

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Tamworth Community Aged Care |
| Commission ID: | 8256 |
| Address: | 30-40 The Ringers Road, HILLVUE, New South Wales, 2340 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 19 December 2024 |
| Service included in this assessment: | Provider: 9144 Luson Aged Care Pty Ltd Service: 27521 Tamworth Community Aged Care |

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 Tamworth Community Aged Care (**the service**) has been prepared by T Bartlett, 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 report, which 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 7 November 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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 has been assessed as compliant as 6 of the 6 specific requirements have been assessed as compliant.

Consumers and representatives indicated consumers are treated with dignity and respect and they feel accepted and valued, with consumers and representatives confirming receipt of consumer rights information in the consumer handbook. Staff demonstrated an understanding of individual consumer’s backgrounds and preferences. Management stated, and training records showed, interactions between staff and consumers are guided by the code of conduct policy which is provided to staff as part of their orientation program. Observations confirmed staff addressed consumers by their preferred names and spoke kindly with consumers.

Consumers and representatives indicated staff delivering care and services understand the consumer’s needs and preferences and know what to do to ensure the consumer feels respected, valued, and safe. Most staff demonstrated knowledge of individual consumer’s needs and preferences and provided information relevant to ensuring each consumer receives the care required that aligns with their cultural needs. Documentation showed staff are required to review a diversity in the workplace policy and procedure at the commencement of their employment.

Consumers and representatives indicated consumers are recognised as experts in their own experiences, and indicated staff provide support for individual decision-making, where consumers can request and change personal preferences as needed. Staff provided examples of how they support consumers to make decisions about care and services, including confirming if the consumer would like a nominated representative to support them to exercise choice and communicate decisions. Management stated the service has a guiding framework to support staff in supporting consumers to exercise choice and make informed decisions. Consumer progress notes evidence that staff have conversations with consumers and their representatives and provide information to support and understand choice and associated risks.

Consumers and representatives provided examples of lifestyle risks consumers take to live the life they choose. They indicated consumers feel supported by the service when engaging in activities of risk. The service has a variety of processes to determine potential risks to consumers and strategies to help mitigate these risks, where required. The service has a dignity of risk process where consumers or representatives sign that the risk of the lifestyle activity has been explained and that the consumer or their representative accepts the risk.

Consumers and representatives said they get the right information, at the right time, in a way they can understand and are encouraged to ask questions. The service demonstrated, and staff described, the multiple ways and channels information is communicated to consumers to ensure it is accessible to all consumers and easy to understand, including spending one on one time with the consumers to support them.

Consumers and representatives confirmed they have confidence in the service’s ability to protect all personal information collected. Staff provided examples of individual consumer’s preference for privacy, including when they have visitors. Management explained the service has policies and procedures that guide the collection, use, sharing and storing of confidential information. Staff were observed talking in a private space when discussing consumer information.

Based on the information summarised above, I find the service compliant with all requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Requirement 2(3)(a)

The assessment team was not satisfied the service was assessing and planning risk to each consumer’s health and well-being as preadmission processes were not occurring consistently to ensure there is a consumer care plan that effectively informs consumer care. The assessment team considered consumer behaviour support plans did not identify the actual behaviour, trigger for the behaviour or what strategies were effective to manage the behaviours and risks.

The Assessment Team provided the following evidence relevant to my finding:

* Consumers indicated they were happy to be in the service.
* Staff stated they often rely on information they have received from the consumer as to the care and services they require as care plans do not consistently provide details of the consumer’s individual care needs.
* Management stated there is a preadmission clinic process where consumers and their representatives meet with a staff member who conducts preadmission assessments of the consumer. Following a consumer’s entry to the service, registered nursing staff review the preadmission assessment and further assess the consumer’s actual and current needs.
* Documentation showed behaviour support plans do not identify the behaviour, trigger or strategies to manage the changed behaviour. The assessment team provided 2 examples of consumers whose behaviour support plans were updated during the site audit in response to the assessment team identifying the plans did not have triggers and strategies included. Management updated the plan to include triggers and strategies to guide staff on managing the consumers’ changed behaviours.
* Documentation showed consumer well-being assessment and planning did not consistently inform the delivery of effective care. The assessment team presented an example of a consumer whose care plan did not reflect the consumer’s current care needs and had incorrect information included. Management updated the care plan during the site audit in response to the issues raised by the assessment team.
* Management acknowledged the feedback from the assessment team and indicated they identify the need to ensure a more robust assessment and planning process as well as individualised behaviour support plan to support consumers with responsive behaviours. On day 3 of the site audit, management reported they had reviewed 28 per cent of consumer care plans, particularly for those consumers residing in the memory support unit. However, a review of a sample of consumers’ behaviour support plans completed by the service during the site audit indicated the service had not identified or assessed individual consumer’s behaviours fully to ensure there is an effective behaviour support plan in place which clearly directs or supports consumers’ changed behaviours.
* Management stated they will review 2 consumers each day on each which and will include consumers and representatives, care staff, clinical staff, well-being and other departmental staff who may contribute to a consumer’s care plan.

In response to the assessment team’s report, the provider’s response included the following:

* Explanation the quality manager countered the assessment team’s points of concern during the site audit, including presenting evidence and sound reasoning to the contrary. The provider stated this reasoning was rejected one day, accepted the next day and then rejected the following day by the assessment team.
* Explanation if the assessors had communicated their requirements related to the assessment and planning regarding addressing risk, the service would have provided it during the site audit.
* Acknowledgement the process of preadmission and post admission assessment was not always completed fully. The provider stated as the service is a commissioning service, it was operating with new staff who were working with new systems and processes and getting to know new consumers in a new building with new management.
* Explanation to mitigate the above risk, the service was closely monitored and supported by both the approved provider’s support centre team and staff champions from other established services within the organisation.
* Acknowledgement new staff, processes and procedures take time to settle, and the provider was managing this with ongoing training and auditing.
* Explanation the service experienced a change of upper level staff in a short period of time which may have impacted on the service fully completing care planning assessment as required by the organisation.
* Explanation any anomalies in care planning were not systemic.
* Explanation and evidence of appropriate assessment and planning for the 3 consumers discussed in the assessment team report.
* Explanation and evidence the assessment team was incorrect in stating a consumer’s care plan contained incorrect information.
* Explanation the service is continuing to review care plans through regular review and reassessment, involving consumers, families and other stakeholders.
* Evidence of assessment and planning completed for consumers identified in the assessment team report, including information created and available prior to the site audit.

In coming to my finding, I have considered the assessment team’s assessment, evidence in the assessment team’s report and the provider’s response, which demonstrates the service is including consideration of risks to the consumer’s health and well-being and has processes in place to develop and manage behaviour support plans to guide staff.

I have considered the intent of the Requirement which expects relevant risks to a consumer’s safety, health and well-being to be assessed, discussed with the consumer and included in planning a consumer’s care.

I find the service considers risks when assessing and planning consumer care. The provider provided evidence of identified risks and included strategies to address the identified risks. The service has processes in place to ensure risk is considered for all consumers. The service has processes in place to develop behaviour support plans. I acknowledge the assessment team identified care plans and behaviour support plans lacking detail or with possible outdated information. I find the service has processes and procedures in place to ensure appropriate assessment and planning occurs for consumers. I find the deficits identified by the assessment team were not systemic.

Based on the information summarised above, I find the service compliant with requirement (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e)

Documentation showed consumer clinical files demonstrated assessment and planning generally reflect consumers’ needs and preferences. Consumer goals are predominately clinically based however there is a resident goal within the care plan in the terms of ‘what is important to me’. Care planning documentation overall evidenced advance care directives and end of life discussion outcomes are in place for consumers who have provided the information. The care manager indicated end of life and advance care planning is discussed with consumers and consumer representatives at the preadmission clinic. The care manager also indicated advance care planning is discussed at care conferences and or monthly reviews, and documentation supported this process for consumers who have chosen to have an advance care directive.

Consumers and representatives indicated satisfaction with their involvement in consumer care planning. However, not all consumers interviewed recalled the registered staff talking to them about their care. The service conducts, as part of the ongoing partnership process, annual and as needed care conferences with the consumer and their representative. The service also has a monthly ‘resident of the day’ program where the registered staff contact the consumer or representative to provide information regarding the consumer. Consumers and representatives are provided a copy of the consumers’ summary care plan 2 days prior to when the registered staff will engage them in the resident of the day review.

Consumers and representatives indicated they feel the service generally maintains good communication with them, particularly around changes in care and medication. They also indicated that staff explain things to them and clarify clinical matters if needed. Clinical staff stated representatives are contacted through telephone and or via email communications. Consumers are provided with a copy of a summary care plan each month prior to the resident of the day review. Care conferences are held one month after a consumer enters the service and is another process the service uses to communicate outcomes of assessment and planning with consumers and or representatives. There is an annual case conferencing program which is not yet commenced as consumers have not resided at the services for 12 months.

Representatives indicated the registered nursing staff discuss changes in consumer care and care needs to ensure consumer’s needs and preferences are reviewed. Most consumers could not recall the registered nursing staff discussing care changes but, indicated this did not concern them. Registered nursing staff could describe incident reporting processes and how incidents may generate a reassessment or review of a consumer’s needs. Clinical managers and registered nursing staff described how and when consumer care plans are reviewed monthly during the resident of the day. Overall, care planning documentation identified evidence of regular monthly reviews. Management stated policy includes a 3 monthly care plan review process. However, the care manager and or clinical care coordinator did not indicate this was part of the regular review process of consumers’ care and services. The registered nursing staff stated care plans are reviewed when consumer circumstances changed, such as consumer deterioration or when incidents such as falls, or responsive behaviours occur.

Based on the information summarised above, I find the service compliant with requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Consumers and representatives interviewed indicated satisfaction with the clinical and personal care consumers receive. Staff demonstrated a sound knowledge of the consumers care and how they provide personal care that is tailored to consumer needs. The registered nurses are responsible for the clinical care of consumers and the care manager and clinical coordinator has responsibility for the oversight of the consumers’ clinical care and for the service’s clinical systems and processes as they relate to consumer care. Documentation for consumers sampled indicated their clinical care is being managed by registered nursing staff in line with their clinical needs.

Management and registered nursing staff were generally able to describe the high impact and high prevalence risks for consumers at the service, with clinical indicator data helping to identify high impact and high prevalence risks. Documentation indicated risks were generally updated in the consumer care planning documents, and planned interventions to minimise risks were implemented. Clinical discussion of individual consumers with high impact and high prevalence risks occurs at handover before each shift. The residential manager indicated that they currently identify pain management, pressure injuries, and falls management as the high impact high prevalence risks at the service. Documentation reviewed by the Assessment Team indicates the service is effectively managing most high impact and high prevalence risks.

Consumers’ end of life preferences are identified by staff and documented in an advance care/end of life/case conference and have been incorporated into the consumers’ care plans and associated documents. The service ensures a substitute decision-maker (where possible) is identified and documented. Consultation occurs with consumers and representatives when or if a referral to palliative care is required or when a consumer commences on a palliative pathway and or is nearing end stage or end of life.

The registered nurses liaise with the care manager and or clinical care coordinator and the consumer’s medical officer when a consumer’s care deteriorates. Communication and consultation with the consumer and their representative occur. Consumer care planning documents and progress notes reflect the identification of, and response to, deterioration or changes in function, capacity, and condition.

Consumers and representatives indicated they are satisfied with the communication of consumer care and needs. The service communicates the consumer's condition, needs and preferences within the organisation and with others where responsibility for care is shared using the electronic care program, referral system, emails and verbal and written handover communication. Appointments and special requirements for consumers are documented, so all responsible for the care of the consumer can be aware.

Documentation evidenced the input of and referrals to other services such as allied health professionals and specialists. For example, there was evidence of referrals to a speech pathologist, dietician, wound specialist, and dementia specialists. The input from the specialist and allied health professional is documented in the consumers’ clinical file.

Antimicrobial stewardship is discussed at the quality risk and care committee. The service has an outbreak preparedness and management plan and associated documents in place to guide their practice in the event of an outbreak. The service can refer to qualified IPC (Infection, Prevention and Control) leads from within the organisation. The service has a surveillance system in place to record when infection incidents occur. The clinical care coordinator indicated the staff refer all suspected infections to the medical officer to order pathology prior to commencing antibiotics. Consumers who have consented have had their COVID-19 and influenza vaccinations. Antiviral medications are available from the local pharmacy. Staff were observed washing and sanitising hands throughout the Site Audit. Most documentation for consumers sampled showed when consumer infections have occurred and or preventative measures to mitigate risk of reoccurrence of a repeat infection such as hygiene assistance and fluids for consumers prone to urinary tract infections.

Based on the information summarised above, I find the service compliant with all requirements in Standard 3, Personal care and clinical care.

# Standard 4

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Consumers and representatives indicated they feel supported to participate in activities they like, and they are provided with appropriate support to optimise their independence and quality of life. Consumers provided a range of positive feedback around recreational activities, and the support they receive to do the things that interest them. Wellbeing and care and clinical staff explained how consumers’ preferences and needs are identified and communicated. Staff explained what consumers like to do. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities.

Consumers and representatives indicated the emotional and spiritual needs of the consumers are met. They consistently expressed satisfaction with the caring and supportive attitude of staff. The service has systems to support consumers’ religious and spiritual needs through church services. The wellbeing staff refer to the care manager if they have concerns regarding a consumer’s psychological or emotional wellbeing. The care manager is responsible for ensuring consumers receive appropriate services for psychological and other supports if needed. Information about consumers spiritual and emotional supports is captured in their care and services planning documentation.

Consumers and representatives indicated the consumers are supported to keep in touch with people who are important to them, and their visitors feel welcomed by staff and other consumers when visiting the service. Consumers indicated they are supported to do the things that interest them both at the service and in the community. Some consumers indicated they are supported to maintain social and personal relationships. The wellbeing coordinator described how activities are scheduled at the service for consumers 7 days a week, with consumers given opportunities to suggest activities for the schedule. The Assessment Team observed consumers with friends and relatives engaging and socialising at the café which was observed to be a central meeting place.

Consumers and representatives indicated consumer information regarding their daily living, choices and preferences is effectively communicated and staff, who provide daily support understand their needs and preferences. Although care documentation did not contain adequate information to support the effective and safe sharing of consumer care needs, staff demonstrated knowledge of consumer needs and preferences. The wellbeing coordinator demonstrated a knowledge of consumers needs and preferences and demonstrated how the wellbeing department was meeting consumers’ needs and preferences.

The wellbeing coordinator indicated they would refer to external wellbeing or lifestyle support if required, including supporting consumers with vision loss. The wellbeing coordinator also indicated they would refer to the care manager for a consumer needing additional wellness support. They indicated no consumers have been referred for additional services. However, during the Site Audit the wellbeing coordinator referred a consumer to an external association, in consultation with the consumer.

The service provides meals using a seasonal menu which is developed with input from the consumers, reviewed by a dietician and prepared at the service. Most consumers gave positive feedback saying the food was tasty, had variety and there was enough to eat. Consumers indicated they have opportunities to give feedback in relation to the meals provided through food forums and consumer meetings.

Consumers together with management, staff and observations indicated equipment to support consumer lifestyle is safe, suitable and clean. Staff stated they have access to the equipment and resources they need to support consumers. They said if there are issues with the equipment, they report this to maintenance.

Based on the information summarised above, I find the service compliant with all requirements in Standard 4, Services and supports for daily living.

# Standard 5

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Consumers and representatives expressed satisfaction with the service environment. The Assessment Team observed the service is welcoming, well lit, and decorated with colourful artwork and has signage to assist the consumers with wayfinding. Consumers were observed spending time in their rooms, outside in communal areas and interacting in shared spaces. Consumer rooms were observed to be personalised.

Consumers and representatives expressed satisfaction with the cleanliness of the service and the way it is maintained. Maintenance staff outlined regular schedules, and documentation review revealed no outstanding maintenance issues posing a risk to consumer safety. Contract cleaning staff stated, and documentation showed, there are cleaning schedules for consumers’ rooms and communal areas. Doors to the courtyard were observed by the Assessment Team to be open throughout the Site Audit and consumers confirmed they have free access to the courtyards. The Assessment Team also observed the service to be clean and well-maintained with consumers moving freely indoors and outdoors.

Consumers indicated they felt the furniture and equipment was suitable for their needs. The furniture, fittings and equipment were observed to be new, clean and suitable for the consumer. The maintenance staff have responsibilities for ensuring furniture, fittings and equipment is safe and well maintained. Contract cleaning staff have responsibilities for ensuring furniture is clean for consumers to use.

Based on the information summarised above, I find the service compliant with all requirements in Standard 5, Organisation’s service environment.

# Standard 6

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Overall consumers and representatives indicated they can inform staff and management of any concerns they have, provide feedback and or make complaints. They indicated staff listened to them when they have a complaint. Staff described complaints processes and how they can assist consumers to provide feedback. There are processes for complaints to be made internally and externally. Internal processes to provide feedback and complaints include management having an open-door practice, feedback forms, a secure mailbox at various places within the service for anonymous complaints, consumer meetings and verbal communication to staff and or management.

Overall consumers and representatives indicated they preferred to raise their concerns and complaints directly with management or staff and they confirmed their concerns and complaints are addressed. Management will assist consumers to access advocacy services. There is information regarding the Commission available for consumers and representatives. Management stated the representatives of consumers with a cognitive impairment are encouraged to advocate for their consumer. Staff interviewed indicated they would submit a complaint for any consumer who is unable to do it themselves.

Overall consumers and representatives indicated the service has addressed complaints or concerns they have lodged and the service acknowledged when there was an issue and provided them with an apology. Management stated there is a process to ensure the service acknowledges, consults and responds to the consumer or the representative who has made a complaint. Management stated open disclosure forms part of the complaints process at the service. Staff interviewed explained how they applied open disclosure should they receive feedback or a complaint. Documentation showed feedback and complaints have been managed in accordance with the service’s feedback and complaints protocols which included the use of open disclosure.

The service has a process for tracking complaints and feedback received through its complaints register and feeding the information into relevant meetings as required. The processes ensure improvements are implemented based on feedback and complaints.

Based on the information summarised above, I find the service compliant with all requirements in Standard 6, Feedback and complaints.

# Standard 7

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Consumers and representatives confirmed staff take their time when delivering care and services and complete tasks safely. Staff stated there is enough staff allocated to each wing, with the right mix of skills to provide safe and quality care. Management stated when unplanned leave is taken, the service has processes to fill vacant shifts to ensure enough staff are always available to deliver safe, quality care and services to consumers. Staff were observed responding promptly to call bells and verbal requests for assistance from consumers.

Consumers and representatives indicated their interactions with staff are kind, caring and respectful. Staff stated they have received training in how to engage with consumers respectfully and described how they provide care and services that are respectful of the consumer’s identity and diversity. Policies and procedures are available to guide staff in their interactions with consumers. Staff were observed interacting with consumers and visitors in a kind and respectful manner.

Consumers and representatives indicated staff have the knowledge and skills to perform their roles effectively and ensure care and services are provided in accordance with their needs and preferences. Staff indicated they have the necessary skills to perform their role and are supported by management to access additional training when required. Management described how the service provided additional education to staff to support consumers wishing to access voluntary assisted dying. Documentation showed the service maintains position descriptions with established responsibilities, knowledge, skills and qualifications for each role and the service monitors national criminal history checks and professional registrations where required.

The service provides online and face-to-face education for staff, including education about key elements of the Quality Standards, and Serious Incident Response Scheme (SIRS). Staff training records are documented in an electronic management system, with management regularly reviewing completion compliance.

Management stated staff complete a formal probationary performance appraisal 6 months after commencing employment and thereafter annually. Management and staff confirmed informal feedback on performance has been received during and after staff orientation periods to identify additional training needs. Management stated staff performance is monitored through observations, analysis of clinical data and consumer and representative feedback. Any issues in performance identified through these monitoring mechanisms are addressed immediately and trigger a performance review.

Based on the information summarised above, I find the service compliant with all requirements in Standard 7, Human resources.

# Standard 8

|  |  |
| --- | --- |
| 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 specific requirements have been assessed as compliant.

Consumers indicated they believe they have a say in how care and services are delivered. Management indicated, and survey results confirmed, consumers are invited to participate in regular consumer satisfaction surveys to provide feedback about care and services. A Board member provided examples of different ways the organisation encourages and incorporates consumer feedback and suggestions to improve changes to care and services, including direct feedback to the Board through feedback forms and attendance of Board members at the service, as well as survey results which are analysed and discussed at Board meetings to identify opportunities for improvement. The Assessment Team observed posters advertising a current survey in progress. The service is in its seventh month of operation and the Board indicated in line with their other accredited services invitations will be issued in October 2024 to join the Consumer Advisory Body.

Overall, consumers and representatives indicated they are satisfied with the care and services they receive, and they feel safe with staff. The Board representative indicated that the service is led by the governing body, which includes members with experience in business, training, human resources, governance, accounting, and clinical roles. The Board is informed of the service’s operations through regular meetings and data-driven reports created by management and subcommittees. The provider purchased the service in August 2024. So, there were limited Board reports for the current governing body available. Documentation reviewed showed the Board considers relevant details to enable the monitoring of safe and effective services.

The organisation has systems and processes relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The Board representative indicated the Board members meet monthly with the chief executive officer to obtain a detailed report on the performance of the organisation with standing agenda items reporting on financial and corporate services, clinical governance, risk and innovation, human resources, business development, property and infrastructure and operations. The Board member indicated there is a formal Board governance meeting every 2 months. Information from the monthly meeting is incorporated into this meeting.

The organisation maintains electronic software to ensure information is managed and communicated appropriately. The organisation has a suite of policies and procedures to guide staff in managing information. The organisation has a plan for continuous improvement which is used to monitor critical areas for improvement at the service and Board level. The Board membership includes an accountant who provides oversight of financial governance. There are established financial delegations across all management levels. The organisation has a workforce governance framework to ensure staff are skilled and qualified to provide safe, respectful and quality care and services for consumers. The organisation uses electronic software and subscriptions to aid tracking, monitoring and communicating of legislation and policy updates. The Board approves changes to policy and procedures based on regulatory requirements and staff are provided updates and additional education to meet the changed needs. The organisation has systems in place at both service and governance levels to encourage consumer feedback and complaints and to ensure appropriate action is taken.

The organisation has implemented risk management systems and associated practices. These systems identify and manage high-prevalence and high-impact risks, including abuse and neglect. The organisation has an incident management system. Clinical governance meeting minutes noted that clinical indicators and incidents are analysed to identify risks and risk mitigation strategies. Staff showed an understanding of risk management and training records confirmed staff have been provided information via education and policies, which guide them in identifying and responding to consumer abuse and neglect and supporting consumers to live the best life they can. A Board representative indicated all incidents and near misses are recorded on the incident register, investigated and trended and if warranted the incident will have a corresponding entry in the plan for continuous improvement. All incidents are considered for SIRS reporting by the clinical team. The Board representative indicated any incident requiring Priority 1 reporting is escalated to the Board immediately. All incident data is discussed in detail at the quality risk and care committee and a summary report is provided to the Board bimonthly for review.

The organisation has implemented a clinical governance framework and associated policies and procedures to guide the delivery of clinical care. Clinical care and governance are discussed during a variety of executive, clinical, and staff meetings and is delivered by registered nurses and overseen by the clinical care coordinator and care manager. The organisation has policies and procedures to guide staff practice in open disclosure, antimicrobial stewardship, and restrictive practices. Staff and management described these processes and how they are used to improve care delivery. Staff provided examples of when they have used open disclosure when mistakes were made.

Based on the information summarised above, I find the service compliant with all requirements in Standard 8, Organisational governance.

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)