Performance

Report

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| Name of service: | Performance report date: |
| Southern Cross Care St Joseph’s Residential Aged Care | 20 September 2022 |
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| Southern Cross Care (NSW & ACT) Limited | 6 July 2022 to 8 July 2022 |

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 Southern Cross Care St Joseph’s Residential Aged Care (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 assessment, 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 site audit report received 8 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 one of these requirements was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with this requirement:

* Each consumer’s privacy is respected and personal information is kept confidential.

The site audit report contained positive feedback from consumers who gave examples of how their privacy was respected by staff and staff described practices which demonstrated how consumer’s privacy is maintained, however, concerns were raised in relation to one occasion of staff responding to questions on consumer’s needs from the assessment team in a communal area and the potential accessibility of consumer’s personal information due to the location, storage and security of consumer documentation and computers used by staff to access the service’s electronic care documentation system.

The provider’s response disputed the findings, included additional documentation and clarifying information about the strategies the service implements to ensure consumers’ privacy and confidentiality is protected.

In relation to staff responding to questions asked by the assessment team, while I acknowledge this occurred during a tour of the service, I do not consider a staff member directly responding to a question asked as part of the audit process evidence which supports consumer’s personal information is not kept confidential, as staff would feel compelled to provide a response under these circumstances. Therefore, I do not consider this supports non-compliance with this requirement.

In consideration of the security and accessibility of consumer information due to the location of computers used by staff, I note the site audit report contained observations of computers being unattended and potentially accessible as they were located within communal areas. I acknowledge the provider’s response which highlights the computers are password protected; automatically log out after a short period of inactivity and this would prevent consumer information from being accessed. This supports compliance with this requirement.

For visible documentation, I note the site audit report did not contain any evidence which supported this was specific to any consumer or consumers and the provider has explained this documentation consisted of the service’s telephone directory and blank forms. I acknowledge the provider’s advice which supports staff are consistently reminded of the importance of maintaining the security of consumer information and management undertake monitoring activities to ensure confidentiality of information is maintained. Therefore, I consider these practices minimise potential breaches of confidentiality and demonstrates a systemic approach to compliance with this requirement.

Overall, I have placed weight on the consumer feedback in relation to their privacy being respected and am satisfied systems and processes are in place to ensure confidentiality of consumer information.

Therefore, I find Requirement 1(3)(f) is compliant.

I have found the remaining 5 requirements in Standard 1 compliant, as consumers said staff were very kind, treated them with dignity and respect and made them feel valued as an individual. Consumers said their culture was respected, and care plans included information on their cultural background, religious/spiritual needs and their preferred ways to have these needs met. Staff consistently spoke about consumers in a respectful way and showed an understanding of consumers’ personal circumstances and life journey, including their diverse backgrounds.

Consumers said the service supports them to make decisions, exercise choice, and maintain relationships of their importance. Care planning documentation confirmed consumers could maintain their independence, exercise choice and take informed risks. The service had appropriate policies and processes to identify, assess and mitigate risks associated with consumers’ choices.

Information provided to consumers was current, accurate and timely, and communicated in a clear and easy to understand way. Activity calendars, menus and other information was available in consumers rooms and displayed throughout the service. Staff said they tailor their communication methods to match consumer needs and discuss the menu or the activities on offer each day to enable consumer choice.

# Standard 2

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

## Findings

The assessment team recommended 2 of these requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with these requirements:

* 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.
* 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.

The site audit report stated the service could not demonstrate assessment and care planning processes were implemented to inform the delivery of safe and effective care and services. While care plans were partly personalised, the site audit report found some care plans did not identify or consider individual risks to the consumers’ health and well-being. For example:

* A consumer’s pain care plan did not reflect their pressure injury on their heel and any associated pain.
* Another consumer’s care plan did not reflect their excoriated perineum and a skin assessment was not apparent.
* Four consumers’ palliative care plans had the same generic wording to describe their needs.
* Mobility and dignity of risk assessments were not completed in relation to consumers, whose beds were placed against the wall, in accordance with the service’s restrictive practice policy.

The provider responded to the site audit report and disputed the findings and provided additional information and evidence in relation to the assessment and planning for the care of consumers identified as having excoriated skin and pressure injuries.

For a consumer who had a pressure injury on their heel, the site audit report confirms the consumer had been assessed and identified as at high risk of pressure injuries. The provider’s response evidences an assessment for this wound was undertaken with treatment planned and implemented, in relation to not only this wound but other pressure injuries that had also been sustained. I note documentation evidences the wounds were not causing any pain and staff providing wound care were undertaking ongoing visual assessment during dressing changes and these did not indicate the consumer was in pain and pain assessments had been archived. I consider this supports risks to consumer’s are identified and used to inform safe and effective care.

For a named consumer, identified by their representative as having excoriation, an historic episode had been identified and clinical documentation supports this had been resolved effectively by the service. I also note care consultations with the representative expressed they were satisfied with the service’s actions and the changes made to the consumer’s care plan to minimise reoccurrence which supports compliance with this requirement.

The provider clarified the generic wording within palliative care plans is a common list of goals and care plans have the capacity to record additional information in relation to the individual consumer’s goals, additional information supports were consumer’s expressed specific wishes these were documented.

In relation to beds being located against the wall, the service clarified this was a matter of consumer’s personal preference for the room layout and did not restrain their movement beyond their usual capability, therefore it does not constitute a restrictive practice. However, I consider the consumer should be assessed to determine if there are any risks related to the consumer’s choice and if any risk, is present, a dignity of risk process should be followed. I note the service has confirmed all consumers who have chosen to have their beds against the walls have been assessed for risk and this supports compliance with assessment and planning considering the risks to the consumer to inform safe and effective care.

I also note the deficiency brought forward in relation to staff knowledge on assessment and care planning processes and accept new clinical staff would be building their knowledge and care staff may not demonstrate an understanding of these processes as it is not an element of their role. Additionally, I acknowledge the immediate and planned actions the service has undertaken to increase the knowledge of all staff in assessment and care planning processes.

Overall, I am satisfied the service’s assessment and planning, considered risks to the consumer and the assessment of these risks, informed the delivery of safe and effective care and services.

Therefore, I find Requirement 2(3)(a) is compliant.

In relation to Requirement 2(3(e), the service has a written assessment and care planning policy which included directions to evaluate the effectiveness of care plans in partnership with consumers as their needs and preferences changed. However, the site audit report found inconsistencies in consumer’s documentation, medical officer directions for management of chronic conditions had not been updated and care had not been reviewed in response to identification of a wound.

The provider responded to the site audit report disputing the findings and provided additional information and evidence in relation to the assessment and planning for the care of consumers.

For a named consumer, inconsistencies in the monitoring and recording of the outcomes of depression scales and the consumer’s weight were noted in the site audit report. I note, while the depression scale had not been reassessed this was due to a decline in the consumer’s condition and the ongoing depression assessment was ceased at the direction of the medical officer. I accept the provider’s explanation of documents with the consumer’s weight noted and reviewed during the audit, were created 2 years apart, these were time stamped and supported ongoing review of care and services was occurring and this supports compliance with this requirement.

I also note an inconsistency in documentation was identified in relation to the mobility status of a consumer where the physiotherapy care plan had the consumer identified as mobilising with a 4 wheeled walker and the mobility care plan identified the consumer to be non-ambulant. I accept the provider’s response confirming this was an isolated incident and do not consider a documentation error to support non-compliance with this requirement.

For a consumer, whose fluid restriction had not been updated since March 2020, I also accept the provider’s explanation the consumer’s condition was chronic, they were stable and therefore an updated direction from the medical officer had not been required. I acknowledge the medical officer has updated the direction in response to feedback from this site audit and the direction has remained the same. Additionally, the site audit report identified the use of a skin moisturiser was not included on this consumer’s wound management plan, I accept the provider’s response and agree the use of moisturisers is recorded on a skin care plan. I have already considered the information in relation to assessment for pain due to pressure injuries under Requirement 2(3)(a).

While the provider acknowledged some care plan reviews had not been reviewed with the scheduled period, the review period had only just lapsed and the care strategies for these consumers were current. I note the provider has a plan in place to undertake these reviews as soon as possible and consider this doesn’t support non-compliance.

Overall, I have placed weight on consumer feedback which supports they are engaged in care plan reviews and the evidence above which supports the service has regularly reviewed the care and services provided to consumers including when an incident has occurred, or their condition has changed.

Therefore, I find requirement 2(3(e) is compliant.

I find the remaining 4 requirements of Quality Standard 2 are compliant as:

Care documentation generally reflected assessment and planning identified and addressed the consumer’s current needs, goals and preferences, including advance care and for most consumers, their wishes, had been documented. Staff reported they are given updates on changes to consumer’s care needs but didn’t feel comfortable talking to consumers about end of life care.

Consumers/representatives considered they were partners in the planning of their care and services as they were involved initial, ongoing assessments, care planning reviews and staff always kept them informed of any changes. Allied health professionals were observed assessing and treating consumers and their recommendations were recorded in the care plans.

Consumers/representatives said they had access to their care and services plan. Consumer files showed the service undertook a comprehensive assessment and planning process in consultation with the consumer/representative and other health practitioners such as medical officers, nurses and physiotherapists.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 optimises their health and well-being. 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

The assessment team recommended 6 of these requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with these requirements:

* Each consumer gets safe and effective personal and clinical care that is; best practice, tailored to their needs, and optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
* 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.
* 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.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

In relation to requirement 3(3)(a), the site audit report evidenced most consumers/representatives felt consumers received personal and clinical care that was safe and right for them. However, deficits in the clinical documentation for several consumers was brought forward in support of non-compliance.

The site audit report identified deficits in transferring a consumer to hospital which I have considered under Requirement 3(3)(d), referrals to wound consultants had not been undertaken which is considered under Requirement 3(3)(f) and information in relation to security of tenure under Requirement 8(3)(c).

The provider responded to the site audit report and disputed the findings and provided additional information and evidence in relation to the delivery of personal and clinical care.

For a named consumer, evidence brought forward showed their skin integrity and wound care management were not consistently monitored or implemented. I note the consumer had 3 pressure injuries. For a sacral wound, the wound care plan had been incorrectly archived, however while I note the wound had not yet healed at the time of the audit, there was no evidence brought forward to support there has been a negative impact on the consumer. I note the wound care plan for the posterior thigh wound, contained the same dressing and frequency regime as the sacral wound and progress notes support both wounds were being dressed simultaneously by staff. I note this wound care plan was archived post the audit, indicating the wound/s had healed.

In consideration of a discrepancy in the wound care plan and the delivery of care on one occasion where staff note they applied skin lotion rather than a barrier cream, I do not consider this one instance of wound dressings not being undertaken as per directives supports non-compliance. I acknowledge the provider has undertaken immediate and planned actions to promote ongoing identification and wound management.

In relation to the consumer’s pain management, I note the site audit report identifies the pressure injury to her heel had not been included on a pain chart and pain management plan and have considered this further under Requirement 2(3)(a).

For another named consumer, who had been experiencing abdominal pain and required daily ‘as required’ pain relief to be given. I note, on 1 July 2022, the representatives had requested for the consumer’s pain relief to be reviewed, with the desire for it be changed to an ongoing scheduled medication and this change had not yet been actioned. In considering this, I note during the site audit, staff interviewed confirmed they constantly monitor the consumer for pain and the consumer can request ‘as required’ pain relief. Additionally, the provider submitted evidence which supported the medical officer had been advised of this request, and was yet to review the consumer, in consideration of the representative’s request. Therefore, I do not consider a 5-day delay in actioning this request indicative of non-compliance with this requirement.

For another consumer, who advised they had missed a pain-relieving massage on one day during the audit, I note the service commits to working with the consumer to ensure their pain relief needs are met and all other evidence brought forward in the site audit report supports consumers are provided with regular pain relief including through non-pharmacological and pharmacological interventions.

In relation to restrictive practices, I have considered beds located against a wall under Requirement 2(3)(a) and for chemical restrictive practice, I note for 3 consumers, chemical restrictive practice was administered without consent or restrictive practice authorisations. The service acknowledged this, had immediately identified it themselves and had reported it in accordance with the requirements of the Serious Incident Response Scheme and implemented improvement actions as a result. I note these incidents happened in March and no further incidents have occurred.

Overall, I am persuaded each consumer received safe and effective personal and clinical care that is; best practice, tailored to their needs, and optimises their health and well-being.

Therefore, I find Requirement 3(3)(a) is compliant.

In relation to Requirement 3(3)(b), the site audit report stated the service had not effectively managed skin integrity, pain, behaviours and falls risks in the care of each consumer. Additionally, there were inconsistencies in falls and hospitalisation data.

For a consumer, who is assessed at high risk of pressure injuries due to co-morbidities and a decline in mobility and had acquired a pressure injury on their right heel. I note care management strategies are documented in the site audit report and include regular pressure area care, staff to monitor for signs of trauma, wounds or infection with feet to be checked daily and report any changes to registered staff, despite these strategies, the consumer sustained a pressure injury. In consideration of this, insufficient evidence has been presented to support care had not been delivered. Additionally, positive evidence was provided in the site audit report confirming staff interviewed demonstrated knowledge of maintaining a consumer’s skin integrity, strategies to relieve pressure, escalation pathways and wound care.

For the consumer, who was identified as having abdominal pain and required ongoing pain relief, I have considered the delay in a medication change under Requirement 3(3)(a) and note, documentation submitted in the provider’s response confirms further investigations into the cause of the abdominal pain had been undertaken with nil abnormalities detected.

In relation to an incident between 2 consumers, I note there are no deficiencies evidenced in the site audit report in relation to the management of behaviours, and consider the evidence which substantiates, the consumer’s involved were provided with emotional support, wellness checks were undertaken, visual monitoring commenced with referrals made to dementia, mental health and geriatricians supports compliance. I acknowledge 1 of the consumer’s mental state deteriorated not long after the incident and I have considered this under Requirement 3(3)(d) and their referral to mental health supports under Requirement 3(3)(f).

For a named consumer, who experienced 3 falls within a 24-hour period, the site audit report evidenced deficits of a sensor mat having been recommended and not being within the consumer’s room. I acknowledge the provider’s response which confirms information describing the consumer as assessed as a high falls risk, impulsive and mobilises independently with a 4 wheeled walker. I also acknowledge the sensor mat placed in the consumer’s room was noticed to crease and had been removed based on this increased risk of causing a fall. I acknowledge the provider was in the process of purchasing a non-slip sensor mat and consider this supports compliance with this requirement.

In relation to discrepancies between correlating hospital transfer and falls data, the provider submitted the falls report for the relevant period and clarified the actions taken in relation to falls and hospital transfers which supports the service had followed the post fall clinical pathway for each consumer. This supports clinical incident data is used to monitor risks to consumers.

I note the service has acknowledged and identified minor areas for improvement however, the evidence included in the provider’s response satisfies me the service effectively manages high impact or high prevalence risks associated with the care of each consumer.

Therefore, I find Requirement 3(3)(b) is compliant.

In relation to Requirement 3(3)(c), the site audit report identified deficits of staff being unable to describe how care delivery changed for consumers nearing the end of life and the practical ways they maximised consumers’ comfort near the end of life.

I have considered the evidence brought forward to support palliative care plans were not individualised to the needs of consumers under Requirement 2(3)(a) and acknowledge the service’s immediate action where consumer files have been audited which determined the majority of consumers had documented their advance care wishes. I note of the 9 consumer files where this documentation was omitted, 3 of these consumers were new to the service. I also acknowledge palliative care plans are initiated when consumers are actively palliating and the information submitted for recently deceased consumers, supports their palliative care preferences had been documented. I consider this supports compliance with this requirement.

For a named consumer, I note they expressed their end of life preferences when they were interviewed as part of the site audit and this was identified to not be recorded within their care plan. I note the provider reviewed their advance care documentation against the consumers’ expressed wishes and their advance care documentation reflected these and a subsequent discussion including re-assessment has been undertaken following the site audit.

While care staff identified representatives and their families require additional support in coming to terms with a person who is nearing the end of their life. Care staff said they were well supported by the registered staff and could describe the measures provided to ensure consumers were kept comfortable including palliative care medications and their pets being present. However, staff also felt they could be better supported in supporting consumers and their representative during end of life care. I do not consider this supports non-compliance with this requirement and acknowledge the improvement actions implemented by the service.

Overall, I am satisfied the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Therefore, I find Requirement 3(3)(c) is compliant.

In relation to Requirement 3(3)(d), the site audit report evidenced staff demonstrated knowledge in monitoring a consumer’s condition and how to respond when a decline is identified. However, deficits in recognition of mental health deterioration and wounds were brought forward to support non-compliance.

In relation to mental health deterioration, I have considered the evidence included under Requirement 3(3)(a) where a consumer’s mental health declined following an incident with another consumer. I note the service was quick to identify the consumers distress and contacted the representative who requested the consumer be transferred to hospital. I have considered the omission of documentation indicating delays in referrals to mental health support organisations for this consumer under Requirement 3(3)(f).

Additionally, I also note, for another medical condition, the service consulted with the consumer’s medical officer, who requested transfer to hospital if the consumer started showing symptoms, further studies had been completed and results were pending. I also note the consumer was declining to attend hospital for further treatment despite the medical officer’s recommendation and the representative’s wishes. I note documentation submitted evidenced staff were to continue to monitor for any clinical concerns and consider this supports recognition and response to deterioration.

For a named consumer, who has pressure injuries, the site audit report advised a deterioration in their physical condition had not been recognised as the service had failed to refer the consumer to a wound consultant and their pain was not effectively assessed. I have considered the evidence in relation to pain assessment under Requirement 2(3)(a) and found the service did assess the consumer’s pain. I have also considered the referral to a wound consultant under Requirement 3(3)(f) where it is most relevant.

For a named consumer who, was experiencing abdominal pain, I have considered this information under Requirement 3(3)(b) and note further studies had been undertaken to investigate the cause and nil abnormalities had been detected.

Overall, I am satisfied by the evidence contained in the provider’s response and the site audit report which substantiates deterioration in consumer’s condition had been identified and responses were actioned.

Therefore, I find Requirement 3(3)(d) is compliant.

In relation to Requirement 3(3)(e), the site audit report evidenced staff describing how they receive verbal updates on consumer’ s condition, needs and preferences, however, inconsistencies in care planning documentation were identified including missing directives for the use of skin moisturiser, consumers mobility status incorrectly recorded, consumer’s end of life preferences were omitted and negative feedback from a consumer, regarding supplemental oxygen being in their room.

In relation to care planning inconsistencies, the provider submitted evidence which supports the use of the skin moisturisers was included in the consumer’s skin care plan rather than their wound care plan, the inconsistencies in mobility were addressed under Requirement 2(3)(e) and I note the provider’s confirmation this has now been corrected and did not have an adverse impact on the consumer. I also note for inconsistencies in consumers end of life preferences, these were identified to reflect the consumer’s advance care documentation.

For the named consumer, who receives ‘as required’ oxygen, due to a chronic lung condition, I accept the oxygen cylinder is maintained in their room to ensure timely access when oxygen is determined as needed and do not consider this supports information has not been shared between those providing care to the consumer.

Additionally, I have noted throughout the site audit report and the provider’s response evidence of information being shared between the service and other providers of care including hospitals, dementia support services, medical officers and consider this supports compliance with this requirement.

Overall, I am satisfied consumer information is documented and shared within the organisation and others involved in the consumer’s care.

Therefore, I find Requirement 3(3)(e) is compliant.

In relation to Requirement 3(3)(f), the site audit report evidenced staff said the allied health assistant organises the referrals to services such as a dietician, speech pathologist, occupational therapist, podiatrist, dentist. However, deficits were identified in the timeliness of referrals in relation to wounds and mental health services.

For a named consumer, the site audit report evidenced, the consumer had not been referred to a wound consultant for review despite having wounds that had not healed over a 6-week period. I acknowledge the provider’s response which demonstrates their policy is to have the wound reviewed by either a wound consultant, a podiatrist or a medical officer if the wound is not responding to treatment, I note the wounds were responding to treatment and a medical officer had reviewed the wounds. I also note the policy suggests a referral is undertaken is given as a general guide rather than a directive to staff.

For a named consumer, who has mental health concerns, I acknowledge the provider’s documented evidence which supports the consumer had been referred to psychogeriatric, dementia support, and several mental health support organisations. I consider this information supports the appropriate, timely and ongoing referral of the consumer including during acute episodes.

In relation to a referral policy not being available, I acknowledge the providers response and accept this guidance is embedded throughout various clinical care policies rather than contained under one specific policy. I also note staff responded consistently confirming the referral process is managed through an allied health assistant.

Overall, I am satisfied consumers are referred appropriately and in a timely manner.

Therefore, I find requirement 3(3)(f) to be compliant.

In relation to requirement 3(3)(g), I find the service compliant as:

The service minimised infection related risks, promoted appropriate antibiotic use and implemented standard and transmission-based precautions to prevent and control infection. Staff were observed to follow the infection control guidelines such as sanitising their hands and wearing masks. Staff described how infection-related risks are managed, were knowledgeable in antibiotic stewardship and antimicrobial resistance. Records of the vaccination status of all consumers and staff were held. Staff attended training in hand hygiene, infection prevention and control, however attendance rates were low.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Generally, consumers considered they got the services and supports for daily living that were important for their health and well-being and enabled them to do the things they want to do. The leisure and lifestyle calendar for July 2022 showed a wide variety of activities on offer each day. Consumers said they were happy with the services and supports provided at the service and their needs goals and preferences were met.

Care plans included information about consumers’ relationships, personal goals, preferred activities, as well as their emotional, spiritual, cultural, social and community needs. Consumers reported staff were kind and caring and they were comfortable speaking to them, pastoral staff, or management, should the need arise. Most consumers also said they would call their family or friends for comfort and indicated the service supported them to do this. Staff described how they supported consumers in line with their care plans when they were feeling low or experiencing an emotionally difficult event.

The service had community linkages and consumers were actively encouraged to participate in their community, maintain personal relationships and do things of interest to them. Consumers described how they could stay in touch with family and friends and could freely meet inside or outside the service or use technology to stay in contact. Consumers were observed socialising, reading and engaged in a range of activities. Staff were observed encouraging and assisting consumers to participate in lifestyle activities.

Consumers felt information about their daily living choices and preferences was effectively communicated and staff who provided daily support understood their needs. Staff could describe a variety of ways in which they shared information and were kept informed of the changing condition, needs and preferences of each consumer. Appropriate and timely referrals were made to other individuals, organisations and providers of care and support services. Consumers were satisfied how the service worked with other organisations and support services to supplement the lifestyle program offered within the service.

Meals provided to consumers were varied and of suitable quality and quantity. Most consumers/representatives said the meals were of suitable quality and quantity and aligned with their preferences and dietary requirements. A few consumers expressed a dislike about some aspect of the menu however, the chef advised if consumers do not like the set menu, they offer a variety of alternatives. The kitchen was clean and tidy, and the service had appropriate food handling practices to ensure safe food storage, preparation and service.

The service provided a wide range of furniture, equipment and lifestyle activity products to support consumers’ lifestyle. All equipment was clean, suitable, and well-maintained. Equipment used to provide laundry, cleaning and catering services was observed to be clean and in working order. Consumers said the equipment they used such as mobility aids or hoists were well maintained and they felt safe. Any issues with equipment were resolved in a timely manner.

Staff had been trained and were knowledgeable in how to use equipment correctly and report faults. The service conducts regular inspections on all equipment to ensure hygiene, operational integrity and safety. The service had systems to monitor and maintain equipment to ensure it was safe and in good order. Maintenance staff confirmed they addressed issues with equipment promptly and used external contractors where appropriate.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 felt they belonged in the service and said they felt safe and comfortable. Consumers/representatives said they always felt welcome and at home and expressed satisfaction with the service environment.

The service environment featured several design elements which were welcoming and made it easy to navigate and move around independently. All consumers had individual rooms with an ensuite, refrigerator, and a television; most rooms had a balcony. Consumers were encouraged to decorate their rooms with items which are important to them such as, furniture, photographs and artwork. Consumers and visitors have access to activity rooms, onsite café (currently closed due to the pandemic), hairdressing salon, dining rooms, quiet rooms, relaxation rooms and outside garden/courtyard area, which has been recently refurbished. Staff were observed welcoming visitors to the service and visitors and consumers were seen having morning tea, meals, socialising together and participating in activities.

The service environment was safe, clean, well maintained and comfortable, and enabled consumers free movement within and outside of the service. External paths were clear and well maintained. Cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch points areas, and referring to daily and weekly cleaning schedules.

Maintenance staff described how they oversee corrective and reactive maintenance with on-site maintenance managed via an electronic database and reactive maintenance is recorded in a communication book. Staff could describe the process for documenting and reporting maintenance issues. Documentation demonstrated testing, service and maintenance is undertaken in a timely manner.

Consumer were observed using and said the furniture, fittings, and equipment at the service were safe, clean, well maintained, and suitable for them. Staff confirmed equipment was regularly maintained and cleaned. The service’s audits, maintenance logbooks and meeting minutes evidenced equipment was monitored and serviced regularly and repaired when needed.

# Standard 6

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

## Findings

The assessment team recommended 3 of these requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with all of these requirements:

* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

In relation to Requirement 6(3)(a), the site audit report identified deficits in relation to management not providing feedback in response to complaints and staff not demonstrating an awareness of external complaints mechanisms. Additionally, complaints documentation was identified to not be up to date and inclusive of all feedback lodged.

In consideration of those deficits, I have considered management’s response to feedback under Requirement 6(3)(c) where it is most relevant.

In relation to staff not demonstrating an awareness of external complaints organisations, I note the site audit report recommended Requirement 6(3)(b) as met where the intent of this requirement is to ensure consumers are aware of external organisations such as complaints, advocacy, interpreter and language services who assist consumers to lodge feedback and make complaints. I also note posters advising of the contact details of these organisations were observed to be displayed within the service environment and these contact details are also provided in the consumer handbook. Therefore, I am satisfied this example is not supportive of non-compliance with this requirement.

In consideration of complaints documentation not being up to date, I acknowledge the provider’s response which outlines due to complaints information being transitioned to an electronic platform, the entire complaints register was not available in hard copy or a printed format. I note the provider’s response which explains an electronic version was available and was accessed during the site audit. I do not consider the omission of a paper version demonstrative of complaints not being lodged and accept the documented evidence submitted in the provider’s response as supporting compliance with this requirement.

Additionally, and in support of compliance, I note overall representatives interviewed confirmed they were encouraged and supported to give feedback and make a complaint and felt safe and comfortable in doing so. Consumers/representatives advise they would direct complaints and feedback directly to staff or management verbally, by email, phone or via a feedback form. Feedback forms and collection boxes were observed to be available at the service’s front entry and on each level. Management ensured consumers were aware of their rights to provide feedback and make complaints when the consumer enters the service. Staff were also evidenced as describing how they encourage and support consumers to provide feedback and make complaints internally and if their concern could not be addressed immediately, they demonstrated knowledge of appropriate escalation pathways.

Overall, I am satisfied the service encouraged and supported consumers/representatives and others to provide feedback and make complaints.

Therefore, I find Requirement 6(3)(a) is compliant.

In relation to Requirement 6(3)(c), while some consumers/representatives said things had improved after their feedback or complaints, others were unsure of actions taken in response to complaints or incidents as management have never followed up with them.

In consideration of evidence brought forward under Requirement 6(3)(a) regarding a named representative not receiving feedback in relation to a consumer’s continence care and pain management, I note the site audit report and the provider’s response evidenced a care consultation was undertaken with the representative in relation to their concerns raised and consider this supports compliance with this requirement.

I also note additional concerns were brought forward by this representative, of staff being rude and not wearing their name badge was lodged and documentation submitted by the provider also supports actions had been completed in response to this feedback.

For another named representative, who raised concerns in relation to feedback not given on why a delay in the consumer’s return from hospital had occurred, I accept the service had requested the hospital to not discharge the consumer, who was suffering an acute mental health episode and was expressing self-harm, as the service was unable to provide the intensive support needed by the consumer at that time. I acknowledge the consumer has returned to the service and the representative continues to be consulted and engaged in the care and services delivered to the consumer, therefore I consider it reasonable the representative would have been provided with a response in relation to these concerns and this supports compliance with this requirement.

In response to representatives not being informed of the outcomes of incidents where they involved another consumer, I consider it reasonable that certain details on the outcome of investigations into those concerns, would be withheld to ensure the privacy and confidentiality of the other consumer. I do not consider this supports non-compliance with this requirement.

However, in relation to incidents involving a staff member, I consider it reasonable the consumer or their representative is kept informed of the progress of the investigation and documented evidence submitted by the provider, supports this did occur and confirms an open disclosure approach.

In relation to staff training on open disclosure, I have considered this under Requirement 7(3)(d) where it is most relevant, however, I note the site audit report confirms management, who is responsible for the management of complaints and incidents, demonstrated an understanding of open disclosure and incident records confirmed those principles have been implemented when things have gone wrong. I consider this supports compliance with this requirement.

Overall, I am satisfied the evidence indicates the service takes appropriate action and practices open disclosure when handling complaints or incidents.

Therefore, I find Requirement 6(3)(c) is compliant.

In relation to Requirement 6(3)(d), the site audit report confirmed through interviews with management that quality improvement is identified through consumer feedback, with complaint information investigated and improvement actions transferred to the service’s continuous improvement plan. However, deficits were identified as representatives said they had not received any feedback in relation to complaints lodged or when incidents had occurred.

In relation to the deficits, used to support non-compliance with this requirement, I have considered that information under Requirement 6(3)(c) where it is more relevant.

I note the site audit report contained examples under Requirement 8(3)(c) where continuous improvement actions had been implemented based on consumer feedback. I also acknowledge the complaints documentation and continuous improvement plans submitted as part of the provider’s response indicates consumer feedback is used to inform continuous improvement and this supports compliance with this requirement.

I also note where consumer feedback has been identified in the site audit report, the provider has confirmed remedial actions have been immediate, commenced or planned, which also supports feedback is reviewed and used to improve the quality of care and services and this supports compliance with this Requirement.

Therefore, I find requirement 6(3)(d) is compliant.

I find the remaining requirement of Quality Standard 6 compliant as:

Consumer’s representatives confirmed they knew about advocacy and language services and other complaints avenues such as the Commission and said the service would provide the contact details of external support services if they were needed. Staff confirmed non-English speaking consumers had used language services, however the staff had not accessed these. Written materials displayed around the service, provided information about how to make complaints (including details for advocacy and language services) and the consumer handbook included detailed information about the Commission.

# Standard 7

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| Human resources | | Compliant |
| 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 3 of these requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with these requirements:

* 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.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

In relation to Requirement 7(3)(a), the site audit report evidenced there are systems and processes in place to plan staff allocations and manage the roster, staff confirmed attempts are made to fill unplanned leave, which is not always achieved and in these circumstances the care needs of consumers was prioritised. However, consumers/representatives stated due to recent staffing issues the needs of consumers had not been met including in relation to leisure activities, falls prevention and continence care. Additionally, call bell and rostering data indicates consumers experienced delays and not all shifts are filled.

In relation to leisure activities, concerns were raised by representatives about the delivery of activities, however I note the positive feedback from consumers contained under Requirements 4(3)(a) and 4(3)(c) in relation to the activities provided at the service and note no concerns were raised. Therefore, I do not consider this supports non-compliance.

In relation to falls prevention, I note the representative’s feedback was in relation to the consumer being impatient, unable to call for assistance and attempts to mobilise independently. While I note the consumer has had 3 recent falls, there is insufficient evidence to attribute this to be a staffing issue. Therefore, I have not considered this information as part of my findings.

For continence care, I note the consumer, confirms the response times vary and there are certain periods of the day which are busier than others, with longer wait periods experienced on a weekend. I note the staffing allocations for the service indicate there are the same number of staff allocated across all 7 days. I also note for this consumer, their calls for assistance fall outside the service’s accepted response parameters and consider this potentially supports the consumer is not being assisted in a timely manner. I also note there is no evidence which supports the consumer has been adversely impacted.

I also note call bell and rostering data indicates 95% of calls for assistance are responded to within the service’s parameters and the majority of allocated hours on the roster were filled. I acknowledge the difficulties that are being experienced in attracting and retaining staff and this is confirmed by the fluctuating personnel hours referenced in the site audit report.

I acknowledge the provider’s response which detailed the recruitment actions constantly taken to bolster the permanent and casual workforce numbers, including the use of agency staff, when they are available, to ensure the workforce is sufficient.

Overall, I have placed weight on consumer feedback which generally confirms the care, services and supports they receive are meeting their needs.

Therefore, I find Requirement 7(3)(a) to be compliant.

In relation to Requirement 7(3)(d), the site audit report confirmed consumers/representatives gave positive feedback on whether staff were equipped to meet their care needs and they were generally unable to identify any areas for staff training, however, one representative identified deficiencies in staff skills in skin and continence care. Additionally, documentation indicated most staff had not completed mandatory training.

In relation to skin and continence care, I have considered the evidence in the site audit report and the provider’s response, and consider staff demonstrated they are sufficiently skilled in these areas of care as they were able to describe strategies used to promote skin integrity, the toileting needs of consumers and care planning documentation supported risks to consumers were being managed. I do not consider one incidence of excoriation indicative of a training failure.

For mandatory training, I note the provider’s response which confirms the mandatory training program is run over a financial year, not a calendar year. I acknowledge the financial year concluded, 6 days prior to the site audit, and training attendance records indicated all staff have completed the required training in the previous year and attendance rates for this financial year are documented as in excess of 90% and consider this supports compliance with this requirement.

Therefore, I find Requirement 7(3)(d) is compliant.

In relation to Requirement 7(3)(e), the site audit report evidenced nearly all staff had not completed an annual performance appraisal and staff were unable to confirm when they last had an appraisal.

In the provider’s response additional information was brought forward to support the performance appraisal system was changed, in late 2021, from a paper based to an electronic system, with a review of the electronic system indicating 16% of staff did not have an appraisal completed during the financial year as per the service’s policy.

I note the provider acknowledges the gap, confirms there was scope for improvement and puts forward that with the change to electronic platform and new management personnel having commenced at the service, actions had already been completed to address the deficit. I note documentation supports several staff have already completed their appraisal for this financial year and consider this supports compliance with this requirement.

Therefore, I find Requirement 7(3)(e) to be compliant.

I find the remaining 2 requirements of Quality Standard 7 compliant as:

Consumers/representatives said staff were kind and caring and gentle when delivering care and staff were respectful of each consumer’s identity, culture and diversity. Staff could describe how they greet consumers by their preferred name which respected consumers identity and diversity and did their best to meet each consumer’s individual needs; this was monitored by management. Staff were observed engaging with consumers and their family members in a respectful and personable way.

Position descriptions detailed the requirements specific to each role. Documentation supported staff had the qualifications and necessary clearances, such as police certificates and nursing registrations, to effectively perform their role and competency assessments had been completed to assess their skills. Most consumers/representatives felt most staff were adequately skilled, competent and effective and they were happy with the care provided. A few consumers stated some agency staff were not as good as regular staff, however some staff needed more training on skin assessment and management.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

The assessment team recommended 5 of these requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with these requirements:

* Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, regulatory compliance; feedback and complaints.
* Effective risk management systems and practices including; managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life, managing and preventing incidents (including the use of an incident management system).
* Where clinical care is provided, a clinical governance framework including; antimicrobial stewardship, minimising the use of restraint, open disclosure.

The site audit report contained positive feedback from consumers/representatives who described the service as being well run and they had ongoing involvement in the development of care, however, representatives expressed they were not involved in the design or evaluation of care. Consumer representatives gave negative feedback in relation to consumer/representative’s meetings no longer being held and not receiving feedback when incidents have occurred.

In consideration of representatives, not being involved in the evaluation of care, I note the evidence provided within the site audit report and the provider’s response which supports the annual care conference process has been completed, with only 8% outstanding and a remedial plan is in place to have these completed. This was further considered under Requirement 2(3)(e) and I have found that requirement compliant.

In relation to consumer meetings, I accept the provider’s explanation which confirms relatives have not been able to be invited into aged care communal spaces due to the public health directions implemented in response to the COVID-19 pandemic. I also acknowledge the documented evidence which supports representatives have been continually engaged in evaluation of care and service including in response to mental health deterioration, promoting skin integrity and when incidents have occurred. I have also considered these deficiencies under other requirements and have found no concerns.

I also acknowledge the internal audit documentation submitted by the provider, supports engagement with consumers in relation to the delivery and evaluation of their care and these audits evidence favourable responses are generally given.

I note the service has resumed the consumer/representative meeting now that community transmission of COVID-19 has reduced, the public health restrictions have been relaxed and to further improve representative engagement, additional quality actions have been planned at an organisational level.

Therefore, I find Requirement 8(3)(a) is compliant.

In relation to Requirement 8(3)(b), the site audit report evidenced management had described a range of strategies the governing body used to promote a culture of safe, inclusive and quality care and services and they confirmed regularly receiving correspondence from the Board including a monthly newsletter which ensured consistency of information and process with all updates posted on the organisation’s intranet and were accessible to all staff. The Board satisfies itself the Quality Standards were being met through receipt of monthly quality reports and attending regular meetings. However, the omission of the Boards’ awareness into personal and clinical concerns and requirements around consumers choosing to have their beds against the wall were highlighted as deficits in support of non-compliance.

I have considered the deficiencies brought forward in relation to beds being located against the wall under Requirement 2(3)(a) and consider the service’s processes consistent with the policy, as the placement of the bed was not restricting the movement of the consumer, it was not classified as a restraint.

I have also considered the evidence in relation to the delivery of personal and clinical care contained within the site audit report, the additional information and documentation submitted in the provider’s response and have found all requirements relating to clinical and personal care compliant.

I also note, evidenced contained in Requirement 1(3)(a), Requirement 1(3)(b) and Requirement 7(3)(b) supports a culture of inclusivity and confirms each consumers identity and culture is respected in support of compliance with this requirement.

Overall, I have placed weight on the information contained within the site audit report which supports the ongoing involvement and demonstrated accountability of the governing body in the promotion of a culture of safe and inclusive care and services.

Therefore, I find Requirement 8(3)(b) is compliant.

In relation to Requirement 8(3)(c), the site audit report found the organisation had governance systems relating to information management, continuous improvement, financial governance, the workforce, regulatory compliance, and feedback and complaints. However, deficiencies were brought forward in relation to confidentiality and currency of information, feedback, complaints and continuous improvement processes, compliance with restrictive practice and security of tenure regulation, and human resource systems.

I have considered the evidence in relation to the confidentiality and currency of information and while minor discrepancies in care planning documentation have been identified, this has not led to an adverse impact for consumers and while, computers used for clinical care documentation were at times visible, this has not led to breaches in confidentiality. Therefore, I consider this supports compliance.

I have considered the evidence in relation to feedback, complaints and continuous improvement processes and reviewed the documentation submitted in the provider’s response and have found these requirements compliant, which supports this governance system is also effective.

I have considered the evidence in the site audit report and the provider’s response in relation to the deficiencies brought forward for workforce planning, staff training and performance monitoring and have found these requirements compliant, which supports the workforce governance systems are effective.

In relation to concerns raised for security of tenure, I note the service requested the hospital to extend the hospitalisation of the consumer to ensure their safety rather than refusing the consumer to return to the service. I also note the consumer has returned to the service and continues to reside there, supporting the service has complied with the security of tenure provisions. For restrictive practices, I have considered the location of the beds against the wall not to be restraint, as the service demonstrated the consumers’ free movement was not restricted and the placement of the bed was the consumer’s choice having had the risk assessed.

While I acknowledge there were some gaps identified in the service’s systems and processes, I do not consider this reflects a systemic failure of the overarching governance systems. Therefore, I am satisfied the organisation had governance systems in place to guide information management, continuous improvement, financial governance, the workforce, regulatory compliance, and feedback and complaints.

Overall, I am satisfied organisational governance systems are effective.

Therefore, I find Requirement 8(3)(c) is compliant.

In relation to Requirement 8(3)(d), the site audit report evidenced the service had risk management systems, including relevant polices in place, however these were not effective as deficiencies were identified in the completion of documentation in relation to serious incidents, risks to consumers skin were not consistently documented, falls were not appropriately managed; and representatives were not informed of actions taken as a result of incident investigations.

I have considered the evidence in the site audit report, the clarifying information and additional documentation submitted with the provider’s response and consider, while there may be minor gaps, these deficiencies are not evidence of a systemic failure of the risk management system.

I also note consumers/representatives gave positive feedback in how consumers are supported to take risks and live the best life they can; and staff demonstrated knowledge of the risk assessment/consent process and documentation evidenced consumers are supported to understand informed risk taking with a consultative approach implemented to arrive at solutions.

I have considered the evidence brought forward in relation to incidents including those of a serious nature being reported, the assessed risks and risk mitigation strategies outlined in consumer’s care plans and consider this supports compliance with this requirement. I have also considered the feedback provided to representatives and agree documentation evidenced information had been provided post the incident.

Overall, I am satisfied the risk management systems and practices are implemented and effective.

Therefore, I find Requirement 8(3)(d) is compliant.

In relation to Requirement 8(3)(e), the service had a clinical governance framework which included policies addressing antimicrobial stewardship, restrictive practices and open disclosure. Clinical staff demonstrated a sound practical understanding of these policies including how restraint and antimicrobial resistance is minimised or circumstances when open disclosure is applied and how these were a part of their responsibilities. While the service had a documented clinical governance framework the site audit report found governance in relation to assessment, planning and provision of personal and clinical care was not consistently effective.

The provider’s disputed the findings in the site audit report and provided additional information in support of their clinical governance framework and associated policies being effective.

In support of compliance, I have considered deficiencies identified in the site audit report under other requirements and have founds no concerns. I do not consider gaps in documentation necessarily equates to a failure in compliance with the requirement under these Standards, or evidence the governance arrangements are ineffective.

Overall, I am satisfied the service had a clinical governance framework which included policies addressing antimicrobial stewardship, restrictive practices and open disclosure.

Therefore, I find Requirement 8(3)(e) is compliant.

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-2)