Performance

Report

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| Name of service: | Shepparton Aged Care |
| Service address: | 29-35 Pine Road SHEPPARTON VIC 3630 |
| Commission ID: | 4357 |
| Approved provider: | Menarock Aged Care Services (Victoria) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 6 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Shepparton Aged Care (**the service**) has been prepared by N Eastwood 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 24 May 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Compliant** |
| **Standard 8** Organisational governance | **Non-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.

**Standard 2**

* 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.
* 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.

**Standard 3**

* 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.

* Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* 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.

**Standard 8**

* 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 managing and preventing incidents, including the use of an incident management system.

# Standard 1

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

Findings

The Assessment Team recommended that this standard was not met due to identified deficits with Requirement 1(3)(e). The service was unable to demonstrate they are effectively providing information to consumers which is current and timely. Notwithstanding the Assessment Teams observations, following consideration to the Approved Providers response I have come to a different view and consider this Requirement is compliant.

The Assessment Team noted that consumers and representatives expressed dissatisfaction with the services process of communicating information. Prior to the absence of the lifestyle coordinator, consumers were informed of daily lifestyle activities on offer and encouraged to attend. However, this has not happened recently. Lifestyle staff discussed how they prepare the monthly and weekly activities schedule and 2-monthly newsletters to keep the consumers up to date. However, the Assessment Team observed that the calendars on display were well out of date at the time of the visit. The lifestyle staff said they also send e-mail information about the next ‘resident and relatives’ meeting, however management was unable to provide a record of communication or minutes related to the April 2023 ‘residents and relatives meeting’.

The Approved Provider submitted a response and updated Plan for Continuous Improvement (PCI) which provided further context around lifestyle staffing and evidence of actions implemented since the site visit. The response demonstrates additions to the Plan for Continuous Improvement which support ongoing objectives to address the previously identified deficits related to Requirement 1(3)(e). The Approved Provider also addressed individual feedback with identified consumers, investigating further concerns raised related to specific circumstances. There is evidence that improvements have been made regarding provision of updates and contemporaneous information to consumers including the installation of cork boards to communal areas and implementation of a communication book for consumers and representatives to make use of.

I am satisfied the remaining five requirements are also compliant, consistent with the Assessment Teams recommendations.

Consumers and representatives stated they are satisfied that staff and management treat them with dignity and respect, and their care is inclusive and personalised. Staff were observed treating consumers with respect and demonstrating an understanding of individual choices and preferences. A review of care files reflected record of the background, culture, and diversity of each consumer and demonstrated an awareness of individual choices and preferences. The Charter of Aged Care rights was displayed at the service and there are policies and procedures to align with dignity and respect for the consumer.

Consumers and their representatives expressed satisfaction that the care they receive is culturally safe. Staff were able to explain and provide examples of how they support consumers individual needs in line with the care planning documentation. Care planning documents describe consumers individual cultural requirements including personalised approaches and recognition of previous life experiences.

Consumers sampled against this requirement said they were supported to make choices and decide how care and services are delivered to meet their needs. The contact information of representatives involved with care was contained in documents reviewed and staff were observed to acknowledge the preferences of consumers as well as assisting them in maintaining relationships of choice. The Assessment Team also observed space for consumers to meet with family members and specific arrangements made for consumers to visit with each other who reside in the same service.

Consumers indicated they were satisfied that the service supported them to do the activities they wanted to do, including where the activities may involve risk and to enable them to live the best life possible. Consultations and discussions of risk, consent and risk minimisation strategies were documented in the electronic care and services plan. The Assessment Team were provided a copy of the ‘Safety and Risk Assessment’ to guide staff in supporting consumers in taking the risks they have chosen.

Consumers and their representatives said they are confident their information is kept confidential. Care staff described how they maintain a consumer’s privacy when providing care. Staff described keeping computers locked and using passwords to access consumers’ personal information. The Assessment Team observed staff knocking on bedroom doors and awaiting a response before entering and logging off the computers when talking to the Assessment Team about consumers. General observation of staff practice shows that the privacy of consumers is respected.

# 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as two of the five requirements, 2(3)(a) and 2(3)(e) are non-compliant.

The Assessment Team recommended Requirements 2(3)(a), 2(3)(d), 2(3)(e) were not met as the service was unable to demonstrate:

* assessment and planning considered the risks of consumer health, strategies were documented in relation to the use of restrictive practices, behaviour, and wound management.
* consistently conducting care consultation and providing documented outcomes of assessment and care planning to consumers and their representatives.
* regularly reviewing care and services when incidents happen and changes in consumers care needs occur.

With regard to requirement 2(3)(a) while care documentation generally showed that care planning included relevant assessment and risk identification, the assessments and care planning documents did not always inform the delivery of safe and effective care in relation to wound management, chemical restrictive practice and changed behaviour. The Assessment Team also noted assessments were not always in place for identified risks such as independent excursions outside of the service and the use of mechanical restraint.

The Approved Provider response (the response) as well as an updated Plan for Continuous Improvement (PCI) was submitted adding further context around identified concerns. I accept that the use of pillows for comfort measures does not meet the criteria for a physical restraint and that there is relevant documentation to support their use in this circumstance. The response also demonstrates there is a logbook process to record entry and departure of visitors and consumers which had been inadvertently moved at the time of the site visit. The PCI reflects safety and risk assessments have been carried out to enable independent community access for identified consumers, as well as a review of behaviour support plans and chemical restrictive practice. I also accept that there appears to have been a misinterpretation related to wound care requirements and the assessment of wound staging of identified pressure injuries. However, wound charting and care planning documentation did not clearly reflect the changes and improvements which should also have been available through evaluation of wound care regimes and updates to care planning documentation. As a result, I consider this Requirement as non-compliant.

With regard to requirement 2(3)(e) the service did not always demonstrate that care and services were reviewed for effectiveness when circumstances changed or when incidents impacted the needs or goals of consumers. Care documentation did not always evidence recommended strategies following review were transferred to the consumers care plans to inform delivery of safe and effective care. Incidents were not always documented, investigated, actioned, or analysed for trends with actions identified to minimise recurrence. Clinical staff described how they complete reviews during the ‘resident of the day’ process. However, staff acknowledged that chartings including behaviour charting were not reviewed for effectiveness.

The response and PCI refer to specific strategies implemented at the time of the site visit and after the Assessment Teams observations for identified consumers. It is noted that care needs and interventions have been actioned promptly and on discussion with the Assessment Team. However, there is evidence that recommended care interventions were not implemented at the time of recommendation and in circumstances where adequate systems should be in place to support review for effectiveness of care when circumstances change, or incidents impact the needs or goals of consumers. As a result, I consider this Requirement as non-compliant.

With regard to requirement 2(3)(d) while the Assessment Team recommended this Requirement as not met, with consideration to the Approved Providers response and additional information I have come to a different view. Consumer care files reviewed contained a comprehensive care plan for each care domain and representatives said they are informed when incidents happen. However, they could not recall having a formal consultation regarding the consumers’ care and receiving a copy of consumers’ care plan. Management explained how they have ready access to the consumer’s electronic care plans which are discussed with consumers and/or representatives during the care plan consultation and evaluation. They also described the ‘care plan consultation’ forms that staff need to complete when conducting a care plan consultation. The Assessment Team requested further information regarding recently completed care plan consultations, however no evidence to support the completion was provided.

The response acknowledged the delay in carrying out care plan consultations and demonstrates that a full review of all care plans and consultations has now taken place. Education has also been provided to staff as well as an audit conducted to ensure the completeness of assessments in care planning documentation. The addition of auditing and review processes to the PCI will support the ongoing review and care consultations required to embed this approach in practice. As a result, I find this Requirement compliant.

I am satisfied that the remaining two requirements are compliant consistent with the Assessment Team recommendations.

Consumers and representatives said care and services were planned around what is important to consumers. A review of care files in relation to advance care planning reflected care tailored around consumers personal preferences and how they want to have their care delivered during the end-of-life phase. While care planning documents did not always reflect the current needs and preferences of the consumers, staff demonstrated knowledge of the consumers current needs and preferences including their end-of-life wishes.

Consumers and representatives described their participation and others who they wish to involve in the assessment, planning and review of their care. Staff and management discussed how the consumers, representatives, other health professionals and external health services collaborate to ensure the delivery of safe and individualised care. A review of care documentation reflects communication from representatives and input from other health professionals and management were able to describe how consumers are included in the partnering process during the care plan reviews.

# 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. | Non-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. | Non-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

I have assessed this Quality Standard as non-compliant as four of the seven requirements are non-compliant.

The Assessment Team recommended Requirements (3)(a), 3(3)(b), 3(3)(d), 3(3)(e) were not met as the service was unable to demonstrate:

* the management of each consumer’s skin integrity and restrictive practice were aligned with best practice, tailored to their needs, or optimised their health and well-being.
* effective management of high impact/high prevalence incidents such as pressure injuries and changed behaviours for sampled consumers.
* communicating information about a consumer both within the service and with others where responsibility for care is shared, however, information is not always documented appropriately.
* effectively recognising and responding to mental and physical health deterioration.

With regard to requirement 3(3)(a) consumers and representatives indicated they are not satisfied consumers receive safe and effective personal and clinical care. The service was not able to demonstrate that each consumer’s skin integrity or wound management were consistent with best practice, tailored to their needs, or optimised consumer health and well-being. The Assessment Team noted evidence of developing and deteriorating pressure wounds which were not actively managed and pressure relieving devices and preventative actions were not consistently implemented. The Assessment Team reviewed consumer documents ‘Pathway – Psychotropic Rationale’ noting that files did not reflect a current review of psychotropic medication use.

The Approved Provider response (the response) as well as an updated Plan for Continuous Improvement (PCI) was submitted adding further context around identified concerns. While I accept that there is evidence to support review of psychotropic medication use and further education has been provided relevant to the current systems in place, the inconsistencies associated with wound management, documentation and contemporaneous implementation of recommended care strategies continue to be of concern. As a result, further time is required to ensure the additional strategies proposed and implemented are able to be embedded in practice and evaluated for effectiveness.

With regard to requirement 3(3)(b) consumers and representatives expressed their dissatisfaction with how the service managed consumers with pressure injuries, consumers with wandering, intrusive, and physically aggressive behaviour. Care documentation, staff interviews, and observations evidenced that the service did not demonstrate effective management of high impact or high prevalence risks such as skin integrity and behaviour management. The Assessment Team noted several consumers who were exhibiting recently escalating behaviour that were impacting on other consumers.

While the response demonstrates actions associated with addressing identified deficits in managing high impact and high prevalent risks, skin integrity and pressure area care and behaviour management, the impact to consumers because of escalating behaviour of other consumers has been significant. It is acknowledged that recent changes have been made to address these concerns, however given the ongoing requirement to manage behavioural needs across all areas of the service these changes will require further evaluation to ensure no further impact to others is evident.

With regard to requirement 3(3)(d) consumers and representatives provided feedback that they were satisfied with how staff follow up with general practitioners and other health services following changes in consumers care needs or deterioration. However, care documentation for sampled consumers did not reflect the timely identification of, and response to changes in the mental health status of consumers who experienced changes in behaviour and a consumer who experienced wound deterioration.

The response refers to specific treatment of an identified pressure injury, however, does not recognise the delay in commencing treatment and implementation of recommended preventative measures until the Assessment Teams attendance. While there appear to be some inconsistencies with dates and sourcing of relevant equipment, assessments and recommendations reflected the need for active intervention which was not clearly documented or able to inform the continuity of care. Actions have been taken to address concerns related to behavioural change however, it is further noted these were not addressed at the time of occurrence.

With regard to requirement 3(3)(e) the service was unable to demonstrate that information regarding consumers is effectively communicated throughout the service. The Assessment Team noted that recommendations following a Dementia Support Australia specialist and geriatrician review were not communicated to staff and others with responsibility for care. A review of care planning documentation did not include information about consumer condition, needs, and preferences including a consumers change in behaviour.

While it is noted that several reviews, updates, and staff education has taken place related to consumer care planning and documentation, further time is required to ensure the changes are adequate to support adequate communication continues to support the care needs of consumers.

The response and PCI reflect the Approved Provider has acknowledged a number of areas for improvement and has commenced strategies to ensure relevant actions are in place. It is apparent that significant consideration to the Assessment Teams observations has been made, however, to ensure these actions are adequate and effective to support the best possible consumer care further time and evaluation is required to consolidate these in practice. As a result, I find Requirements (3)(a), 3(3)(b), 3(3)(d), 3(3)(e) are non-compliant.

I am satisfied the remaining three requirements are compliant.

Consumers and representatives confirmed staff communicate with them in relation to consumer needs, goals, and preferences when nearing end of life. Staff were able to describe the palliative care pathway and how they support consumers nearing end of life with the resources that are available. Policies and procedures are in place to guide the provision of palliative care and the Assessment Team observed the escalation of care for a consumer progressing through the palliative pathway.

Consumers and representatives were satisfied that access and referral to their general practitioner, allied health professionals and other external specialist services are available when required. A review of care documentation generally reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management, staff, and allied health practitioners described the services’ referral processes. The Assessment Team observed the referral process embedded in the service’s electronic management system.

Consumers and representatives said they are satisfied with the actions taken by the service to minimise infection related risks. Staff demonstrated standard precautions as the minimum work practice required to achieve a foundation level of infection prevention and control. Staff confirmed ongoing mandatory training related to the use of Personal Protective Equipment (PPE) and described their knowledge and understanding of infection control practices to reduce the spread of infection as well as work processes to promote antimicrobial stewardship. The Assessment Team observed staff performing hand hygiene between consumer care and an adequate supply of PPE.

# 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

The Assessment Team recommended that this standard was not met due to identified deficits with Requirements 4(3)(a), 4(3)(b), 4(3)(c) the Assessment Team noted that the service was unable to demonstrate:

* services provided, actively engaged in activities to improve consumer quality of life and well-being,
* services and supports for daily living promoted consumer’s emotional, spiritual, and psychological well-being, and
* consumers are able to do the things of interest to them.

After consideration to the Approved Provider’s response (the response) and the Plan for Continuous Improvement (PCI) I have come to a different view.

With regard to requirement 4(3)(a) consumers and representatives were not satisfied with the lifestyle program and management confirmed there were no activities scheduled for weekends. The Assessment Team noted that the lifestyle program was not current and there was no evidence of an alternative program for those in the memory support unit.

With regard to requirement 4(3)(b) consumers and representatives reported the service was not effectively caring for the emotional and psychological well-being of the consumers. They indicated that following incidents of wandering with interfering and aggressive behaviour from some consumers they could not recall receiving emotional or psychological support from the service.

With regard to requirement 4(3)(c) consumers indicated that they were not supported by the service to participate in regular and consistent recreational activities, which has adversely affected their social, psychological, and spiritual wellbeing. Management indicated that there are enough activities to engage consumers, however acknowledged feedback from the Assessment Team and intended to add this observation to the service’s Plan for Continuous Improvement.

The response and updated PCI demonstrated that the lifestyle staff who have recently been on unexpected leave have now returned, an increase to staffing has also been implemented to include activities over the weekend and updated programs including alternative activities in the Memory Support Unit are now in place as well as education provided to staff regarding emotional and psychological abuse. Notice Boards have been installed for daily activity updates, feedback is being actively sought from consumers and representatives and Resident Advisory Board Meeting minutes have been published. It is noted that the service has also committed to ensuring they facilitate additional training and opportunities for existing staff to move into the lifestyle space when vacancies occur. The deficits identified by the Assessment Team appear to have been isolated to the absence of senior Lifestyle staff which significantly impacted consumers, I am reassured that in the future absences of this type will be avoided. As a result, with consideration to the response, PCI, and planned actions I consider Requirements 4(3)(a), 4(3)(b), 4(3)(c) to be compliant.

I am satisfied the remaining four requirements are compliant, consistent with the Assessment Team recommendations.

Overall consumers expressed satisfaction that information regarding their Lifestyle needs, and preferences are effectively communicated between staff at the service. Most of the documentation reviewed by the Assessment Team, including care plans and progress notes, demonstrated the safe and effective sharing of consumer information between staff. Lifestyle care plan documentation was current and relevant to consumer needs and preferences. The Assessment Team observed processes for review related to supports for daily living and updating staff and others involved in the care of any changes.

Consumers and their representatives provided positive feedback regarding the meals at the services. All consumers commented that a staff member would come every morning with the days menu and asked each individually what their choice was for that day and there were alternate options available. Kitchen staff advised the menu is changed each season with dietician oversight. The daily menu was displayed outside the dining room. The Assessment Team observed consumers engaging with each other during mealtimes and staff were observed assisting consumers with their meals in a dignified, respectful, and unrushed manner.

Consumers using four-wheel frames confirmed they were able to clean their own equipment as needed. All consumers and representatives were satisfied that the equipment at the service was safe, suitable, clean, and well maintained. Lifestyle staff explained all communal equipment used is cleaned by staff after use and stored correctly. Mobility aids, lifting equipment, weigh chairs, princess chairs and air mattresses were observed to be clean and well maintained, with evidence of service checks and maintenance. Maintenance staff outlined how issues with equipment are addressed and cleaning conducted.

# Standard 5

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

Findings

The Assessment Team recommended Requirement 5(3)(b) as not met as the service was unable to demonstrate they are providing a safe environment, where consumers feel physically and emotionally safe and secure. After consideration to the Approved Provider’s response (the response) and the Plan for Continuous Improvement (PCI) I have come to a different view.

While consumers and representatives said the environment is comfortable, clean, and well-maintained, some consumers reported that they do not feel safe living in the service. The Assessment Team observed consumers can freely access internal and external areas in the service but were particularly concerned about the wandering and intrusive behaviours of some consumers which have directly impacted a number of consumers.

The response and PCI demonstrate that the service has addressed the concerns raised which contributed to the consumers reports related to safety. It is noted that these concerns had been raised previously and had significant impact on consumer experience, a contemporaneous resolution to the concerns may have reduced the impact to those involved. Notwithstanding this, with consideration to the available information, response and PCI I find this requirement compliant.

I am satisfied the remaining two requirements are compliant consistent with the Assessment Teams recommendations.

Consumer reported they feel at home and comfortable at the service and are encouraged to personalise their rooms. Consumers were observed using communal areas and moving independently through the service or with staff assistance. The service is single level, North and South Community, dining room and communal areas that enable consumer interaction and engagement. The Assessment Team noted the service had limited signage to assist with navigation and several consumers wandering aimlessly.

Consumers expressed satisfaction that the furniture and equipment available is suitable for their needs. The Assessment Team observed that furniture, fittings, and equipment were safe and clean. The equipment in use was noted to be in good working order. Documentation, including preventative and reactive maintenance systems, demonstrated ongoing monitoring and timely response to breakdowns and repairs required.

# 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 were not fully aware of the feedback and complaints process, however, would speak to a staff member or family who would lodge their complaint or provide feedback. The catering staff described how they would obtain verbal feedback from consumers relating to the meals provided. The service schedules regular resident meetings to give consumers and their representative an opportunity to provide management with feedback and suggestions about their care and services including suggestions regarding food and menu choices. The Assessment Team reviewed the recent resident meeting minutes for February 2023 and the complaints register confirming the process for complaints management.

The service has advocacy and language services information available in the reception area for consumers and representatives to access. Management said Mr Gerard Taylor is a consumer advocate for consumers at the service. However not all consumers and/or representatives sampled stated that they were aware of this role, nor were they aware of access to external advocacy services. Information regarding the process for internal feedback, comments, and concerns and how to contact the Aged Care Complaints Commissioner is detailed in the consumer handbook.

Consumers and representatives were satisfied actions had been taken to resolve their respective issues. They indicated staff communicate with them in a timely manner and actively participate in the process to resolve issues raised about the care and services. Staff and management described using the open disclosure process in their handling of feedback and complaints.

Feedback from consumers and representatives indicated that the service reviews feedback and complaints received to improve the quality of care and services of all consumers. Management described how the services complaints process is used to inform its plan for continuous improvement. Documentation for feedback and complaints and continuous improvement reviewed by the Assessment Team identified that appropriate action has been taken to address and resolve complaints and that systematic improvements are being made to the service as a result.

# Standard 7

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

Findings

The Assessment Team recommended Requirement 7(3)(a) as not met as the service was unable to demonstrate staffing levels meet the needs of consumers to ensure delivery and management of safe and quality care. After consideration to the Approved Provider’s response (the response) and the Plan for Continuous Improvement (PCI) I have come to a different view.

Consumers and representatives reported there is not enough staff to ensure safe care and service for consumers. Consumers described being subjected to episodes of incontinence as a result of extended call bell wait times, and unable to rely on the call bell to raise concern when united consumers enter the room. Staff described to the Assessment Team how staffing levels have negatively impacted consumers such as increased incontinence, inadequate pressure area care, inadequate consumer monitoring and assistance with mobility. Management described workforce planning to include a mix of qualifications and the skill mix of staff rostered. However, the Assessment Team noted a number of unmonitored consumers in the memory support unit due to limited staff cover across the units.

The response and PCI demonstrate the identified deficits have now been addressed, there is evidence of extensive roster and allocation reviews, recruitment, and auditing of call bell response times. While it is acknowledged that consumer impact was significant because of limited access to Lifestyle staff on weekends, delays to calls for assistance and allocated sharing of staff across units, I am reassured that the implemented and proposed actions address these concerns. As a result, I find this requirement compliant.

I am satisfied the remaining four requirements are compliant, consistent with the Assessment Team recommendations.

Consumers and representatives were satisfied that staff are kind and caring and displayed a knowledge of the identity of each consumer, including knowing what is important to them. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Care planning documentation was individualised and included the personal cultural preferences and the interests of each consumer at the service.

Consumers and representatives indicate that staff know what they are doing, and that nursing staff have the skills to look after their specialised nursing care needs. Consumers provided positive feedback regarding the skills and knowledge of staff employed in other roles at the service. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and competencies for relevant staff.

Consumers and representatives indicated that staff were recruited and provided with training and support to ensure safe care. Staff expressed satisfaction with the training provided and discussed a range of educational topics in relation to legislative/regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, PPE, and clinical care. The Assessment Team reviewed education calendars which included provision of Restrictive Practice training modules and supplementary education related to behaviour management.

There are formal appraisal processes in place, policies, and procedures in relation to staff performance and disciplinary matters and all new staff are placed on a six-month probationary period. There is a staff induction program and an employee handbook, which includes the organisation’s Code of Ethics and Conduct, and clearly outlines the responsibilities of staff. Staff confirmed their participation in the performance appraisal process each year and management explained there is a schedule for performance reviews which is shared with staff as they occur.

# 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as one of the five requirements 8(3)(d), is non-compliant.

The Assessment Team recommended Requirements 8(3)(a), 8(3)(d), 8(3)(e) were not met, however I have come to a different view. The service was unable to demonstrate:

* effective engagement of consumers in the development, delivery and evaluation of care and services.
* effective risk management of responsive behaviours, and incident reporting.
* effective clinical governance in relation to minimising use of restraints.

With regard to 8(3)(d) while the service has a risk management system; they were unable to demonstrate effective management of risks such as changed behaviour, pressure injury and identification of incidents. Management indicated the organisation has an established system and processes for identifying and managing high-impact or high-prevalence risks associated with the care of consumers. The Assessment Team identified additional high impact risks such as pressure injuries which were inadequately managed. The Assessment Team also noted the reports of concern form consumers affected by others adverse behaviour, an education session in behaviour management was provided however the content was directed at documentation rather than practical strategies. The Assessment Team also noted the absence of adequate risk assessments for consumers undertaking activity which involve risk and adequate identification of incidents as they occur.

The Approved Provider response (the response) as well as an updated Plan for Continuous Improvement (PCI) was submitted adding further context around identified concerns. While it is acknowledged that the response refers to actions taken regarding specific consumers, there continue to be concerns related to the overarching principles associated with the identification, prevention and assessment of high-impact or high-prevalence risks associated with the care of consumers and responding to changed behaviours. It is acknowledged that significant work has been actioned which is evidenced by the updated PCI, however further time to ensure this approach is sustained is required.

With regard to requirement 8(3)(a) while the Assessment Team recommended this requirement as not met, with consideration to the Approved Providers response and additional information I have come to a different view. The Assessment Team noted that consumers and representatives indicated they have some engagement with broader activities in the service. They confirmed they are invited to attend resident engagement meetings and are mostly kept informed of any changes occurring in the service. The service was unable to demonstrate effective systems to involve consumers and representatives in the consistent planning, delivery, and evaluation of care, lifestyle, and services. The response and PCI demonstrate that this deficit has now been addressed with several actions in place to ensure inclusion of consumers in decision making and addition of local communication methods. It is noted that the Assessment Teams observations were largely because of the unexpected absence of staff members, the response reflects that arrangements and resources will be made available to ensure these gaps do not reoccur. As a result, I find this requirement compliant.

With regard to 8(3)(e) the service demonstrated an effective clinical governance framework which includes oversight of antimicrobial stewardship, and open disclosure. However, the Assessment Team noted the service was not minimising the use of restraint, a review of the psychotropic medication register indicated medication reviews were not conducted regularly or recently. Management described and provided examples of how they apply the policy for open disclosure. Clinical and care staff demonstrated their knowledge in promoting antimicrobial stewardship including the proper peri-anal hygiene, encouraging fluid intake, and conducting pathology prior to prescription of antimicrobials. Antimicrobial usage and psychotropic medication are discussed at Medication advisory committee meetings. The response and PCI demonstrate this deficit has been addressed with further education provided and clarification of the systems utilised for psychotropic medication review process. As a result, I find this requirement compliant.

I am satisfied the remaining two requirements are compliant, consistent with the Assessment team recommendations.

There was evidence of a culture of inclusivity with the provision of quality care and services. The organisation was able to provide a range of policies and practice standards to guide staff in the delivery of safe and inclusive care and services. Management and staff were able to outline how the governing body monitors the quality of care and consumer outcomes and promotes safe care and services. There is a diversity and equity policy, which promotes diversity and inclusiveness for people who identify as LBTQI accessing aged care. Management described how the Board is kept up dated with events in relation to the care and services provided to consumers through regular audits across the different aspects of care. The Assessment Team reviewed Board Meeting minutes which reflected consideration of several recent updates such as the Code of Conduct for Aged Care, Personal Protective Equipment updates and Rapid Antigen Testing protocols.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, work governance, regulatory compliance, and the management of feedback and complaints. Management and staff discussed how information systems at the service are secured through restricted access with secure storage of information. Management said opportunities for continuous improvement are identified via consumer feedback, incidents, and data analysis and trending. The service maintains a continuous improvement plan that reflects opportunities that are appropriately identified, and action plans developed and implemented in response to feedback, complaints, data analysis, and incident reviews. The group quality manager advised they receive alerts regarding changes to legislation or regulatory requirements, the organisation subscribes to the Department of Health and Aged Care Quality and Safety Commission (the Commission) website. A range of policies and work instructions were sighted including a SIRS practice standard. Clinical staff and care staff effectively demonstrated their knowledge of the SIRS and correctly outlined their responsibilities based on their position.

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)