Performance

Report

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| Name of service: | Performance report date: |
| Talbot Place Aged Care | 15 July 2022 |
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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 Talbot Place Aged Care (**the service**) has been considered by L Glass, 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 17 June 2022

# Assessment summary

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 2(3)(a)

* Introduce internal processes and implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly relating to falls, wound and pressure care injuries management

Requirement 2(3)(e)

* Ensure all consumer 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, in particular for skin integrity, wounds and falls and individualised risks to effective care.

Requirement 3(3)(a)

* Ensure consumers’ skin and pressure injuries and preventative and post fall care are managed in accordance with best practice.
* Introduce internal processes to ensure consumers are receiving tailored personal clinical care for example in relation to behaviour management so possible associated issues are identified, assessed and managed.

Requirement 3(3)(b)

* Ensure consumers’ requiring pressure care and wound and falls management have interventions implemented and these are recorded on care plans

Requirement 8(3)(d)

* Effectively implement organisational risk management systems.

# Standard 1

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

## Findings

This Quality Standard is Compliant as six of six Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation and interviewing staff about understanding and application of the requirements under this standard.

Two of 3 the consumers interviewed said they are always treated with respect, and they can maintain their identity. They are assisted by the staff to live the life that they choose and that they work in partnership with the service to do this.

Lifestyle, nursing, care, and resident support staff were all knowledgeable about the needs of each of the sampled consumers and were able to explain how they support each consumer to make choices in relation to their daily living.

Consumers said they are supported to do the things they enjoy and can make informed choices in relation for example to food and activities as they have an activity schedule and menu from which they can choose.

Staff interviewed described how they support consumers to make connections inside and outside of the service and to maintain relationships with family and friends. Staff are aware of individual consumers’ key relationships and described how they support these. The assessment team observed family and friends visiting consumers during the site visit.

Staff were observed to be treating consumers with respect and understood their individual choices and preferences. Staff could describe areas in which those consumers want to take risks, how best the consumer is supported to understand benefits and issues with risks and were able to describe how consumers are provided with information about taking risks.

Lifestyle staff spoke about consumers in a way that demonstrated respect and an understanding of each consumers’ personal circumstances and life journey aligning with care planning documentation and consumer feedback.

Lifestyle staff regularly consult with consumers regarding what activities they would like to participate in and include these in a schedule of up-coming activities provided to all the consumers.

Lifestyle staff ensure that consumers and their families are kept up to date with what is happening in the service via a seasonal newsletter that has a focus on the previous activities with photos and a description of activities and promoting upcoming events for the coming season. The newsletter also contains a nurse unit manager update, consumer birthdays and seasonal general knowledge information.

Consumers said they felt comfortable and the service respected their privacy regarding provision of care and their personal information. Staff said the personal privacy of consumers is of utmost importance,

Care plan documentation reflected the cultural needs and preferences of consumers as well as their individual preferences and the people who are important to them. The care plans include family history, personal interests, past experiences, past occupation, and religious beliefs. These are identified through discussion and consultation with the consumers or their nominated representatives on admission to the service.

# Standard 2

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

## Findings

This Quality Standard is Non-compliant as two of the five Requirements have been found Non-Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers and/or their representatives confirmed their overall satisfaction in feeling like partners in care. However, in relation to Requirement 2(3)(a) the service was not able to effectively demonstrate through assessment and planning that risk was effectively considered for two consumers.

Specifically, the service was unable to demonstrate assessment and care planning considered the risks to the health and wellbeing of a consumer experiencing frequent falls while on regular anticoagulant medication. Anticoagulant medication is not identified as risk in a consumer’s falls risk management care plan despite the risk of haemorrhage or internal bleeding. The service’s policy for consumers on anticoagulant medication was not followed. The falls risk management plan for the consumer was updated to record each fall but did not review medication and the risk and action needed if a consumer takes anticoagulant medication. The most recent fall documentation reviewed demonstrates neurological observations were also not performed according to the service’s policy.

For a second consumer with compromised skin integrity around a stoma area, tailored skin care management is not documented in a consumer’s care plan. At the time of the site audit the skin at the site was noted to be excoriated and while wound charting records show this occurs intermittently, there is no further documentation reflecting the current wound and there are no clinical instructions for preventative care planning and no specific ongoing care instructions documented in the care plan.

In relation to Requirement 2(3)(e) the assessment team found the service was not able to demonstrate that care and services were reviewed for effectiveness when two consumers who were sampled had a change in circumstances. One consumer experienced weight loss. The assessment team found the weight loss and dieticians review and remedies were not recorded or actioned. I am persuaded by the response from the approved provider that weight loss review did occur and a remedy has been implemented. Meal cards for the consumer are available in the kitchen files and include all of the dietician’s recommendations. This is a system adopted by the approved provider to ensure all dietary requirements are centralised care plans have a notation to refer to the meal card if notification of changes has been made.

For another consumer with a stage 2 pressure injury, there was no evidence in the care and assessment plan that the wound was initially identified and managed immediately or that the plan was kept updated with pressure injury and wound prevention and management strategies. The most recent entry from late February 2022 says the consumer does not have any current wounds. A wound chart describes the current pressure injury treatment noting the consumer refuses repositioning, lays on the left side for most of the time and friction and shearing forces are still prevalent. These circumstances are not being addressed and pressure injury management strategies are not in place to manage risk to the consumer of further deterioration.

The response from the provider included a Plan for continuous improvement addressing the issues raised in the assessment team report. The response also provided information clarifying the provider’s approach to restrictive practices. I acknowledge reviews and actions have been undertaken since the site audit. These include a review of risks to inform assessment and care planning so it can be tailored to consumer’s specific needs. The Continuous improvement plan includes outlines a review and update of falls prevention and post falls review practices and wound documentation and management to align with best practice planned improvements to staff practice and staff education priorities.

In making my decision I have considered the assessment team report and the response from the provider. I acknowledge the improvements made at the service and the plans for continuous improvement. However based on the available evidence outlined above I find at the time of the site audit the service non-compliant with Requirements 2(3)a and 2(3)(e).

I find the remaining 3 Requirements under Standard 2 Compliant.

The service was able to evidence they address the consumer’s needs goals and preferences inclusive of advanced care planning. All consumers’ files reviewed contained hard copy advanced care directives. All consumers and/or representatives confirmed they were satisfied with how the service documented consumers’ care needs.

The service demonstrated that assessment and planning are based on ongoing partnership with the consumer and included other organisations that provided care and services. Consumers and representatives confirmed they were aware of and had participated in discussions about current consumer care needs.

Progress notes demonstrated consistent and timely communication with consumer representatives for all consumer files reviewed. Assessments, care plans and progress notes for all consumer files contained input from other health professionals such as speech pathologists, dietitians, physiotherapists, occupational therapists and psychiatrists as appropriate.

The service was able to demonstrate outcomes of assessment and planning are communicated to the consumer or their representatives and documented in a care and services plan. Consumer representatives stated they were aware of the consumer care plan and were able to access it on request. Staff were observed referring to consumer care plans and assessments throughout the site audit.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | 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 Non-compliant as two of the seven Requirements have been found Non-Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

In relation to Requirement 3(3)(a) the assessment team found the service was not able to demonstrate all consumers received safe and effective care that was best practice, tailored to their needs or that optimised their health and well-being in relation to restrictive practices and skin integrity. For one consumer the service did not demonstrate restrictive practices are regularly reviewed and monitored with the aim of minimisation or elimination. The response from the approved provider supplied clarifying information and while in this instance monitoring and elimination of restrictive practices policy was not followed I acknowledge for the other consumer reviewed restrictive practices and behaviour management indicates effective processes are in place.

For two consumers skin care and wound management reviewed by the assessment team did not demonstrate wound management is performed in accordance with best practice. A pressure injury was not identified and managed for one consumer and excoriation at a stoma site had not been prevented because care plan prevention and management strategies were found not to be in place.

While I acknowledge most sampled consumers considered they receive personal care and clinical care that is safe and right for them based on the information and evidence available I find the service did not demonstrate restrictive practices and wound management are consistently performed in line with current legislation and best practice requirements. Therefore, I find the service non-compliant with requirement 3(3)(a).

In relation to Requirement 3(3)(b) for two out of the 5 consumers reviewed, the assessment team found the service did not demonstrate high-impact and high-prevalence risks are always identified and managed efficiently in relation to falls management and weight management. The service demonstrated pain management is monitored, evaluated and managed efficiently for all sampled consumers.

In making my decision I have considered the assessment team report and the response from the approved provider. I acknowledge the response outlines actions taken, addressing the issues raised by the assessment team and improvements made and the education undertaken by staff since the site audit. The response includes a Plan for continuous improvement outlining a review of the service’s falls management policies resulting in an updated Post fall management chart. The review included identification of preventative strategies to reduce the reoccurrence of falls and post fall review protocols and planned staff education as well as updated staff tools. The plan also outlined improvements to be implemented to assist staff to accurately document and record consumer wounds and pressure injuries.

I accept the risks associated with falls management were not managed for the consumer on anti-coagulant medication as outlined in Requirement 2(3)a as there is a risk of haemorrhage and appropriate risk mitigation strategies and management responses were not implemented for the consumer post 3 falls. I am persuaded by the approved providers’ evidence that risks and weight management for an identified consumer were effectively managed. However, based on the available information about falls risk management I find the service is non-compliant with Requirement 3(3)(b).

I find the service was able to demonstrate compliance with the five remaining requirements in Standard 3.

The service was able to demonstrate they recognise and respond to the needs of consumers’ declining health, nearing the end of life. All consumer files reviewed had evidence of early identification of a change or deterioration in the consumers’ health condition. All consumers files included advanced care directives in hard copy format. No consumers at the service were currently receiving end of life care. For a consumer who had recently died at the service health deterioration had been identified and actioned on early stages and the end of life care documented maximised comfort and maintained dignity for that consumer.

Information about consumers’ needs and preferences was found to be effectively documented and communicated within the service. All consumer representatives expressed overall satisfaction in how well the service knew and provided care for consumers. The majority of staff interviewed were able to demonstrate current and accurate knowledge regarding the consumers’ care needs. The assessment team observed staff providing care to consumers in line with their documented care needs.

The service demonstrated referrals to other services were timely and appropriate. The assessment team noted within the documentation the majority of referrals were submitted and actioned within an acceptable time frame. Allied health professionals such as physiotherapists, dietitians, general practitioners and psychiatrists were observed on-site during the site audit. Consumer representatives expressed overall satisfaction in referrals being submitted when needed.

Outbreak prevention and management were observed to be effective. The service requires staff to wear personal protective equipment (PPE) including N95 masks and eye protection. Observations made by the assessment team noted high levels of staff following infection control practices by wearing PPE appropriately and performing hand hygiene when adjusting their PPE and after attending to consumers. High touch points and communal equipment were observed to be wiped with disinfectant wipes after use. Screening protocols and practices are appropriate for staff and visitors. The service has an Infection Control and Prevention (Ballarat Health IPC) department that oversees the organisational response to infection control and prevention and known risks are mitigated.

The assessment team observed the Outbreak Management Plan was clear and well organised, including an index directory for quick reference.

Antimicrobial Stewardship principles are communicated within the organisation. The service is working on practices to promote the appropriate use of antibiotics. The service has a suite of policies and procedures as well as clinical flow charts to guide staff practices in relation to personal and clinical care.

# Standard 4

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

## Findings

This Quality Standard is Compliant as seven of seven Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled consumers, made observations, and spoke with consumers/representatives and staff and reviewed documents relevant to this standard. The assessment team asked about the things that the consumer needs for daily living that are important to their health and well-being and that enable them to do the things that they want to do, and how the service supports them to do this

The assessment team sampled three consumers regarding this standard. All said they are satisfied with the services and supports for daily living and that these meet their needs, goals and preferences. They described how they are supported by staff in the service to maintain emotional, spiritual and psychological well-being are satisfied with being supported to participate within the service and in the outside community as they choose. Although community access has been halted due to Covid-19, activities in the community such as bus trips are slowly returning.

Lifestyle, nursing and resident services assistants all demonstrated to the assessment team during interviews, that they knew the consumers in their care and were aware of their likes, dislikes and care requirements.

Care plans included consumer leisure and lifestyle preferences ‘documenting the consumers’ life history. Care plans were personalised and detailed; nutrition and hydration requirements referred to a meal card that is maintained in the kitchenette and the main kitchen**;** Spiritual preferences and how consumers wished to practice their faith; Activities that consumers enjoy and whether they wish to participate in large, small or one on one activities.

The assessment team observed the facility where the meals are produced and found it to be a clean, well-organised operation. The kitchen has been accredited for food and safety compliance.

The catering general manager is invited to attend nutrition and hydration meetings with unit managers and dieticians to discuss consumer nutrition and hydration.

The catering service conducts menu tasting evaluations where feedback is sought on proposed new menu options so that improvements can be made to the recipes to meet the preferences of consumers.

Staff could explain what is important to consumers and what they like to do, and this aligned with the care plan for the individual consumers. Nursing staff said that they held detailed handovers at each shift and that handover sheets were sufficient for them to care for consumers. They have easy access to individual care plans when needed.

Lifestyle staff said that there is an activity schedule however this often changes with the needs of consumers and can be changed daily. The Lifestyle staff were observed running small group activities consecutively, and consumers were observed interacting with others and enjoying the activities. Other consumers were observed watching the main activity choosing not to be involved but wanting to watch.

Consumers and staff providing care and services have access to safe, clean, and well-maintained equipment. This was observed by the Assessment team at various times during the site visit. **Standard 5**

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

## Findings

This Quality Standard is Compliant as three of three Requirements have been found Compliant.

To understand the consumers’ experience and how the organisation understands and applies the requirements within this Standard, the assessment team observed the service environment, spoke with consumers or their representatives about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers feel at home in the service and said they can have their rooms decorated with personal items of significance to them. Consumers said they feel safe and comfortable at the service. Overall consumers said the service is clean and well maintained. All residents can access the outdoor courtyards. Consumers need to have a signed consent form to have the access code to leave the building. The assessment team observed that rooms had been personalised.

The service is welcoming and offers communal spaces that optimise consumer engagement and interaction. The service was observed to be clean, well-furnished, and uncluttered enabling the free movement of the consumers around the facility. Cleaning of the service is conducted by resident service assistants who have a daily duty statement outlining cleaning, laundry, and kitchen duties.

Nursing staff said that equipment is well maintained. If anything needs attention a job is lodged electronically with engineering, or an email sent to environmental services, depending on the nature of the maintenance.

**Standard 6**

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

## Findings

This Quality Standard is Compliant as four of four Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers and/or their representatives said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to their feedback.

Three of three consumers and/or their representatives were satisfied they are encouraged and supported to provide feedback and make complaints where relevant. Consumers and/or their representatives consistently described how they have provided feedback regarding the care and services provided via suggestion forms placed throughout the service, Quick Response (QR) codes, or directly with staff.

The assessment team observed information on display throughout the service informing consumers and visitors of access to other methods for raising complaints such as the Older Persons Advocacy Network (OPAN), the Commission and the organisations head office to escalate complaints and feedback where necessary.

Consumers and/or their representatives consistently noted that any issues they had raised with staff or management were satisfactorily resolved within an appropriate timeframe or were continuing to be addressed.

Staff and management seek verbal feedback from consumers and their families directly and demonstrated they assist consumers to complete paper-based feedback were appropriate. Feedback was viewed as an opportunity to improve services and support for consumers and was therefore encouraged. This aligned with the assessment team’s observations of kind and caring interactions with consumers and consistent feedback from representatives.

The service’s management and Quality Subcommittee undertake regular surveys of the consumer experience at the service and regular ‘resident meetings’ are conducted to obtain feedback regarding care and services provided. Feedback registers and the continuous improvement plan reviewed by the assessment team demonstrated that feedback is recorded and actioned as appropriate.

All staff confirmed that open disclosure is practiced when something goes wrong and this aligned with feedback from representatives. Staff described how open disclosure included open and honest communication about a mistake or an incident and included an apology. Representatives consistently stated that staff contact them immediately when something went wrong, confirmed open disclosure is practiced and expressed satisfaction that they were well informed.

**Standard 7**

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

## Findings

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the assessment team spoke with consumers about their experience with the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services. Most consumers and/or their representatives sampled for this standard were satisfied with the number and mix of staff at the service. Two of 3 consumers and/or representatives described receiving timely and quality care and services. One consumer noted that staff appeared rushed at times and described instances of waiting for assistance, however, this did not impact the overall care and services provided.

Overall sampled consumers said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers and/or their representatives described how staff are kind, caring and gentle when providing care to the consumer. All consumers and/or their representatives interviewed considered the staff knew about their personal care needs and were appropriately trained. Consumers and/or their representatives were generally satisfied that staffing levels at the service were adequate, however, one representative said sometimes staff appeared busy or were hard to find.

Documentation demonstrates staff have qualifications relevant to their roles and their competency is monitored. Records demonstrate that staff participate in mandatory training annually and additional training is provided as needed, or at the request of staff. Management demonstrated that the organisation’s recruitment and selection process, position descriptions, and qualifications ensure staff are competent and capable of the position for which they are recruited.

Staff commencing at the service are scheduled supernumerary shifts, supervised by a registered nurse or experienced staff member, to ensure they are competent and capable in their role. Additional training is provided to new staff where requested or where a gap in skills is identified.

All staff interviewed said they were supported to provide quality care through regular face-to-face and online training. Staff said they were encouraged by management to request additional training and that management acted on and was supportive of this feedback. Staff consistently stated they were supported in their roles through mandatory training, performance reviews and orientation.

The service conducts a mandatory training program to further ensure staff are competent and capable in their role. Annual mandatory training provided to staff included manual handling training, PPE use and hand hygiene competencies. Management explained that training gaps are identified during incident report investigations, by trending complaints and internal audit analysis.

The service maintains records of staff attendance and completion of mandatory training. Management participate in regular consumer and representative meetings to seek feedback regarding staff and services provided to ensure staff are competent and capable in their role.

**Standard 8**

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

## Findings

This Quality Standard is Non-compliant as one of the five Requirements has been found Non-Compliant.

To understand how the organisation understands and applies the requirements within this Standard, the assessment team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers and/or their representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. The assessment team found, however, that the service was unable to demonstrate effective risk management systems and practices were in place for some aspects of clinical care.

In relation to Requirement 8(3)d the organisation does not consistently demonstrate effective risk management systems are in place to monitor high-impact or high prevalence risks such as the early identification of consumer pressure injuries, appropriate strategies to prevent and manage falls when consumers are on medication such as an anticoagulant.

While I acknowledge the approved provider’s response includes a revised Post fall management flow chart and a Plan for continuous improvement these measures will need to be fully implemented and evaluated and were not in place at the time of the site audit. I therefore consider at the time of the site audit the service was not compliant with Requirement 8(3) d.

I find the remaining four requirements under Standard 8 Compliant.

All consumers and/or their representatives said the service was run well. Consumers and/or their representatives are involved in the development, delivery and evaluation of care and services. Management actively seeks input from consumers and representatives in a variety of ways and acts on feedback provided. Consumers and/or their representatives provided examples of how they can be involved in the development, delivery, and evaluation of care and services through ‘resident of the day’ meetings, providing feedback to care staff, surveys, and ‘resident meetings’.

Overall the organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restrictive practices and open disclosure. I have considered the impact of not monitoring restrictive practice and minimising its use for one consumer under Standard 3.

The service demonstrated, however, that systems and practices are in place to effectively identify and respond to the abuse and neglect of consumers and to support consumers to live the best life they can.

Overall, consumers and/or their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The service demonstrated a culture of safe, inclusive, and quality care and services which are maintained through a range of internal audits to monitor and review performance against the quality standards.

The service conducts scheduled auditing of key performance data including incident data, quality indicators, clinical records, and feedback amongst others to identify and analyse trends. Where incident trends and gaps in staff practices are identified these items are included in the continuous improvement plan for action and reported at a board level to consider changes to policies and procedures.

Regulatory compliance is managed centrally and updates to legislation and regulations are communicated to staff.

The service management demonstrated appropriate knowledge of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained and were reviewed by the assessment team. Staff were able to explain the reportable incident system and outline their responsibilities based on their position. In support of this evidence, incidents reportable under SIRS examined by the assessment team demonstrated management follow the required procedures and actions to ensure the safety of consumers.

The service governance framework contains policies and procedures to manage antimicrobial stewardship, minimising the use of restraint and the use of open disclosure when something goes wrong.

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)