Performance

Report

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| Name of service: | St Vincent's Care Services Heathcote |
| Service address: | 15 The Avenue HEATHCOTE NSW 2233 |
| Commission ID: | 2739 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Site Audit |
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| Performance report date: | 24 May 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 St Vincent's Care Services Heathcote (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site 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 on 31 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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

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) – consumers are always treated with dignity and respect and particularly during personal care provision. This means acknowledging the diversity of consumers and that no 2 consumers have had the same lived experiences, which means what is respectful and dignified for one consumer may not be for another. A consumer-focused approach is required, so consumers feel respected during care and services provision and at all times.

# 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

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 1(3)(a) is non-compliant.

1(a) – Two consumers interviewed expressed feeling disrespected during the provision of personal care and discussed how this impacted their dignity by feeling awkward and degraded. Two other consumers felt their personal care choices were not always respected and considered. One consumer discussed they felt disrespected when staff spoke another language in their room and when their plates were removed at mealtimes without permission. The Assessment Team observed some language barriers presented during personal care provision.

In response to the findings from the site audit report, the Approved Provider advised an incident was raised for one consumer and they were consulted directly about feeling awkward during care provision. Additional staff support and training has been provided to ensure practices impacting consumer dignity are not repeated. The Approved Provider discussed ongoing collaboration with one consumer about their personal care choices and preferences, including engagement of additional advocacy services and supports. For another consumer, discussions about care preferences have included the consumer and their family and staff provide support consistent with consumer choice and safety.

On the issue of meal incompletion, the Approved Provider disagreed with the findings in the site audit report and noted whilst staff may have removed the empty dining plates without asking, staff do not facilitate dining plate removal without confirming with a consumer they have finished their meal or when offering an alternative meal option. The Approved Provider discussed the multiple forums, like the consumer and consumer representative meetings and food focus group meetings, which ensures continuous improvement of the consumer dining experience.

The Approved Provider did not make any specific comments under Standard 1 about consumers feeling disrespected when staff speak another language around them, with comments made under Standard 7 Human resources and Standard 8 Organisational governance. In their response to Standard 7, the Approved Provider noted the overall rates of aged care workers with English as a second language and recruitment strategies employed by the service to ensure staff suitability. In their response to Standard 8, the Approved Provider discussed the respect shown to consumers through their engagement with the development, delivery and evaluation of care and services and how being ‘consumer driven’ represents a core value of the service.

In determining compliance under Standard 1 Requirement (3)(a), I have considered the intent of the Requirement in ensuring the service takes a consumer-focused approach to the delivery of care and services which is inclusive and respectful. This Requirement acknowledges the diversity of characteristics and life experiences of consumers and how no 2 consumers’ lived experiences are the same. The individuality of each consumer’s lived experience means acknowledging what is respectful or dignified for one consumer might not be for another. Recognising consumer diversity ensures consumers feel confident in sharing their identity and benefits the workforce to see them as a whole person.

Several consumers provided feedback consistent with feeling disrespected when staff speak a different language around them and discussed a general preference, overall, for staff to speak English during care and services provision. Whilst I acknowledge the information provided by the Approved Provider and recognise the diversity of all persons involved in the delivery of aged care services, the evidence supports the use of different languages is not inclusive and respectful and does not recognise the diversity of consumers and its intrinsic value. I consider the feedback from consumers to be of satisfactory weight to support consumer dignity and respect is not consistently demonstrated and find Requirement 1(3)(a) is non-compliant.

I am satisfied Requirements 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) of Standard 1 Consumer dignity and choice are compliant.

1(b) – Consumers and consumer representatives interviewed described care and services provision were not culturally safe and did not recognise individual consumer needs and preferences for personal care provision, and complex decision-maker needs and preferences. Care plans for 2 consumers from culturally diverse backgrounds did not capture their family traditions and family heritage.

In response to the findings from the site audit report, the Approved Provider discussed the collaborative entry assessment process which captures the needs and preferences of the consumer to ensure safe care and services provision, including their cultural preferences. Case conferences are then held to ensure all relevant consumer information has been obtained. The Approved Provider submitted the ‘my life events and preferences’ plan for 2 consumers noted in the site audit report, which demonstrated cultural backgrounds and preferences were captured and recognised. For another consumer, their care plan has been updated to ensure their evening care preferences are recognised.

1(c) – Consumers were supported to maintain relationships of choice, with 2 consumers noted to maintain regular connection with their families. For one consumer with impaired cognitive ability, the Assessment Team found the consumer was encouraged to make decisions about their basic care needs with the support of their family. One consumer discussed staff were unfamiliar with their care preferences. When discussed with staff, they acknowledged the care choice of the consumer was a routine rather than a preference. The Assessment Team raised this with management who updated the consumer care plan with the care preference.

1(d) – Consumers were supported to take risks to live the best lives they can. One consumer was supported to use their electric wheelchair, with support from an occupational therapist and staff to move freely around the service. The Assessment Team reviewed dignity of risk forms for one consumer which supported their choice to take risks with food selection.

1(e) – Consumers and consumer representatives discussed receiving minutes of the consumer meetings which were detailed and informative. Other communication methods included a monthly activities and upcoming events newsletter and provision of written menus for consumer meal selection. The public address system was utilised within the service to communicate with consumers and consumer representatives about activities being undertaken and their locations.

1(f) – Consumers and consumer representatives interviewed felt their privacy was respected and described how staff knock on their doors and announce themselves prior to entering their rooms. This practice was generally consistent with observations by the Assessment Team, who also witnessed personal care provision was conducted in private.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 Requirements are compliant.

2(a) – The Assessment Team found care assessment and planning was demonstrated and included consideration of risks to consumer health and well-being. Care documentation reviewed evidenced risk assessment occurred on entry for consumers requiring medication management and diabetes management and care and services plans included risk mitigation strategies like blood glucose monitoring, food intake monitoring, medical officer intervention and ongoing risk review.

2(b) – Consumers and consumer representatives interviewed confirmed assessment and planning included consumer needs, goals and preferences and included advance care directives and end of life needs and wishes. On review of care documentation, palliative care arrangements and end of life care planning consistent with consumer needs and preferences was demonstrated, with documentation for one consumer indicating authorisations required completion. However, the Assessment Team found care planning did not demonstrate behaviour support plans were in place for consumers with concerning behaviours, and management were unfamiliar with current processes to ensure planning captured the needs and preferences of consumers requiring behaviour management.

In response to the findings from the site audit report, the Approved Provider noted the authorisations were not required for one consumer who had capably expressed their end of life wishes. The Approved Provider disagreed management were unfamiliar with care and assessment processes for consumers with behaviours of concern and discussed how behaviours were previously documented across 3 individual assessments prior to transition to a single behaviour support plan in late 2022.

The Approved Provider discussed how each consumer with behaviours of concern have current assessments for their behaviours and care plans in place, which have been developed collaboratively with their families. The Approved Provider referenced behaviour support plans for 2 consumers noted in the site audit report, one of which was completed during the site audit using information available in previous assessments. The behaviour support plan for this consumer includes the compilation of the previous physical, verbal and wandering behaviour assessments, interventions in place and evidence of referrals. For the other consumer, previous assessments are readily available to guide staff in management of behaviours, whilst information was transferred by staff to the new behaviour support plans.

2(c) – Consumers and consumer representatives interviewed discussed involvement in care and services assessment and planning for medication management and falls management. Care planning documentation reviewed confirmed assessment of mobility and falls risks on entry to the service, with associated pain assessment and exercise programs evidenced to improve consumer mobility. Care and services were supported through the involvement of physiotherapists, speech pathologists, dieticians and occupational therapists.

2(d) – Most consumers and consumer representatives interviewed were informed about and actively involved in their care and services planning. Care and services plans were readily available and consumers and consumer representatives discussed participation in case conferences and discussions with service providers about their care. Information about specific consumer needs and preferences including personal hygiene, mobility, meals and communication were readily available for staff in consumer rooms, which was confirmed by interviewed care staff.

2(e) – The Assessment Team found care and services were reviewed when consumer care needs changed, when incidents impacted on care needs and/or at least every 3 months. Care documentation for one consumer demonstrated changes were made in care and services for deterioration including new dietary requirements. For another consumer, increased falls were managed with physiotherapist intervention and increased mobility supports.

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 Requirements are compliant.

3(a) – The Assessment Team noted individualised personal care needs and preferences were not evidenced for all consumers and some consumers reported missing well-being activities when personal care preferences were unattended. One consumer representative described personal care provision was not tailored to meet the preferences of their consumer. For 3 consumers, pain was not consistently monitored and charted in accordance with the pain management policy. An updated authorisation form for one consumer with mechanical restraints was not evidenced and some assistive equipment had incorrect settings. For one consumer requiring respiratory and fluid monitoring, therapeutic interventions were administered at a higher rate than charted and fluid monitoring was not consistently documented. Pain charts were not commenced and pain assessments not completed when wounds were identified for one consumer requiring wound management.

In response to the findings from the site audit report, the Approved Provider confirmed personalised care plans have been in place for all consumers since 28 February 2023 in accordance with previous continuous improvement undertakings. The Approved Provider noted each consumer is consulted about their personal care preferences and preferences are supported as far as reasonably practicable. The Approved Provider disagreed that consumers missed activities due to unattended personal care needs and noted this issue had not been raised by any consumers or consumer representatives in the multiple forums available to provide feedback. The Approved Provider referred to the findings under Standard 4 and Standard 6 which reflects no such feedback has been received from consumers.

For one consumer with pain, the Approved Provider submitted progress notes from 4 January 2023 to 22 February 2023 which confirmed a new pain area was detected by the medical officer on 1 February 2023, with pain medication provided on 11 February 2023, 14 February 2023 and 21 February 2023. For another consumer, the Approved Provided discussed pain charting had occurred on 2 separate occasions during February 2023 and submitted the 3-day pain chart for 19 February 2023 to 21 February 2023 which indicated pain assessments using the Abbey and Universal pain scales were completed and no ongoing pain was reported by the consumer. For a third consumer, the Approved Provider discussed pain monitoring had occurred for 3 days, with moderate pain initially indicated progressing to mild and then none. The Approved Provider acknowledged a pain chart was not raised for one consumer with a new wound, however clinical notes submitted for 13 February 2023 to 15 February 2023 identified pain goals and interventions were considered and pain was regularly monitored.

The Approved Provider acknowledged an updated authorisation form for one consumer with mechanical restraints was not in place, noting the family were aware of the ongoing use of restraints and their associated risks. An updated authorisation form has since been obtained. For the incorrect settings on assistive equipment, the Approved Provider noted the observations in the site audit report were not correct for the consumer referenced and noted other assistive equipment had been provided.

The Approved Provider acknowledged the therapeutic intervention provided for one consumer requiring respiratory management was not administered in accordance with the medication chart, noting staff administered the therapy in accordance with consumer wishes. The medical officer was contacted immediately and there have been no change to the therapy administration orders. The consumer’s family were contacted and discussions with the consumer noted they did not wish to change the way the therapy was administered. Additionally, staff were aware of cessation of fluid restrictions for this consumer in October 2021 and the outdated care chart had not been archived.

3(b) – The Assessment Team identified deficiencies in management of high-impact and high-prevalence risks including behaviours, wound management and post-fall neurological observations. Consumers requiring behaviour support plans were not always identified and behaviour support plans were not always in place. Recommendations from Dementia Services Australia were missing from the behaviour support plan for one consumer. One consumer representative described their consumer had developed a pressure injury when supportive equipment was changed upon transfer to another room. Post-fall observations were not completed in accordance with post-fall clinical pathways for unwitnessed falls, which management acknowledged was not completed by night staff.

In response to the findings from the site audit report, the Approved Provider referenced their response under Standard 2 in relation to behaviour management. Behaviour support plans were current for all consumers, including consumers with behaviours of concern. Individual strategies and interventions are in place and recommendations from services including Dementia Services Australia are being implemented, with good effect. I also note from the plan for continuous improvement, dated 23 January 2023, additional staff education has been provided including managing challenging behaviours, behaviour recording and support plans and person first dementia care. High-risk behaviours are included in fortnightly clinical meetings and daily huddles, with progress note and incident reviews also occurring.

The Approved Provider acknowledged the information from Dementia Services Australia was not transferred to the behaviour support plan for one consumer, however noted the report was available in the electronic care system and was accessible to all staff. They believe this demonstrated staff were aware of the recommended strategies and there was no risk to the consumer and no gap in care provision or outcomes.

In relation to wound management, the Approved Provider submitted a copy of the incident report which confirmed the consumer’s representative was advised of the pressure injury on 26 January 2023. Assistive equipment upgrades were undertaken to provide improved protection from pressure injuries, however when requested by the consumer representative the equipment was changed back to the original equipment.

The Approved Provider noted neurological observations were conducted in accordance with policy until 10:00 pm on 20 February 2023, when they were asked by a consumer representative to not disturb the consumer. The neurological observation chart submitted for consideration, confirmed observations continued from 8:00 am the following morning with no adverse effects for the consumer. Further consultation with the consumer’s representative notes overnight neurological observations will occur for any subsequent falls.

3(c) – Consumers and consumer representatives were involved in initial and ongoing case conferences about end of life wishes and preferred clinical interventions to maximise comfort and preserve dignity. Clinical documentation supported pain management, regular repositioning, oral and eye care were attended regularly and supports were provided to the consumer’s family. Regular liaison with doctors, staff, consumer representatives and palliative care specialists when required was evidenced.

3(d) – The Assessment Team found consumer deterioration or change in mental health, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner. For one consumer, staff observations detected deterioration during personal care provision, and was subsequently managed with medical officer review and liaison with family for discussion about available treatment options including fluids and antibiotics.

3(e) – Two consumer representatives interviewed said they were not consistently updated about changes in consumer condition, needs and preferences. The behaviour support plan for one consumer lacked communication of detailed strategies for management of behaviours linked to personal care refusal. The Assessment Team identified inconsistent reporting occurred for one consumer and their personal hygiene needs and deficiencies in communication about hygiene attendance. For one consumer undergoing pain monitoring, management acknowledged consistent charting was not demonstrated by some allied health professionals.

In response to the findings from the site audit report, the Approved Provider referenced their overall response to behaviour management, which included additional education on behaviour recording and support plans, implementation of person-centred strategies and review of all consumers with specialised needs. The Approved Provider noted individual personal hygiene charts were not required as personal care needs and preferences are documented within care and services plans, which had occurred for the consumer noted. No feedback was received from the family about any personal hygiene issues and the consumer was not experiencing any skin integrity issues. The Approved Provider referenced the pain charts provided for one consumer, which supported pain was being monitored and appropriately identified and communicated in clinical documentation.

3(f) –Two consumers interviewed described referrals to physiotherapists for mobility support and dieticians for assistance with weight management, which was consistent with care and services documentation reviewed by the Assessment Team. Referrals to services including Dementia Support Australia was demonstrated for one consumer with wandering behaviours, with recommendations and strategies received to manage behaviours of concern.

3(g) – The Assessment Team observed effective standard and transmission-based infection protocols were in place including hand sanitisers, handwashing stations, well stocked personal protective equipment and noticeboards and signage throughout. Consumers with signs of respiratory illness were monitored and tested, with staff observed to use personal protective equipment and undertake hand hygiene. Staff interviewed described appropriate antibiotic treatment use and explained how infections were minimised through good consumer personal hygiene and adequate hydration, hand hygiene and appropriate use of personal protective equipment.

# 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

This Quality Standard has been assessed as compliant as 7 of the 7 Requirements are compliant.

Consumers interviewed were satisfied they received safe and effective services and supports for daily living and were involved in activities which met their needs. Consumers described activities which promoted well-being, independence and a sense of purpose. Care planning documentation included daily living needs and most staff interviewed were aware of individual consumer needs and preferences which optimised independence, health, well-being and quality of life.

Consumers interviewed were satisfied their emotional and spiritual needs were being met and consistently expressed staff were caring and supportive. The pastoral care team provided emotional and spiritual support to consumers when needed and regular weekly and fortnightly religious services were available. The Assessment Team noted care and services planning documentation captured consumer spiritual and emotional supports required and included one-on-one support and referral to psychological services when required.

Two consumers interviewed were satisfied with supports provided to pursue their individual interests. The Assessment Team observed 2 consumers received one-on-one support and noted a variety of programmed activities were coordinated by the lifestyle team to ensure social and personal interests and relationships were maintained. Deficiencies in recording activity engagement for consumers was acknowledged and addressed through continuous improvement.

The Assessment Team found information on consumer conditions, needs, and preferences were communicated effectively. Consumer care documentation confirmed information was shared with the pastoral care team, the lifestyle team and with external organisations including the National Disability Insurance Scheme. Staff demonstrated an awareness of consumer conditions, needs and preferences for services and daily living supports and worked together to support consumers.

Timely and appropriate referrals for consumers were evidenced to other organisations and providers of care, and included the National Disability Insurance Scheme and social and leisure groups. A hairdresser attended regularly, which was acknowledged by one consumer as being ‘very handy’.

Most consumers interviewed provided positive feedback about the variety, quality and quantity of food. Most food was cooked fresh onsite and specific consumer dietary needs and preferences were accommodated in the menu or with individualised meals. Food focus meetings and feedback from consumers was encouraged, and the dining experience for consumers with visual impairment was recently improved to include element of colour and design.

Consumers interviewed felt safe when using the equipment and said it was easily accessible and suitable for their needs. Consumers were comfortable reporting equipment which needed repair. The Assessment Team observed daily living equipment was suitable, clean and well-maintained and kitchen and food storage areas were clean and tidy. Lifestyle staff confirmed access to equipment and supplies for the activities calendar and laundry and kitchen staff noted items were replaced when necessary. Maintenance staff described the preventative maintenance schedule and discussed requests for servicing, maintaining and replacing equipment were considered to ensure equipment is fit for purpose.

# 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

This Quality Standard has been assessed as compliant as 3 of the 3 Requirements are compliant.

Consumers interviewed advised adequate private areas were available, both indoors and outdoors, for socialising with visitors including an outdoor gazebo area used for entertaining and family celebrations. The Assessment Team observed the service environment was welcoming and comfortable, with consumers noted to have their own bedrooms with ensuites. Some bedrooms had kitchenettes, balconies or outdoor sitting areas for consumer use. Living areas provided for larger group activities and smaller sitting areas were available for smaller group interactions.

Consumers and consumer representatives interviewed described the service was well-presented and maintained. Consumers were observed to move freely within the service and were able to access the outdoor garden area. Consumers with cognitive impairment moved freely between religious services, activity locations and dining areas. The Assessment Team noted effective preventative and responsive maintenance was demonstrated for regular pest control and electrical testing within required timeframes.

Consumers interviewed were satisfied with the furniture, fittings and equipment and one consumer commented on the reliability of the maintenance service. The Assessment Team observed furniture in communal areas was clean, in good condition and plentiful supply and suitable for consumer use. Effective systems were demonstrated for cleaning of common areas and consumer rooms and regular maintenance of furniture, fittings and equipment.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 Requirements are compliant.

Consumers and consumer representatives interviewed felt encouraged and supported to provide direct feedback and make complaints. Forms to provide feedback, complaints or suggestions were available throughout the service and were collected daily. Feedback and complaints were discussed at consumer and consumer representative meetings and consumers were encouraged to provide verbal feedback to management directly.

Consumers and consumer representatives were aware of advocacy services such as the Senior Rights Services to assist with complaints resolution. Multiple pamphlets were observed by the Assessment Team throughout the service for raising and resolving complaints and language service availability, and included pamphlets in different languages.

One consumer representative discussed the use of open disclosure to remedy personal care issues raised for their consumer. The Assessment Team found appropriate action was taken, including prompt acknowledgment of the concerns raised, discussions with the consumer representative and additional information provided about submission of complaints to the Commission. The consumer representative advised the Assessment Team the concern was resolved to their satisfaction.

The Assessment Team found the complaints register recorded feedback and complaints received and suggestions were utilised to improve the quality of care and services to consumers, and included improvements in the laundry service and availability of consumer condolence messages. Complaints were reviewed one month after finalisation to ensure resolution measures were effective, and trends analysis occurred to inform continuous improvement.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 Requirements are compliant.

7(a) – Consumers and consumer representatives interviewed provided mixed feedback about the planned workforce, with several indicating there were not enough staff to provide safe and quality care and services. Three consumers noted call bells were answered by staff when used and call bell reports confirmed an average response time of less than 4 minutes, with the majority of calls answered in under 10 minutes. The Assessment Team found high vacant shift numbers, staff absenteeism and regular agency staff dependency. Staff interviewed discussed participation in regular meetings to ensure staff skill levels supported continuity of care to consumers. Some staff in the memory support unit reflected on consumer occupancy increases, delayed consumer care provision and impacts on consumer behaviours.

In response to the findings from the site audit report, the Approved Provider disagreed with statements from the report relating to staffing and consumer feedback and noted they exceed minimum care hours required and consistently receive positive consumer feedback. The Approved Provider discussed how absenteeism statistics reflect planned leave and said vacant shifts are never left unfilled, with vacancies managed through the use of casual staff and agency staff if required. Call bell wait times are regularly audited and monitored to ensure continuous improvement. The Approved Provider acknowledged the comments made by memory support unit staff, noting staffing levels and skill mix are reviewed regularly and clinical monitoring did not suggest increased behaviours resulted from the recent occupancy increases.

7(b) – Whilst most consumers interviewed said staff were kind and caring, 2 consumers discussed how staff regularly communicate in different languages. When communication and language was raised with management, they noted English was assumed knowledge and communication capability was assessed during position interviews. The Assessment Team observed one new consumer sitting alone and when interviewed, the consumer said no staff interactions had occurred and they were unaware of how to obtain assistance.

In response to the findings from the site audit report, the Approved Provider discussed the ratio of staff with English as a second language across the aged care industry and the qualifications required by care staff to provide care services in Australia. Recruitment strategies were noted to include provision of written applications and interviews to ascertain suitability for the role applied for, and professional referee checks were conducted for each prospective employee. New staff are required to undertake orientation and completion of online and face-to-face mandatory training in English. Further commentary about language and impacts on consumer dignity and choice is located in Standard 1.

In relation to the observations of the new consumer, the Approved Provider discussed the commitment of the leadership team in ensuring they meet all new consumers within the first few days of their arrival and how, due to exceptional circumstances and unexpected absences, this did not occur on this one occasion. The consumer has since received an apology and staff visit regularly, and their care plan has subsequently been developed in consultation with the consumer.

7(c) – The Assessment Team found staff were qualified to undertake their roles, however consumers and consumer representatives provided feedback about deficiencies in staff knowledge about consumer needs. One consumer described deficiencies in personal care and mealtime knowledge and one consumer representative discussed the difficulties in care consistency and how agency staff are unfamiliar with care and services plans. The educator discussed the use of quality indicators in clinical care areas like falls and wound management to inform competencies and monitor the effectiveness of the staff training program.

In response to the findings from the site audit report, the Approved Provider discussed how the deficiencies in personal care provision for the consumer referenced in the site audit report are being monitored to ensure continuous improvement, which is being demonstrated. The Approved Provider noted the highlighted deficiencies were not representative of overall care and services provision by staff and an apology was offered to the consumer for the one-off error in mealtime knowledge. In relation to staff consistency, the Approved Provider acknowledged they endeavour to ensure consistency of staff as much as practicable.

7(d) – Whilst the Assessment Team found a comprehensive training and education program was in place, there were deficiencies in monitoring staff completion rates for non-compulsory education. Staff interviewed confirmed receiving training when requested and described undertaking regular mandatory training and competency assessments including infection control, privacy, confidentiality and dignity and the Serious Incident Reporting Scheme. The educator discussed provision of practical competencies and online modules, face-to-face training and new staff support through orientation and buddy shifts. Staff meetings and email correspondence were utilised to keep staff informed about legislative changes and printed materials were available for information on good communication, emergency procedures and the feedback and complaints process.

In response to the findings from the site audit report, the Approved Provider disagreed with the findings and highlighted the significant support provided to staff for both mandatory training, competency assessments and non-compulsory education. Information from the ‘mandatory learning’ system was provided which showed completion rates for staff mandatory training exceeded 80% in all cases. The Approved Provider discussed the investment in a staff educator which demonstrates their commitment to staff education and training and noted the tracking requirement for non-compulsory education was not required for compliance with Requirement 7(3)(d).

7(e) – The Assessment Team found regular assessment, monitoring and review of workforce performance was not demonstrated. Most staff interviewed discussed performance appraisals were undertaken, however they were unable to provide examples of development needs. Management advised staff performance reviews were conducted annually through both a paper-based and electronic system, and the electronic system confirmed less than half of the employee performance reviews were completed. The Assessment Team noted 2 staff-related incidents revealed deficiencies in staff practices and training. Whilst management discussed how performance trends were monitored and audited, examples were not provided of how trends and feedback from consumers and staff were utilised to identify staff training and development needs.

In response to the findings from the site audit report, the Approved Provider discussed the previously compliant performance approval framework in place and provided information from the electronic ‘performance reviews: facility overview’ database showing all employee performance appraisals have been actioned and are either completed or underway. The Approved Provider noted performance development reviews were provided for the current and preceding financial years which showed educational analysis was conducted based on feedback from staff which informed staff training and development needs. Comprehensive actions were completed for the 2 staff-related incidents in the Serious Incident Reporting Scheme portal, with any additional staff training needs determined through appraisals and education needs analysis which was provided during the site audit.

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 Requirements are compliant.

8(a) – Consumers interviewed confirmed involvement in the evaluation and development of care and services through the resident advisory committee and as members of the work health and safety committee. Consumers are encouraged to engage in improvement of care and services through feedback forms, consumer surveys, complaints, incident management, care planning and improvement processes. Board members visit regularly which facilitates direct consumer engagement and consumers were involved in staff recruitment interview panels.

8(b) – The Assessment Team found a culture of safe, inclusive and quality care and services was not promoted by the governing body. The governing body did not provide appropriate oversight to ensure the plan for continuous improvement was implemented effectively for personal care and services and clinical care including pain management and behaviours management, which impacted consumer care under Standard 2 and Standard 3.

In response to the findings from the site audit report, the Approved Provider referred to the entirety of their response to the report. In making overall comments about Standard 8, the Approved Provider discussed the commitment and experience of their management team in ensuring care and service provision is consumer-focused and delivered at the highest quality. I note the overall feedback from consumers and consumer representatives was generally positive and the direct engagement of the board and management team with consumers on a regular basis. I also note the evidence provided by the Approved Provider in support of consumer care and services provision under Standard 2 and Standard 3, which demonstrates effective personal and clinical care provision, assessment and monitoring and an ongoing commitment to continuous improvement.

8(c) – The Assessment Team found ineffective governance systems were demonstrated for continuous improvement, workforce governance and regulatory compliance. Continuous improvement activities were outstanding from the previous non-compliance findings, particularly under Standard 3 and Standard 8. The Assessment Team found workforce governance systems were deficient in ensuring skilled and qualified staff were equipped to provide care and services in accordance with the Quality Standards. For regulatory compliance, the Assessment Team noted deficiencies were evident in serious incident reporting and 2 consumer representative reported lack of communication about opportunities to provide feedback during regulatory activities.

In response to the findings from the site audit report, the Approved Provider discussed their record of previous compliance on systems recently assessed which have not been changed. The Approved Provider noted an updated plan for continuous improvement or discussions were not requested for consideration in compilation of the site audit report. The plan for continuous improvement submitted by the Approved Provider, updated on 22 February 2023, identified several improvements for Standard 3 which were completed, commenced and progressing.

The Approved Provider noted their response to Standard 7 was sufficient evidence the workforce governance systems were effective in ensuring staff provide quality care and services to consumers. The Approved Provider discussed the use of posters, email correspondence to all consumers and consumer representatives, internal public systems announcements and discussions at consumer meetings to ensure consumers and consumer representatives were aware of the opportunity to provide feedback during the site audit. Further, the Approved Provider noted only 3% of consumers interviewed were unaware of the feedback opportunity which supports they met their obligations.

In relation to serious incident reporting, the Approved Provider discussed their commitment to reporting under the Serious Incident Reporting Scheme and noted the consistency and quality of their reporting submissions. The response also described the improvements made for one consumer noted in the site audit report where incidents were identified during personal care provision. The Approved Provider reiterated their mandatory education completion rates for staff completing Serious Incident Reporting Scheme training and ongoing monitoring, which is discussed further under Standard 7.

8(d) – The Assessment Team found ineffective management systems were demonstrated for high-impact and high-prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing incidents. Serious Incident Response Scheme training and incident reporting were ineffective, with deficiencies in staff knowledge of identification and escalation for serious incidents. The Assessment Team noted preventative or corrective actions were not recorded in the incident management system or monthly clinical indicators for 2 staff-related serious incidents.

In response to the findings from the site audit report, the Approved Provider discussed their record of previous compliance and provision of mandatory staff education for the Serious Incident Response Scheme, which was at 80% completion rate at the time of the site audit. Fluctuations in completion rates were linked to staff annual completion dates, with monitoring in place to ensure training is completed by all staff.

The Approved Provider noted the staff-related incidents referenced in the site audit report were not clarified further. The Approved Provider advised that in response to incidents, any agency staff who are unable to provide care and services consistent with service standards and expectations are not offered further employment opportunities. In relation to preventative or corrective actions following a report to the Serious Incident Response Scheme, the Approved Provider indicated corrective actions are recorded with the response within the My Aged Care portal. Further discussion on the 2 staff-related incidents are noted under Standard 7.

8(e) – The Assessment Team found the clinical government framework was effective for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Processes to ensure best practice clinical care included clinical meetings, weekly risk reports, attentive initial assessments, clinical indicators and clinical oversight by the quality and compliance manager. Clinical governance reports were provided to the board and included reporting on quality indicator risk identification, Serious Incident Response Scheme submissions, Quality Standards compliance and clinical safety issues like serious falls, pressure injuries, infections, significant unplanned weight loss and medication incidents.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)