Performance

Report

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| Name of service: | St Vincent’s Care Services Bronte |
| Service address: | 363-367 Bronte Road BRONTE NSW 2024 |
| Commission ID: | 1033 |
| Approved provider: | St Vincent’s Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 16 November 2022 to 18 November 2022 |
| Performance report date: | 23 December 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 St Vincent’s Care Services Bronte (**the service**) has been prepared by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 9 December 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 | |  |
| 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

Following a Site Audit in December 2021, the service was found non-compliant with requirement 1(3)(a). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Having been found non-compliant as staff were not treating consumers with dignity and respect, the service has provided ongoing staff education and supervision of staff behaviours, and increased communications within the workforce. Consumers reported staff interactions to be polite and respectful and staff were aware of consumers’ needs and preferences.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 1(3)(b). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided cultural diversity training to staff and reviewed and updated lifestyle assessments to reflect cultural considerations. Consumers confirmed the service recognised and respected their cultural traditions and preferences. Care planning documentation identified consumers’ cultural needs and preferences and staff described how they ensured they delivered care and services in accordance with these needs and preferences.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 1(3)(c). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Having been unable to demonstrate effective systems to facilitate consumers’ choices, the service has provided education to staff and reviewed and updated care planning documentation during family conferences. Care planning documentation now documents individual choices, partnership, open communication, and contact information for representatives. Management and staff described how consumers were supported to make choices and maintain independence and relationships of choice and consumers considered their choices were considered and respected by staff.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 1(3)(d). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. In December 2021, the service did not demonstrate effective review and monitoring processes related to risks. However the service has since provided education to staff and held clinical staff meetings related to risk assessments, including risk mitigation strategies, and established a ‘consumer of the day’ process. The service demonstrated consumers were supported to take risks, including self-medicating, and engaging with the external community. Staff identified and described strategies implemented to reduce risks for individual consumers.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 1(3)(e), having been unable to demonstrate effective communication to enable consumer choice1. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service increased communication through emails, commenced displaying menus and activity schedules on notice boards in communal areas and increased management’s presence around the service. Consumers confirmed they were kept informed through different channels and the Assessment Team observed information was provided to consumers in a clear way which supported informed decision making.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 1(3)(f). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided induction and education programs related to respect, privacy and confidentiality, increased monitoring of staff, and reviewed handover processes and location. Staff described how consumers’ privacy preferences were obtained on entry to the service and demonstrated an understanding of consumers’ preferences. The Assessment Team observed consumer privacy and confidentiality was maintained and protected.

# Standard 2

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

Findings

Following a Site Audit in December 2021, the service was found non-compliant with requirement 2(3)(a), having been unable to demonstrate assessment and planning was completed consistently and included a consideration of individual consumers’ risks. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided education to registered staff related to risk management, assessment, and care planning, completed reassessments of all consumers which ensured goals were personalised and incorporated in care planning documentation, and developed a schedule for care plan reviews and case conferences. The service demonstrated assessment and care planning, included the consideration of individual risks and informed the delivery of safe and effective care and services. Staff described consumers’ care and preferences which aligned to their care planning documentation.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 2(3)(b). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service was unable to demonstrate consumers had current advance care plans in December 2021, however, have since commenced reviewing all consumers’ advance care directives and completed consultation with consumers and representatives to confirm all restrictive practice assessments and consents were completed. High risk clinical areas, including wound care, have been reviewed, and an ongoing audit process implemented. Consumers and representatives considered they received the care they need and confirmed involvement in the care planning process.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 2(3)(c), having been unable to demonstrate involvement of consumers, representatives or external providers in the care planning process. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service demonstrated it partnered with consumers, representatives, and external providers. Care planning documentation demonstrated the involvement of a range of external providers including medical officers and allied health professionals, in the care planning process.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 2(3)(d). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided consumers with care planning documentation at case conferences and on care plan reviews. Consumers and representatives confirmed the service communicated changes to their cares and services to them and this was recorded in care planning documentation. Staff described how care plans were available to them via the electronic case management system, and how agency staff received a copy of each consumers’ summary care plans.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 2(3)(e), having been unable to demonstrate care planning documentation were reviewed or amended to reflect specialists’ reviews. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided training to staff related to the review process, and implemented a consumer of the day review process. The service demonstrated engagement with external providers to assist with the review of consumers and their care planning documentation. Care planning documentation evidenced reviews occurred on a regular basis and when consumers’ circumstances or condition had changed. Care planning documentation reflected the input from external providers where required. Consumers and representatives reported regular discussions about their care needs and said any changes requested were addressed. Management and clinical staff described the routine review process which included a formal three-monthly review and the consumer of the day process.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Assessment Team recommended that the following requirement was not met.

* 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.

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(d) following a site audit in December 2021. The site audit report dated 12 to 18 November 2022 recommended this requirement remained non-compliant.

The Assessment Team identified deficiencies related to the timely identification of pressure wounds and the management of catheter care. The care planning documentation for a named consumer demonstrated catheter care was not provided in accordance with the service’s documented process impacting the health of the consumer. Care planning documentation and incident reports indicated the service did not identify pressure injuries in a timely manner. Management conceded the need for improvements in the identification of wounds and detailed improvement strategies.

The Approved Provider, in their response dated 09 December 2022 provided further information related to the identification of pressure injuries and clarification in relation to the named consumer with a suprapubic catheter (SPC). The Approved Provider provided evidence of a decrease in pressure injuries in recent months following the implementation of improvement strategies and disputed the details of the named consumers’ pressure injuries to be incorrect or inaccurate. The Approved Provider provided evidence that the delay in catheter care related to the named consumer was a result of the consumer declining cares. Progress notes demonstrated the service immediately and appropriately responded to finding the SPC to be blocked.

On the totality of the evidence provided in the site audit report and the Approved Provider’s written response of 09 December 2022, the service has demonstrated deterioration or changes to consumers’ health, capacity or condition were recognised and responded to in a timely manner. Therefore, I find requirement 3(3)(d) compliant.

I am satisfied the remaining six requirements of Standard 3 are compliant.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 3(3)(a). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where previous non-compliance was found related to the use of restrictive practices without consent, and deficiencies in behaviour and wound management, the service has undertaken a comprehensive review of all restrictive practices and provided staff with education related minimising the use of restrictive practises and behaviour management. Most consumers said they received care in accordance with their needs and preferences. The service had documented policies and procedures and a clinical care manual which aligned with best practice. Staff said they know consumers received safe and effective personal and clinical care because care provision aligned with the documented policies and care planning documentation.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 3(3)(b), having been unable to demonstrate effective management of complex behaviours, and falls, weight, and wound management. Evidence within the site audit report supports dated 16 to 18 November 2022 demonstrates the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service demonstrated that high-impact and high prevalence risks were effectively managed through regular clinical data monitoring and implementation of appropriate risk management strategies. The service conducted a review of all consumers with high impact or high prevalence risks, which resulted in additional mobility and pressure care equipment being obtained and allied health providers attend the consumer of the day conferences.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 3(3)(c), having been unable to demonstrate effective systems to monitor and identify deterioration of consumers nearing the end-of-life. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided training on end-of-life care and reviewed all end-of-life documentation. Care planning documentation demonstrated palliative care assessments were conducted by a specialist palliative care nurse and documented strategies to manage hygiene, skin care, toileting, and mobility. A representative of a consumer who had recently passed away provided positive feedback in relation to end of life care provided. Staff described how they provide care for consumers at the end of life to maintained dignity and comfort.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 3(3)(e). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having increased the frequency of staff meetings related to consumers’ needs, reviewed handover processes, and implemented enhanced communication of dietary changes to the kitchen. Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers’ condition. Care planning documentation and progress notes provided appropriate information to support the delivery of safe and effective care.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 3(3)(f). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where non-compliance was identified in relation to the timely referral of consumers who experienced a deterioration in their condition, weight loss, or pain, the service has reviewed the organisation’s referral process and the clinical manager now meets with allied health practitioners at the end of each visit. Care planning documentation evidenced referrals to external supports in accordance with the service’s policies and procedures. Consumers and representatives felt timely and appropriate referrals were made to relevant providers.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 3(3)(g). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where non-compliance was found in relation to inappropriate infection prevention control practices, the service has updated their COVID-19 outbreak management plan and appointed an infection prevention and control lead. The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescription. Staff demonstrated knowledge of standard and transmission-based precautions to prevent and control infections, and appropriate practices related to antimicrobial stewardship. The Assessment Team observed appropriate infection control practices in place.

# Standard 4

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

Findings

Following a Site Audit in December 2021, the service was found non-compliant with requirement 4(3)(a), with the service being unable to demonstrate consumers had access to activities that met their goals and preferences. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Since the Site Audit in December 2021, the service has reviewed the activities program, recruited additional lifestyle staff, implemented processes to update and engage consumers in the design of the activities calendar and reviewed and updated care planning documentation to ensure they were individualised. Consumers and representatives confirmed they were supported to participate in activities of interest to them, and they were provided appropriate support to optimise their independence and quality of life. Staff described what was important to individual consumers and what they liked to do, and this information aligned to their care planning documentation.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 4(3)(b). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where non-compliance was identified related to consumer access to supports which promoted their emotional, spiritual and psychological well-being, the service has provided lifestyle and pastoral care staff with education around how to support consumers’ emotional, spiritual, and psychological well-being, including care planning, and re-engaged religious leaders from various communities. Consumers and representatives reported that their emotional, spiritual, and psychological needs were supported. Staff described various ways consumers’ wellbeing was supported, including the referral to external services.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 4(3)(c). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having introduced a suite of lifestyle activities and specialised equipment into the memory support unit, and implemented a monthly lifestyle survey. Consumers and representatives confirmed they are supported to participate in community both within and outside the service, keep in touch with people who are important to them and do things of interest to them. Staff described how they supported consumers to participate in community and engage in activities of interest to them.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 4(3)(d). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where non-compliance was identified relating to effective communication of consumers’ condition, needs, and preferences, the service has provided staff education regarding effective communication of consumers’ condition and implemented new information systems to support effective communication regarding consumers’ needs and preferences. Consumers and representatives felt their needs and preferences were well communicated and staff described how they shared information relating to consumers’ condition, needs, and preferences. Care planning documentation included adequate information to support safe and effective care as it related to supports for daily living.

Consumers said they were supported by external organisations, support services, and providers of other care and services. Consumers, staff, and care planning documentation identified the service collaborated with a variety of external providers.

Consumers and representatives were satisfied with the variety, quality, and quantity of meals provided at the service and said they were offered choice. Consumers’ dietary needs and preferences were accommodated by the service and staff demonstrated a knowledge of consumers’ needs and preferences. Staff explained how consumers’ preferences were incorporated into the seasonal menu.

Consumers and representatives said they had access to equipment, which was safe, clean, and well-maintained. Staff confirmed they had access to equipment when they need it, and that equipment is kept clean and well-maintained. Equipment was observed to be suitable, clean, and in good condition.

# Standard 5

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

Findings

The Assessment Team observed, and consumers and representatives confirmed, the service created a sense of belonging and was welcoming. Management described aspects of the service environment which optimised consumers’ independence and interaction. The service was observed to be modern and contained spacious balconies, gardens, and communal areas which were decorated to create a home-like environment.

Consumers were observed moving independently and using communal areas inside and outside the service. The service demonstrated processes were in place which ensured the service environment is safe, clean, and well-maintained.

The Assessment Team observed, and consumers and representatives confirmed, furniture, fittings and equipment were kept clean and safe for use by consumers. The service had a preventative maintenance schedule which was regularly monitored by maintenance staff and the organisation.

# 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

Following a Site Audit in December 2021, the service was found non-compliant with requirement 6(3)(a), having been unable to demonstrate systems which supported consumers and representatives top provide feedback and complaints. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having resolved outstanding complaints, re-implemented feedback and complaints policies, and actioned feedback and complaints on a daily basis. Consumers knew how to give feedback and make complaints, and management described how they encouraged and supported consumers to do so. The Assessment Team observed the service’s feedback forms and lodgements in each area of the service.

Management described the advocacy services available to consumers at the service and information brochures were observed to be available throughout the service. The Assessment Team identified the service actively promoted advocacy services and the service had access to translation services if needed.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 6(3)(c). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided education to staff related to customer service and open disclosure and reviewed and responded to previous unresolved complaints and feedback. Consumers and representatives said the service responded to and resolved their complaints and respond to incidents when they occur. Staff were supported by an open disclosure policy and demonstrated an understanding of it.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 6(3)(d), having been unable to demonstrate complaints and feedback were used to improve the quality of care and services. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided education to staff related to feedback, quality improvement processes and incident management, and re-implemented a process for recording complaints. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and representatives. Consumers felt their feedback was valued and was used to improve services and this was confirmed by the service’s complaints register.

# Standard 7

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

Findings

Following a Site Audit in December 2021, the service was found non-compliant with requirement 7(3)(a). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where non-compliance was identified relating to staffing levels, the service has reviewed rostering and staffing requirements and recruited several roles. Consumers and representatives felt the service had sufficient staff to meet their care needs. Rosters and allocation sheets for the fortnight prior to the site audit in November 2022 demonstrated most shifts were filled and staff reported there were adequate staff to ensure consumers’ needs were met.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 7(3)(b). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Having been unable to demonstrate staff interactions were kind, caring and respectful in December 2021, the service has since provided training to staff on respectful ways of supporting consumers and their privacy and confidentiality, reviewed procedures related to allegations against staff, and increased the monitoring of staff. Consumers considered staff to be kind, caring and respectful. The Assessment Team observed staff to be respectful of consumers’ identities and privacy. Staff demonstrated an understanding of consumers individual needs and identities.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 7(3)(c). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service was previously found to not have effective systems for monitoring the competency of staff, however, have since implemented training and mentoring plans to address identified gaps in knowledge, and monitor staff practices to ensure competence. The service demonstrated monitoring of staff registration requirements and currency of police checks. Consumers and representatives had no concerns regarding the competency of staff.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 7(3)(d), having been unable to demonstrate effective systems related to recruitment and training of staff to ensure the outcomes required by the Quality Standards were met. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service implemented an orientation program for new staff, monitored staff compliance with mandatory training, and conducted an analysis of training needs. Training documentation demonstrated all staff had completed their mandatory training and staff reported receiving both mandatory and supplementary training which supported them to perform their roles.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 7(3)(e). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement having undertaken annual performance reviews for all staff, reviewed and implemented actions for staff who had been performance managed and reviewed all allegations against staff. Staff confirmed their performance was monitored through annual performance appraisals, competency assessments, and mandatory training assessments. Management described how the performance appraisal process allows for the discussion of any additional training requirements.

# Standard 8

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

Findings

Following a Site Audit in December 2021, the service was found non-compliant with requirement 8(3)(a), having been unable to demonstrate consumer engagement in the development, delivery and evaluation of care and services. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having developed a schedule for case conferences and consultations to engage consumers in the development and evaluation of care and services. The service had re-implemented feedback mechanisms which ensured feedback is acknowledged and escalated. Consumers felt involved in the development of their care and services and management described a variety of mechanisms used to ensure consumer input into the provision of care and services.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 8(3)(b). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where previous non-compliance was identified relating to the governing body’s promoted quality and safety, the organisation has established a process which ensured the governing body is updated on a regular basis, re-implemented the service’s quality framework, and implemented a subcommittee to improve the governing body’s involvement in governing outcomes. Management described the organisation’s structure which facilitates the oversight and governing of the delivery of care and services across the services. Monthly clinical indicators and board meeting minutes demonstrated regular monitoring and analysis by the governing body.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 8(3)(c). Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. Where it was previously found that staff did not have access to accurate and current information, the service has provided staff education related to accessing policies and procedures and serious incident response scheme reporting and undertook regular incident analysis. Management and staff described effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 8(3)(d), having been unable to demonstrate risks were identified, and prevention and minimisation strategies implemented. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement. The service implemented process to ensure the monitoring of risks and incidents and provided education to staff related to risk management and the identification of high impact and high prevalence risks, elder abuse, and neglect of consumers. The service demonstrated effective risk management systems and practices, including the identification of elder abuse and neglect of consumers, and managing and preventing incidents.

Following a Site Audit in December 2021, the service was found non-compliant with requirement 8(3)(e), with staff found to lack knowledge of restrictive practice and open disclosure principles. Evidence within the site audit report dated 16 to 18 November 2022 supports the service had implemented improvements to address the non-compliance and is now compliant with this requirement, having provided education related to the effective implementation of the clinical governance framework, the principles of antimicrobial stewardship, minimising the use of restraint and open disclosure. The service had conducted regular clinical governance monitoring which involved analysis and reporting to management, the board, and relevant subcommittees. Staff demonstrated an understanding of strategies related to antimicrobial stewardship and minimising the use of restraints, and a knowledge of the principles of open disclosure.

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