Performance

Report

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| Name: | SummitCare St Marys |
| Commission ID: | 0527 |
| Address: | 57 Saddington Street, ST MARYS, New South Wales, 2760 |
| Activity type: | Site Audit |
| Activity date: | 7 February 2024 to 9 February 2024 |
| Performance report date: | 27 March 2024 |
| Service included in this assessment: | Provider: 47 St Marys Gardens Aged Care Centre Pty Limited  Service: 540 SummitCare St Marys |

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 SummitCare St Marys (**the service**) has been prepared by Patricia Golledge, 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 12 March 2024.
* 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 1(3)(a) Not Met in relation to consumers not being treated with dignity and respect, based on the following evidence:

* Consumer A residing in a shared room informed their representative staff had not treated Consumer B with dignity whilst attending to their personal care.
* Consumer C said staff had not treated them with dignity in relation to their continence care.

The provider refutes the findings, stating that there have been no breaches in the dignity and respect of residents. They are committed to maintaining high standards of care and dignity for all residents. They have provided the following information and actions in response:

* The service conducted a comprehensive investigation in relation to feedback received from Consumer A and Consumer B.
* The service provided commenced refresher education for all staff on Serious Incident Response Scheme (SIRS) to ensure any allegations of consumers not being treated with dignity and respect are promptly and appropriately addressed.
* Management were unaware of Consumer C concerns as they had not be raised previously. In response the General Manager and Manager Care & Wellbeing have spoken with Consumer C and are doing ongoing wellbeing checks.
* Provided records of Consumer C personal care needs chart 4 weeks prior to the site audit which identified continence care is attended to as per the care directives.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and reviewed records related to the personal care provided for Consumer C. On the balance of evidence, I am satisfied that staff consistently demonstrate respect and dignity towards the consumer. I have also place weight on the overall positive feedback from consumers and representatives identified throughout the Site Audit report. Staff were observed treating consumers with dignity and respect and gave examples of how they maintain consumer’s dignity for example referring to consumers by their preferred name and maintaining their dignity when providing personal and clinical care. Care planning documentation sampled reflected what is important to consumers to maintain their identity. The organisation has documents and processes which outline consumers’ right to respect and dignity.

Therefore, based on the evidence before me I find Requirement 1(3)(a) compliant.

I am satisfied the remaining 5 Requirements in Quality Standard 1 are compliant.

Representatives considered staff were aware of consumers’ cultural backgrounds, supported their religious beliefs and customs, and delivered appropriate care. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers cultural needs, and preferences. The service had a policy to guide staff in the delivery of culturally safe care and services.

Representatives said consumers were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff were able to describe how they support consumers to make decisions about their care and services and maintaining relationships of their choice including intimate relationships. Care documentation identifies consumers’ lifestyle choices who is involved in their care and how the service supports them to maintain relationships of importance to them. The service has policies and procedures which provide guidance to staff around consumer choice and independence.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Representatives said information provided was current and supports consumers to make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs, taking notice of visual cues and utilising communication cards if required. Lifestyle staff advised the service provides consumers and representatives with monthly activity calendars and newsletters and requests for newsletters to be sent via email were accommodated. Information such as menus, newsletters and activity calendars were observed to be displayed throughout the service.

Consumers said their personal privacy was respected and staff always knock on the door to their room and announce themselves before entering. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained including not discussing private or confidential information in front of other consumers. Computers and the electronic care management system were observed to be password protected and locked when unattended, and staff were observed knocking before entering consumers rooms and closing doors and privacy curtains when delivering personal and clinical care.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Representatives said assessment and care planning identified risks to consumers. Management and clinical staff described the service’s assessment and care planning processes, and the organisation had policies, procedures, and a suite of evidence-based assessment tools to guide staff practice. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to diabetes management.

Representatives reported consumers receive care that aligns with their needs, goals, and preferences, and they are asked about their end of life wishes. Management and clinical staff explained how they involve consumers and their representatives in the assessment and care planning process at different stages of a consumer’s time at the service, including at end-of-life, to best identify their needs, goals, and preferences. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Consumers said they were involved in assessment and care planning and described the involvement of other health professionals in their care and services. Management advised how they involve consumers, representatives, Medical Officers and other health professionals in assessment and care planning processes. Care planning documentation evidenced the involvement of a range of external providers and services such as Medical Officers, Allied Health Professionals, and specialists. The service had policies regarding personal and clinical care assessments, care planning and partnership in care which outlined the service’s approach to collaborating with other individuals and organisations in the provision, planning, and assessment of care.

Representatives said they receive regular updates regarding consumers care and services, a copy of consumers care, and services plan is available to them, and they were involved in case conferences. Management advised how consumers and representatives are involved in the assessment and care planning process through a range of ways including face to face meetings, telephone calls or via emails and a copy of consumers care and services plan is available at any point in time.

Representatives said changes to consumers care plan are made following incidents. Management advised care and services are reviewed regularly for effectiveness, including via monthly Resident of the Day review, the service’s 3 monthly review process, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur, for example falls or when circumstances change.

# 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 is compliant as 7 of the 7 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 3(3)(a) Not Met in relation to consumers not receiving effective personal and clinical care that was best practice, based on the following evidence:

* Consumer C and their representative expressed concerns regarding hydration, continence care, catheter care and staff leaving the call bell out of reach. Documentation evidenced the consumer had a history of urinary tract infections. The consumer's catheter drainage bag was observed to be positioned in a manner that did not support draining.
* Consumer D representative expressed concern regarding adequate hydration for their relative and water being placed out of reach, despite ongoing reminders to staff.

The provider refutes the findings, and provided the following information and actions in response:

* Consumer C was recently reviewed by their Medical Officer, and their representative has voiced their satisfaction with the plan for the consumer’s recurrent UTI issues. Consumer C is able to verbalise their preferences and staff are aware to ensure that their call bell is always within their reach. The call bell log identifies Consumer C uses their call bell to seek assistance.
* The service commenced IDC Management education for care and registered staff from the day the Assessment Team informed management of their observations. Personal and clinical care records for Consumer C identify regular continence and catheter care.
* A case conference was arranged with Consumer D with their representative who was satisfied with the outcome and discussions regarding care strategies. Food and fluids charting evidenced staff are recording and monitoring their intake.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit and the overall positive feedback from consumers and representatives. The Assessment Team identified Consumer D’s fluid intake was being monitored and charted, with staff outlining hydration strategies used for all consumers in line with best practice. I am satisfied the Provider has demonstrated appropriate actions, monitoring, and reporting processes to ensure the provision of safe and effective personal and clinical care. Care planning documentation demonstrated monitoring and evaluation practices in relation to use of restrictive practices, pain management, diabetes management, nutrition and hydration, pressure injuries, and behaviour support.

Therefore, based on the evidence before me I find Requirement 3(3)(a) compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 3 are compliant.

Representatives expressed satisfaction in relation to how the service manages identified risks to consumers. Staff described procedures to monitor, identify, and manage risks to consumer health, such as falls and skin integrity. Care planning documentation reviewed evidenced that individual risks to consumers had been considered and effective risk mitigation strategies had been documented including but not limited to falls management and pressure area care.

Care planning documentation for a recently passed consumer evidenced end-of-life care was delivered in a way that ensured consumers’ comfort, including family involvement, pain management, and comfort cares. The representative of a recently passed consumer said they were satisfied with the service’s case conference, end-of-life planning and delivery of care for their relative. Staff described how the delivery of care and services changed for consumers nearing end of life and how they would support consumers nearing end-of-life such as monitoring of pain and providing oral cares. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives reported staff identified and responded to consumer health changes, adjusting care and supports accordingly. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and responded to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Consumers said their needs and preferences were accurately communicated between Medical Officers and staff. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care plans, information shared during hand over processes and alerts on the services electronic care management system. Review of care planning documentation demonstrated progress notes, care and service plans provided adequate information to support effective and safe sharing of the consumer's condition to support care, such as wound care, catheter care and consumer’s mobility needs.

Representatives said they were satisfied with the service’s referral processes and the involvement of external providers. Care planning documentation demonstrated the service collaborated and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers. Management and clinical staff described other providers of care available to consumers including but not limited to health professionals and palliative care services. Clinical staff reported how they make referrals to other providers of care by email or through telephone calls when urgent.

The service had an Infection Prevention and Control Lead, processes, and protocols to minimise infection related risks, and demonstrated preparedness in the event of an infectious outbreak, and the application of better practice antibiotic practices. Overall representatives were satisfied with the services communication and management of a recent infectious outbreak; however, one representative was concerned about practices to prevent transmission during a recent outbreak. Management explained the actions taken by the service and advised they had arranged a case conference with the representative to discuss their concerns. Management and staff demonstrated an understanding of key infection control practices and were able to describe their role specific responsibilities in line with the service’s outbreak management plan (OMP). Staff were observed using personal protective equipment and practicing correct infection control processes.

# 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 is compliant as 7 of the 7 Requirements have been assessed as compliant.

Representatives said consumers felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Review of care planning documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery. Lifestyle staff added that they can adapt activities based on consumers’ abilities and utilise various strategies to ensure that all consumers who would like to can participate in activities.

Representatives considered consumers’ emotional well-being, religious and spiritual practices were supported. Lifestyle staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services, one -to-one visits by a priest and volunteers and doll therapy. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support through conversations, encouraging them to participate activity of their interest and informing clinical staff. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said the service supported them to continue their social and personal relationships, and leisure interests within the service and in the broader community. Management and staff provided examples of consumers who were supported to maintain relationships with people who are of importance to them and do things that they enjoy. Management and staff said that consumers are supported to phone call and video call friends and family living outside of the service and that the service has shared devices for consumers to use. Care documentation reflected lifestyle assessments and provided relevant information and tools for staff to utilise to help support consumers in maintaining leisure interests, and relationships of importance to them.

The service demonstrated effective communication of information concerning changes in consumers’ needs and preferences. Representatives interviewed said staff are well informed about their needs and preferences. Staff described how they are informed of any changes to the consumer’s condition and needs such as daily updates from clinical staff, discussions at consumer meetings, and information on consumers dietary needs and preferences displayed in the kitchen. Care documentation and hand over sheets identified adequate information to guide staff practice in relation to services and supports for daily living.

Representatives said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers. Lifestyle staff described the process for making referrals to volunteer organisations and other providers of care in line with the service’s policies.

Representatives said there was a variety of meals of suitable quality and quantity, and their requests for alternative meals was accommodated. Staff had access to consumers dietary information and described how they were informed of consumers’ dietary needs and requirements such as referring to printed information available in the kitchen. Menus are developed with input from consumers gathered, including feedback from surveys and information gathered at consumer and representative meetings and food focus meetings.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said they were encouraged to personalise their rooms with furnishing, pictures, memorabilia, and items of interest to them. Consumer rooms were observed to be personalised, and the service environment had sufficient lighting, handrails for consumers to move around, and clear signage throughout the service with room numbers and directions to common areas. The service had outdoor courtyards, lounges, dining, and activities areas to facilitate free movement for consumers.

Overall consumers advised the service is kept clean, maintenance requests were attended to promptly and they were able to access indoor and outdoor areas. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, such as cleaning high touch point areas, common areas, and consumer rooms. Staff described the services maintenance schedule and documentation demonstrated preventative and reactive maintenance was up to date.

Furniture, fittings, and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues. The service environment was observed to be clean, and documentation evidenced daily cleaning tasks were completed and up to date.

# 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 is compliant as 4 of the 4 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 6(3)(d) Not Met in relation to ongoing complaints not being resolved, based on the following evidence:

* The representative for Consumer C expressed concerns about inadequate consumer care due to high staff turnover, including issues with meeting consumers care needs such as tray table placement, catheter care, and food preferences.
* Consumer C reported issues with call bell accessibility, shower chairs not being cleaned in between use, catheter care, and their continence care need not being attended to.
* The representatives for Consumer D expressed concern regarding the consumer’s access to fluids.
* Three representatives raised concerns about missing clothing and occasions where a consumer was wearing another consumers clothing.

The provider refutes the findings, and provided the following information and actions in response:

* The service conducted case conferences and discussions with consumers and representatives who raised concerns identified in the Site Audit report to resolve their concerns. Care and service plans were updated to reflect consumer care needs and preferences.
* Staff are reminded on a daily basis during handover processes to document and escalate to management any concerns raised.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit and the overall positive feedback from consumers and representatives. Whilst some consumers or representatives provided negative feedback regarding their satisfaction with complaints handling at the service, other consumers and representatives noted improvements in the way complaints were handled. The service’s Continuous Improvement Plan (CIP) included a detailed record of service improvements in response to trends in complaints data and issues that had been raised to management. The CIP detailed the source, issue, actions to be taken, persons responsible and the target completion and evaluation date. I am satisfied the Provider demonstrated appropriate actions and improvements processes to ensure feedback and complaints are consistently recorded and used to improve the quality of care and services.

Therefore, based on the evidence before me I find Requirement 6(3)(d) compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 6 are compliant.

Representatives reported they feel comfortable and supported to provide feedback and raise complaints. Management explained the services feedback and complaints processes and described the various ways consumers were encouraged and supported to give feedback and raise complaints, such as verbally to staff or management, through consumer and representative meetings, surveys, and feedback forms. Staff could describe the feedback and complaints mechanism and how they support consumers and representatives to make complaints both formally and informally. Review of consumer and representative meeting minutes evidence consumers and representatives are encouraged to provide feedback and suggestions on a variety of areas such as food, activities, and laundry.

The service had an appointed consumer advocate, who advised they were aware of external advocacy agencies and had information pamphlets for the various advocacy services available to consumers. Management described how they inform consumers and their representatives about advocacy services, including information sessions provided at the service from external advocacy services. Staff interviewed demonstrated an understanding of external advocacy and language services that are available to consumers. Information was observed throughout the service environment informing consumers of external agencies for advocacy and complaints options and provided in different languages. Review of the services consumer handbook identified information on advocacy and external agencies for raising complaints.

The Site Audit report contained mixed feedback from representatives in relation to complaints being addressed in a timely manner. Review of the services complaints register identified formal complaints were actioned in a timely manner and representatives reported their satisfaction with the services response to complaints, including the outcomes and open disclosure was practiced. Management and staff described processes for addressing feedback and complaints, including use of open disclosure principles. Feedback, complaints and open disclosure policies and procedures are available to guide management and staff practice.

**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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there were enough staff to provide care in line with their needs and preferences. Overall staff interviewed said the service is able to cover unplanned absences and expressed overall satisfaction with staffing. One staff believed at times the service could benefit from having extra staff however confirmed consumer care was not compromised during these periods. Management described workforce planning and management strategies, such as extending staff shifts, utilising existing staff not rostered, using staff from the services sister site and the use of agency staff if required. Documentation demonstrated the service had systems in place to regularly review the delivery and management of safe, quality care and services including monitoring of call bell response times.

Representatives said staff were kind, gentle and caring and respected consumers ‘cultural background and identity. Staff were observed to be actively supporting consumers during mealtimes, engaging them in conversation, and offering them assistance where required. Documentation, such as policies, position descriptions and the staff handbook outlined the service’s organisational values and expectations of staff in delivery of person-centred care that was respectful of each individual’s identity, culture and diversity.

Representatives reported staff were competent and knowledgeable. Management describe how they determine and ensure staff are competent and capable in their roles including providing orientation, position descriptions and specific role competencies. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions and monitoring processes ensured expiry dates were identified and actions taken to ensure compliance.

Consumers said staff are well trained and know how to provide care in line with their needs and preferences. Staff considered they work in a supportive environment and are appropriately trained and equipped to perform their roles. Management described various training and development opportunities provided to staff and advised additional education occurs in response to incidents, clinical indicators, or consumer feedback. Review of mandatory training records identified training was provided on a range of topics with high rates of completion.

Staff said they were supported by management during performance reviews and provided with opportunities for improvement. Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce including during probationary periods at 3 months, 6 months and 12 monthly staff performance reviews. Clinical and care staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training. Review of documentation for 6 monthly and 12 monthly performance reviews identified high rates of completion.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(c) Not Met in relation to some complaints by consumer and representatives were not being recorded on the service’s Feedback and Complaints register, based on the following evidence:

* Some consumer and representatives interviewed expressed that their feedback and suggestions they had made in the past on multiple occasions to care and clinical staff verbally, were not resolved. (I have considered this information more relevant to Requirement 6(3)(d) in this report).
* The services Feedback management policy permits staff discretion to close complaints immediately or escalate, with management acknowledging these should still be recorded and commenced staff education.

The provider refutes the findings, and provided the following information and actions in response:

* The organisation has taken the opportunity to reconsider the Feedback Management policy and procedure and did not find any need for any change. The service commenced education for staff to ensure there is no room for misunderstanding the expectations in complaint handling as per the policy and procedure.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the impact of my findings of Requirement 6(3)(d) as compliant has informed my decision that 8(3)(c) is compliant. The service demonstrated numerous policies, processes, and systems in place to record and trend complaints, feedback, compliments, and suggestions. All feedback and complaints were reviewed and used to improve the quality of care and services. Consumers provided feedback that surveys, meetings, and feedback was used to improve the care and services they received. Regarding the remainder of Requirement 8(3)(c) the service had mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and regulatory compliance.

Therefore, based on the evidence before me I find Requirement 8(3)(c) Compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers described the various ways the service involves them in the delivery and evaluation of care including an open-door policy. Management described the various ways used to engage and support consumers in designing and improving care and services such as Consumer and Representative Meetings, surveys and feedback from consumers and representatives. The service had an appointed Consumer Advocate and Consumer Advisory. Review of meeting minutes identified consumer input into activities and food.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services such as through Board Meetings and the Executive Committee. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as reports by the Clinical Governance Committee and feedback and complaints. Review of Board meeting minutes evidence the regular monitoring of consumer satisfaction by management and the organisation’s governing body.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant Clinical Governance Committee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Review of progress notes evidenced that staff use non-pharmacological strategies in accordance with each consumer’s care and service plan prior to the administering of chemical restrictive practice.

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)