Performance

Report

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| Name: | Terrace Gardens |
| Commission ID: | 6988 |
| Address: | 1 Kettle Street, FARRAR, Northern Territory, 0810 |
| Activity type: | Site Audit |
| Activity date: | 21 May 2024 to 23 May 2024 |
| Performance report date: | 28 June 2024 |
| Service included in this assessment: | Provider: 6871 Australian Regional and Remote Community Services Limited  Service: 4396 Terrace Gardens |

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 Terrace Gardens (**the service**) has been prepared by M Glenn, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received on 17 June 2024, which includes commentary directly relating to the deficits highlighted in the assessment team’s report, and supporting information.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

**Standard 6 requirement (3)(d)**

* Review and adjust processes and practices to ensure all feedback and complaints, including those received verbally, through email and noted in progress notes, are captured to enable emerging trends and improvement opportunities to be identified.

# Standard 1

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

Findings

Each consumer is treated with dignity and respect, with their identity, culture, and diversity valued. Strategic documents, policies, and procedures have an inclusive, consumer centred approach to delivering care and services, and the resident handbook, admission pack, and policies and procedures highlight the right for consumers to be treated with dignity, respect and their identities valued. Comprehensive information about each consumer’s cultural background is obtained through discussions with consumers and/or their families on entry, with the information used by staff to influence care provision and to ensure care and services are provided in line with consumers’ cultural needs. Staff were observed treating consumers respectfully and in a dignified manner when providing care, and staff spoke about individual consumer’s past and current circumstances and described how an understanding of these impacts delivery of care. Staff also said they have received cultural awareness training, provided examples of how they help consumers make day-to-day choices, and how they assist them to access any supports they need. All consumers and representatives interviewed said staff are kind, caring and treat consumers in a respectful manner, and consumers spoke positively about their relationships with staff, volunteers, and students.

Consumers are supported to take risks to support their independence and enable them to live the best life they can. Care files show the service has considered a range of activities deemed to incorporate an element of risk, and associated risk assessments show consumers have been involved in this process, including explaining the risks involved and strategies to minimise those risks.

Information provided to consumers is current, clear, accurate and easily understood. Information is provided through a range of avenues, including noticeboards, resident handbooks, meeting forums, newsletters and one-to-one visits. Consumers said they are provided with information to assist them in making choices, and said the service supports them to make decisions everyday about the care and services they receive. Representatives said they are involved in decisions when their family members are unable to communicate decisions themselves. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# Standard 2

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

Findings

A range of assessments, including risk assessments, are completed on entry in line with scheduled timeframes, with information gathered used to develop individualised care plans which consider risks to each consumer’s health and well-being. Care files include information relating to consumers’ current needs, goals and preferences, as well as advance care planning wishes. Advance care or end of life planning is raised with consumers and/or their representative either on entry or at a later date if they are not ready for the discussion initially. Palliative care services are also involved in end of life care discussions when consumers are referred for palliative care.

There are processes to ensure assessment and planning is based on an ongoing partnership with consumers, people consumers wish to be involved in their care, and other organisations and providers of care. Case conferences are undertaken with the involvement of consumers and others they wish to be involved, and care files evidence involvement of medical officers and allied health professionals. Consumers and representatives confirm they have been involved in care planning processes and consumers’ needs are being met.

Care files show outcomes of assessment and planning are documented and discussed with consumers and/or their representatives. Most consumers interviewed could not recall having, or being offered a care plan, however, all consumers and representatives described having discussions about consumers’ care needs with medical and service staff. Staff said care plans are emailed to representatives in preparation for care reviews, and consumers are also offered a copy of the plans. Care and services are reviewed regularly, and when circumstances change, or incidents occur. Prior to a care evaluation occurring, consumers are monitored for three days, including for pain, behaviours, and food and fluid intake. Representatives are notified and sent a copy of the care plan for their input into the review and evaluation process, and the medical officer and allied health professionals are involved where there is a change in a consumer’s condition.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# Standard 3

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

Findings

The Quality Standard is compliant as all seven requirements assessed have been found compliant. The assessment team recommended requirement (3)(a) in this Standard not met.

**Requirement (3)(a)** The assessment team recommended this requirement not met as not all consumers receive best practice, safe, and effective care which optimises their health and well-being, particularly in relation to wound management. Wound photographs do not show wounds from the same angle, are not taken at regular intervals, and are not always clear. For one consumer (Consumer A), photographs show wounds with differing causes, however, separate wound charts are not completed. Additionally, a wound chart was not commenced until eight days after a pressure injury was identified, photographs were inconsistent, and no measure device was used.

Another consumer (Consumer B), who has declining health and is identified as receiving palliative care, was identified with a stage 2 pressure injury in April 2024. The wound deteriorated eight days later, and was described as having black necrotic areas a further eight days later. Staff could not explain the wound deterioration during this time, and while the consumer’s care plan notes repositioning three to four hourly, this is documented as generally being attended at four to six hourly intervals. After reviewing wound care, clinical management said they will take oversight of wound care, and further wound management education is to be organised for clinical staff.

A consumer (Consumer C) had a skin tear documented in April 2024 which was to have dressings attended every five days. The next entry 25 days later shows dry scab area. Ten days later, a wound photograph was taken with no measure device, and no accompanying notes relating to the wound in the wound chart. A second photograph a day later includes a measuring device which cannot be read; there are no notes in the chart to explain the photographs and the area appears healed.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. In coming to my finding, I have placed weight on the provider’s response. The provider acknowledges there are elements of wound management documentation which require improvement. The provider indicates education for all registered nurses in wound management and documentation is ongoing, and senior clinical staff have oversight of all wounds, ensuring compliance.

The provider’s response provides side by side evidence of thumbnail and actual wound photographs, with the actual photos providing a clear view of the wound, as well as measuring devices. For Consumer A, an extract of the wound chart dated February 2024 shows the description of the wound as pressure injury and excoriation which the provider acknowledges. A photograph of the wound shows it is close to healing and the provider states pressure care and dressings are being provided in line with the wound management plan. The provider states in the absence of any documentation regarding wound specialist advice for Consumer B, it is assumed a referral was not made. A referral was initiated on the last day of the site audit, with the wound care plan updated in response to recommendations made. The provider states the wound continues to be monitored by clinical management and to improve. While I acknowledge the assessment team have noted pressure area care was not occurring at the time frames noted in Consumer B’s care plan, there is no evidence to show if this is a regular occurrence, over what time period this has occurred, or if this has contributed to the deterioration of the wound. Consumer B is described as having declining health and is identified as receiving palliative care which could also be contributing factors to wound breakdown. The provider’s response shows Consumer C’s wound was attended at the required time frames. The wound was reviewed in May 2024, with the frequency of the dressing changed, and the wound healed 10 days later; both of these entries include accompanying notations. The provider acknowledges measuring devices were not used in the first or final photograph.

In coming to my finding, I have also considered evidence in the assessment team’s report demonstrating there are current policies and procedures to guide staff practice in provision of personal and clinical care. Skin integrity and risk assessments for pressure injuries are completed and interventions implemented. Care files for five consumers show appropriate personal care is provided, in line with consumers’ preferences. The service works to minimise the use of psychotropic medications, and chemical restrictive practices where possible. Some consumers’ psychotropic medications have been ceased following medical officer and other specialist reviews. Care files for three consumers subject to restrictive practices include current consent forms, signed by the public guardian or substitute decision maker, which are reviewed and updated by the medical officer. Most consumers and representatives interviewed said consumers get the care they need and which is right for them.

**In relation to all other requirements**, there are processes to identify, assess, plan for, manage and review high impact or high prevalence risks associated with the care of each consumer. Care files show appropriate, effective management of risks relating to falls, behaviours, pain and weight loss. Care files also evidence involvement of medical officers and allied health professionals in the assessment and management of consumers’ identified high impact or high prevalence risks.

Consumers nearing the end of life are effectively recognised and managed to ensure their dignity and comfort is maintained and that the care provided aligns with their wishes and preferences. Consumers identified as being on a palliative trajectory have been referred to and reviewed by the palliative care team, and their situation and preferences regarding care have been discussed. One consumer is receiving end of life care which focuses on maintaining their comfort as much as possible. The consumer is receiving regular pain medication, and personal and comfort care, including mouth care, hygiene and repositioning. The consumer’s family are able to visit the service to spend time with the consumer whenever they wish.

Care files show changes or concerns about consumers’ mental, emotional, cognitive or physical abilities are recognised and responded to promptly. Staff described, and care files show, actions taken in response to a change in a consumer’s condition, including increased monitoring, completion of assessments, initiating referrals to the medical officer and/or allied health professionals for review and, where indicated, transfer to hospital. All representatives interviewed said the service is responsive, stating they are contacted immediately, or soon afterward, when there is an incident or change in the consumer's condition.

Information about consumers’ condition, needs and preferences is communicated, including with others where responsibility for care is shared. Staff said they are informed of changes to a consumer’s condition through handover processes, meetings, access to care plans, and electronic messaging. Medical officers and allied health providers can access the service’s electronic care management records, and recommendations from other health providers are integrated into care plans to guide provision of care.

There are processes to minimise infection related risks and to support appropriate use of antibiotics to reduce the risk of increasing antimicrobial resistance. Policies and procedures are available to guide staff in relation to infection control, outbreak management, and antimicrobial stewardship. Staff complete mandatory infection control and prevention training and annual competency assessment of hand hygiene and use of personal protective equipment. Staff interviewed confirm they have completed infection control training and have ready access to the equipment and supplies they need for effective infection control. Staff understand infection related protocols and described ways they can reduce the risk of infection. While infection rates are monitored and discussed at clinical governance and risk meetings, an infection surveillance program for collection and analysis of infection data at service level is not in place.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# Standard 4

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

Findings

Care files identify interests and activities that are important to consumers, and include information to support individual choice, daily living, well-being, and service delivery. Regular discussions are held by the lifestyle team to determine support services to consumers with changing care needs, those at risk of isolation and consumers needing additional emotional support. Staff described how they support consumers to achieve their daily living needs, goals and preferences, ranging from promotion of independence with care and service needs, to helping with attending lifestyle activities.

The lifestyle program is developed and tailored to promote consumers’ emotional, spiritual and psychological well-being, and specific days that are meaningful to consumers’ culture or religion are celebrated. Care files provide detailed information for staff about how they can provide emotional support to consumers, such as a description of care actions, outcome of goals and what to talk to consumers about. Assessments are conducted to identify consumers who require additional emotional support and one-to-one visits are arranged in response. Time for one-to-one support is scheduled each day to ensure all consumers are involved in some form of activity or emotional support, as needed.

Care files demonstrate consumers are engaged in activities of interest to them, they are supported to maintain personal relationships and are able to participate in the community within and external to the service. Care files include detailed information about consumers’ likes, dislikes, preferences and life history to assist in identifying how consumers can be supported. The activity program is developed and tailored to consumers’ interests and is adjusted based on feedback from consumers gathered from surveys, feedback forms and meeting forums.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with consumers’ changing needs and preferences, and consumers and representatives said they are kept informed about consumers’ service and support needs, and feel staff are aware of their preferences, supports and care needs.

Meals are varied, nutritious, and of suitable quality, and quantity. Meals are prepared in line with a menu which has been reviewed by a dietitian. Consumers are asked daily what they would like to have for their meals, with the service offering two hot meal choices for lunch and dinner, plus a vegetarian option. Consumers and representatives provided mixed feedback in relation to food. Management are aware of varying feedback, and are working with a number of consumers individually to meet their expectations. A food focus group has been implemented where consumers can provide regular feedback. Where consumers have ongoing concerns in relation to food, management regularly meet with these consumers to see what improvements can be implemented.

Equipment is safe, suitable, clean and in good condition. Staff described how equipment is kept well maintained, including through processes to report equipment requiring repairs or replacement.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# Standard 5

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

Findings

Consumers and representatives said the service environment is welcoming, home-like and relaxed, and consumers are able to decorate, arrange and personalise their rooms. The service consists of three separate units, including a secure memory support area, which are accessed using outdoor pathways. Consumers were seen moving between units, easily navigating the pathways. There are various spacious communal areas and navigation signs are available to assist consumers and visitors to find their way around the service. Communal areas and hallways throughout the service are decorated with consumer artwork and projects, and all consumer rooms are spacious, with ensuites.

The service environment is safe, clean, well-maintained, and comfortable, and consumers are able to move freely throughout the service, including both indoor and outdoor areas. Furniture, fittings and equipment are also safe, clean and well maintained. Cleaning of consumer rooms and communal areas is undertaking in line with a checklist, there are process to report hazards, and preventative and reactive maintenance processes, supported by external contracted services, are in place. Emergency evacuation maps and procedures are displayed throughout the service, and fire safety provisions and equipment are inspected and monitored by an external contractor. All consumers and representatives interviewed said the service environment is safe, clean, tidy and well maintained, and said consumers, including those who reside in the secure memory support area, have access to outdoor gardens which are well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the four requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(d) in this Standard not met.

**Requirement (3)(d)** The assessment team recommended this requirement not met as feedback and complaints are not consistently reviewed and used to improve the quality of care and services. While there are processes to capture feedback and complaints, staff do not consistently follow the correct process. Management said complaints and feedback should be captured on the electronic feedback system. A complaints register is maintained, with management stating the register only contains feedback/complaints raised through electronic systems; this information is used to trend and report complaints and feedback to the wider organisation. However, not all feedback/complaints are recorded on this system. Clinical staff described receiving feedback and/or complaints from representatives through emails, however, said they do not record this on the electronic systems. Clinical staff also said they have seen complaints/feedback in progress notes which are not recorded in the complaints system. Two clinical staff were unaware of the requirement to record complaint details on the electronic system, stating they had not received training on the complaints handling process. Hospitality staff said when they receive complaints and/or feedback about food, they implement actions to address the feedback but do not record the details anywhere.

The provider disagreed with the assessment team’s recommendation and their response includes commentary to support their stance. The response provides an overview of the avenues feedback and complaints are received, as well as an example of a consumer feedback report generated through the electronic system. The response includes an example of feedback from a representative noted in progress notes relating to a consumer’s preparedness for outings which clinical staff had not entered into the electronic system. The provider states such feedback could be entered into the electronic system, but the level of discussion with families is not unusual, and is indicative of a positive relationship with staff. The provider states the complaints handling process is included in the staff induction process and a review of when and how this training is provided is now in progress. In response to the assessment team’s feedback, an email has been sent to all service and clinical nurse managers across the organisation to remind them of the policy relating to recording of feedback and complaints.

I acknowledge the provider’s response. However, I find not all feedback and complaints are captured and used to inform improvements to the quality of care and services. In coming to my finding, I have placed weight on feedback from clinical and hospitality staff which demonstrates feedback and complaints data, including feedback and complaints received verbally, through emails and noted in progress notes, is not consistently documented on the electronic system in line with the service’s processes. While a complaints register is maintained, only data raised through the electronic system is represented on the register. As not all feedback and complaints are raised in the electronic system, data on the register, which is used to trend and report feedback and complaints to the wider organisation, may not be a true representation of the current issues from consumers, representatives or others. I have also considered evidence highlighted in requirement (3)(d) of Standard 7 indicating all care and clinical staff interviewed said they had not received training on the complaints and feedback process and could not describe what process they should follow. As such, I find the service’s current processes to capture complaints are not effective in ensuring trends are identified and improvements to the quality of care and services to be identified.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to all other requirements**, consumers and representatives are aware of how to make a complaint, give feedback and suggestions, and feel supported by management to do so. Consumers and representatives are also aware of external agencies who can assist them in raising concerns. Consumers receive an admission pack on entry which includes information on their rights and encourages them to provide feedback through various feedback mechanisms, and information and contact details relating to external supports is displayed around the service, including in some consumers’ rooms. Consumers and representatives are encouraged and supported to provide feedback through various avenues, including an electronic feedback system, meeting forums, and by speaking directly to staff and management. Staff described how they support consumers who wish to provide feedback or make a complaint, including through the electronic feedback system.

Consumers and representatives confirm appropriate and timely action is taken to address feedback and complaints, and feel the service has a transparent approach when things go wrong. A complaints and feedback policy and procedure describes options or actions for staff when responding to a complaint, including providing an apology and explaining the complaints process to the consumer. A complaints register is maintained, and complaints received noted in the register in the six months prior to the site audit have been documented and promptly resolved, with open disclosure used. Most staff are aware of the term open disclosure and the importance of resolving issues and apologising to consumers when things go wrong.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

The Quality Standard is compliant as all five requirements assessed have been found compliant. The assessment team recommended requirement (3)(d) in this Standard not met.

**Requirement (3)(d)** The assessment team recommended this requirement not met as staff participation in mandatory training is not effectively monitored. A spreadsheet details face to face training sessions delivered to staff, and while some areas of the spreadsheet contain dates for completion, there are significant gaps which management could not explain. Management were unsure if staff members on the spreadsheet were still employed, if staff had completed the training but the spreadsheet had not been updated, or if the staff members had not completed the training. A second spreadsheet for online training required on orientation and annually indicates various stages of staff completion, with a significant number of modules in the progression stages. Management could not explain when or how long learning modules had been in the various progression stages. Three care and one clinical staff could not describe any training modules they have participated in, and said they are not involved in identifying training needs to perform their roles effectively.

I have come to a different finding to that of the assessment team’s recommendation of not met and find this requirement compliant. While I acknowledge discrepancies in training spreadsheets and feedback from staff, this does not demonstrate that the workforce is not supported by the organisation to deliver outcomes for consumers in line with these Standards. From the evidence presented, I am unable to determine a time period for the training, the number of staff who have not completed the training, or if staff had not completed mandatory training within the 12 month time frame. Only three of 12 staff interviewed provided negative feedback relating to training. The provider’s response states a consolidated report is being compiled to provide service management with a “single point of truth’ in relation to training. As such, in coming to my finding, I have placed weight on the findings of compliance, particularly in Standards 2, 3 and 4 which demonstrates quality care and service provision, as well as positive feedback from and outcomes for consumers highlighted throughout the assessment team’s report. I have also considered evidence in the assessment team’s report indicating all staff interviewed said they have received a thorough onboarding and induction process, and care staff said they have completed buddy shifts with more experienced care staff on commencement of their employment. Additionally, most consumers interviewed have confidence in the ability of staff members that deliver care and services, and are satisfied the organisation trains and prepares its workforce.

**In relation to all other requirements**, consumers and representatives are happy with the number of, and the support provided by staff delivering care and services. To ensure the right number and mix of staff, management consider the number, demographic and acuity of consumers, incident data and the budget. Staff are rostered on the same shifts each week, with the ability to swap shifts to accommodate individual and organisational needs. There is a registered nurse on duty 24 hours a day, seven days a week, and the service has two infection prevention control leads. There are processes to manage planned and unplanned staff leave. All staff said they have sufficient time to deliver safe and quality care and services.

All consumers and representatives said staff are kind, caring, respectful and are responsive to consumers’ needs. The organisation has a code of conduct which includes the values expected and the standard of care required to be provided by staff, and all staff receive training in respectful behaviour and the code of conduct. Staff have a good knowledge of consumers’ individual circumstances, and said they adjust their services accordingly where there is a need identified.

Most consumers feel the workforce is competent, skilled and know what they are doing. Staff competency is monitored through various methods, including monitoring staff qualifications, observation of staff practice and through feedback and complaints data. Care and clinical staff feel confident they have the knowledge to perform all aspects of their role and can access extra information by contacting their team leader or management if required.

Regular assessment, monitoring, and review of staff performance occurs. Performance appraisals occur annually, with staff performance monitored ongoing through feedback and complaints, peer feedback, and observations of staff practice. Consumers said they are regularly encouraged to provide feedback on staff performance either directly to staff and management or through the feedback system. Staff said they participate in performance reviews with management where they discuss their strengths, any areas of improvement, and how management can support them. The organisation has policies and procedures available to guide staff in performance management practices. When feedback in relation to staff conduct/performance is received, management provide feedback to the staff member and initiate appropriate follow up actions, such as offering support or taking disciplinary action.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# Standard 8

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

Findings

Consumers are engaged in the development, delivery, and evaluation of care and services through feedback and complaints processes and meeting forums where management seek feedback on what improvements consumers would like implemented and what they want to remain in place. Most consumers said the service is well run, and they have an opportunity to regularly engage with the service through communication with staff and by providing compliments and complaints. **8(3)(b) Met**

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation is governed by a board who meets bi-monthly and are supported by various subcommittees, including clinical governance, audit, risk and compliance and medical governance. Board discussions include, but are not limited to, policies and procedures; the general manager’s report which includes disaster preparedness, workforce, recruitment and staffing updates, and analyses of incident data; and the finance report. Matters and information discussed at board meetings are communicated throughout the organisation in various locally held meetings.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints, however, not all feedback and complaints are captured which has been considered in my finding for requirement (3)(d) in Standard 6. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

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)