

**Performance Report**

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| Name: | The Good Shepherd Nursing Home |
| Commission ID: | 5954 |
| Address: | 565 University Road, ANNANDALE, Queensland, 4814 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
| Performance report date: | 11 November 2024 |
| Service included in this assessment: | Provider: 3417 The Good Shepherd Limited  Service: 3868 The Good Shepherd Nursing Home |

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 The Good Shepherd Nursing Home (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with the workforce, older people/representatives and others
* the provider’s response to the assessment team’s report received 28 October 2024

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 8(3)(d) Ensure the effective management of incidents

# 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 Assessment team’s report brought forward information which supports that consumers are treat with respect and can maintain their identity, make informed choices about their care and services and live the life they choose. The organisation has a culture of inclusion and respect for consumers, supports consumers to exercise choice and respects consumer privacy.

Consumers said the workforce know their identities and what is important to them. Systems inform the workforce about consumer’s cultural backgrounds, preferred language, religious and spiritual needs.

The Assessment team’s report brought forward that while a majority of consumers and representatives said consumers are treated with dignity and respect, some consumers and representatives felt consumers were not always treated in a kind and caring manner and whilst incidents have been raised with management, effective ongoing resolution is not always occurring. This is further discussed in Standard 7.

Consumers and representatives feel the workforce are respectful of preferences regarding culture and values. Information is available to the workforce about consumer’s diverse backgrounds which support provision of culturally safe care.

Consumers are supported by the service to exercise choice and maximise independence. Consumers can nominate who they want involved in their care and clearly communicate their decisions. The service supports consumers to maintain both personal and intimate relationships. Care documentation includes information regarding consumer’s preferences for consumers who have intimate relationships, engage in social activities, as well as those who have experienced trauma and have sensory impairment.

Consumers are supported to take risks and engage in activities which are important or meaningful to them. The service demonstrated where risks are identified, potential outcomes are discussed, and risk management planning is completed in consultation with consumers and their representatives.

Consumers are provided current information about daily menus, activities and events within the service, and are reminded about the activities currently available in a variety of ways. Information is provided to consumers promptly, and in a way which is easy to understand, including to those consumers with a cognitive impairment. Information relating to care and services is presented and discussed with consumers and representatives during monthly meetings. The Charter of Aged Care Rights, advocacy resources, complaints processes, the menu and monthly activities calendar are accessible to consumers.

Consumer’s privacy is upheld by the service and confidential information is handled appropriately. Care and services are delivered in a way that maintains consumer privacy. Consumers’ information is kept confidential, stored electronically with restricted access based on assigned roles, and the workforce are trained on consumer privacy and confidentiality.

I have considered the information within the Assessment team report and the Provider’s response and based on the summary above I consider this Standard 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 Assessment team’s report brought forward information which supports that consumers are a partner in ongoing assessment and planning for the care and services that consumers need for their health and wellbeing. The organisation undertakes initial and ongoing assessment and planning in partnership with the consumer with a focus on optimising health and wellbeing in accordance with the consumer's needs, goals and preferences.

Consumers and their representatives are included in care planning and minimising risks to meet consumers’ needs, goals and preferences. The service uses assessment, and planning tools and includes input from qualified practitioners to manage specific and common risks to develop care plans. Clinical and care demonstrated knowledge of consumers’ needs and preferences, and the strategies implemented to support them. Clinical governance documentation contains strategies, policies and procedures that support a consumer centred approach to assessment and planning.

The service involves consumers in the assessment of their care and service needs and the development of their care plans, including end of life and advance care planning. This information is accessible to the workforce to guide care. Policies and procedures support a consumer-centred approach to assessment and planning for care and services.

Consumers participate in the assessment, planning and review of their care and services. Assessment and care planning is coordinated, and consumers are satisfied the right people are involved. The service has processes in pace to ensure that the service partners with consumers to assess, plan and review care and services. Documentation evidence inclusion of organisations including allied health professionals and medical officers in care planning for consumers. This occurs upon admission to the service or following a change to the consumer’s care needs.

Consumers and their representatives said the clinical team talk to consumers about their care plan and how well the plan is working. Case conferences are held with consumers, representatives and external providers to discuss the health care needs of consumers. Consumers and representatives are offered a copy of their care plan in the appropriate language, and access to a live document for up-to-date changes.

Consumers say the service regularly communicates with them about their care and services, seeks feedback, and makes changes to meet current needs, goals and preferences. Consumers said when things change or adjustments to care are needed, the workforce communicate with them about this and seek their input to update their care and services plan to ensure safe and effective care and services can be delivered. The service has policies and procedures that guide care and care planning including automated review mechanisms and a suite of assessments and charting. The workforce contributes to reviews 3 monthly according to pathways. Case conference records demonstrate consumers and representatives are consulted.

I have considered the information within the Assessment team’s report and the Provider’s response and based on the summary above I consider this Standard 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 service supports that consumers receive personal and clinical care that is safe and right for them and the organisation delivers safe and effective care in accordance with the consumer’s needs, goals and preference to optimise their health and wellbeing. However, the Assessment team’s report brought forward information that the service did not demonstrate effective management of restrictive practices including the completion of informed consent, authorisations and risk assessments. The service did not demonstrate alternate strategies were used prior to the administration of chemical restraint. The service did not demonstrate the effective management of changed behaviour and the recording of incidents. The service did not demonstrate the effective management of environmental restraint. The service is not recording in the incident management system medication administered outside of recommended time frames for time sensitive medication. These deficiencies have been considered in my review of the Assessment team’s report and the provider’s response as follows.

Most consumers and representatives said consumers receive the care they need and are satisfied with care delivery. Clinical staff were knowledgeable of how best practice is used to manage wounds, pain, skin integrity, falls, and diabetes. Documentation evidenced individualised and tailored strategies for managing consumers’ clinical care related to for example wounds, pain and insulin dependent diabetes. Policies and work instructions guide staff practice when delivering clinical care. The service has a dedicated clinical nurse manager who oversees wounds and continence management.

The Assessment team’s report brought forward information that the service did not demonstrate effective management of restrictive practices including the completion of informed consent, authorisations and risk assessments. I have considered the provider’s response including supporting documentation. Review of the restrictive practice spreadsheet and restrictive practice reports, demonstrates the service monitors consumers subject to restrictive practice including those with psychotropic medications. Consumers listed as having behavioural and psychological symptoms of dementia where a medication is used to influence consumers’ behaviour are identified as subject to a restrictive practice. Review of care planning information for the named consumers identified:

* A behavioural support plan is in place to guide staff practice in managing consumers’ behaviours.
* A medical officer authorisations are in place via the authorisation form or as noted within clinical notes within the medication systems.
* Consents have been obtained from representatives.

I am satisfied representatives are consulted regarding restrictive practice of consumers. Further, the service provided additional information in relation to proactive management of restrictive practices for consumers which also demonstrated the findings listed above as well as a policy and procedure to support staff practice. I note the service has engaged with the Commission in relation to restrictive practice and considered advice to demonstrate compliance with the requirements. There is insufficient information within the Assessment team’s report to demonstrate that informed consent was not obtained by a medical officer and recorded within the service’s medication systems.

The Assessment team’s report brought forward information the service did not demonstrate alternate strategies were used prior to the administration of chemical restraint. For one named consumer the Assessment team’s report raises that a pro re nata medication was administered with no alternative strategies documented. The provider’s response included progress noting for 2 of 3 occasions raised which includes that alternative strategies were trialled prior to the administration of medication. While the information documented within the progress note did not specifically detail the strategies as listed within the consumer’s care plan, I accept that the workforce considered and documented that the alternative strategies were ineffective prior to the administration of the medication. I have also considered that the representative said the workforce have contacted them in the past to assist with managing the consumers changed behaviours prior to the use of restrictive practice. This demonstrates that the workforce has an understanding that alternative strategies are to be trialled prior to the administration of a medication. There is insufficient information to support that those strategies were not used on these 3 occasions. I accept the Assessment team’s report’s information that the changed behaviour was not documented in the consumers behaviour chart however no trend was identified that this impacted consumer care. The provider’s response has acknowledged this is an area for improvement.

The Assessment team’s report brought forward information the service did not demonstrate the effective management of behaviour management and the recording of incidents for 2 consumers. For one named consumer the Assessment team’s report raises one occasion of verbal aggression. The report raises this changed behaviour was not recorded as an incident or reported to the Serious Incident Response Scheme. The provider’s response asserts a progress note indicates the verbal outburst occurred in a corridor, not in proximity to other consumers, and that no harm occurred to other consumers. While the provider did not provide supporting evidence of the progress note related to the occurrence, I accept the provider’s response that this changed behaviour was not an incident required to be reported to the Serious Incident Response Scheme.

For another named consumer the Assessment team’s report raises 2 occasions of physical aggression towards the workforce when providing care, and one incident of physical aggression where records note “other consumers were impacted”. There is no further information to confirm how other consumers were impacted. The Assessment team’s report raises the incident was not recorded and investigated to identify how consumers were impacted and if a Serious Incident Response Scheme notification was required. The provider’s response concedes this incident was not reported as an incident to the Serious Incident Response Scheme as required. The service evidenced a Serious Incident Response Scheme draft procedure has been developed to guide staff practice and has proactively undertaken measures to improve the workforce’s awareness of incident reporting as well as incidents considered under the Serious Incident Response Scheme by way of memo and newsletter.

The Assessment team’s report brought forward information the service did not demonstrate the effective management of environmental restraint. The Banksia wing door in Pinnacle house, was observed to be a heavy to open with no automation for assisting consumers to exit or enter freely. When asked how consumers leave the area, management said they need assistance from the workforce to open the door. The Assessment team’s report brings forward information that the service had not identified 2 named consumers residing in this area as subject to restrictive practice with one consumer having wandered outside of the area on multiple occasions. I am satisfied that the service has changed this area of the service from a secure area to a non-secure area of the service. I am satisfied consultation occurred with the representatives for consumers about the changes to the secure area and that environmental restraint authorisations are now in place where relevant. I am satisfied the service had initiated plans to switch the direction of the swing of the door to provide a safer environment for consumers. I accept the door was not locked and that the service have made further adjustments to allow for less pressure in the pneumatic door closer, to support consumers to enter and exit freely.

The provider’s response provided an overview of monitoring and oversight of restrictive practices at the service with corresponding evidence including a restrictive practice policy to guide staff practice. The service confirmed training was provided to the workforce in March 2024 in relation to restrictive practice. The service conducts weekly audits of psychotropic medications. A spreadsheet is maintained by the service which identifies consumers who are considered subject to restrictive practice. Restrictive practices are reported and reviewed monthly in conjunction with other key performance indicators. The approved provider states monitoring has resulted in minimisation of restrictive practices for consumers at the service. The service provided additional samples of consumer care plans which all demonstrated authorisation, informed consent and behaviour support plans to guide staff practice. The service states continuous improvement actions in relation to restrictive practices included consultation with specialist services to review the service and improvements were implemented to the service in relation to the environment, equipment, consumer engagement and psychotropic medications. As a result of implementing the recommendations, the service’s actions support minimising restrictive practice at the service.

The Assessment team’s report brought forward information the service is not recording in the incident management system, medication administered outside of recommended time frames for time sensitive medication. For one named consumer, a time sensitive medication was recorded as administered more than one hour late on one occasion in 10 days and marginally overdue at other times. The consumer reported the medication is administered late a couple of times per week which causes an increase in their tremors. The Assessment team’s report states that auditing documentation demonstrated an increase in late administration of medications, however review of the service’s incident register did not evidence records of incidents. The provider’s response advised that improvements to administration of time sensitive medications has been a focus for the service with improvement strategies implemented and evaluated for effectiveness over a period. I have reviewed the clinical services action plan which demonstrates the service has been actively engaged in improvements including introducing changes to shift times and mandatory training sessions for targeted staff. The service has also advised other strategies have been implemented including memos distributed to the workforce, medication system training, data monitoring at management meetings, engagement with medical officers and pharmacy and review of administration times. The service has acknowledged that late administration to time sensitive medications have not been recorded within the incident management system. I accept one consumer’s feedback that they experienced an impact due to the late administration of a time sensitive medication. I also note this consumer has a severe cognitive impairment. It is known via monitoring processes that the service has experienced an increase in late administration of time sensitive medications and the service was unable to demonstrate these incidents were reflected within the incident management system and subsequent Serious Incident Response Scheme Reports were not submitted to the Commission. I have considered this information further in Standard 8.

The service demonstrated effective management of falls and weight loss with representatives expressing they were satisfied with the management of consumer’s needs. The Assessment team’s report raises that while neurological observations are not recorded as per the service’s policy, management were confident neurological observations are being completed, and no impact was identified for consumers.

Consumers and representatives said the service has ensured consumers’ needs, goals and preferences are followed when nearing end of life. Care planning documentation includes information to assist consumers with ensuring their comfort and dignity at end of life and documents collaboration with the medical officer and consumer’s family. Clinical and care staff have knowledge of the palliative care pathway, and the supports provided to consumers.

The service responds in a timely manner when consumers’ conditions deteriorate. The workforce escalates changes in consumers’ conditions including changes in mood and behaviour and monitor consumers’ conditions to effectively ascertain when medical officer intervention or transfers to hospital are required. Clinical deterioration guidelines are available to guide staff practice.

Consumers and representatives were satisfied consumers’ care needs and preferences are effectively communicated between the workforce and with others who provide care. Care planning documentation includes input from medical officers and allied health professionals. The workforce are informed of recommendations and directions through the electronic care management system and handovers.

The service facilitates referrals to allied health professionals in a timely manner. Care planning documentation evidenced review and recommendations for consumers’ care from other health professionals. Referrals are made to allied health professionals, geriatrician, palliative care services, community dementia services and mental health specialists.

Consumers and representatives are satisfied the service is effectively managing and implementing processes to minimise the risks relating to infections and outbreaks. The workforce have an understanding of their role in infection control management and antimicrobial stewardship. There are systems in place which minimise risk. Infections are reported and monitored to ensure appropriate action.

On balance with consideration to the information included in the provider’s response, as well as the information brought forward in the Assessment team’s report, I am of the view the provider has taken corrective actions to ensure the safety and well-being of consumers. I have placed weight on consumer feedback that said consumers receive the care they need and are satisfied with care delivery, and additional information in the provider’s response which further informs my decision about the deficiencies identified by the Assessment team’s report. Areas for improvement are evidenced within the service’s post re-accreditation action plan which demonstrates the service's commitment to educating the workforce in relation to reporting of incidents, the Serious Incident Response Scheme and recording of changed behaviours. I have considered information in relation to incident reporting further under Standard 8. I consider this Standard 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

The Assessment team’s report brought forward information which supports that consumers receive the services and supports for daily living that are important to their health and wellbeing that enable them to do the things they want to do, and the organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

The service supports consumers’ quality of life and personal interests. Consumers said they are supported to engage in both group and individual activities which are meaningful to them. A monthly activities calendar is developed in collaboration with consumers which includes activities within the service, group outings and special events. Consumers were observed by the assessment team engaging in a variety of activities throughout the site audit. Care planning documentation includes consumers’ interests, what activities they liked to attend and recorded activities in the progress notes. Examples of supports for daily living which support consumers include ensuring consumers have art enough supplies to support hobbies, caring for pets, supporting consumers to attend the hardware store once a month to buy supplies for gardening.

Consumers said the services, supports, and activities promote, their emotional, spiritual and psychological wellbeing. The workforce support consumers to attend activities and social engagements by asking which activities they would like to attend and ensuring care needs are provided before activities commence. Volunteers are partnered with consumers of the same faith and culture to support consumers wellbeing. Consumers who are unable to attend spiritual services receive a private visit from the Chaplain to support their wellbeing. Volunteers bring a pet therapy dog to visit consumers. Consumers in reclined chairs were observed by the assessment team be provided the opportunity to interact with the therapy dog.

Consumers said they are supported to have social engagements both inside and outside the service and visitors are always welcome. Volunteers are matched to consumers based on similar backgrounds and interests. Volunteers were observed supporting consumers with various mobility impairments on walks through the gardens, taking consumers out to the shops for coffee. The service has a bus and a wheelchair accessible car that can support consumers to access the local community. Consumers requiring reclined chairs were observed participating in a barbecue which included music and singing. Consumers were observed to be smiling and engaging with each other during this activity. Consumers who enjoy football participate in the footy tipping competition. The service has supported consumers to maintain an intimate relationship by reconfiguring 2 rooms allowing one to be used as a lounge room.

Most consumers said the organisation coordinates their services and supports well. The workforce have access to care plans which have detailed care planning and consumer information. Information is shared in handovers between each shift and daily mid-morning huddles to pass on updated consumer information. Handover reports provide updated information on consumers including those awaiting review from a community service providing psychology and counselling services.

Consumers and representatives are satisfied referrals happen promptly when consumers’ needs, goals or preferences change. The workforce refer consumers to other individuals or providers and collaborate to meet the diverse needs of consumers. Changes in consumers’ needs are escalated to registered staff who will email referrals to appropriate services for example to the gymnasium, mobility programs, social workers, military and indigenous organisations.

Consumers said they previously were not satisfied with the quality of the meals they received; however, the meals have improved and continues to improve. Care planning documentation records dietary profiles, food allergies and personal preferences with this information being transferred to the dietary profile and menu selection resource. The workforce consults with consumers about allergies and discuss the menu and meals can be prepared off the menu. All consumers said they receive a variety of well-proportioned meals. A variety of food is kept in the servery fridges to satisfy consumers between main meals.

Consumers say they feel safe when the workforce are using equipment, and they know how to report any concerns they have about safety. The workforce described the process for reporting equipment requiring repair and demonstrated processes for ensuring safe use and maintenance of equipment. The workforce have access to equipment such as hoists or wheelchairs to support consumers.

I have considered the information within the Assessment team’s report and the Provider’s response and based on the summary above I consider this Standard 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 Assessment team’s report brought forward information which supports that consumers feel they belong and are safe and comfortable in the environment and the organisation provides a safe and comfortable service environment that promotes consumers’ independence, function and enjoyment.

The service was observed to be welcoming with a reception area that was staffed at all times during the site audit. Consumers said that they feel comfortable living in the service, and they were able to personalise their rooms with their belongings. The floorplan supports consumers to navigate the service, has wide corridors and natural light. There are multiple open plan common areas where consumers can congregate and undertake activities including a large activity hall, cafe and lounge rooms. The service common areas are decorated with suitable furniture and art created by consumers.

The service buildings are joined by wide covered pathways and internal corridors. The service was clean, well maintained, and free from obstacles. Consumers said they liked having a small balcony or veranda attached to their room or direct access to the gardens from their room. Consumers said the service and their rooms are clean and they felt comfortable moving about the indoor and outdoor environments. The service’s spacious garden areas were well maintained. Consumers were observed mobilising independently throughout the service and others with varying levels of mobility were assisted by the workforce. Consumers were observed participating in activities, socialising and utilising the service’s gardens and outdoor areas. The workforce was observed cleaning consumer rooms and other service areas.

A range of furniture and equipment were observed in the service that is well maintained and fit for purpose. Consumers said equipment is clean and well looked after. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required. Consumers are satisfied the furniture and equipment they use is safe, clean and well maintained. The workforce knows how to request maintenance and consumers said if they have any items that need to be repaired, they inform the workforce, who put a request through the maintenance request system.

The Assessment Team observed a range of equipment, including walkers, wheelchairs, and lounge chairs, throughout the service, including equipment used to support personal care. The workforce were observed wiping down consumers’ 4-wheel walkers and checking for safety and integrity. All hoist slings and other lifting equipment were clean, undamaged, and tagged with monitoring dates. Preventative maintenance is outsourced to authorised maintenance companies with expertise in maintaining the specific piece of equipment.

I have considered the information within the Assessment team’s report and the Provider’s response and based on the summary above I consider this Standard 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. | Compliant |

Findings

The Assessment team’s report brought forward information which supports that consumers feel safe and encouraged to give feedback and make complaints and engaged in processes to address feedback and complaints and appropriate action is taken. However, while the organisation seeks input and feedback from consumers and others, the service did not demonstrate effective collation, review or use of feedback and complaints to improve the quality of care and services. These deficiencies have been considered in my review of the Assessment team’s report and the provider’s response as follows.

Consumers and representatives feel encouraged and supported in providing feedback and making complaints. The workforce have knowledge of mechanisms to support the provision of feedback and complaints. Consumers and representatives are invited to share their feedback on the care and services provided at regular meetings.

Consumers and representatives have an awareness of the internal and external channels for providing feedback and raising complaints. Management and volunteers offer support to access advocacy services. Advocacy supports are communicated in consumer handbooks. The service displays information about complaints on posters throughout the facility, including contact details for the Commission’s complaints services and advocacy services.

The service takes timely action in response to feedback and complaints, including the use of open disclosure process when issues occur. Policies and procedures guide the workforce and management in managing complaints and providing open disclosure. Documentation records actions taken, and satisfaction outcomes entered for the complainant/s involved. The Assessment team’s report brought forward that in relation to complaints trending and data, not all complaints are recorded in the same system. Management advised and this was reflected within the post re-accreditation action plan that systems have been improved to collate this information more accurately, however an evaluation has not yet commenced.

The Assessment team’s report brought forward information that the service does not demonstrate they effectively collate, review or utilise feedback and complaints to improve the quality of care and services. While some consumers reported complaints are followed up and resolved in a timely manner, concerns and complaints raised during the Site Audit were unable to be evidenced in the complaints register, incident reporting and/or care planning documentation.

The provider’s response included evidence of improvements to the service received through feedback and complaints mechanisms. The providers response included information on how complaint data is measured, monitored and evaluated in management meetings. Evidence included measures captured in auditing programs for January – September 2024 to demonstrate trends. The trends identified a reduction in complaints across 9 months attributed to the service undertaking improvement actions at the service level. Further the provider’s response included evidence of direct actioning of complaints in relation to these trends identified. I have reviewed the information provided in relation to the named consumer’s complaint raised in the Assessment team’s report. I am satisfied the service had a process to record the complaint which also details the actions taken in response to the complaint. I note the complaint appears to be resolved some 5 months post receipt of the complaint, however the complainant provided feedback they were satisfied with the way the service had managed the complaint. There is insufficient evidence within the Assessment team’s report to demonstrate 7 other documented complaints had not been addressed by the service. Review of the post re-accreditation action plan demonstrates the service has proactively committed to continuous improvement actions in relation to complaints management. I note management also committed to the following actions:

* Issue a memorandum to all the workforce regarding organisational values, code of conduct and expectations of respectful interactions with consumers and visitors.
* Issue a memorandum to all the workforce regarding responsibility/requirements to report any inappropriate behaviours or consumer interactions.
* Place information in in consumer/representative newsletters and consumer meeting to reinforce the complaint/feedback system process.

On balance, I have placed weight on consumer feedback who feel encouraged and supported in providing feedback and making complaints and are satisfied with the outcomes and actions taken by the service in response. I have also considered consumer experience surveys and quality of life surveys which support that consumers feel they are treated with respect, the workforce are kind and caring and they know how to provide feedback and make a complaint. I am satisfied the service has systems and processes to support the receipt, monitoring and actioning of feedback and complaints. I find Standard 6 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 Assessment team’s report brought forward information that while consumers receive quality care and services from people who are knowledgeable and capable, consumers do not receive care and services from people when they want it, and the workforce were not caring. While the organisation has a workforce that is skilled and qualified to provide safe, respectful and quality, care and services, the Assessment team’s report brings forward the service has insufficient workforce. These deficiencies have been considered in my review of the Assessment team’s report and the provider’s response as follows.

The Assessment team’s report brings forward information the service was unable to demonstrate it has a workforce which is planned to enable the delivery of safe and quality care and services. The Assessment team’s report identifies consumers interviewed were dissatisfied with care and service’s being delivered in a timely manner and to their preferences. Complaints included, not receiving showers as per consumers’ preferred times, delayed receipt of time critical medications, incontinence experienced due to waiting for staff assistance.

The provider’s response has evidenced the service has engaged both the workforce and consumers in relation to ensuring the right mix and number of workforces to ensure safe and effective care. Information included roster surveys undertaken by management, memos advising outcomes of requests by staff, consultation meetings with the workforce, shift change times to ensure reduce potential risks to consumers. Further, the provider’s response included information about the multiple strategies implemented including but not limited to, engaging human resource advisory services to assist with recruitment and retention of the workforce. Data evidenced an increase in consumer care hours across the past 2 years. The service has contingency plans in place due to the workforce absenteeism and advise while efforts are made to recruit additional registered nurses, enrolled nurses are utilised to assist with supervision in the service. I have considered the information included in the provider’s response in relation to the number and mix of members of the workforce enables the delivery and management of safe and quality care and services. Consumer feedback in Standard 2 and 3 was generally positive in relation to the receipt of care and services. For feedback in relation to the number and mix of members of the workforce to enable the delivery and management of safe and quality care and services, I consider the provider’s response has provided sufficient information which demonstrates that consumers are receiving care and services to their preference and in some instances, compliments about care and services have been received by the service. The provider’s response evidenced for one named consumer, within care plans and activities of daily living records, the consumer has been offered/received physiotherapy in line with the consumer’s wishes for care at the time. Named consumers are receiving showers/baths at preferred times (with exception to wound care/decline of cares). I note for one named consumer information about evening sponges prior to dinner was not included, however I am satisfied the consumer is receiving daily showering as per their care plan preferences. I note for one named consumer, some skin redness has been identified and responded to by the service with strategies to improve skin integrity implemented in line with the consumers’ wishes for care at the time. The service has engaged with one named consumer to initiate a review of their preferences. There is insufficient information within the Assessment team’s report to form a view in relation to other information raised about the number and mix of the workforce particularly in relation to the impact to consumers in Standards 3 and 6.

The Assessment team’s Report brings forward information the service did not demonstrate interactions with consumers are consistently kind, caring and respectful. One named consumer felt the workforce and one other consumer had spoken rudely towards them during personal cares on another occasion. The provider’s response included the consumer’s clinical diagnosis and care notes which demonstrates the consumer has an ongoing mental health condition which impacts their mood and interactions with others. Review of progress notes related to the incident raised by the Assessment team onsite demonstrates the workforce were kind and caring in response to the concerns raised by the consumer at the time. Progress noting includes that the information brought forward could not be corroborated by the workforce who were present at the time of the alleged incident. In relation care staff feedback that they have observed the workforce being unkind to consumers and have raised concerns with management, the Assessment team’s report brings no additional information forward to further support staff feedback and were unable to provide management with further information to allow the service to respond or investigate further. Further, feedback from care staff about an overheard comment by a representative that staff had been rude and disrespectful towards a consumer have been investigated by the service as unfounded. Compliments about the care and services delivered have been reviewed in response to this feedback. There is insufficient information within the Assessment team’s report to form a view about feedback from care staff and in relation to 7 further lodged complaints in the complaints register. The provider’s response included various sources of information to monitor the service’s response to complaints and consumer’s experience living at the service. For example, consumer surveys demonstrated consumers feel safe at the service, the workforce are kind and caring and feel they are treated with respect and dignity, compliments received to the service about care and services, feedback at consumer meetings.

The provider’s response demonstrates there are mechanisms in place to monitor the workforce competencies and continuous improvements have been implemented to improve staff to resident communications and courtesy. A memo about code of conduct has been shared with the workforce. Further the service advised has a respect policy and provides mandatory annual training to all the workforce in the service’s core values. Considering all the information available to me I am satisfied overall, the workforce interactions with consumers are kind and caring.

The service was able to demonstrate the workforce are competent and have the qualifications and knowledge to perform their roles. Consumers and representatives felt most of the workforce have the knowledge and skills to provide safe, quality care and services that meet consumers’ needs and preferences. Consumers said the workforce know what they are doing and feel safe. The organisation has orientation and onboarding processes which includes competency training on commencement to the service. Position descriptions include the expectations for all roles at the service. All registered staff meet the qualification, registration and legislative requirements.

Consumers and representatives are confident the workforce who have worked at the service for a period are capable in their roles, however, lacked confidence in newer staff and agency staff at the service. No further information was brought forward in the Assessment team’s report to support consumer’s views about the competency of new and agency staff. The service provides mandatory training, competency assessments, role specific training and training on the Quality Standards. The organisation has systems to support the onboarding of new staff ensuring competency.

The Assessment team’s report brought forward information that while the service was able to demonstrate that performance management occurs with the workforce when things go wrong, the service was unable to demonstrate regular assessment, monitoring and review of performance of the workforce to maintain the workforce’s overall ability to provide safe and effective quality care and services to consumers. The Assessment team’s report brings forward that consumers and representatives are confident the workforce who have worked at the service for a period are competent in their roles. Consumers said the workforce know what they are doing and feel safe. The organisation provides competency training to the workforce on commencement to the service. The provider’s response included information about performance management processes and where the workforce are recognised as requiring additional supports or performance management, this is acted upon by the service provider. In addition, engagement with the workforce occurs in relation to workforce capability, competency reviews, feedback and complaints and incidents to evaluate the workforce’s performance. I note the service are engaged with an external consultancy service in relation to human resources management. The provider acknowledges the policy is currently not reflective of the current practice at the service, however review of the plan for continuous improvement demonstrates the service are currently seeking alternative systems to support this standard including for performance management. I am satisfied while not all performance appraisals have been achieved as per the organisation’s policy, the service are using other mechanisms to assess, monitor and review the performance of the workforce and no impact has been identified for consumers.

On balance, I have placed weight on information brought forward by the provider as well as feedback from sources of consumer and representative feedback which supports that consumers receive their care and services, feel safe at the service and feel the workforce know what they are doing. I have also considered consumer experience surveys and quality of life surveys which support that consumers feel they are treated with respect and the workforce are kind and caring. I am satisfied the organisation has a workforce that is sufficient, is skilled, and qualified and that consumers get quality care and services when they need from a workforce that is knowledgeable and caring. I am satisfied the service are using other mechanisms to assess, monitor and review the performance of the workforce and no impact has been identified for consumers. I find Standard 7 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. | Not 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 Assessment team’s report brought forward information that while consumers felt confident that the service is well run and they can partner in improving the delivery of care and services, the organisation’s governing body did not have an effective governance system, risk management system and clinical governance framework. These deficiencies have been considered in my review of the Assessment team’s report and the provider’s response as follows.

Consumers and representatives said they are confident in the way the service is run and their engagement in the development, delivery and evaluation of care and services. Consumers are supported to be engaged through consumer meetings, feedback forms and by providing direct feedback to management. Consumers and representatives said they considered the service is well run and they can provide feedback and suggestions to management through various mechanisms.

The organisation has systems and processes to monitor the performance of the service to ensure the accountability for the delivery of safe, inclusive, and quality care and services. The organisation’s policies identify the leadership structure which outlines the roles and responsibilities of the council, directors, service management, and quality management processes. These policies outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the council having overall accountability for consumer safety, and quality care delivery. I have further considered that while information is shared with the council, I consider that not all incident data is shared with the governing body due to deficits identified in relation to regulatory compliance and incident management systems. This is discussed further.

The Assessment team’s report brought forward deficiencies in relation to organisation wide governance systems. I have considered the provider’s response, and I am satisfied the service has multiple supports which foster continuous improvement activities. While I consider the service is not effectively capturing incident data, I am satisfied that the service is proactively contributing to continuous improvement. This is evidenced within the provider’s response to the Assessment team’s report.

I consider the organisation has systems and processes in place to ensure effective management of the workforce. The providers response included sufficient information to demonstrate the workforce is planned, interactions are kind and caring, the workforce are competent and qualified, and assessment of the workforce’s performance is monitored. This further discussed in Standard 7.

Legislative requirements are monitored and brought to the organisation’s attention through correspondence received from the industry associations and regulatory bodies, such as the Commission. While the organisation has not been consistent in compliance with reportable incidents, this is discussed further.

I am satisfied the organisation has systems and processes in place to ensure the effective management of feedback and complaints. The service has demonstrated consumers are encouraged to bring forward feedback and complaints, have access to advocacy services, open disclosure is practiced with complaints responded to in a timely manner, and feedback and complaints are used to improve outcomes for consumers across the service.

I am satisfied consumers and representatives are provided with information through multiple avenues including meetings, email correspondence, case conferences, and have access to information to their care and services through an online portal. The workforce can access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles.

I am satisfied the organisation has systems and processes in place to ensure effective financial governance. Finance responsibilities are shared across the organisation to ensure the effective management of the service’s budget and additional expenditure. There is sufficient equipment and stock to meet the needs of consumers.

The Assessment team’s report brought forward information while the service was able to provide a framework and policies to manage risk and respond to incidents at the service, the service was unable to demonstrate the effective management of high impact and high prevalence risks including the identification and response of abuse and neglect of consumers. The Assessment team’s report brought forward that while information about risks are discussed at regular clinical meetings, with council, and that incident reports are monitored, the data discussed and monitored is not an accurate reflection of high impact and high prevalence risks at the service as not all incidents had been recorded and managed to ensure effective management of incidents. The provider’s response included that the service understands that improvements are required in changed behaviour monitoring, recording of incidents, reporting to the Serious Incident Response Scheme and that the category for reporting was not fully understood. I am satisfied through review of information included in the provider’s response including the action plan, information distributed to the workforce about the Serious Incident Response Scheme, planned training and escalation charts, has undertaken proactive continuous improvement actions to address the systemic failures identified, in addition to measures identified in Standard 3. I note the service has undertaken review of 3 months incidents and has now reported to the Serious Incident Response Scheme where relevant. I am not satisfied that the continuous improvement activities for effective incident management have had sufficient time to become embedded practices within the service including an evaluation process to ensure its effectiveness. I find Requirement 8(3)(d) not compliant.

The Assessment team’s report brought forward information while the service demonstrated a clinical governance framework open disclosure and antimicrobial stewardship, the service did not have an effective clinical governance framework for the management of restrictive practices including the completion of informed consent, authorisations and risk assessments. I have considered the provider’s response and refer to Standard 3 in relation to further information which demonstrates an effective clinical framework which supports minimising the use of restraint. This includes that the service undertakes monitoring to identify consumers subject to restrictive practices, consults with representatives of consumers and engages medical officers in the provision of informed consent of restrictive practices, reports on restrictive practices and the use of psychotropic medications, supports consumers with behaviour support plans, has proactively engaged specialist services to improve and minimise environmental restraint at the service. Refer to Standard 3 for further information in relation to the management of restrictive practices identified in the Assessment team’s report.

Overall, I have considered the information within the Assessment team’s report and the Provider’s response and based on the summary above I consider Requirement 8(3)(d) in relation to incident management as discussed in the decision not compliant, therefore I find this Standard not compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)