Performance

Report

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| Name: | Scalabrini Village Nursing Home (Austral) |
| Commission ID: | 2656 |
| Address: | 65 Edmondson Avenue, AUSTRAL, New South Wales, 2171 |
| Activity type: | Site Audit |
| Activity date: | 2 April 2024 to 4 April 2024 |
| Performance report date: | 8 May 2024 |
| Service included in this assessment: | Provider: 268 Scalabrini Village Ltd  Service: 1014 Scalabrini Village Nursing Home (Austral) |

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 Nursing Home (Austral) (**the service**) has been prepared by Gai-Maree Cain, 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 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 01 May 2024.
* the Aged Care Quality and Safety Commission’s ‘[Perimeter restraint self-assessment tool](https://www.agedcarequality.gov.au/sites/default/files/media/Perimeter%20Restraint%20Scenarios.pdf)’

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(a) – The approved provider must demonstrate assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. The service’s procedures inform the assessment, planning and ongoing monitoring of consumers’ risks relating to environmental restrictive practices.
* Requirement 7(3)(c) – The approved provider must demonstrate the workforce is competent and have the qualifications and knowledge to effectively perform their roles. This includes staff understanding and competency around the identification of environmental restrictive practices applied to consumers.
* Requirement 8(3)(e) – The approved provider ensures the organisation's clinical governance framework provides effective management and oversight of antimicrobial stewardship, open disclosure, and restrictive practices with deficiencies relating to the identification, reporting, and monitoring of consumers subject to environmental restrictive practice.

# Standard 1

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

Findings

Consumers were treated with dignity and respect. Staff had a sound knowledge of consumers’ background and preferences which was consistent with consumer goals and well-being needs. Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care; and staff were guided by a cultural and diversity policy.

Consumers described how the service values their background and provides care that considers their individual cultural needs. Staff described how they supported consumers to maintain their culture and what was important to them, and observations showed staff interacting in a respectful manner with consumers. Care documentation included information related to the consumers’ cultural background and preferences, and staff discussed the varied cultural needs of consumers and demonstrated an individualised approach when caring for consumers with cultural differences. The services activities calendar included a variety of cultural activities and celebrations.

Consumers were supported to exercise choice and maintain their independence by making decisions according to their individual preferences and how their care and services were delivered and who they would like involved in decision making of their care and services. Staff described how they supported consumers to maintain relationships with people that were important to them, and this was reflected in care documentation.

Consumers were supported to take risks which enabled them to live their best lives or the live they chose. Staff had knowledge of the risks taken by consumers and supported the consumer’s wishes to continue to live the life they choose, including describing strategies implemented to minimise these risks. Risk assessments and dignity of risk forms were completed and signed by consumers who chose to undertake risks such as self-medicating.

Consumers were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers confirmed enough information was provided to enable them to make informed decisions about their provided care and services including lifestyle activities. Lifestyle activity calendars were observed on noticeboards throughout the service, and staff described how they communicate with certain consumers to keep them informed of daily activities.

Consumers confirmed consumers’ privacy is respected and personal information is kept confidential. Staff described ways they respect consumers’ privacy and maintained consumers’ personal information confidentiality. Staff respected consumers’ privacy by knocking before entering consumers’ rooms and ensuring consumer information is not visible, including electronic information on computers. The services information privacy policy described the appropriate handling, holding, accessing and correction of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | 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

Consumers and representatives expressed satisfaction with the assessment and care planning process, and management and staff described how this process informs the delivery of consumers’ care and services. While care documentation considered some potential risks to consumers’ health and well-being, the Site Audit report contained information that the service had not considered consumers may be subject to environment restrictive practices due to the presence of locked front internal doors and a door to the memory support unit. The doors (to both areas) were open between 8.00am and 4.00pm, outside of these times consumers utilise a key fob access, request staff assistance via intercom or in the memory support unit, staff can assist consumers to enter and/or exit. Care documentation for consumers did not evidence the completion of assessments to determine a consumer's ability to use the keypad code or to seek staff assistance. Consumer representatives advised that discussions had not occurred with the service in relation to the locking of the doors in the secure living environment after 4.00pm. The service took immediate actions as evidenced in the Site Audit report, including, the automatic opening of the entry doors between 7am to 7pm and installation of a keypad to allow exit at the main entrance at all other times.

The response submission included a plan for continuous improvement to address the deficiencies identified, including the review all care plans for consumers (mobile) who reside in the memory support unit regarding the consumers’ ability to use the keypad to exit the building and update care plans to ensure staff assistance is provided where required. The completion date to this improvement action is 13 May 2024. While I acknowledge this does address the identification of consumers ability to utilise the keypad, I have considered the response submission that states (in relation to the doors), ‘care plan will be updated to ensure staff assistance is provided where necessary’. In considering my decision in relation to this matter, I referenced the Commission’s ‘[Perimeter restraint self-assessment tool](https://www.agedcarequality.gov.au/sites/default/files/media/Perimeter%20Restraint%20Scenarios.pdf)’ which states, a person is subject to a restrictive practice ‘if they are unable to leave their room or facility but don’t pose a risk to themselves or others. They could leave and return safely *but they need a mechanism or a go-to person to assist them with the door’*. It is my view that consumers at the service (who reside in either the general area of the service or memory support unit) are or may be subject to environmental restrictive practice, my reasons being as regardless of the time of day, if the front door is locked and the consumer requires the assistance of staff to open the front door this is considered a restrictive practice. In relation to a service wide oversight of restrictive practices, the Site Audit report identified deficiencies and I have considered this information under my decision for Requirement 8(3)(e). It is my decision that Requirement 2(3)(a) is Non-compliant.

Consumers and representatives described how the service involved them in the assessment and planning of care during entry to the service, at scheduled case conferences, or when there was a change in circumstances for consumers. Consumer care documentation demonstrated, and interviews with staff confirmed, consumers’ current needs, goals and preferences were documented, including advance care planning if the consumer or representative wished.

Consumers and representatives described how they had input and were involved in assessments and planning of care. Staff confirmed assessment and care planning was completed in partnership with consumers and representatives. Care documents evidenced the involvement from a range of services, including medical officers and allied health professionals.

Consumers and representatives confirmed staff discussed consumers’ care needs and provided explanation on matters if required. Staff had access to care plans for consumers through the electronic care management system and information shared at clinical handovers. Review of consumer files demonstrated the outcomes of assessment and planning were documented. Care planning documentation and handover records were observed to be readily available to staff delivering care. Staff advised, and consumer and representative interviews confirmed, consumer care plans are available for consumers and their representatives should they require a copy.

Care plans evidenced they were scheduled to be reviewed by clinical staff 6 monthly or when circumstances changed. Consumers and representatives confirmed staff discuss consumers’ care needs or changes with them. Staff advised care plan reviews were scheduled through a review process, and if there is a change in a consumer such as experiencing a clinical incident, staff are notified via an alert on the electronic care system. Review of consumers’ care documentation evidenced care plans had undergone reviews in line with the service’s process following a change in circumstances and care needs.

It is my decision that Requirement 2(3)(b), Requirement 2(3)(c), Requirement 2(3)(d), and Requirement 2(3)(e) are Compliant.

# 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

Consumers and representatives said consumers received the care they need and that it was safe and effective. Care planning documentation reviewed for consumers requiring management of skin integrity and pain demonstrated consumers were receiving individualised care which was based on best practice and tailored to their needs. Staff had an understanding of consumers’ individual care and service needs including consumers at risk of compromised skin integrity and knowledge of non-pharmacological strategies for pain management. However, the Site Audit report identified deficits in relation to the identification and monitoring of consumers potentially subject to chemical and environmental restrictive practice in line with best practice. In relation to chemical restrictive practices, the Site Audit report evidenced immediate actions taken by the service including the review, assessment and consent for consumers who are subject to chemical restrictive practices. The service evidenced behaviour support plans were in place for these consumers. I am satisfied that the service demonstrated effective systems and processes for the management and monitoring of consumers prescribed a psychotropic medication, including those where the medication is considered as a restrictive practice. In relation to the identification and assessment of consumers who are, or maybe subject to environmental restrictive practice, I have considered this under Requirement 2(3)(a).

High impact and high prevalence risks to consumers were managed effectively via clinical review and high-risk management plans which included other health professionals when required. Staff described the main risks to the consumers and the risk mitigation strategies in place. Care documentation evidenced risk mitigation strategies were implemented as required, management reviewed, trended and analysed clinical incidents and quality indicators data which was reported.

Consumers and representatives confirmed they had discussed consumer end of life planning with the service and expressed satisfaction with how the service provides care for consumers who are nearing end of life. Care plans for consumers who were receiving palliative care contained relevant end of life documentation and preferences. Staff described how they adjusted care to support the needs and preferences of those consumers receiving palliative care. Staff provided practical examples of maximising consumers' comfort and preserving their dignity, such as pain management, repositioning, comfort care, and spiritual support.

Consumers and representatives said that the service is responsive to consumers’ care needs and would inform them of any deterioration to consumers’ health, along with planned management strategies. Staff had access to policies and procedures to assist them in recognising and responding to consumer deterioration and could describe the ways they recognise and respond to a change in the consumers’ condition. Review of care documentation evidenced responses when there was a change in consumers condition or when deterioration was identified.

Overall, consumers and representatives said that consumer’s preferences and care needs were communicated effectively with them, between staff and with external providers involved in care. Staff described and care documentation confirmed the effective and safe sharing of the consumer’s information to support care.

The service demonstrated referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. Review of care documentation identified other health professionals, such as physiotherapists and speech pathologists, had assessed consumers and provided directives to assist staff in providing care and services for referred consumers. Clinical staff described mechanisms for communications to ensure referrals are actioned in a timely manner.

Consumers and representatives expressed satisfaction with the measures taken by staff to minimise and control infection-related risks. The service has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. There is an appointed infection prevention and control lead and staff, and staff demonstrated knowledge of infection prevention and control protocol and described ways to minimise the use of antibiotics. Observations showed staff adhering to appropriate infection control practices at the service.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives expressed satisfaction on the services and support they received that improve their quality of life and enable them to engage in activities in line with their goals, needs, and preferences. Staff described what is important to individual consumers sampled and their hobbies and interests which are reflected in their care planning documentation. Lifestyle staff and management explained the process of engaging and partnering with consumers upon admission which identify their individualised lifestyle needs including likes, dislikes, interests, and social, emotional, cultural, and spiritual needs. The lifestyle activities calendar includes a variety of activities on offer for consumers, based on their individual interests identified during the initial assessment process on admission.

Consumers and representatives confirmed they are provided with services and support including staff one-to-one emotional reassurance and spiritual services as part of the service’s regular activities schedule. The service facilitates connections with people important to the consumers, and deliver religious services to promote consumers’ emotional, social, spiritual, and psychological needs. Staff described how they provide emotional support to consumers whom they identify as isolating, feeling low, and with changes in body language, through conversations or diverting them to an activity they enjoy.

Consumers and representatives described how the service supports them to participate in their chosen community within and outside the service. Staff demonstrated specific support they provide for individual consumer who wish to engage with external community including reminding them of their appointment and making sure they are ready for the outing. Management advised additional measures such as window visits, phone call and video conferencing with friends and family living outside of the service are implemented to maintain consumers’ social and personal connections especially during infectious outbreak. Care planning documents of consumers sampled aligned with the information provided by consumers, representatives, and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives expressed satisfaction on the level of communication the service provide and said staff are knowledgeable about consumers’ conditions, needs and preferences and expressed satisfaction. Staff described how information is shared with everyone involved in consumers’ care including during shift handover, and through care planning documentation update, folders of dietary assessment forms located in each kitchenette, and use of coloured trays for consumers with modified textured diets. The Site Audit report did contain information that staff were unable to demonstrate an awareness of one consumer’s assessed dietary requirements and in response to this feedback, management implemented immediate actions including staff education and consultation with the consumer. The consumer representative expressed confidence and agreed that the staff had been providing the consumer with the appropriate diet in line with the specialist recommendations. The immediate action undertaken by the service, the lack of impact to the consumer, and the positive response of the representative are considered in this requirement.

Consumers and representatives described how the service makes timely and appropriate referrals to external providers as required and requested. Staff said the service has engaged with other organisations, volunteers, and providers of care to supplement the lifestyle program, and that they will refer consumers to these services upon request or in response to observed needs. The weekly activities schedule reflects engagement of external volunteers each week to conduct group activities including knitting groups, Spanish groups and religious services.

Consumers and representatives generally expressed satisfaction with the meals provided and described how they are varied with cultural consideration and of suitable quality and quantity. Staff described the process of providing seasonal menu and undertaking menu adjustment in response to feedback from food focus meetings, feedback forms, and verbal feedback from consumers and their representatives. A 24-hour menu is displayed throughout the service, with a variety of options for meats, vegetables, and desserts as well as indicating that consumers have the option to request snacks such as sandwiches, salads, and yogurt at any time they desire. One consumer did express dissatisfaction with a specific meal provided by the service, and the Site Audit report evidenced immediate actions taken by the service including consultation with the consumer to ensure preferences are met and further discussion with the chef.

Consumers described having access to equipment, including mobility aids to assist them with their daily living activities. Staff explained processes in place to maintain suitability, cleanliness and safety of shared equipment such as shower chairs and hoists and personal mobility aids, such as wheelchairs and 4-wheeled walkers. Observation evidence a range of equipment, such as 4-wheeled walkers, wheelchairs, medication trolleys and leisure and lifestyle equipment that are suitable, clean, and in good condition.

# Standard 5

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

Findings

Consumers and representatives expressed satisfaction with the service environment finding it welcoming, easy to navigate, and enables them to have a say in the design of the environment, which creates a sense of belonging, independence, interaction and function. The service has courtyards, lounges, café, dining and activities areas to facilitate free movement for consumers and promote belonging, independence, interaction and function. The Assessment Team observed the service environment to be welcoming, with sufficient lighting, handrails for consumers to move around, clear signage throughout the service for room numbers, and consumer rooms were decorated personally with photos, furniture and decorations.

Consumers and representatives described the cleanliness of the service environment and said it is well-maintained, safe, and allows them to move freely around. Staff outlined processes for managing hazards and reporting of cleaning and maintenance issues. The Assessment Team observed the service environment to be clean and well-maintained and preventative maintenance tasks are up to date. Consumers were observed moving freely throughout the indoor. However, the Site Audit report identified deficits in relation to the identification and monitoring of consumers who are or may be subject to environmental restrictive practice in line with best practice. I have considered this under my decision for Requirement 2(3)(a) and Requirement 8(3)(e).

All consumers interviewed were satisfied with the cleanliness and condition of the furniture, fittings, and equipment at the service. Staff explained processes for reporting maintenance issues with equipment and conducting regular visual observations to ensure safe, clean, and suitable equipment are utilise by consumers. Maintenance staff described the process of regularly checking and maintaining the reactive and preventative maintenance schedule and management ensures adherence to schedule and requests. Observations showed consumers utilising a range of different mobility equipment which appeared to be cleaned and well-maintained.

# Standard 6

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

Findings

Consumers and representatives said they are aware of the feedback process including how to fill out the forms and their option to provide feedback to the management directly. Staff described a range of mechanism to provide feedback and complaints including completing feedback forms, notifying clinical staff, and encouraging consumers to speak up during consumers’ meetings. Observations showed feedback and complaints forms and locked boxes at the reception; and information about the service’s feedback and complaints mechanisms was available in the consumer handbook, staff handbook, minutes of consumer meetings, and displayed throughout the service.

Consumers and representatives described how they can access advocacy and interpreter services that are available to consumers, and their awareness on other methods of raising and resolving complaints. Staff described how they engage with consumer’s representative, when a consumer has cognitive and physical impairment, and cultural and language preference to support them in providing feedback and complaints. The service regularly discusses in the monthly consumer and representative meetings information on how to access external advocacy services and external complaints mechanisms. Management reported they currently do not have any consumers who required advocacy or interpreter services but information on accessing these are available in the service.

Consumers and representatives said management address and resolve their concerns raised and practice open disclosure following a complaint, or when an incident has occurred. Staff and management interviewed described the principles of open disclosure and how it is embedded in their electronic complaints system and incident register. The feedback log evidenced complaints are resolved in line with the service’s policies and procedures and open disclosure process were practiced.

Consumers and representatives expressed satisfaction with how the service review and utilise feedback and complaints to improve the quality of care and services. Management explained a dedicated team conducts monthly meetings to identify trends in feedback and complaints and plan actions to implement for improvement. Staff were able to describe improvements that were driven by both consumer and staff feedback. The service’s continuous improvement plan and feedback and complaints register reflected a range of sources that were utilised to form part of the improvements implemented at the service.

# 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. | Non-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

Consumers and representatives considered staff to be skilled and competent in their roles and management described how they ensure staff are competent through training and core competencies for staff related to their roles. However, the Site Audit report contained information that whilst the service offers regular training around restrictive practices, management and staff were unable to demonstrate an understanding of restrictive practices, including the identification of potential environmental restrictive practice regarding locked doors leading to various areas within the service. The response submission included a plan for continuous improvement to address the deficiencies identified with actions including further staff training scheduled for May 2024, restrictive practice as an agenda item for discussion in the registered nurses’ meeting and the next clinical quality meeting, and tabling of restrictive practices and the Commission guidelines at the next senior leadership team meeting to ensure a sound understanding of all forms of restrictive practice. I acknowledge the Approved Provider’s response and planned improvement actions to be completed by 27 May 2024, however, I am of the view that the actions being taken will take some time to be fully implemented and evaluated for effectiveness. It is my decision, that Requirement 7(3)(c) is Non-compliant.

Consumers and representatives are satisfied with the number of staff, confirming call bells are answered promptly. Management demonstrated how the workforce is planned to enable a suitable number and mix of staff to address the needs of consumers. Relevant documentation shows the service had no unfilled shifts and the care minute requirements had been met. Observations showed sufficient staffing levels across the service and call bells being attended to in a timely manner.

Consumers and representatives said staff are kind, caring, respectful, and gentle when providing care. Staff demonstrated they are familiar with each consumer’s individual needs and identity and were observed to be interacting with consumers respectfully. A suite of policies and guidelines are available outlining the organisational commitment to treating consumers with dignity and respect.

Consumers and representatives advised staff are trained, knowledgeable, and skilled in consumer care delivery. Staff considered they were supported through various online and in-person training sessions. Education and training records demonstrated monitoring processes and staff completion of mandatory and supplementary training. However, the Site Audit reported identified deficiencies in staff competency relating to the understanding of environmental restrictive practice and their associated role and responsibility in minimising the use of restrictive practice. I have considered this under my decision for Requirement 7(3)(c).

Management advised, and staff confirmed the service had formal and informal processes for monitoring and reviewing staff performance through the annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management. The service has a suite of policies and procedures that inform expected performance and for staff in line with their role descriptions.

It is my decision that Requirement 7(3)(a), Requirement 7(3)(b), Requirement 7(3)(d), and Requirement 7(3)(e) are Compliant.

# 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. | Non-compliant |

Findings

The Site Audit report contained information that the organisation’s clinical governance was not effective in relation to the process of identification of consumers who are or may be subject to restrictive practices at the service, specifically consumers subject to environmental restrictive practices were not identified. In coming to my decision for Requirement 8(3)(e) in relation to restrictive practices, I have considered the information contained in the Site Audit report under this and other Requirements, and I acknowledge the organisational systems and processes in relation to the monitoring and management of restrictive practices, as evidenced in the Site Audit report and response submission including organisation policies and procedures and the plan for continuous improvement. However, consumers were not identified as being subject to environmental restrictive practice and did not have the necessary assessments and consents in place and staff did not demonstrate consistent knowledge of environmental restrictive practice. Implementation of effective clinical governance ensures the identifying and managing of clinical risks for consumers, preventing harm and improving the processes of clinical care, and the recruitment, training and ongoing development of the workforce that supports the provision of safe, quality clinical care. I am of the view that the actions being taken will take some time to be fully implemented and evaluated for effectiveness. It is my decision, Requirement 8(3)(e) is Non-Compliant.

The service demonstrated consumers and representatives are involved in developing, delivering, and evaluating care and services for the consumer. Consumers and representatives said the service is well-run and described their involvement in the development, delivery, and evaluation of care and services. Management described how they seek feedback from consumers and representatives through various feedback mechanisms and review of service documentation including meeting minutes evidenced consumer feedback and suggestions on various aspects of care and services, such as food, lifestyle activities, and updates from the welcoming committee.

The governing body demonstrated accountability for the delivery of quality, safe care and services through various mechanisms, such as organisational structures and reporting lines, meetings, and reviewing and analysing key performance indicator reports relevant to the service’s performance. Consumers and representatives explained the measures taken by the organisation’s governing body to promote a culture that is safe and inclusive for all consumers.

The service demonstrated effective service-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance. For example, the Board has an overview of the workforce through regular service reports which discusses topics including recruitment requirements and care minutes; the organisation had systems for receiving information about regulatory obligations from a range of sources, supported by policies and procedures to guide staff reflecting these regulatory obligations.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers. Risks are reported, escalated, reviewed, and analysed at a service and organisational level and communicated through organisational meetings including reporting to the Board. A review of the service's Serious Incident Response Scheme notifications identified one Priority 1 notification in February 2024 which had been reported in line with legislative requirements. Consumers were supported to live their best lives through understanding risks, including risks of choice, through consultation and risk assessment processes.

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