Performance

Report

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| Name of service: | Southhaven Aged Care |
| Service address: | 11 Queensbury Road PADSTOW HEIGHTS NSW 2211 |
| Commission ID: | 2781 |
| Approved provider: | IC (Padstow Heights) Pty Ltd |
| Activity type: | Review Audit |
| Activity date: | 7 September 2023 to 12 September 2023 |
| Performance report date: | 8 November 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 Southhaven Aged Care (**the service**) has been prepared by M.Wyborn 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 Review Audit from 7 to 12 September 2023; the Review Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Assessment Team’s report for the Assessment Contact on 4 September 2023; the Assessment Contact 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 responses to the Assessment Team’s report received 21 September 2023 and 11 October 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-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.

**Requirement 1(3)(a)** – routine monitoring to ensure that each consumer is treated with dignity and respect, and provide regular staff training.

**Requirement 2(3)(a)** – implement effective assessment and planning processes that considers and responds to risks to the consumer’s health and well-being to inform delivery of safe and effective care and services. In particular, risks associated with pressure injury management, falls management, behaviour support, sleep and risks related to behaviour, nutritional needs and weight loss to guide staff in ensuring consumer’s needs are consistently met.

**Requirement 2(3)(b)** – ensure that consumer assessment and planning informs care that meets the needs, goals and preferences of each consumer, including end of life planning. Ensure that assessment and planning is proactively used to identify needs, including when circumstances change for consumers.

**Requirement 2(3)(e)** – implement an effective system of assessment and review when circumstances change, or incidents occur. In particular following incidents, following a fall, consumer deterioration, weight loss.

**Requirement 3(3)(a)** – implement effective systems to ensure consumers receive best practice clinical care tailored to their needs and optimising health/well-being. In particular relating to managing skin integrity and wound management, personal care including pressure area care and identification and management of consumer restrictive practices.

**Requirement 3(3)(b)** – implement effective systems to ensure identification/timely management of high impact and high prevalence risks, particularly in relation to management of restrictive practices, consumer pressure injuries and nutrition and weight loss.

**Requirement 3(3)(e)** – ensure each consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

**Requirement 3(3)(g)** – implement an effective system to ensure staff practices adhere to appropriate standard and transmission-based precautions, plus appropriate processes are administered to minimise risk of infection transfer at the service.

**Requirement 4(3)(d)** – ensure that relevant information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

**Requirement 4(3)(e)** –. ensure that timely referrals are identified and actioned to best support consumers’ health and well-being.

**Requirement 4(3)(f)** –. ensure that meals are varied and suitable for each consumer.

**Requirement 7(3)(b)** – routine monitoring to ensure that workforce interactions with consumers are kind, caring and respectful and provide regular staff training.

**Requirement 7(3)(c)** – ensure the workforce is competently qualified, trained and knowledgeable to effectively perform their roles.

**Requirement 7(3)(d)** - ensure the workforce is trained and equipped to effectively deliver the outcomes required by the Standards.

**Requirement 8(3)(b)** – ensure organisational governing body promotes and demonstrates accountability of a culture of safe, inclusive, quality care and services.

**Requirement 8(3)(c)** – ensure effective organisational wide governance systems.

**Requirement 8(3)(d)** – ensure effective risk management practices and systems to manage high impact/prevalence risks associated with consumers care in supporting them to live their best life.

**Requirement 8(3)(e)** -ensure the service maintains an effective clinical governance framework around antimicrobial stewardship, consumer restraint and open disclosure.

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

Findings

Consumers and representatives advised they are treated with dignity and respect at the service, however, the Assessment Team reported after undertaking interviews with consumers and representatives and conducting site observations that the service does not consistently treat consumers with dignity and respect. This includes routinely maintaining consumer privacy and ensuring that appropriate care is delivered in a timely manner for each consumer. In their response to the Assessment Contact and Review Audit reports, the Approved Provider highlighted their immediate action to reach out to concerned consumers, and highlighted the positive response from their recent quarterly Quality of Life and Consumer Experience Survey. The Approved Provider highlighted relevant education provided to staff to ensure consumers are respected in all situations. After considering the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to consumer’s being routinely treated with dignity and respect and find the service non-compliant with Requirement 1(3)(a).

The service ensures that all consumers’ cultural and spiritual needs are captured in their care planning documentation. Consumers and representatives did not raise concerns about the service meeting their cultural needs, and staff demonstrated an understanding of consumers’ backgrounds and were able to describe how they deliver care and services consistent with consumers’ preferences and cultural needs. The service also demonstrated that consumers are supported to exercise choice and maintain their independence by making decisions about their own care and the people they want involved in their care, and that they receive up to date information about activities, meals, COVID-19 and other events happening at the service. Posters and flyers of upcoming activities and events were observed on noticeboards in communal areas and in rooms. The Assessment Team’s review of the consumer meeting minutes confirmed that up to date information about feedback and complaints, continuous improvement activities and other changes within the service is made available to consumers.

Consumers advised that they are confident their information is kept confidential. Clinical and care staff described how they maintain a consumer’s privacy when providing care. Staff advised they respect consumers’ privacy by drawing curtains, using low voices and asking for consent before providing care in shared rooms. Management explained that confidential consumer information stored on their electronic care management system is restricted for access to relevant information only, and the service has an up-to-date privacy policy which includes processes for managing personal information, protecting personal information, security and retention of personal information and data breach responses.

With these considerations, I find the service compliant with Requirements 1(3)(b), 1(3)(c), 1(3)(e) and 1(3)(f).

The Assessment Team reported that the service does not consistently support each consumer to take risks to enable them to live the best life they can and that the service does not always administer measures to support consumers to safely engage in risk. However, in their response to the Review Audit report, the Approved Provider highlighted their immediate actions to reach out to named consumers to discuss, evaluate and manage risk. The Approved Provider referenced their organisational policies and frameworks related to supporting consumers to engage in risk. With these considerations, I find the service compliant with Requirement 1(3)(d).

The Quality Standard is assessed as Non-Compliant as one of the six specific Requirements have been assessed as Non-Compliant.

# 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. | Non-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

The service was unable to demonstrate that assessment and planning includes consideration of risks to consumers’ health and well-being. The Assessment Team reported that consumer assessments were incomplete or inaccurate therefore resulting in care and services that do not minimise the risks to the consumers health and well-being. The Assessment Contact report dated 4 September 2023 identified deficiencies related to the identification of risks in the assessment and planning processes, including pressure injury management, falls management, behaviour support, sleep and risks related to behaviour, nutritional needs and weight loss. The Assessment Team also reported that consumer assessment and planning was insufficient to inform care that meets needs, goals and preferences of each consumer, including end of life planning that is not comprehensive and often identified at a late stage. The Approved Provider’s response provided relevant context to those consumers mentioned within the Assessment Team reports and provided evidence including consumer management charts and applicable consumer records, however, I find the Assessment Team’s findings to be more compelling at this time in regard to ongoing assessment and planning with consumers. With these considerations, I find the service non-compliant in Requirements 2(3)(a) and 2(3)(b).

The Assessment Team reported that service does not consistently ensure that consumers and their representatives are routinely involved as partners in assessment, planning and review of each consumer’s care and services, or that the service is routinely communicating the outcomes of assessment and planning to consumers. In their response to the Review Audit report, the Approved Provider highlighted that consumer assessment and planning is undertaken on a consistent basis (every 4 months) or more frequently where there are changes to a consumer’s condition such as following an incident, medication changes or a decline in their health condition. The Approved Provider supplied evidence that the service conducts routine case conferences for the purpose of review of care. In order to ensure continuous improvement, the Approved Provider advised that all staff have been reminded of their requirement to offer a copy of the care plan to consumers and their representatives and confirmed that if requested by a consumer, a copy of their care plan is provided. With these considerations, I find the service compliant with Requirements 2(3)(c) and 2(3)(d).

The service was unable to demonstrate that consumer care and service plans are regularly reviewed for effectiveness. The consumer care plans reviewed by the Assessment Team did not reflect the needs of consumers when their circumstances changed, such as wounds, diabetic management and behaviour management, resulting in care not provided to meet the needs of the consumer. In their response, the Approved Provider acknowledged gaps in consumer plans and highlighted that the service has committed to staff education regarding consumer charting and assessment. With these considerations, I find the Assessment Team’s findings to be more compelling at this time in regard to review of consumer care and services, and I find the service non-compliant in Requirement 2(3)(e).

The Quality Standard is assessed as Non-Compliant as three of the five specific Requirements have been assessed as Non-Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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. | 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. | Non-compliant |

Findings

The service was unable to demonstrate that each consumer receives safe and effective personal and clinical care that is tailored to their needs. The Assessment Team reported that some consumer pressure injuries were identified at late stages and interventions relating to pain and nutrition did not address the needs of the consumers. Inconsistencies were observed in staff practices relating to skin integrity and wound management, personal care including pressure area care and identification and management of consumer restrictive practices. Consumer personal care is not consistent and reflective of each consumer’s care plan, or appropriately takes into consideration changes in needs for all consumers. Most consumers and representatives raised some concern related to some aspects of their care with the Assessment Team. In their response, the Approved Provider evidence proportionate action to address the specific consumer concerns mentioned in the Review Audit report and explained that, as per the service’s education plan, care staff will participate in education which includes skin care and the importance of early identification and escalation. With these considerations, I find the Assessment Team’s findings to be more compelling at this time in regard to personal and clinical care, and I find the service non-compliant in Requirement 3(3)(a).

The service was unable to demonstrate effective management of high impact and high-prevalence risks, including appropriate management of consumer pressure injuries to minimise further concerns, and nutrition and weight loss is not consistently identified and managed for each consumer. Consumer incidents are not always recorded, and the Assessment Team reported that consumer incidents do not include investigation or analysis to identify contributing factors or to support development of preventative measures. In their response, the Approved Provider highlighted that medication incidents are recorded separately to other accident/incidents, and explained that the service has implemented organisational templates to ensure that data and trending information is analysed at staff meetings into the future. The service took proportionate action to remediate concerns of consumers mentioned in the Review Audit report however upon weighing the evidence available, I find the Assessment Team’s findings to be more compelling at this time in regard to effective management of high impact or high prevalence risks, and I find the service non-compliant in Requirement 3(3)(b).

The Assessment Team reported that the service was unable to demonstrate that the needs of consumers nearing their end of life were addressed to preserve dignity and comfort. The Assessment Team reported from their observations and documentation reviews that care was neither wholistic nor effective in ensuring consumer palliative care needs were met. In their response to the Review Audit report, the Approved Provider supplied their Plan for Continuous Improvement which evidenced that relevant education and training was provided to staff on the correct end of life pathway processes and requirements. In addition, the Approved Provider supplied evidence that demonstrated effective implementation and application of the organisational end of life pathway. With these considerations, I find the Approved Provider’s findings to be more compelling at this time in regard to recognising and addressing consumer comfort and dignity when nearing their end of life, and I find the service compliant on Requirement 3(3)(c).

The Assessment Team reported that the service was unable to demonstrate that deterioration in consumers’ condition was recognised or responded to in a timely manner and supplied information on the service’s approach to escalating a decline in consumer mental health concerns and other physical deterioration including illness and skin integrity concerns. In their response to the review Audit report, the Approved Provider supplied the organisation’s Recognising and Response to Clinical Deterioration policy and procedure which documents an appropriate and proactive/responsive approach to timely recognition and management of deterioration in consumer's condition to reduce adverse outcomes. Further, the Approved Provider highlighted additional education aligned with the service’s Plan for Continuous Improvement and their Education Plan to ensure staff are aware of their requirement to recognise and respond to deterioration in a timely manner. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to the service recognising and responding to changes in consumer condition, and with these considerations, I find the service compliant in Requirement 3(3)(d).

The service was unable to demonstrate that consumer medical needs were communicated effectively within the service. The Assessment Team reported deficiencies in assessment, care planning processes and incident management that had resulted in information about consumers’ conditions and needs not being effectively captured and limited information to support appropriate staff knowledge and response to consumer needs. Consumer assessments were not consistently accurate and reflective of individual consumer needs, and consumer care planning documentation provided limited information about consumer care needs, including information to support behavioural issues, palliative care needs, pressure injury care and diabetic care needs. In addition, the Assessment Team reported limited information to support staff to understand consumer needs and preferences in relation to falls prevention, pressure area care and behaviour support. In their response, the Approved Provider acknowledged some inconsistencies in consumer documentation and took immediate action to remediate the concerns raised for the consumers mentioned in the Review Audit report. The Approved Provider also acknowledged the need for additional staff training in documentation processes. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to documentation and communication, and with these considerations, I find the service non-compliant in Requirement 3(3)(e).

The Assessment Team reported that the service was unable to demonstrate timely referrals for consumers requiring additional intervention from other service providers, referencing consumers needing dietician and mental health service supports. In their response to the Review Audit report, the Approved Provider supplied their Managing Nutrition and Hydration policy and procedure and highlighted the service’s approach to ensure that a registered nurse maintains appropriate oversight prior to and in order to substantiate a referral to an allied specialist health provider. The Approved Provider also evidenced a proportionate response to the consumers mentioned in the report and after considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to timely and appropriate referrals, and with these considerations, I find the service compliant in Requirement 3(3)(f).

The Assessment Team reported that the service was unable to demonstrate appropriate practices to prevent and control infection or that antimicrobial stewardship practices are promoted effectively at the service. The Assessment Team reported that the service does not currently have a dedicated and qualified infection, prevention and control (IPC) lead and that during a recent outbreak the service relied on support from the organisation’s national IPC lead. Appropriate staff education and competency assessment with a focus on minimisation of infection related risks were not observed and the Assessment Team’s review of consumer clinical documentation highlighted that measures to prevent infection were not documented and consumer care plans were not updated to reflect relevant information. In their response to the Review Audit report, the Approved Provider highlighted their Infection, Prevention and Control policy and explained that generally the organisation’s systems and processes support minimisation of infection related risks and that the service is committed to taking steps to ensure that the infection control program, plans, procedures, practices, and equipment are consistently used to prevent, identify and contain the infection. The Approved Provider confirmed that two care managers at the service are currently completing their IPC lead course to ensure dedicated and qualified staff at the service. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to the service’s approach to minimising infection related risks, and with these considerations, I find the service non-compliant in Requirement 3(3)(g).

The Quality Standard is assessed as Non-Compliant as four of the seven specific Requirements have been assessed as Non-Compliant.

# 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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team reported that the service was unable demonstrate that each consumer receives effective services and support for daily living that optimises their independence, health, well-being and quality of life, or that the service effectively ensures that each consumer receives emotional and psychological support reflective of their needs. The Assessment Team reported that the service is not providing services and supports to ensure each consumer is supported with meaningful activities of interest to them. In their response to the Review Audit report, the Approved Provider highlighted their immediate response to each concern raised by the Assessment Team and reinforced that the service works with consumers to maintain their independence and quality of life by implementing changes requested by consumers and involving the clinical and lifestyle teams to ensure each consumer is living their best life, and highlighted their positive national quality indicator results in regard to consumers receiving services and supports for daily living that are important to their health and well-being. The Approved Provider also explained that emotional and psychological support is discussed with each consumer at the time they are admitted to the service and ongoing, consumers receive 1:1 support with lifestyle, clinical and registered nursing staff and the service provides chaplaincy support and grief and loss counselling. The Approved Provider supplied a copy of the service’s calendar of activities that is informed by consumers and representatives. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to services and supports for daily living, and with these considerations, I find the service compliant in Requirements 4(3)(a), 4(3)(b) and 4(3)(c).

Some consumers and representatives said staff were unfamiliar with consumer’s conditions and needs, and some staff were unable to demonstrate familiarity with consumer’s lifestyle needs. While consumer care plans effectively captured consumers’ social habits and lifestyle preferences, including their interests and hobbies, there was a lack of information on how the service would support each consumer’s interests. In their response to the Review Audit report, the Approved Provider highlighted that the service is conducting a full review of consumer profiles in their information management system to ensure that all consumer preferences are up to date, and the service has ensured staff have received appropriate training in customer service. The service has appropriately reached out to the consumers mentioned in the Assessment Team report. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to communicating consumer’s condition, needs and preferences, and with these considerations, I find the service non-compliant in Requirement 4(3)(d).

Some consumers and representatives said they have not received relevant support for referrals to individuals or other organisations and the Assessment Team observed deficits in relation to timely and appropriate referrals to providers of other care and services. Further, the Assessment Team reported that external provider recommendations are not consistently implemented and staff and management were unable to provide processes for referrals. In their response, the Approved Provider referenced the service’s information management system where consumer referral documentation is available and confirmed that the lifestyle coordinator discusses any relevant referrals with the clinical management team. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to timely and appropriate referrals for consumers, and with these considerations, I find the service non-compliant in Requirement 4(3)(e).

Consumers advised that the meals are varied and of suitable quality and quantity and advised that they are able to provide feedback directly to the chef. Staff demonstrated knowledge of consumer nutrition and hydration needs and preferences via access to consumer dietary forms and information available on the service’s electronic management system. However, the Assessment Team reported that the current menu had limited variety and lacked alternate options for consumers. In addition, some consumers and their representatives advised that consumers where provided with meals that were not suitable for them, snacks and fruit were not readily and easily accessible, and some consumers were not appropriately supported by care staff to consume their meals. In their response to the Review Audit report, the Approved Provider highlighted the recent transition to insource the service’s meal provisions and provided evidence of a menu that was reviewed by a dietician and confirmed that the service continues to work with consumer’s in relation to meal preparation and delivery. The service has also implemented a Simple Food System which supports a digital platform that extracts individual consumer dietary requirements to an application located in each servery and the kitchen. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to consumer meals, and with these considerations, I find the service non-compliant in Requirement 4(3)(f).

The service provides equipment that is safe, suitable, clean and well maintained, and this was observed by the Assessment Team. The Assessment Team reported that consumer walking aids were clean and in good working order and that lifestyle equipment, books, puzzles, games, jigsaws and bingo cards were also readily available and observed to be clean. Lifestyle staff advised there was enough equipment to support consumer engagement and explained that for themed events, the organisation’s head office will arrange for the equipment and decorations to be sent to the service. With these considerations, I find the service compliant in Requirement 4(3)(g).

The Quality Standard is assessed as Non-Compliant as three of the seven specific Requirements have been assessed as Non-Compliant.

# 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 reported that consumers and representatives felt welcome at the service and did not raise concerns about the service environment. The Assessment Team observed the service environment to be difficult to navigate and reported that it does not optimise each consumer’s sense of belonging. In addition, the Assessment Team identified an external area being used by visitors and staff that contained unlocked clinical waste bins. In their response, the Approved Provider supplied evidence of appropriate directional signage throughout the service environment and explained that consumers and their representatives are provided a tour of the service upon admission. The Approved Provider actioned all feedback provided by the Assessment Team including larger signage to support consumer and visitor wayfare and confirmed that staff education has been provided to ensure that staff and visitors are not accessing designated areas as reported by the Assessment Team. With these considerations, I find the service compliant in Requirement 5(3)(a).

The Assessment Team reported that consumers expressed satisfaction with the cleanliness and felt the service was safe, however the Assessment Team’s observations of the service environment were that some consumers were not able to move freely, indoors and outdoors. The Assessment Team observed consumers can access the Treetop’s balcony area, which is a long narrow balcony that passes by the outside of consumers’ rooms, however, consumers are not able to re-enter the building from the same door because the door self-locks and consumers are required to walk to the end of the balcony to re-enter the service. The Assessment Team also observed shared bathrooms were being used for equipment storage, such as linen trolleys, bed tables and lifters. The Approved Provider responded advising that the balcony door now remains unlocked to better support consumer access to the outside area. The Approved Provider also provided staff memo to ensure that designated storage areas are used for storage only and the service has subsequently audited and assessed compliance against this activity. With these considerations, I find the service compliant in Requirement 5(3)(b).

Consumers and representatives did not raise any concerns in relation to furniture, fittings and equipment at the service. They expressed satisfaction that maintenance requests are completed in a timely manner. The Assessment Team however, observed that not all furniture and fittings appeared to be clean and well maintained, and some care staff indicated there was not enough equipment, including insufficient slings or individual consumer slings. Management advised that a recent sling audit was conducted and management have requested the physiotherapist to reassess all slings and allocate the right sized slings for consumers. The Assessment Team also observed electrical test and tag for equipment was overdue throughout the service based on retest dates. In their response, the Approved Provider highlighted their actions to ensure that replacement of furniture, fittings or equipment is reliable, and highlighted recent purchases to ensure consumer safety and well-being, including wheelchairs, window cleaner, bain marie, televisions, laundry trolleys, bed sensors, air mattresses and nurse pendants. The Approved Provider also highlighted that immediate action was taken to ensure that the commercial kitchen and laundry were electrical tested and tagged and referenced the Australian Standard to electrical testing and tagging to demonstrate their compliance in all other areas throughout the service. With these considerations, I find the service compliant in Requirement 5(3)(c).

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

# Standard 6

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

Findings

The Assessment Team reported that consumers and representatives advised that the service has not supported them to understand the organisation’s complaints processes and that deficiencies in the service’s processes for resolving complaints discourages use of the complaint/feedback system. The Assessment Team also reported that the service does not ensure that consumers are aware of and have access to advocates, language services and other methods of raising complaints, or that the service was able to demonstrate that appropriate action is taken in response to complaints or that staff have a full understanding of open disclosure. Finally, the Assessment Team reported that the service was unable to demonstrate that feedback and complaints data is reviewed and used to improve the quality of care and services for consumers.

In their response to the Review Audit report, the Approved Provider highlighted their organisational feedback page on their website, as well as the organisation’s management framework and their Feedback and Complaints Management Policy. The Approved Provider highlighted that the service implemented an electronic feedback system in 2023 and continue to communicate and educate consumers, representatives and staff via tool box sessions, newsletters and electronic direct mail. Further, the Approved Provider explained that complaints are reviewed and discussed at daily head of department meetings attended by the Facility Manager and the service leadership team, and the organisation operates a Feedback and Complaints Committee where senior leaders discuss feedback, including high risk concerns, complaints received by the Commission, provide trending analysis and drive improvements. The monthly consumer newsletter also provides regular advice to consumers and representatives encouraging complaints and feedback.

The Approved Provider highlighted that the organisation provides information to consumers and representatives about relevant advocacy services in the Resident Handbook, and provide brochures throughout the site. The service management team offer advocacy and language services to consumers at case conferences and other times of interaction. The Approved Provider advised that should a consumer require linguistic specific information, the correct information would be sought and provided. Also noted was that Older Persons Advocacy Network (OPAN) posters are on display at the service and the management team have access to the Commonwealth’s Translating and Information Services (TIS) for consumers or representatives who require support.

The Approved Provider explained that the organisation maintains an Open Disclosure policy and procedure, and that open disclosure toolbox sessions are provided to ensure all staff are educated and aware of the requirement. Further, the Approved Provider explained that the principles of open disclosure are embedded into other relevant training, including serious incident response scheme (SIRS) training and staff customer service training programs. The service management team also monitor incidents on a daily basis to ensure that where appropriate, open disclosure is provided.

In response to feedback and complaints driving quality improvements of consumer care and services, the Approved provider explained that the service utilises their complaints register and their Plan for Continuous Improvement to record and drive these improvements for consumers. The Approved Provider highlighted recent improvements implemented at the service including bringing the kitchen service in-house, as well as maintenance operations and laundry service in-house, recent painting, curtain replacement, CCTV upgrades, ground improvements, introduction of smart televisions, and enhanced internet capability.

After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to feedback and complaints, and with these considerations, I find the service compliant in Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d).

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

# 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. | Non-compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated planned and sufficient staffing to enable delivery and management of safe and quality care and services, and consumers advised that there are sufficient staff to meet their needs. The Assessment Team’s review of staffing records indicated shifts are sufficiently filled and consumer call bells are responded to in reasonable timeframes. With these considerations, I find the service compliant in Requirement 7(3)(a).

Consumers advised the Assessment Team that most staff are kind, caring and respectful, however, some consumers highlighted interactions that were not considered kind and respectful and the Assessment Team observed interactions that must be improved in order to maximise the outcome for the consumer. In their response to the Review Audit report, the Approved Provider referenced the organisation’s onboarding and induction process which provides focus on consumer experience and the organisation’s expectations of how consumers are to be communicated with and treated. Further, the Approved Provider referenced the organisation’s Code of Conduct and highlighted the service’s national quality indicator results which evidence satisfaction from consumers and representatives in relation to consumers feeling like they are treated with respect and dignity. The Approved Provider also evidenced immediate action to investigate and resolve the consumer experiences noted within the Review Audit report, including staff counselling and support. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to kind, caring and respectful interactions, and with these considerations, I find the service non-compliant in Requirement 7(3)(b).

The service demonstrated effective annual performance reviews of staff, however, the Assessment Team reported that appropriate support is not routinely developed or appropriate action taken in response to unsatisfactory staff performance and development needs. The Approved Provider offered context that each staff member is provided an annual performance appraisal, with additional reviews where performance concerns arise, or where there are behavioural or conduct concerns. This is as per the organisation’s Performance Management Policy and is appropriately recorded securely with the organisation’s human resources division. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to regular staff assessment and performance appraisals, and with these considerations, I find the service compliant in Requirement 7(3)(e).

The Assessment Team reported that the organisation has systems to ensure that staff have qualifications to undertake their roles, however, some feedback from consumers and representatives indicated that staff do not always have the necessary knowledge and skills to undertake their roles. Assessment Team observations and document reviews demonstrated that some staff are not competent in all aspects of their roles, including appropriate knowledge and skills in supporting consumers who are living with dementia, and supporting consumers in relation to their behavioural support needs. Staff were observed asking consumers living with dementia if they wanted to change their clothes following an episode of incontinence and when the consumer declined, the staff sat the consumer in the dining room with a towel underneath them without any further intervention to change their clothes. Further, the service is currently undertaking training for a suitable infection, prevention and control lead dedicated to the service.

The Assessment Team also reported that the service has processes to deliver staff training, however was unable to demonstrated that training was effective, that mandatory training is routinely undertaken, or that staff are appropriately supported and equipped to deliver the outcomes required by these standards. The Assessment Team reported that education delivered about some key aspects of care was limited in content and duration and the Assessment Team reported via observation and staff interviews that this education was ineffective in ensuring staff have the depth of knowledge to apply this information to their roles.

In their response to the Review Audit report, the Approved Provider advised that staff training and development activities are delivered in a range of formats including coaching, mentoring, online courses and case studies, as well as face to face delivery and combine short, sharp sessions, such as toolbox talks and lunch and learn sessions, with longer, more detailed sessions ranging from targeted topics training sessions through to half and full day practical ‘hands on’ workshops. Further, the Approved Provider highlighted that the organisation’s Learning and Development team work closely with each service to monitor for training implementation, and where gaps and deficits are identified, plans are established to remediate the staff training needs.

After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s findings to be more compelling at this time in regard to a workforce that has the knowledge to effectively perform their roles and is trained and equipped to deliver the outcomes required by these standards, and with these considerations, I find the service non-compliant in Requirements 7(3)(c) and 7(3)(d).

The Quality Standard is assessed as Non-Compliant as three of the five specific Requirements have been assessed as Non-Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-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. | Non-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. | Non-compliant |

Findings

The Assessment Team reported that the organisation was unable to demonstrate that consumers are effectively engaged in the development, delivery and evaluation of care and services. In their response to the Review Audit, the Approved Provider highlighted their Resident and Representative meetings as well as their organisation-wide ‘Project Butterfly’ that was a continuous improvement program involving consumers, representatives and staff to focus on improvement opportunities around consumer care and services which required extensive engagement with consumers. The Approved Provider also highlighted the opportunity for engagement from consumers and representatives via regular consumer experience surveys, including mealtime experience and lifestyle/activities surveys and the organisation’s feedback, comments and complaints systems. Audits are completed through the organisation’s moving on audit system, and consumer and representative feedback, audit results and trends, consumer meeting feedback, actions and outcomes are analysed and tabled at relevant meetings at the service, state and national levels aligned to the organisation’s Governance and Reporting Framework. After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s finding to be more compelling at this time in regards to organisational governance, and with these considerations, I find the service compliant in Requirement 8(3)(a).

The Assessment Team reported that the organisation was unable to demonstrate accountability for a culture of safe and quality care and services or that aged care best practice principles guide the development of policies and procedures. Further, the organisation was unable to demonstrate effective organisation-wide governance systems specifically relating to information management and continuous improvement. Management acknowledged a lack of contemporary guidance and best practice policies and the Assessment Team reported the need for the organisation to ensure that data collated from the service is appropriately analysed and reviewed at corporate and Board levels. Information management systems do not provide easy and accessible data, and deficiencies in incident investigation and root causes analysis processes result in insufficient information to inform the development of effective measures to prevent future incidents. Further, opportunities for improvement are not consistently managed and implemented in a timely manner. After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s finding to be more compelling at this time in regards to organisational governance, and with these considerations, I find the service non-compliant in Requirements 8(3)(b) and 8(3)(c).

The Assessment Team reported that the organisation was unable to demonstrate effective systems to manage high-impact or high-prevalence risks, or that the organisation demonstrated effective monitoring and implementation of their clinical governance framework in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Approved Provider highlighted that the organisation’s executive team are responsible for overseeing performance and risk management within the organisation, including the delivery of care and services (clinical and non-clinical) and risk, corporate performance and risk, financial performance and risk, workforce performance and risk and environmental performance and risk. The executive team, national and state managers and facility and business unit managers are responsible for the organisational-wide continuous improvement and the risk register. The Approved Provider explained that all risks are documented on the organisation’s care risk register and reviewed monthly and the state managers are responsible adoption and completion of risk management activities in accordance with policy. Facility managers are responsible for ensuring risk management aligns with the organisation’s approach to managing all activities.

The Approved Provider also highlighted their clinical governance framework relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The organisation’s Antimicrobial Stewardship Policy promotes optimal management of antimicrobials in order to maximise the effectiveness of treatment and minimise potential for harm on consumers. The organisation’s Behaviour Management and Restraint Management Policies supports the organisation, management and staff to ensure that efforts are made to manage consumer challenging behaviours to ensure that each consumer lives their best life with dignity, safety and to ensure that the use of restrictive practices are only used when necessary in the interests of consumer safety and as a last resort.

After considering the Approved Provider’s response and the impact on consumers, I find the Assessment Team’s finding to be more compelling at this time in regards to organisational governance, specifically around managing high impact or high prevalence risks and minimising the use of restraint, and with these considerations, I find the service non-compliant in Requirements 8(3)(d) and 8(3)(e).

The Quality Standard is assessed as Non-Compliant as four of the five specific Requirements have been assessed as Non-Compliant.

1. The preparation of the performance report is in accordance with section 76Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)