate actions to rectify this issue, plus commitment to review organisational policy guidance documentation.

For these reasons I find requirement 5(3)(b) is compliant.

Requirement 5(3)(c)

Most interviewed consumers and representatives consider furniture, fittings and equipment to be safe, suitable, clean and well-maintained. The assessment team observed some furniture and equipment to be unclean/in need of repair and preventative maintenance processes to be inconsistent and/or incomplete. Management and staff gave conflicting information relating to responsibility for thorough cleaning of furniture. The assessment team note a system for hazard identification was not evident. Maintenance staff explained visual observation on a regular basis identifies issues and replacement occurs when required. The assessment team observed several shower chairs marked with rust stains.

In their response, the approved provider refutes lack of processes to identify and rectify issues and evidenced requests/replacement/repair of equipment (including shower chairs) completed in a timely manner, plus purchase (and delivery) of additional shower chairs.

In coming to a view on compliance, I find positive feedback received from most consumers/representatives, and the approved provider’s supporting evidence in relation to processes for reporting/replacement of identified equipment, to be compelling. I find requirement 5(3)(c) is compliant.

I find the remaining requirement 5(3)(a) is compliant.

Requirement 5(3)(a)

Most interviewed consumers/representatives consider the environment to be safe, clean and well-maintained, citing several indoor/outdoor private and communal areas accessible for engagement with others. They consider the environment is welcoming/home-like, easy to navigate and express enjoyment of garden areas and café. Management noted several areas available for community use of social gatherings. They demonstrate systems to assist in providing a welcoming, easy to navigate environment to support consumer’s independence, sense of belonging, interaction and function.

The assessment team observed a one level living environment; several indoor and outdoor communal areas including café; covered walkways boarded by landscaped gardens; signage (in multiple languages) to support wayfinding; appropriate lighting and temperature control. Furniture is appropriately positioned, and artworks provide a home-like ambience. Consumers rooms contain personalised items/decorations to reflect individuality.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 6(3)(a)

Interviewed consumers and representatives consider they are encouraged/supported to provide feedback and complaints; they express feeling safe in raising matters and describe management as approachable. Management and staff describe mechanisms available for consumers/representatives to provide feedback/make complaints, including written and/or electronic feedback, direct contact with staff/management and meeting forums. Documentation demonstrates responsive management of feedback.

Requirement 6(3)(b)

While most consumers and representatives did not demonstrate awareness of details relating to external avenues of complaints management, and/or use of advocacy services, they express satisfaction in communicating issues of concern directly with service management. The assessment team observe brochures/information displayed throughout the service and some consumers/representatives demonstrate awareness of these details if required. Interviewed staff demonstrate methods of advocating on consumers’ behalf. Management advised of several staff’s ability to communicate with consumers via their preferred language assists in ascertaining satisfaction.

Requirement 6(3)(c)

Consumers and representative’s express confidence of management’s responsiveness to matters raised including when things go wrong. Two representatives gave examples of when receiving timely responses to feedback; plus, immediate, implementation of strategies and options in achieving satisfactory resolution/positive outcomes. Management implement monitoring/follow-up actions to evaluate effectiveness. Interviewed staff demonstrate understanding of how to escalate consumer concerns and principles of open disclosure when things go wrong. Organisational policies guide staff. The service demonstrate open, transparent and accessible complaints processes and documentation outlines role/responsibilities. Staff receive education/training.

Requirement 6(3)(d)

Interviewed consumers/representatives consider feedback and complaints processes are utilised to improve quality care and services; examples include provision of coffee making facilities and improvement to laundry delivery service. Interviewed staff demonstrate awareness of processes to provide feedback relating to improvements. Management demonstrate incorporating feedback/complaints into continuous improvement processes and monitoring processes to ensure outcomes.

# Standard 7

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

Findings

This Quality Standard is non-compliant as 1 of 5 requirements have been assessed as non-compliant.

Requirement 7(3)(a)

Some sampled consumers/representatives express dissatisfaction with timeliness of staff’s response to requests for assistance. Seven consumers/representatives gave examples of negative outcomes in relation to delays, for example in hygiene care and meal provision. One representative expressed concern changes and/or inconsistent staffing within the memory support environment can have negative impact for consumers.

Interviewed staff note increased workloads due to training/supporting new staff and insufficient time to read electronic documentation regarding consumers’ current needs. Documentation review detail 28 care staff shifts not covered over a recent 4-week period. Management described methods for replacing unplanned leave, ensure registered nurse coverage and consistent recruitment processes; noting recent approval for an additional registered nurse.

In their response, the approved provider acknowledges some representative feedback and refutes some evidence bought forward by the assessment team. However, they acknowledge some difficulty in obtaining staff due to the service’s rural location. They supplied evidence of immediate and planned actions to address new staff skills deficits, analyse/action overtime, and continue planned recruitment activities. In addition, they commit to amend processes regarding transfer of consumer’s needs between clinical and care staff, improve processes for staff accessing consumer current information before commencement of shifts, provide staff education/training and clarify allocation of duties between catering and care staff.

In coming to a view on compliance, the approved providers’ point of view is appreciated however I place weight on the volume of feedback from consumer/representatives and staff. While recognising the strategies/planned actions of the approved provider, I consider it will take some time to achieve/review/evaluate the effectiveness and ensure sustainability to meet this requirement. For these reasons I find requirement 7(3)(a) is non-compliant.

Requirement 7(3)(b)

Most consumers/representative’s express satisfaction staff are kind, caring and treat consumers with respect. However, 3 cited examples of discontent with some interactions. Interviewed staff demonstrate knowledge of consumers and observation noted staff interactions to be respectful. Management clarified expectations of staff interactions and policy documentation guides staff in organisation expectations.

In coming to a view on compliance, I place weight on the volume of positive/satisfied feedback from consumer/representatives in relation to staff interactions when meeting consumers’ needs. I find requirement 7(3)(b) is compliant.

Requirement 7(3)(c)

Management gave examples of mechanisms utilised to ensure staff’s competence and knowledge, including recruitment and orientation processes, pairing new with more experienced staff and guidance procedures to ensure relevant qualifications/skills and suitability for specific roles. Senior management acknowledge some new staff lack experience; however also noted strategies to monitor/address skill gaps have been introduced.

In their response, the approved provider contends appropriate orientation, education and training processes ensure staff are equipment with appropriate knowledge/skills in relation to aspects of their role and the Quality Standards.

In coming to a view on compliance, I have placed weight on the lack of consumer/representative and staff feedback in relation skill knowledge/qualifications to effectively perform their roles; plus, evidence supplied by the approved provider. For these reasons I find requirement 7(3)(c) is compliant.

I find the remaining requirements are compliant.

Requirement 7(3)(d)

Staff receive education and training (specific to their role) in topics relating to the Quality Standards, including changes to regulatory requirements. Processes include completion of annual skill competencies and specific role related competencies for delegated staff. Interviewed staff acknowledge access/support to participate in additional and external training opportunities and express satisfaction they have resources to deliver care. Documentation review demonstrate monitoring systems to ensure completion of education/training.

Requirement 7(3)(e)

Management demonstrate the formal staff performance processes. Feedback from consumer/representatives/staff and observations by senior staff are utilised in identifying training needs. Identified gaps in knowledge and/or staff requests result in provision of education/training. Interviewed staff demonstrate awareness of performance review processes and documentation demonstrate monitoring processes to ensure achievement.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Requirement 8(3)(c)

Organisation wide governance systems guide information systems, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information from feedback/complaints, care/clinical meetings, clinical data, incidents and surveys is utilised to identify and action improvement activities which management monitors via a Plan for Continuous Improvement process referenced against Quality Standards. Effective systems are utilised to seek input and feedback from consumers/representatives, members of the workforce and others to inform continuous improvements activities.

Management demonstrate financial governance arrangements with oversight of operational, investment and acquisition activities at Board level. At service level, appropriate programs demonstrate maintenance and renewal of equipment and environment including restoration, repair, replacement, extension and renovation. Systems identify relevant legislation, regulatory requirements and guidelines, and established links/external organisational subscriptions ensure management are informed of requirements and/or changes to legislation. Management inform consumers/representatives, update relevant guidance documentation and provide staff with education and training.

The assessment team noted deficits in local systems relating to some aspects of clinical care workforce governance (refer to Standards 3 and 7).

Policy documentation is accessible to guide staff in organisational expectations however, the assessment team noted deficits in accurate information/guidance procedures in some policies; for example, clinical care management policy not consistently referencing best practice guidelines. Management noted self-identification at an organisational level in relation to policy/procedural documentation requiring review, noting a contemporaneous quality improvement project to address this.

In coming to a view on compliance, I am swayed by the approved provider’s demonstration of compliance in relation to most aspects of this requirement. In addition, in relation to deficits identified by the assessment team I have place weight and considered these within the relevant requirements. For these reasons I find requirement 8(3)(c) is compliant.

I find the remaining requirements are compliant.

Requirement 8(3)(a)

Interviewed consumers/representatives consider the service is well run and they are comfortable communicating comments/suggestions and complaints. Representatives express satisfaction they are informed of consumer and service changes via regular documented updates. Management demonstrate various methods to encourage consumer engagement and support participation in development, delivery and evaluation of care and services. These include regular meeting forums, feedback/complaints and survey processes and focus groups. Positive outcomes were demonstrated as a result of these mechanisms. Management advised the planned engagement of a customer experience management (at organisational level) to communicate with and gain insights into consumers experience/satisfaction with care and services.

Requirement 8(3)(b)

Management detail how the governing body promotes a culture of safe, inclusive quality care and services. They demonstrate the board’s commitment and accountability through reporting structures of including clinical performance indicators, feedback/complaints, incident/hazard management, reportable incidents, risks and continuous improvement. Data is analysed to identify trends and continuous improvement activities actions. A process ensures changes/improvements are discussed with consumers/representatives. Board members directly communicate with consumers/representatives via written formats, regularly visit the service and have consistent involvement in the workings of the service.

Requirement 8(3)(d)

An effective risk management framework including escalation processes between operational and strategic levels is evident. Interviewed staff acknowledge receipt of incident management training and describe response actions; incidents are recorded, and responsive actions implemented when required. Management personal advise current risks are identified through clinical data, incidents, monitoring processes and complaints feedback; citing responses to identified gaps in reporting mechanisms, wound management as examples. Documentation details reportable incidents under the Serious Incident Response Scheme (SIRS).

Requirement 8(3)(e)

The service demonstrates a clinical governance framework with clinical oversight by management, a clinical governance/quality team and Board members. An IPC lead is on site to guide infection control practices. Organisational policies guide staff in relation to antimicrobial stewardship, minimising restraint use and principals of open disclosure. Interviewed staff demonstrate knowledge appropriate to their role. The service demonstrates principles of open disclosure; incidents are communicated to representatives and additional staff training occurs where needed.

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)