Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | The Philip Kennedy Centre Residential Care |
| Service address: | 477-479 Military Rd, LARGS BAY SA 5016 |
| Commission ID: | 6090 |
| Approved provider: | Southern Cross Care (SA NT & VIC) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 16 May 2023 to 19 May 2023 |
| Performance report date: | 6 July 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 The Philip Kennedy Centre Residential Care (**the service**) has been prepared by A. Kasyan, 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 15 June 2023.

# Assessment summary

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

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

# Areas for improvement

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

* **Standard 2 Requirement 2(3)(a)** Ensure assessments and care plans are comprehensive and accurately identify each consumer’s risks and risks mitigation strategies.
* **Standard 3 Requirement 3(3)(c)** Ensure end of life care is delivered in line with each consumer’s addressed needs, goals and preferences, including in relation to pain and symptom control.
* **Standard 6 Requirement 6(3)(d)** Ensure feedback and complaints are recorded, reviewed and analysed by the organisation and used to improve the quality of care and services.

# Standard 1

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

Findings

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

Consumers described staff as kind, caring and supportive. Both consumers and representatives confirmed that the staff consistently treat consumers with dignity and respect.

The service provides tailored care plans for each consumer, capturing their personality, goals, preferred topics of conversation, and support requirements. Staff were observed interacting with consumers in a familiar, kind, and respectful manner, demonstrating an understanding of their preferences, care needs, and backgrounds.

The service ensures cultural safety by considering the cultural needs of consumers during care planning and provision. Staff are able to identify and describe consumers' cultural needs and how they influence daily care. Consumers and representatives expressed satisfaction with the staff's understanding of their culture, values, and preferences, enabling them to feel respected, valued and safe. The care planning documentation reflects consumers' cultural needs and preferences, such as providing female-only care when necessary.

Consumers and representatives reported being supported in making choices about their care and services, including who should be involved. They are encouraged to communicate their decisions and maintain relationships according to their preferences. Care planning records show that consumers have choices regarding the timing of care and services, daily routines, preferred activities, meals, and areas for independence. Staff members have knowledge of consumers' choices and involve them in decision-making through regular consultation and understanding their priorities.

The service supports consumers in taking risks to live their best lives without feeling restricted. Consumers confirmed that they are supported in undertaking activities involving risk, and staff members provided examples of consumers who actively choose to engage in such activities and how they can be supported.

Information about care and services is provided to consumers in a timely and clear manner, allowing them to make informed choices. Consumers and representatives expressed satisfaction with the communication and information provided.

Noticeboards were observed displaying menus, activity planners, church timetables, advocacy posters, and leaflets in multiple languages, ensuring accessibility for consumers with diverse backgrounds.

Consumer privacy is respected, and personal information is kept confidential and secured through an electronic care system and within nurses' stations. Staff respect consumers' privacy and were observed seeking permission before entering rooms.

# Standard 2

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

Findings

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

**Requirement 2(3)(a)**

The Assessment Team found assessment and planning does not inform the delivery of safe and effective care and services, specifically in relation to assessment of risks to the consumer’s health and well-being to support the consumer to undertake activities with an element of risk in a safe manner. The Assessment Team provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* Two sampled consumers’ files did not contain accurate and comprehensive information in relation to the risks to consumers’ health and well-being associated with the activities of their choice, such as going out independently. The consumers’ care plans did not provide clear directions to staff in relation to all risks associated with the consumers’ activities of choice.
* Relevant risk assessments of one out three sampled consumers who had an electric kettle and microwave in their room have not been completed.
* Staff could not clearly describe the systems and processes used by the service to identify risks and undertake applicable assessments.

The provider’s response recognises improvements required as identified through the Assessment Team’s report and provided a detailed continuous improvement plan which is being implemented to address the deficits. Improvements include but are not limited to the following:

* review of all consumers’ care plans, risks assessments and independent outing forms;
* audit of all consumer rooms to ensure the service has captured all equipment/devices used by consumers;
* training for staff including in relation to protocols and risk procedure;
* conduct a series of workshops in partnership with the local allied health team.

After reviewing the evidence and information presented in the Assessment Team’s report and the provider’s response, I find Requirement 2(3)(a) Non-compliant.

While I note the provider has taken action in response to the information raised in the Assessment Team’s report, the approved provider’s response did not include sufficient evidence that all deficiencies identified in the site audit report have been addressed.

I find assessment and planning does not inform the delivery of safe and effective care and services because the service does not complete comprehensive assessment of risks associated with the use of electric equipment and when consumers choose to go out independently, and risks mitigation strategies are not documented to guide staff in the delivery of safe and effective care. Two sampled consumer files reviewed by the Assessment Team, showed deficiencies in risk assessment process, lack of relevant assessments of consumers’ ability to safely use electric equipment and deficits in staff knowledge of the organisations’ systems and processes in relation to assessment of risks to inform safe care and services.

Accordingly, I find Requirement 2(3)(a) is Non-compliant.

I am satisfied the remaining Requirements 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) in this Standard are Compliant.

Consumers reported having a voice in their daily activities and the way their care and services are provided. They advised they have regular discussions with staff members to express their preferences.

The assessment and planning process includes the identification of consumers' wishes and goals regarding advance care planning and end-of-life (EOL) planning. Staff were able to describe the care and interventions provided during the end-of-life stage, including emotional support, mouth and eye care, repositioning, and additional lifestyle interventions such as music and scents. The service has a policy in place to guide staff through the end-of-life process, and documentation is monitored to ensure that consumers' wishes are respected.

Assessment and planning is conducted by staff in collaboration with consumers and representatives. Documentation demonstrates representatives are informed about any changes in consumers' assessments and care plans, and consumers are provided with information regarding family involvement upon entry. The organisation has policies to inform staff about the process of conducting assessments in partnership with consumers and representatives.

Staff described how consumers and/or representatives are involved in the assessment and care planning process upon entry and on an ongoing basis through conversations, phone calls, or emails. They also described the involvement of other professionals such as physiotherapists and dietitian in providing care to consumers. Care plans and progress notes indicate the involvement of allied health professionals, with access to the electronic documentation system.

Care plan evaluations confirm that consumers and/or their representatives are contacted during the reassessment process. Clinical staff described how they achieve effective communication of assessments and care plans with consumers and representatives, including through providing access to care plans and through the "Resident of the Day" process facilitating conversations between staff and consumers about their care and services. The organisation has policies and procedures in place to guide staff in effective communication.

Consumers and representatives interviewed expressed satisfaction with the level of communication from staff members regarding the outcomes of assessment and planning. They were aware of care plan documents and confirmed that staff members discussed these documents with them.

Care and services undergo reviews to assess their effectiveness. The reassessment and review process ensures that all care plans, including consumers' needs, goals, and preferences, are updated and reflective of their current care requirements. Consumers and representatives interviewed expressed satisfaction with the level of communication from staff members regarding the outcomes of assessment and planning. They confirmed their involvement and contact regarding all changes to assessments and felt comfortable providing additional feedback when needed.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Non-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 assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

**Requirement 3(3)(c)**

The Assessment Team found the service was unable to demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved, specifically in relation to the care of one consumer. The Assessment Team provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* Care file review of one consumer showed documentation in relation to end-of-life medication administered through a continuous subcutaneous infusion was not accurately maintained.
* Medical officer’s directives in relation to administration of ‘as required analgesia’ in addition to medication administered through continuous infusion were not followed leading to the consumer’s discomfort.
* The consumer’s representative lodged a complaint through the external complaints handling mechanism in relation to end of life care provided to the consumer. The complaint was investigated by the service resulting in a number of planned continuous improvement initiatives, including providing training to staff, reviewing the end-of-life process and relevant documentation and improving communication with the community palliative care team.

The provider’s response acknowledges deficits in the end-of-life care delivered to the above-mentioned consumer. However, highlights the fact the plan for continuous improvement was already in place prior to the site audit with pending final evaluation post continuous improvement activities.

* The provider expressed its disappointment that a full review of the end-of-life process did not occur and other consumers’ files provided to the Assessment Team during the site audit have not been acknowledged in the Assessment Team’s report. In addition, staff were able to describe the improvement processes that were being undertaken at the service with the Assessment Team.
* Copies of emails and thank you cards in the provider’s response evidence positive feedback from some families of consumers who received end of life care at the service.

After reviewing the evidence and information presented in the Assessment Team’s report and the provider’s response, I find Requirement 3(3)(c) Non-compliant.

I acknowledge the continuous improvement actions commenced at the service in response to the consumer representative’s complaint and acknowledge positive feedback provided to the service from some families in relation to their experience with the end-of-life care provided to consumers. However, I was not provided sufficient evidence in the provider’s response to satisfy me that the service has addressed all deficiencies identified in end-of-life care processes.

Whilst the provider’s response includes evidence of delivering training to all staff in relation to end-of-life care, including effective communication with families, external service providers and importance of accurate documentation and continuous subcutaneous infusion management, the effectiveness of these improvements have not been evaluated.

In addition, I have considered the service did not identify opportunities for improvement in the end-of-life care process until after they received a complaint from a family following the consumer’s passing indicating deficiencies in how the service itself reviews the effectiveness of the end-of-life care and the response did not show that improvement initiatives included monitoring processes.

Accordingly, I find Requirement 3(3)(c) is Non-compliant.

I am satisfied the remaining Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) in this Standard are Compliant.

# Consumers and representatives expressed confidence that consumers receive safe care. They said staff have a good understanding of consumers' needs and would promptly recognise, report, and manage any health or well-being issues. Staff demonstrated knowledge about consumers' care needs, which was evident in their care plans.

# In response to the Assessment Team's findings regarding three medication incidents where a consumer did not receive medication for their diabetes diagnosis, the service took immediate action. They implemented measures to prevent such incidents from occurring again, such as contacting the agency staff provider, initiating a monthly audit of high-risk medications and reviewing all diabetic management plans.

# The service effectively manages high-impact or high-prevalence risks associated with the care and services provided to each consumer, including the management of changed behaviours and falls. Consumers confirmed that they receive the necessary care. Staff demonstrated a good understanding of consumers’ care needs and were aware of those at high risk, implementing strategies to ensure their safety, as reflected in consumers' progress notes and care plans. Staff confirmed that they have received training in high-risk areas. The organisation has policies and procedures to guide staff in providing safe and effective care to all consumers.

# Weekly high-risk meetings are conducted, discussing all consumers on the high-risk register, including new consumers, those at high falls risk, those with infections, pressure injuries, COVID-19 positive consumers, and changed behaviours. Staff are knowledgeable about monitoring and responding to consumers' decline in mental health, cognition, or physical function in a timely and effective manner. They have received training on identifying and responding to a decline in a consumer's health status. Clinical staff provided examples of assessments and timely actions taken when consumers have experienced a fall and required hospital transfer due to a decline in physical function. The service has policies and procedures to guide staff in recognising and responding to deterioration in consumers' health.

# Information is effectively communicated within the service. Consumers have a care plan and a summary care plan, enabling staff to address any concerns promptly. Staff members are regularly informed of any changes in consumers' health, condition, and needs through the handover process and alerts on the service's documentation computer system. Staff confirmed they are well-informed about any changes in consumers' health and needs on a daily basis.

# Care staff confirmed the use of a paper-based handover sheet to record any changes in consumers, ensuring that all relevant information is captured and transferred to the clinical staff on the floor. The handover sheet includes the 'Stop and Watch' guidelines for staff to monitor consumers, which involves assessing if the consumer appears different than usual, communicates less, requires more help overall, experiences new or worsening pain, has weight changes, is more agitated or nervous than usual, feels weak, confused, or drowsy, or exhibits changes in skin colour or condition.

# Referrals to allied health specialists, medical officers, and external specialists are completed promptly, and consumers are reviewed as necessary. The organisation has internal allied health specialists, including an exercise physiotherapist, pastoral care provider, dietitian, speech pathologist, and occupational therapist, who contribute to timely reviews of consumers.

Documentation showed the service monitors, analyses and reports on infections and antimicrobial usage monthly. Consumer care files evidenced appropriate assessments by staff and reviews by medical officers, supporting appropriate antimicrobial prescription.

# Standard 4

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

Findings

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

Consumers interviewed said the service supports them in maintaining their independence to do the things they wish to do. Consumers and representatives advised they believed the care consumers receive and the lifestyle supports optimises independence, health, well-being and quality of life. Lifestyle staff described a wide range of activities and services for consumers and how the service supports consumers well-being and quality of life through regular bus trips, happy hour, pet visits and regular resident meetings.

Consumers interviewed said they are supported to practice their religious beliefs and attend regular church services held by an Anglican priest. An Anglican Chaplain provides emotional and psychological support for consumers and their families, regardless of religious beliefs. Information on admission is obtained about consumers’ religious affiliations and are integrated into their care plans. Staff were able to explain how they provide emotional support for consumers who require support.

Consumers were observed to be participating in their community inside the service with staff and each other. Consumers said they are supported in maintaining their connections outside the service in the community and participating in activities within the service. The service supports and enables consumers to maintain social and personal relationships.

The activity calendar shows lifestyle engage with a variety of external providers to complement the lifestyle program, such as beauty therapy, local musicians during happy hour and community volunteers who provide one-on-one engagement with consumers.

Consumers and representatives confirmed consumers’ needs and preferences are well understood by care staff and other relevant services. Consumers’ needs and preferences are communicated throughout the service and with others involved in their care through meetings, care documentation, staff handover, referrals to external services, handover sheets and electronic systems.

Consumers are referred to other organisations and providers to meet their individual needs and preferences. Care documentation shows the service works in cooperation with external providers to support the variety of needs of consumers. Documentation showed referrals are made to outside organisations, as required, for emotional, spiritual and psychological support.

All consumers interviewed expressed satisfaction with the food, and said they have access to other food choices.

The service is providing meals of suitable quality and quantity that most consumers and representatives were satisfied with. Alternatives to meals were available, and staff listened to feedback and suggestions which were offered at bi-monthly Food Focus Groups and monthly Dining Experience audits. Staff were able to describe how they create an engaging atmosphere at mealtimes. Consumers’ dietary needs and preferences are assessed on which food they like or dislike, allergies, food textures and fluid thickness.

Consumers said they felt safe when they are using equipment and equipment is easily accessible and suitable for their needs. Staff described how to escalate issues to maintenance staff who undertake proactive and reactive maintenance of equipment provided. Lifestyle staff said they always had enough equipment for activities, and it was always maintained.

# Standard 5

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

Findings

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

Consumers reported that they can personalise their rooms and furnish them with their own belongings. The hallways and common areas within the service were well-lit, decorated with posters and artwork, and provided sufficient space for consumers to move around. Clear signage was also observed throughout the service, making it easy for consumers to navigate.

During observations, consumer rooms were found to be personalised and furnished with the consumers' own furniture, artwork, and pictures. All consumer rooms were spacious, equipped with private or shared ensuites, and featured smart televisions with access to Wi-Fi networks. The communal areas were also spacious, well-furnished, and provided sufficient seating. They were designed to create a welcoming environment, featuring televisions, pianos, and fireplaces.

The service was observed to be well-maintained and clean with wide and unobstructed corridors. Cleaning staff were observed regularly cleaning consumer rooms and communal areas. Consumers were observed moving freely throughout both indoor and outdoor areas of the service. Documentation demonstrated the implementation of preventative and reactive maintenance and cleaning schedules. Communal areas were consistently cleaned multiple times a day, paying particular attention to high-touch areas. Staff said the service environment is monitored through scheduled maintenance, cleaning schedules, environmental audits, and consumer feedback.

Furniture, fittings, and equipment were found to be safe, clean, and well-maintained. The service has systems for both preventative and reactive maintenance, managed by maintenance staff. Staff were knowledgeable about how to identify and report hazards. Records indicated that furniture, fittings, and equipment were regularly cleaned and maintained.

# Standard 6

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

Findings

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

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

The Assessment Team recommended Requirement 6(3)(d) as Not Met. The service has various policies and procedures in relation to feedback and complaints, however, the service did not demonstrate how they review, monitor, analyse and trend all feedback and complaints to improve the quality of care and services. The Assessment Team provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* One consumer’s complaint was not logged on the Feedback and Complaints Register but was recorded in a progress note.
* A review of the Feedback Resolution and Trending Reports showed these were not comprehensive and lacked analysis and trending.
* One handwritten feedback was logged on The Feedback and Complaints Register. However, was only recorded as actioned approximately 2 months after the compliant was lodged.

Whilst the provider acknowledges improvements are required in relation to analysis and trending of feedback and complaints, they assert the service reviews and uses feedback and complaints to improve the quality of care and services, including through a new mechanism introduced in 2022. This process involves an external call centre surveying a large number of family members to gain their feedback and capture complaints. This year’s survey was occurring during the site audit. The provider states the report shows a decrease in urgent escalations and follow-ups.

In relation to the consumer’s complaint that was recorded in a progress note, this feedback was assessed as low risk, hence recorded in a consumer file and had been actioned. In relation to the complaint actioned 2 months after it was lodged, the delay was in relation to missing items that took staff one month to be located. The issue has been resolved to the complainant’s satisfaction.

The service is planning to undertake a robust education session to relevant staff on report trending, feedback acknowledgment and timely actioning of paper-based feedback forms.

After reviewing the evidence and information presented in the Assessment Team’s report and the provider’s response, I find Requirement 6(3)(d) Non-compliant.

I acknowledge additional information in the provider’s response showing the outcomes of surveys completed during the site audit. However, whilst the survey provides information about families’ views on the quality of care and services, including complaints and specific feedback on how these could be improved, I was not provided evidence in the prover’s response demonstrating improvements have been implemented in response to the feedback and complaints received by the service.

I have also considered the Assessment Team’s finding that the Feedback Resolution and Trending Reports did not demonstrate trending and analysis. I consider, without trending and analysis, the service misses an opportunity to identify systemic issues or take targeted actions for improvement.

Lastly, I considered information in the Assessment Team’s report in Requirement 6(3)(c) which states two consumers expressed dissatisfaction with feedback and complaints mechanism and that nothing changes when they raise issues. Whilst the report does not specify details of the consumers’ complaints, their feedback further supports my finding the service is not effectively using feedback to improve the quality of care and services.

Accordingly, I find Requirement 6(3)(d) is Non-compliant.

I am satisfied the remaining Requirements 6(3)(a), 6(3)(b) and 6(3)(c) in this Standard are Compliant.

Consumers, representatives, and staff indicated that they were aware of the different channels available for making complaints or providing feedback. These mechanisms included feedback forms located throughout the service, consumer meetings, surveys, and direct communication with the service's leadership team. Staff showed knowledge of the feedback and complaints process and mentioned addressing issues in real-time or escalating them to the nursing staff.

Most consumers and representatives stated that they felt comfortable raising feedback or complaints verbally with staff and were familiar with the availability of feedback forms. Upon entering the service, consumers and representatives are informed about advocates, language services, and other means of raising complaints through the admission process and accompanying documentation. Staff said they communicate with consumers and their families to assist in cases where there are communication difficulties or language impairments, ensuring effective communication and resolution of complaints. Noticeboards throughout the service provided information on external complaints and advocacy services.

The Charter of Aged Care Rights, which contains information on advocacy and methods for resolving complaints internally and externally, was included in the admission information pack and the Residential Services Agreement. Staff demonstrated an understanding of open disclosure and the importance of acknowledging when mistakes occur, and this topic was discussed in various staff meetings.

Whilst some consumers and representatives expressed satisfaction with the actions taken in response to their complaints, two consumers advised nothing had changed when they raised complaints and they stopped complaining as a result.

# Standard 7

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

Findings

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

The service demonstrated effective workforce planning to ensure the provision of safe and quality care to consumers. Consumers and representatives expressed satisfaction with staffing levels and acknowledged the service's ability to meet their needs. Processes are in place to consider both staffing levels and the skill mix of employees based on consumer acuity. Most staff members reported sufficient staffing and systems to cover vacancies. Management said rosters are regularly reviewed and adjusted as needed in consultation with staff. Response times to call bells are monitored and any delays are investigated.

Management demonstrated a system for workforce planning and management that is continually reviewed to meet consumer needs. Factors such as consumer acuity, complex needs, feedback, and call bell data are considered when assessing staffing allocation and skill mix.

Consumers and representatives provided positive feedback about staff, saying they always show kindness, care, and respect towards consumers. Consumers stated that staff members know them well and understand what is important to them.

Consumer preferences and cultural requirements are documented in care plans to guide staff, and staff demonstrated familiarity with individual consumer needs. Management advised they seek peer feedback on staff practices, and staff confirmed feeling comfortable approaching management if they believed consumers were being mistreated.

The service demonstrated effective monitoring and assessment of staff competence in their roles. Consumers and representatives expressed confidence in the competency of both care and clinical staff, highlighting their understanding of consumer care needs and the ability to meet complex needs, preferences, and goals. Staff confirmed they are supported by management and provided with the necessary tools and training to perform their duties confidently. The organisation has processes in place to monitor and assess the qualifications and registrations of its workforce, ensuring they align with the specific requirements of their roles.

Consumers and representatives expressed satisfaction with the level of training provided to staff. Organisational policies and procedures support recruitment and training, including screening processes prior to employment. Staff confirmed completing induction upon commencement and receiving ongoing training. Management reported a centralised recruitment team facilitates recruitment processes in collaboration with on-site personnel.

The service demonstrated regular assessment and monitoring of staff performance through annual performance reviews. Staff confirmed ongoing monitoring of their work practices by supervisors and performance reviews conducted by management. Staff files provided evidence of ongoing performance monitoring and actions taken when staff conduct did not align with the organisation's values.

Staff confirmed their participation in probationary and annual performance appraisals, where they can discuss their performance and identify areas in which they would like further support. They confirmed that performance appraisals have been consistently conducted.

# Standard 8

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

Findings

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

**Requirement 8(3)(d)**

The Assessment Team recommended Requirement 8(3)(d) in this Standard as Not Met. Effective risk management systems and practices were not demonstrated in relation to supporting consumers to live the best life they can. The Assessment Team found the service did not display adequate systems and processes were consistently applied and monitored and provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* The Supporting Resident/Client Self Determination Procedure was not clear in relation to specific steps and process and a clear responsibility for the ongoing monitoring and review of risk activities.
* A review of three sampled consumer files showed they did not contain accurate and comprehensive information in relation to the risks to the consumers’ health and well-being associated with the activities of their choice. The consumers’ care plans did not provide directions to staff to ensure all risks are mitigated and minimised.

The provider responded to the Assessment Team’s findings and provided a plan for continuous improvement with some improvement activities being completed and others due to be completed by the end of June 2023.

The provider reviewed its Supporting Resident/Client Self Determination Procedure and included a flow chart to guide decision making. The Risk Discussion Tool has been reviewed to improve quality of risk management documentation and is awaiting final approval. Consultation with the relevant key personnel regarding risk management documentation is scheduled at the next Operations Forum.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of Not Met and find the service Compliant with this Requirement. I find the evidence does not demonstrate a systemic failure of the service’s risk management systems.

While accurate risk assessments for consumers’ activities of choice are crucial components of risk management, the deficiencies described in the Assessment Team’s report specifically relate to the failure to accurately assess risks associated with these activities for three consumers. Therefore, the focus of the deficiencies is more directly related to the assessment and planning process rather than the broader organisational governance.

I have also considered that the service has acknowledged there is an opportunity to improve clarity of the Self Determination Procedure and supporting tools and have initiated remedial actions, including the review and update of these documents.

Lastly, I considered evidence and information in the Assessment Team’s report showing the service has a risk management framework with references links to other policies and procedures, such as Risk Management policy, Clinical Governance Framework and Incident management procedure. Incidents are logged, investigated, and analysed to identify opportunities for improvements. Staff confirmed having received relevant training and demonstrated their awareness of reporting obligations of incidents under the Serious Incidents Response Scheme. A review of Board meeting minutes evidenced discussion of various risks, including clinical and non-clinical matters.

Accordingly, I find Requirement 8(3)(d) is Compliant.

I am satisfied the remaining Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e) in this Standard are Compliant.

Consumers and representatives are actively supported to participate in the development, delivery, and evaluation of care and services through various feedback mechanisms. These include care plan evaluations, consumer meetings, surveys or forums, and the involvement of resident representatives within the service. Management mentioned additional methods of engagement such as newsletters, noticeboards, email distribution, and feedback and complaints processes.

All sampled consumers expressed feeling safe living at the service and overall, they believed that it was well-managed. The organisation has established frameworks, policies, and procedures that outline responsibilities, accountabilities, care and service expectations, and multiple reporting mechanisms to ensure the Board and associated committees are aware of and are accountable for the delivery of care and services.

The governing body of the organisation consists of an 8-member Board, including professionals such as a doctor, pharmacist, and financial specialist. The Board members attend monthly Service Committee meetings, which also include the Chief Executive Officer (CEO) and other members of the executive team. Management mentioned that all Board members undergo mandatory training, covering topics such as SIRS (Serious Incident Response Scheme), Aged Care Quality Standards, and restrictive practices.

The consumer handbook clearly outlines the organisation's commitment to providing safe and quality care and services, including a focus on diversity, inclusivity, and creating a culturally safe environment. This commitment was supported by feedback from consumers and representatives regarding the delivery of care and services.

The organisation has implemented governance-wide systems, including a governance framework, monitoring systems, assigned delegations and accountabilities, and policies and procedures. Information systems and processes are in place to ensure that staff and management have access to relevant and up-to-date information necessary to perform their roles effectively. Management described the annual financial planning process and financial delegation systems for out-of-budget expenditure, providing examples such as equipment and new furniture procurement.

Processes are in place to support the organisation in selecting, training, and supporting staff to uphold the organisation's values and meet the job specifications of each role. The organisation maintains memberships with peak bodies to monitor changes to aged care laws and ensure compliance with regulatory obligations.

The organisation has implemented a clinical governance framework that includes policies, work instructions, and staff training requirements across various areas such as antimicrobial stewardship, medication administration, restrictive practices, and open disclosure. Staff receive regular training on these policies and procedures, and there is ongoing monitoring and review of clinical care practices. The documentation reviewed demonstrated regular reporting and analysis of clinical outcomes data to identify areas for improvement and ensure the provision of safe and effective clinical care.

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)