Performance

Report

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| Name of service: | Terrace Gardens |
| Service address: | 1 Kettle Street FARRAR NT 0810 |
| Commission ID: | 6988 |
| Approved provider: | Australian Regional and Remote Community Services Limited |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 3 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Terrace Gardens (**the service**) has been prepared by Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response to the Assessment Team’s report received on 24 February 2023; and
* the Performance Report dated 9 January 2023 for the Assessment Contact - Site undertaken on 16 November 2022.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

**Standard 4 Requirement (3)(c)**

* Review policies and procedures to ensure consumers’ services and supports for daily living assist them to do things of interest.
* Ensure staff have the skills and knowledge to support consumers to do things of interest in line with their assessed needs, goals and preferences.
* Review monitoring processes to ensure staff are supporting consumers to do things of interest in line with their assessed needs, goals and preferences.

**Standard 6 Requirement (3)(d)**

* Review policies and procedures to ensure feedback provided is being analysed to identify opportunities for improvement within the service.
* Ensure where trends in feedback are identified, the feedback is used and monitored to improve the quality of care and services.

**Standard 8 Requirement (3)(a)**

* Review policies and procedures to ensure consumers are supported in the development, delivery and evaluation of care and services.
* Ensure where improvements are identified by the organisation consumer input is sought, where appropriate, and evaluated.

# 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

The Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

At the Site Audit the Assessment Team recommended Requirement (3)(d) not met, as they were not satisfied each consumer was effectively supported to take risks specifically in relation to a risk activity for three consumers. The Assessment Team provided the following evidence relevant to my finding:

* Dignity of risk assessments and authorisations are in place for risk activities.
* Management were aware of choices which included an element of risk.
* Consumers said staff support them in taking risks.
* Staff interviewed were aware of which consumers participated in an activity which included an element of risk and how to support them to safely undertake the activity. Staff were observed to be supporting consumers to partake in the activity safely.

Consumer A

* Records showed the consumer had six incidents recorded of partaking in the activity in their room since entering the service three months prior to the Site Audit.
* The consumer’s Dignity of risk form identified the consumer as having no cognitive impairment, can safely manage aspects of the activity, can keep equipment relating to the activity in their room and is to be supervised outside in the designated area when partaking in the activity. Information in relation to the equipment is not contained in the assessment.

Consumer B

* The consumer has a Dignity of risk form completed and staff are to keep equipment related to the risk activity. The consumer experienced an incident of partaking in the activity in their room. However, evidence was not provided to demonstrate the consumer’s risk mitigation strategies were reviewed following the incident.

Consumer C

* The consumer has a Dignity of risk form completed. The consumer experienced two incidents of partaking in the activity in their room. However, evidence was not provided to demonstrate the consumer’s risk mitigation strategies were reviewed following the incident.

The provider’s response refutes the Assessment Team’s findings and provided the following evidence relevant to my finding:

Consumer A

* Strategies were reviewed following incidents of the consumer being found partaking in the activity in their room. This included a review by a registered nurse, medical officer and geriatrician and further support from family and a lifestyle worker. In addition, the assessment contained information in relation to staff securing the equipment and the service believes the consumer may be purchasing equipment when away on social leave. No further episodes of the consumer partaking in the activity in their room has occurred since the Site Audit.

Consumer B

* The consumer’s assessment was reviewed following the incident of partaking in the activity in their room and additional strategies were implemented. No further incidents have occurred.

Consumer C

* The consumer’s assessment was reviewed following both incidents of partaking in the activity in their room. The consumer does not have access to equipment related to the risk activity which is being securely managed by staff.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can.

In relation to Consumer A, I have noted the consumer had a number of assessments related to the risk activity completed to manage risks associated with the activity. I have noted strategies to manage the consumer’s related risks involved a range of health professionals, family members and others to minimise the risks associated with the activity.

In relation to Consumers B and C, I have noted both consumers had assessments relating to the activity which were reviewed following incidents of partaking in the activity in their rooms.

To further support my finding, I have placed weight on the evidence which showed management were aware of choices which included an element of risk and staff being able to describe how they support consumers to take risks. In addition, consumers said staff support them in taking risks.

Based on the evidence documented above, I find Requirement (3)(d) in Standard 1 Consumer dignity and choice Compliant.

In relation to all other Requirements in this Standard, consumers were observed to be treated with kindness, dignity and respect by staff. Care planning documentation demonstrated consumers’ culture and identity were identified by the service and were contained in their life story. Consumers and representatives confirmed consumers are treated with dignity and respect.

Care and services are culturally safe. Staff are rostered in areas that reflect their relationship with consumers to ensure cultural safety. Training on cultural awareness is provided to staff as part of the induction process. Information contained in the life story identifies consumers’ care and service preferences to support staff in delivering culturally safe services. Consumers said they are supported to exercise choice and independence and enjoyed their social relationships. Care planning documentation identifies when family, friends, carers or others should be involved in consumers’ care.

Consumers and representatives confirmed consumers are provided information that is easy to understand through emails, text messages and verbal communication. Staff described how they communicate information and updates verbally to consumers. Consumers’ privacy is respected and personal information is kept confidential. Consumers said they feel their information is kept confidential and staff ensure their privacy is maintained. The admission handbook provides information on privacy and consent to inform consumers and representatives. Staff were observed ensuring privacy was respected whilst interacting with consumers.

Based on the evidence documented above, I find all Requirements in Standard 1 Consumer dignity and choice 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

The Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service has scheduled assessment processes to identify risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Validated assessment tools are used to identify care and service needs, including a Falls Risk Assessment Tool, Abbey Pain Scale and Malnutrition Screening Tool. Staff were able to describe the assessment process and care planning documentation showed assessments are completed in line with the service’s admission process.

Care planning documentation showed care plans were individualised and reflected consumers’ needs, goals and preferences, including for mobility, pain, skin, continence and advance care planning. Nursing and care staff interviewed were aware of consumers’ needs, goals and preferences.

Two representatives confirmed being involved in the assessment and consultation process, however, two other representatives and one consumer could not recall being informed of the care plan. Records showed the service invites family members to provide input into the care plan development and review process. Documentation viewed showed the involvement of others in the assessment and planning process, including allied health professionals and other medical staff. Each consumer has a care and service plan, where outcomes of assessment and planning are documented. Consumers and representatives have access to care plans at any time on request.

The service has a care plan review schedule and evaluations are undertaken every six months or as required. Documentation showed consumers’ care and service needs were reviewed following weight loss or changes to skin integrity, mobility or dietary requirements. Documentation showed consumers are reviewed by allied health staff following falls or changes in nutrition and hydration needs, goals and preferences.

Based on the evidence documented above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers 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 seven of the seven Requirements have been assessed as Compliant.

The service was found Non-compliant with Requirements (3)(b) and (3)(g) following an Assessment Contact conducted on 16 November 2022 where it was found the service was unable to demonstrate:

* high impact or high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to wounds, falls and changed behaviours; and
* infection related risks were minimised through implementing standard and transmission-based precautions to prevent and control infection and effective practices to promote appropriate antibiotic prescribing.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* In relation to Requirement (3)(b):
  + Education and training was provided to staff on management and prevention of pressure injuries, wounds, changed behaviours and falls.
  + Consumers identified in the Assessment Contact report were reviewed.
  + High risk register, restrictive practices register and handover sheet were reviewed.
* In relation to Requirement (3)(g):
  + Training to staff on appropriate use of personal protective equipment and infection control and further training on trending and analysis of infections.
  + Allocated an Infection Control Lead.
  + Implemented a process to review outbreaks and communicate learnings.

At the Site Audit, the Assessment Team found these improvements were effectively embedded and recommended the service meets these Requirements. The Assessment Team provided the following evidence relevant to my finding:

* Policies and procedures support the identification of high impact or high prevalence risks associated with each consumer. High impact or high prevalence risks impacting consumers are identified through the risk register, clinical incident review processes, clinical team meetings and by other health service providers. Management were able to describe high impact or high prevalence risks impacting individual consumers and relevant strategies. Care planning documentation viewed showed high impact or high prevalence risks for wounds, pressure injuries, falls and medications are effectively managed. Staff were able to describe individual consumer’s high impact or high prevalence risks and mitigation strategies.
* Policies and procedures support the minimisation of infection related risks. Staff reported completing mandatory training on infection control practices, including hand hygiene and donning and doffing. Staff were able to describe their role in the event of an infectious outbreak. Observations showed hand washing, sanitiser gels and wipes readily available for staff and visitors. Infections and antibiotic use is monitored and trended. Clinical staff demonstrated an understanding of antimicrobial stewardship principles and were able to describe strategies they would implement. Care documentation viewed showed staff practice antimicrobial stewardship principles and pathology tests were being completed prior to consumers commencing antibiotic treatment.

Based on the evidence documented above, I find Requirements (3)(b) and (3)(g) in Standard 3 Personal care and clinical care Compliant.

In relation to all other Requirements in this Standard, overall, consumers were satisfied with the care being provided and said they get the care and services they need and that is right for them. This included assistance with showering or dressing at their preferred time, correct dietary requirements, assistance with mobility and effective management of their skin care needs. Validated assessment tools are used to identify consumers’ needs, goals and preferences to support the delivery of effective personal and clinical care. Staff were able to describe how care is delivered to meet consumer needs.

Consumers nearing end of life have their needs, goals and preferences identified and addressed. Staff were able to describe how they ensure care is provided in a way which promotes privacy and dignity for consumers nearing end of life. Care files viewed for two consumers showed staff provided care and services to maximise consumer comfort whilst they were nearing end of life.

Changes to a consumer’s condition, including deterioration are identified and addressed. The service has policies and procedures to guide staff, including a 24-hour progress note review and a range of flow charts to guide staff practice. Two representatives confirmed they were informed when there were changes to a consumer’s health status. Care planning documentation viewed showed deterioration and changes to a consumer’s health and condition had been recognised and responded to in a timely manner.

Information about the consumer’s condition, needs and preferences is documented in an electronic care and service plan. Staff confirmed they are informed regularly through the handover process and alerts on the electronic documentation system when changes occur. The electronic documentation system showed other health professionals communicate through the system and handover processes.

The service refers to a range of health professionals and other organisations and providers of other care and services, including allied health staff, medical staff and dementia specialist services. Clinical staff described processes for referring consumers to medical officers and allied health professionals, including verbally or by email. Care planning documentation showed referrals to a range of personnel in relation to personal and clinical care.

Based on the evidence documented above, I find all Requirements in Standard 3 Personal care and clinical care 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. | Non-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

The Quality Standard is Non-compliant as one of the seven Requirements has been assessed as Non-compliant.

At the Site Audit, the Assessment Team recommended Requirement (3)(a) not met, as they were not satisfied each consumer receives safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life, specifically in relation to lifestyle activities. The Assessment Team provided the following evidence relevant to my finding:

* Five consumers and representatives expressed dissatisfaction with the activities provided. Two consumers stated they do not get involved with the activities as they make them ‘feel like children’. One representative felt that their relative was under stimulated, and there were no meaningful activities taking place. Three consumers stated they were bored as there was nothing to do.
* The same activities were scheduled on the same time slots each day in all three areas of the service. Over the three days of the Site Audit, activities were occurring in only one area at any given time, and consumers were not observed to be attending activities outside of their areas.
* Activity records for two consumers showed minimal lifestyle services being provided.
* Feedback was received seven months prior to the Site Audit which showed consumers enjoyed the activities. No further consultation has been undertaken in relation to lifestyle activities.
* Several consumers across all areas of the service were observed to be in the same seats all day, not engaging with activities or other consumers. When activities were undertaken in their area, there were no alternatives offered to encourage these consumers to get involved.

The provider’s response refutes the Assessment Team’s findings and provided the following evidence relevant to my finding:

* Acknowledged there was a break in activities being provided, with one staff member resigning and another being on leave at the time of the Site Audit. This resulted in the remaining staff member only being able to provide lifestyle activities in one area at a time. The service now has a full complement of lifestyle staff.
* Lifestyle staff are in the process of reviewing activity preferences and plan to develop a new lifestyle calendar.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life. The evidence presented in this Requirement more closely aligns in Requirement (3)(c) in this Standard and has been used to support my finding in that Requirement. To support my finding of Compliance in Requirement (3)(a) in this Standard, I have relied on the evidence documented in Assessment Team’s report. This specifically related to effective provision of services and supports for daily living, such as for consumers who were supported to partake in activities which include an element of risk in a safe manner. In addition, I have relied on the evidence which showed consumers were provided services and supports, such as pastoral services to optimise their well-being and quality of life. Finally, I have noted consumers are assessed by allied health professionals, including in relation to their mobility requirements to optimise their independence.

Based on the evidence documented above, I find Requirement (3)(a) in Standard 4 Services and supports for daily living Compliant.

At the Site Audit, the Assessment Team recommended Requirement (3)(c) met as they were satisfied services and supports for daily living assisted each consumer to have social and personal relationships and participate in the community. The Assessment Team provided the following evidence relevant to my finding:

* Consumers who do not attend communal areas were observed to be partaking in activities in rooms, such as reading and colouring.
* Consumers in communal areas were observed to be regularly interacting with each other.
* Two consumers said they are supported to attend the shops each week.
* One consumer said they are supported to knit.
* Staff stated they currently have no consumers who attend community groups or socio-cultural groups but confirmed they have procedures in place to support consumers to do so.

I acknowledge the provider’s response, specifically in relation to Requirement (3)(a) in this Standard and the additional information provided. However, I find the service was not able to demonstrate services and supports for daily living assist each consumer to do things of interest.

In coming to my finding, I have placed weight on the evidence presented in Requirement (3)(a) in this Standard, specifically consumer and representative feedback expressing dissatisfaction with the activities provided. In addition, I have relied on the Assessment Team’s observations and the provider’s response which confirmed at the time of the Site Audit, activities were only occurring in one of the three areas due to staffing shortfalls on any given day. Finally, I have relied on the evidence documented in activity records for two consumers which showed minimal lifestyle services being provided. In relation to services and supports for daily living assisting each consumer to have social and personal relationships and participate in their community, I acknowledge the service was able to demonstrate these aspects of the Requirement.

Based on the evidence documented above, I find Requirement (3)(c) in Standard 4 Services and supports for daily living Non-compliant.

In relation to all other Requirements in this Standard, consumers’ spiritual, psychological and emotional care and service needs are promoted through weekly visits by a local Priest and pastoral services during days of celebration. Information about consumers’ needs and preferences is communicated with others involved in their care through handover processes, the electronic documentation system, verbal feedback and staff emails. Staff described how they are informed of changes and how this influences their daily tasks.

Consumers are referred to other organisations and providers, such as local Governement agencies and community groups, where required, to meet their needs, goals and preferences. Staff described how they work with other organisations and individuals to support consumer care and service needs. Staff described how they had previously referred consumers to a range of volunteers but this has been impacted by the effects of the current pandemic.

Feedback from consumers and representatives in relation to meals was mixed. Some consumers raised dissatisfaction with the quality and variety of meals, and felt that when they raised concerns, they were not actioned or listened to. Staff were observed to be assisting consumers in a respectful manner, and supporting consumers, as required, during meal services. Consumers confirmed they have a choice in their meals, and there are alternatives provided if they are not happy with the meals offered. Documentation provided reflected the menu was reviewed by a dietitian. Other documentation reviewed confirmed regular food safety checks including food temperature are undertaken.

Equipment provided to consumers was observed to be safe, clean and well maintained. Consumers said they felt safe using their equipment. Care staff described how they clean equipment and described the process of escalating maintenance requests to the maintenance team using the electronic documentation system.

Based on the evidence documented above, I find Requirements (3)(a), (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living 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

The Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

The service environment is welcoming and easy to understand and optimises consumers’ independence and function. There are various communal sitting areas, both indoors and outdoors where consumers were observed to be engaging with each other. Rooms in each wing are clearly marked and consumers’ rooms were observed to be spacious and personalised. Visitors were observed effectively navigating the service environment with consumers and using courtyard areas.

The service is well maintained, has wide corridors free of obstruction and provides a positive and comfortable environment. The environment was observed to be clean and cleaning staff were observed to be regularly attending to communal areas. Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers*.* Maintenance staff were able to describe how they ensure the environment, including furniture, fittings and equipment are maintained. Staff were able to describe how they report maintenance related issues and concerns.

Based on the evidence documented above, I find all Requirements in Standard 5 Organisation’s service environment 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. | Non-compliant |

Findings

The Quality Standard is Non-compliant as one of the four Requirements has been assessed as Non-compliant.

At the Site Audit, the Assessment Team recommended Requirement (3)(d) not met, as they were not satisfied feedback and complaints were reviewed and used to improve the quality of care and services as feedback was not trended and analysed. The Assessment Team provided the following evidence relevant to my finding:

* Seven feedback forms in the seven months prior to the Site Audit showed complaints in relation to food with no specific actions noted.
* Four consumers sampled indicated they were not satisfied with the food and there was no point complaining as nothing changes.
* No improvement actions were recorded on the plan for continuous improvement despite ongoing feedback regarding food.
* Management acknowledged trending is not performed at a service level, and they do not identify and implement improvement opportunities based on feedback and complaints data.

The provider’s response refutes the Assessment Team’s findings and provided the following evidence relevant to my finding:

* Individual feedback in relation to meals was addressed with individual consumers at the time of the complaint.
* The general manager meets with the service manager weekly and an improvement project was planned to improve meal services. The service manager subsequently resigned and the project was not implemented. The document supplied showed the project was to commence five months prior to the Site Audit. The project has now been provided to the acting service manager for implementation. The service acknowledges the improvement was not on the continuous improvement plan but was on the clinical research and innovations register.
* The acting service manager had arranged for the chef from another service to attend and assist the cooks in reviewing the menu, however, this was delayed and the first of the planned visits occurred the day prior to the Site Audit.
* The service is planning to implement a food focus group and has since reviewed the newsletter to include information on improvements as a result of feedback.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services, specifically in relation to meals. In coming to my finding, I have noted and placed weight on the evidence where management acknowledged trending is not performed at a service level to identify opportunities for improvement. Whilst I acknowledge the service was aware of feedback being provided in relation to meals and improvements were planned these improvements were not effectively implemented. To support my finding, I have noted the service had planned to implement a major project in conjunction with a local organisation to address meal services, however, this was not implemented due to a staffing change whilst noting the project was to commence five months prior to the Site Audit. I have also considered the service has, since the Site Audit, commenced undertaking improvements and is planning to implement a food focus group.

Based on the evidence documented above, I find Requirement (3)(d) in Standard 6 Feedback and complaints Non-compliant.

In relation to all other Requirements in this Standard, consumers, their families, friends and carers are supported to provide feedback and make complaints. Staff described how they assist consumers to make complaints. Staff are guided by a feedback and complaints policy. Observations showed feedback forms and suggestion boxes are readily accessible to consumers and representatives throughout the service.

Consumers and representatives confirmed they are aware of how to raise feedback externally. Staff are aware of internal and external complaints and feedback processes, including advocacy and translation services. Evidence showed consumers are aware of and actively engage advocacy services.

Overall, appropriate action is taken in response to complaints and staff are aware of open disclosure practices. Feedback documentation confirmed feedback is recorded, actioned and addressed. Policies and procedures guide staff in ensuring feedback and complaints are identified, captured and actioned. Review of the complaints register reflected steps taken by management to resolve issues raised, open disclosure being applied and complainants’ satisfaction with the outcome.

Based on the evidence documented above, 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 five of the five Requirements have been assessed as Compliant.

Overall, the service was able to demonstrate adequate staffing levels to meet consumer needs, goals and preferences. Deficits in staffing levels, specifically relating to lifestyle activities has been reflected in Requirement (3)(c) in Standard 4 Services and supports for daily living. Care staff interviewed confirmed they have sufficient time to provide care and services. Management were able to describe how they manage unfilled shifts. Observations by the Assessment Team indicated sufficiency in staffing in providing meal services and personal and clinical care.

Consumers and representatives said staff are kind, caring and gentle when providing care and services. Policies and procedures outline care and services which are delivered in a person-centred approach. The Assessment Team observed staff interacting with consumers in a kind and respectful manner.

Consumers and representatives sampled said staff understand their role and know what they are doing. Staff competency is initially determined through the interview process and is monitored through ongoing supervision and review of progress notes and clinical incidents. Position descriptions include key competencies and qualifications and sampled staff files confirmed the relevant qualifications and competencies.

Consumers and representatives are satisfied staff receive sufficient training. Staff were able to describe the training, support, professional development and supervision they received during orientation and on an ongoing basis. Records showed the service monitors training undertaken by staff, including on infection control, elder abuse and incidents reporting.

Staff performance is monitored and reviewed on a regular basis. The service is guided by a performance development and review policy and staff interviewed confirmed they receive regular feedback about their performance from supervisors and management. Records showed performance appraisals are undertaken and staff are supported in further training and development.

Based on the evidence documented above, I find all Requirements in Standard 7 Human resources 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. | Non-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

The Quality Standard is Non-compliant as one of the five Requirements has been assessed as Non-compliant.

At the Site Audit, the Assessment Team recommended Requirement (3)(a) not met, as they were not satisfied the service was able to demonstrate it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. The Assessment Team provided the following evidence relevant to my finding:

* All consumers and representatives sampled said the service does not engage with them about the development, delivery and evaluation of care and services.
* Management said consumer engagement was sought about the colour of the new vinyl flooring installed at the service, however, were unable to provide further evidence to demonstrate this taking place.
* Feedback forms were provided in relation to activities approximately seven months prior to the Site Audit indicating satisfaction.
* The most recent consumer meeting was completed 10 months prior to the Site Audit and was paused due to internal and external factors.
* No continuous improvements were implemented as a result of feedback despite feedback being provided in relation to meals.

The provider’s response refutes the Assessment Team’s findings and provided the following evidence was provided relevant to my finding:

* The service has a consumer advocate and they offered to talk to consumers in light of the consumer meetings ceasing due to internal factors.
* Quarterly audits are completed and this includes feedback on a range of topics from consumers.
* Records confirming feedback was sought in relation to the new vinyl flooring from consumers.
* Evidence confirming consumer meetings have commenced following the Site Audit and consumers are able to provide feedback on a range of topics.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the organisation was not able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

In coming to my finding, I accept the organisation sought feedback from consumers in relation to the vinyl flooring in the past and in relation to the lifestyle activities. However, I have placed weight on feedback from consumers and representatives confirming they are not involved in the development, delivery and evaluation of care and services. Whilst I acknowledge the service does undertake scheduled audits which includes feedback from consumers on a quarterly basis, the evidence provided did not demonstrate how this information was being used in the development, delivery and evaluation of care and services. I acknowledge that since the Site Audit, the organisation has recommenced consumer meetings and is seeking input from consumers on a range of topics to support the organisation in the effective development, delivery and evaluation of care and services.

Based on the evidence documented above, I find Requirement (3)(a) in Standard 8 Organisational governance Non-compliant.

In relation to all other Requirements, the organisation has a range of sub-committees to oversee and promote a culture of safe, inclusive and quality care and services. The Board’s clinical governance committee oversees monthly quality indicator data and a range of audits are reported to the Board and sub-committees. The organisation’s strategic plan outlines an inclusive culture which has been reflected in a range of policies and procedures which show a person-centred approach.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. Consumer information is managed through an electronic client management system. Overall, continuous improvements are identified through a range of mechanisms and recorded on the plan for continuous improvement. The finance department oversees the annual budget and undertakes forecasting. The general manager has the delegation to approve extending shifts to ensure consumer needs are being met. The organisation has workforce governance processes which include a range of policies and procedures and a human resource department. Reporting mechanisms ensure senior management are accountable to the organisation’s regional manager to ensure effective workforce governance. The organisation is informed of changes in legislation through a range of mechanisms, including subscription services and peak bodies. Policies and procedures support staff in identifying and actioning feedback. Complaints are a standing agenda item in a range of sub-committees. Deficits were identified in identifying trends from feedback to support improvement importunities in meal services which has been reflected in my finding for Standard 6 Requirement (3)(d).

The organisation demonstrated effective risk management systems and practices relating to the management of high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers. The organisation has an incident management reporting system to ensure relevant reports are completed according to legislative requirements and to inform the organisation of any trends or risks. Consumers are supported by the organisation to the live the best life they can to ensure they maintain their independence in a safe manner. The organisation has a risk management framework, supported by policies and procedures. Staff sampled were aware of these policies and procedures to support effective risk management.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management described how the clinical governance committee maintains oversight of clinical care through the review and reporting of clinical data and oversees changes to legislation impacting clinical care.

Based on the evidence documented above, I find Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance 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-1)