Performance

Report

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| Name of service: | The Views at Heidelberg |
| Service address: | 2-6 Lower Plenty Road HEIDELBERG VIC 3084 |
| Commission ID: | 3127 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 23 March 2023 |
| Performance report date: | 23 May 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 Views at Heidelberg (**the service**) has been prepared by   
D. McDonald 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 8 May 2023 including a plan for continuous improvement.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

* **Requirement 1(3)(a)** – The service ensures each consumer is treated with respect by providing continence care which promotes their dignity.
* **Requirement 3(3)(a)** - The service ensures tailored continence care and manual handling are provided according to the needs of consumers and use of restrictive practices is applied as per best practice.
* **Requirement 4(3)(a)** – The service ensures the leisure and lifestyle program provided, including to consumers with cognitive impairment, meets their individual needs and preference to optimise their independence and quality of life.
* **Requirement 6(3)(c)** – The service ensures all feedback or complaints are identified, reported, escalated and actioned appropriately to address concerns in a timely manner and open disclosure is practiced when things go wrong.
* **Requirement 6(3)(d)** – The service ensures the feedback and complaints received from staff, consumers and their representatives, informs activities to improve the quality of care and services.
* **Requirement 7(3)(a)** - The service ensures there is sufficient workforce deployed to deliver care which is safe and effective in meeting the needs of consumers.
* **Requirement 7(3)(b)** – The service ensures interactions with consumers are kind, caring and respectful.
* **Requirement 7(3)(c)** - The service ensure the competency of the workforce is assessed and monitored to ensure staff have the knowledge and qualifications to perform their roles.
* **Requirement 7(3)(e)** - The service ensures systems and process are in place and implemented to regularly assess, monitor and evaluate the performance of the workforce, including when performance issues are identified.
* **Requirement 8(3)(a)** - The service embeds systems and process to ensure consumers and representatives are involved in the development, delivery, and evaluation of care and services.
* **Requirement 8(3)(c)** - The service ensures effective continuous improvement, workforce governance, regulatory compliance, feedback and complaints systems and processes are established and implemented.
* **Requirement 8(3)(d)** - The service ensures its risk and incident management systems are implemented effectively to identify, report, monitor and investigate incidents, including those of a serious nature, to minimise further reoccurrence.

# 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. | Non-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 recommended Requirement 1(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in continence care, for consumers with cognitive and physical impairments, which had adversely impacted consumers’ dignity with a named consumer advising insufficient continence aids were supplied to meet their needs, they went without aids and had voided in a public place causing them embarrassment.

For another 2 named consumers, they or their representative confirmed they were not promptly assisted with toileting when required and often remained in soiled continence aids for long periods of time and at times presenting as ‘wet’.

Consumers were also observed to wait up to an hour when calling for toileting assistance, frequent episodes of incontinence were evidenced in continence monitoring records with toileting assistance having only been provided once per shift.

I have considered the deficiencies relating to provision of tailored continence support under Requirement 3(3)(a) and the sufficiency of workforce to assist with continence care under Requirement 7(3)(a) where they are more relevant.

The provider’s response dated 8 May 2023 did not refute the findings of the Site Audit report and a plan for continuous improvement which outlined the corrective actions taken, commenced, or planned to remedy the deficiencies was submitted. The proposed remedial actions included reviewing the continence needs of all consumers to ensure care and support provided promotes the consumers dignity, providing additional education to staff on continence, assistance alert systems, person centred care and establishment of monitoring systems to increase oversight of the quality of care provided to consumers.

While the provider has advised responsive actions have been commenced, these are yet to be completed, embedded or evaluated to demonstrate their effectiveness in improving consumers being treated with dignity and receiving care which is respectful.

Therefore, I find Requirement 1(3)(a) to be non-compliant.

I find the remaining 5 requirements of Quality Standard 1 compliant as:

Consumers said care and services were tailored to respect their culture, religion, identity and beliefs. Staff were knowledgeable of how consumers’ cultural and religious preferences influenced their care. Care documentation reflected consumers’ diverse practices and choices.

Consumers gave positive feedback regarding the support provided to them when deciding how or which personal relationships they wished to maintain including who was involved in their care. Staff described the processes to identify and update consumer choices when required. Care documentation evidenced consumer choice which supported independence.

Consumers advised they are supported to take risks and staff demonstrated knowledgeable of ways in which to manage those risks. Care documentation reflected risk assessments, informed consent signed by consumers, risk mitigation strategies, ongoing monitoring and review.

Consumers and representatives said they received current, accurate and timely information regarding care and services during meetings. Management confirmed information was also shared through newsletters, menus and activity calendars. Consumer meeting minutes and schedules were displayed on noticeboards.

Consumers said staff respected their privacy and personal information. Staff were observed knocking on doors, seeking consumer permission prior to entry and closing doors prior to care delivery. Consumer information was secured inside locked nurses’ stations and stored on password protected computers.

# 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

Care documentation evidenced consumer risks such as falls, pressure injuries, weight loss and behaviour were assessed in consultation with allied health professionals, from which management strategies were developed. Staff were knowledgeable of consumers’ risks and interventions as documented in care plans.

Consumers and representatives said the service was aware of consumers’ needs, goals and preferences, including having discussed end of life care. Staff were aware of consumers’ specialised care needs and preferences. Care documentation included the consumers advance care wishes, where stated.

Consumers and representatives confirmed they were involved in assessment and planning of care and services. Staff advised of ongoing communication with consumers and representatives during care planning and review processes and care documentation evidenced integrated and coordinated assessment and planning, inclusive of medical officers, specialists, and allied health professionals.

Consumers and representatives said the service communicated outcomes of assessment, planning and they could access copies of care plans. Staff confirmed communicating assessment and planning outcomes during handovers or through the electronic care management system, and care documentation evidenced copies of plan were offered during care consultations.

Consumers and representatives provided positive feedback regarding review of consumers’ care and services including being given the opportunity to discuss changes. Staff confirmed they included consumers and representatives in the review of care and service plans and contacted representatives following incidents. Care documentation reflected reviews undertaken every 3 months, in response to changes to consumer health, or following incidents.

# 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. | Non-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 assessment team recommended Requirement 3(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced deficiencies in the provision of tailored continence care for 5 named consumers, as minimal toileting assistance was provided each day and had resulted in those consumers having episodes of faecal incontinence, between 6-37 times each, over a 30-day period.

Staff described occasions where they had observed another staff member using unsafe manual handling practices by transferring a consumer with a hoist without additional staff support, placing the consumer at risk of falling during the transfer. Additionally, an agency staff member did not demonstrate knowledge of a consumer’s manual handling needs and were also observed, applying a mechanical restrictive practice to the consumer, without authorisation or consent.

In response to the deficiencies identified and to reduce the risk to consumers, staff were immediately advised to implement consistent toileting routines for all non-ambulant and cognitively impaired consumers with training sessions on continence care, manual handling and restrictive practices scheduled. A review of onboarding processes for agency staff was also proposed.

The provider’s response and plan for continuous improvement also outlined remedial activities aimed at increasing the oversight of care provision through the implementation of broader team meetings and the development of monitoring processes to ensure all agency staff complete an orientation.

While the provider has advised responsive actions have been commenced, these are yet to be completed, embedded or evaluated to demonstrate their effectiveness in ensuring continence care, manual handling and restrictive practices are tailored to the needs of consumers.

Therefore, I find Requirement 3(3)(a) to be non-compliant.

I find the remaining 6 requirements of Quality Standard 3 compliant as:

Consumers and representatives said high-impact or high-prevalence risks, such as falls, weight loss and skin integrity were effectively managed. Staff were knowledgeable of consumers’ risks and responsive care strategies. Care documentation evidenced identification, intervention and monitoring of consumers’ high-impact or high-prevalence risks for weight management, pain and behaviour.

Care documentation evidenced care provided during palliation, was aligned with consumers needs and preferences, with support provided from palliative care providers. Staff described care which controlled end of life symptoms and reduced discomfort. Policies, procedures and pathways guided staff in end of life care.

Consumers said staff recognised and promptly responded to changes in their condition. Staff followed procedures to respond to and escalate clinical incidents which were regularly reviewed. Care documentation evidenced changes in consumers’ condition were identified and escalated to senior staff, or the consumer was transferred to hospital, if required.

Consumers provided positive feedback regarding staff understanding their needs and the sharing of information between those involved in their care. Staff were observed sharing information at handover and within the electronic care management system. Care documentation evidenced the exchange of information between staff and health professionals.

Consumers and representatives said consumers had access to allied health professionals and other health providers when required. Staff were knowledgeable regarding referral pathways. Care documentation reflected timely and appropriate referrals, including records of specialists’ ongoing review of consumers’ progress.

Staff described minimising the risk of infection by hand washing, cleaning and isolating infectious consumers, and confirmed participating in infection control training. Vaccination rates and antibiotic use were monitored and reported to the governance board and staff were guided by an infection prevention and control lead officer. All visitors were observed to be screened for infection upon entry.

# 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. | Non-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 recommended Requirement 4(3)(a) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced consumers were not receiving services and supports which optimised their quality of life as representatives advised and observations confirmed consumers with dementia were disengaged as they had not been assisted to attend activities, were provided with limited activities or were provided with activities which did not align with their interests or preferences.

Consumers with cognitive impairments, were observed to be placed in front of the television for extended periods of time with representatives confirming this occurs frequently. Representatives also confirmed consumers have been placed in front of a television which was not turned on, the screen had frozen, or the program being watched would not be of interest to the consumer.

While leisure and lifestyle information captured in consumers care documentation was evidenced to be individualised with activities specific to each consumer’s cognitive decline and demonstrated currency through recent review, representatives confirmed, if a consumer is supported to attend activities, they are unable to engage as the current activities delivered, have not been modified to meet their cognitive needs.

The provider’s response did not refute the findings and affirmed responsive actions included undertaking recruitment activities to engage additional lifestyle staff, survey consumers to understand their interests to inform the development of a new leisure and lifestyle program with particular focus on cultural and dementia specific activities. Additionally, staff will be required to complete dementia essentials training provided by dementia specialist organisations.

While the provider has identified responsive actions have been commenced, these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure a diverse lifestyle program is implemented which supports and optimises the quality of life including for consumer with cognitive decline.

Therefore, I find Requirement 4(3)(a) to be non-compliant.

I find the remaining 6 requirements of Quality Standard 4 compliant as:

Consumers said the service supported their spiritual, emotional and psychological well-being. The service’s pastoral carer described providing spiritual guidance and emotional support to consumers when required. Care documentation evidenced responsive support strategies to address consumer’s emotional needs.

Consumers said they participated in a variety of activities of interest to them within the service and the community. Staff described how they support consumers to engage in activities of interest, including connecting consumers to activity facilitators. Consumers were observed participating in various events, including coffee club and bingo, while others were observed to be disengaged.

Staff confirmed sharing and having access to information regarding consumers’ needs and preferences through handovers and the electronic care management system. Care documentation evidenced information shared amongst staff and allied health professionals regarding consumers’ condition, needs and preferences.

Staff demonstrated knowledge of referral processes. Care documentation evidenced consumers had been referred to various support organisations and visiting specialists were observed providing support to consumers. Consumers confirmed referrals were undertaken when required.

Consumers gave positive feedback on the variety, quality and quantity of meals provided. Staff were knowledgeable of consumers’ preferences and dietary requirements, and advised a new menu was being trialled in response to consumer feedback. Care documentation reflected consumer dietary needs and preferences.

Consumers said the equipment was clean and they felt safe using it. Staff confirmed equipment was available to meet consumer needs and knew how to request repair or maintenance. Consumers were observed using equipment suited to their needs and records confirmed preventative and responsive maintenance was undertaken, as required.

# Standard 5

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

Findings

Consumers and representatives confirmed the service environment was welcoming, easy to navigate and optimised the consumers’ sense of belonging and independence. The service consisted of private apartments across three floors, with each apartment including a dining area, kitchenette and lounge. Each floor had seating, balconies and garden access and rooms were observed to include personalised items.

Consumers said the service was clean and well-maintained, which aligned with observations. Cleaning schedules evidenced daily cleaning which was monitored and reviewed to meet consumer expectation. Consumers were observed moving freely throughout the service environment.

Consumers indicated furniture, fittings and equipment were safe, clean and maintained. Staff confirmed adequate supply of equipment for consumer needs and demonstrated accessing maintenance systems to register requests. Staff said they routinely undertake inspections to assess repair or maintenance needs.

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

The assessment team recommended Requirement 6(3)(c) and 6(3)(d) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced complaints relating to the provision of care and services, the conduct of staff and ongoing concerns with the leisure program or staffing model had either not been recorded, actioned, or used to improve the quality of care and services received by consumers. Additionally, deficits in staff knowledge and application of open disclosure were identified.

For 2 named representatives, they confirmed raising complaints with staff, which were then either not escalated or acted upon, resulting in repeated occurrences of the consumers being found to have partially rolled out of bed or toileting assistance not being provided when needed. For another 2 named representatives, they confirm despite raising ongoing complaints in relation to the leisure program and the sufficiency of staff deployed, their ongoing feedback has not resulted in improvements.

Staff confirmed they have also raised complaints in relation to staff conduct, poor manual handling practices and the ineffectiveness of the staffing model, and these concerns have not been handled as a complaint, been addressed effectively or promptly by management. While management confirmed continuous improvement actions had been initiated to address workforce sufficiency, actions in response to poor staff performance, which placed consumers at risk, were not commenced at the time the complaints were lodged nor were improvement actions initiated when subsequent concerns were raised.

The complaints documentation evidenced some of the complaints described by consumers, representatives and staff had not been recorded, open disclosure had not been consistently applied and where actions were recorded as completed, representatives confirmed the actions had not been effective. Continuous improvement documentation supports improvement actions for the leisure program and staffing have remained on the plan for long periods of time and based on consumer and staff feedback remain unresolved.

The provider did not refute the findings and submitted a plan for continuous improvement with their response, which included remedial actions of providing staff with refresher training on open disclosure, implementing strategies to increase awareness of and actions taken in response to complaints through data monitoring and discussion of complaints at staff meetings. Additional proposed actions included a complaint updates section within consumer newsletters, a feedback noticeboard installed and increasing the frequency of management reviews to ensure improvement progress is actively monitored.

While the provider has identified responsive actions have been commenced, some of these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure prompt action is taken in response to complaints, open disclosure is practised, and feedback is used to improve care and services provided to consumers.

Therefore, I find Requirement 6(3)(c) and Requirement 6(3)(d) to be non-compliant.

I find the remaining 2 requirements of Quality Standard 6 compliant as:

Consumers and representatives said they were supported to provide feedback or make complaints and knew the process. Management described the feedback and complaint processes, including feedback forms, meetings, handovers and surveys. Consumer meeting minutes reflected decisions made in response to feedback and complaints.

Consumers and representatives said they were aware of external advocacy and complaint services which they could access. Staff were knowledgeable of available advocacy services to support consumers with diverse needs. Brochures, newsletters, feedback forms and consumer handbooks promoted internal and external advocacy and complaints support mechanisms.

# 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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. | Non-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. | Non-compliant |

Findings

The assessment team recommended Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 7(3)(a), the Site Audit report evidenced deficiencies in the number of staff available to assist consumers with their toileting, manual handling, meals, personal care and to support their mobilisation.

For 6 named consumers, they or their representatives advised, consumers wait for extended periods of time to be assisted to the toilet, they are unable to be transferred from bed or showered in line with their preferred daily routine and they miss out on activities, as staff are unavailable to take them or if they do not serve their own meals. A named representative, confirmed, they attend the service to provide the consumer with meal support as staff are rushed and do not have the time to sit with the consumer until they finish their meal in its entirety.

Staff reported the current staffing model is not working and due to the allocation of one care staff per apartment, there are delays in attending to consumer needs, particularly for consumers who require 2 staff to assist, as they wait for another staff member to come from other areas of the service to assist.

Staff also confirmed they are unable to meet consumers showering preferences and instead provide a sponge wash, consumers one to one support needs are not met, activities are not able to be delivered as they are busy attending to consumers care needs and for those staff who are able to administer medications, they are often called away to other apartments, impacting on the provision on care within their allocated apartment.

Consumers were observed to experience delays of up to an hour when seeking staff assistance and staff were observed to be unable to assist a consumer with the consumption of their meal, instead assisting the consumer sporadically, in between completing other tasks.

The provider’s response confirmed the clear dependencies between the workforce allocated and the deficiencies in care and services identified in the Site Audit report. A plan for continuous improvement and their response confirmed remedial actions had been commenced to manage the risk including recruiting additional staff through bulk recruitment rounds, placing a hold on new consumers entering the service until staffing levels were stabilised, allocating additional care staff to support consumers, implementing a registered nurse led medication administration model, improving how staff are able to communicate between each other to improve their response times, ongoing recruitment activities and regular reviews of the roster. I also note strategies such as the release of rostering guidelines, roster reviews, roster huddles, monitoring of agency usage or unplanned leave, have been proposed to improve oversight of the workforce and to monitor the provision of care.

While the provider has identified responsive actions have been commenced, some of these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure a sufficient number and the right mix of staff are deployed to provide consumers with safe and effective care and services.

Therefore, I find Requirement 7(3)(a) to be non-compliant.

In relation to Requirement 7(3)(b), the Site Audit report evidenced deficiencies in workforce interactions with representatives describing some staff to be disrespectful, with their actions described as unkind, neglectful and have resulted in a named consumer becoming fearful.

For 3 named representatives, they confirmed they had lodged complaints in relation to the conduct of staff as they were discontent with their attitudes, described their conduct when providing care as poor, rough, manhandling, and neglectful. A named representative described incidences of where staff, had yelled at and reprimanded the consumer, for not doing as they asked and they had also witnessed staff physically moving the consumer’s limbs, without engaging with or advising the consumer, of what they were about to do.

Staff confirmed they had witnessed and reported actions by other staff which they alleged to be rough, and staff were observed treating consumers disrespectfully by continually moving a chair out of reach and locking the wheels of the consumer’s wheelchair to intentionally restrict their movement. Consumers were also observed to be placed in front of a television, for extended periods of time, with minimal or poor staff interaction, when they were showing signs of agitation.

The providers response confirms, the staff involved in the incidents above, were agency staff, they have informed the nursing agency and the staff are not to return to the service until an investigation has been completed. Additionally, the plan for continuous improvement includes further remedial education for staff on diversity and elder abuse awareness.

While the provider has identified responsive actions have been commenced, some of these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure staff interactions with consumers are respectful and kind.

Therefore, I find Requirement 7(3)(b) to be non-compliant.

In relation to Requirement 7(3)(c), the Site Audit report evidenced deficiencies regarding the monitoring of qualifications for new staff, the competency of agency staff and identified deficits in staff’s knowledge of the care needs of consumers.

For 2 named representatives they raised concerns regarding the competency of the workforce including in relation to the positioning of a consumer in bed, the lack of monitoring which occurred and resulted in the consumer being found to have partially rolled out of bed on two occasions.

Staff confirmed they have witnessed another staff member, place themselves and/or consumer at risk, through independently using a hoist to transfer a consumer and staff were observed, during the site audit, to inappropriately apply restrictive practices without consideration of the potential impact to the consumer.

While management advised, a human resource division was responsible for undertaking pre-engagement checks, these monitoring processes had not identified a staff member had failed to demonstrate they met the minimum requirements related to their employment.

The provider’s plan for continuous improvement included with their response confirms all employee files are to be reviewed against a list of probity documents to ensure all employees are assessed as suitable.

While the provider has identified responsive actions including the need to update the onboarding process used for agency staff to ensure their competence, knowledge of restrictive practices and manual handling techniques, these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure all staff have the required qualifications, knowledge and are competent to perform the duties of their role.

Therefore, I find Requirement 7(3)(c) to be non-compliant.

In relation to Requirement 7(3)(e), the Site Audit report evidenced deficiencies in the implementation of the organisation’s program utilised to review, monitor and assess the performance of the workforce.

While the organisation’s policies confirm staff are to complete an annual performance review, and when performance issues are identified, disciplinary actions are undertaken through performance improvement planning. There was no evidence to support performance appraisals had been conducted within the preceding 12 months and despite, complaints and reports of poor staff practice, performance management actions had not been initiated.

I note the provider’s response confirms, for 2 agency staff who were identified in reports of rough handling, manual handling incidents and applying unauthorised restrictive practice, they staff were stood down pending further investigation. The provider’s plan for continuous improvement included corrective actions of developing an annual performance review schedule, communicating this with staff and conducting meetings with each staff member.

While the provider has identified responsive actions these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure the performance of all staff is monitored, assessed and reviewed on an ongoing basis.

Therefore, I find Requirement 7(3)(e) to be non-compliant.

I find the remaining requirement of Standard 7 compliant as:

Consumers and representatives were confident permanent staff were appropriately trained to perform their duties. Staff confirmed participating in induction and annual mandatory training including a range of topics. Records evidenced high training completion rates and management confirmed they encouraged completion of outstanding training.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Non-compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-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. | Non-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 recommended Requirements 8(3)(a), 8(3)(c) and 8(3)(d) were not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 8(3)(a), the Site Audit report evidenced deficiencies in the consultation processes with consumers and/or their representatives enabling them to be actively involved in the evaluation of the care and services delivered to consumers.

Consumer and representatives confirmed they had raised concerns regarding the lifestyle program, the competency and sufficiency of staff available to support consumers and advised they felt that management had not listened or responded to their concerns.

The plan for continuous improvement reviewed during the Site Audit, evidenced the concerns regarding the lifestyle program and staffing prompted action items, to be recorded in the continuous improvement plan, in April and July 2022 respectively.

While management was able to show action items had been added to the continuous improvement plan, they confirmed these actions had not always been formulated adequately to address the concerns, they had not been actioned promptly and actions such as completion of a consumer lifestyle survey and designing activity programs for consumers with dementia, or who prefer to stay in their room, remained outstanding.

I acknowledge that actions taken since January 2023, including the scheduling of a consumer meeting each month and the distribution of a consumer newsletter has resulted in improvements to consumer and representative engagement, however consumers and representatives, ongoing concerns have supported findings of non-compliance in Requirement 4(3)(a), Requirement 6(3)(c), Requirement 6(3)(d), and Requirement 7(3)(a).

The provider’s response demonstrated further improvement actions to support consumer engagement are proposed, including increasing awareness of advocacy services, completing care evaluations in consultation with all consumers, providing additional mechanisms such as notice boards to improve consumer feedback and the introduction of quarterly surveys, however most of these are yet to be commenced.

While the provider has identified responsive actions these are yet to be commenced, completed, embedded or evaluated to demonstrate their effectiveness to ensure the consumers and their representatives are actively engaged in the design or evaluation of care and service delivery.

Therefore, I find Requirement 8(3)(a) to be non-compliant.

In relation to Requirement 8(3)(c), the Site Audit report evidenced governance systems were ineffective with deficiencies identified in continuous improvement, workforce governance, regulatory compliance and feedback and complaints systems.

In respect to continuous improvement, the organisation’s systems and processes failed to identify the non-compliance that has been found across 5 of the Quality Standards. The service’s plan for continuous improvement did not include quality improvement activities arising from consumer feedback, actions have remained open with little progress over a long period of time and evaluation of activities completed has not occurred which has supported a finding of non-compliance under Requirement 6(3)(d).

For workforce governance, the service did not demonstrate sufficient staff with the required qualifications and knowledge were allocated to meet consumers’ needs and preferences. Consumers and representatives were discontent with the staffing levels, and staff conduct having raised concerns about their interactions with consumers and their competence. Additionally, systems and processes to monitor staff performance were not implemented and performance management actions were not undertaken when poor staff performance was identified. This is consistent with findings of non-compliance with Requirement 7(3)(a), Requirement 7(3)(b), Requirement 7(3)(c) and Requirement 7(3)(e).

With respect to regulatory compliance, the site audit report found that restrictive practices had been applied without consent or authorisation as per legislation and serious incidents had not always been reported within the legislated timeframes, when allegations of unreasonable use of force and neglect had been made.

In relation to feedback and complaints, consumers expressed discontent with the service’s responsiveness to complaints raised and documentation evidenced systems and processes had been ineffective in ensuring an open disclosure process was applied when things had gone wrong. The service did not demonstrate that feedback and complaints are used to improve care and services. This is consistent with the findings of non-compliance in Requirement 6(3)(c) and Requirement 6(3)(d).

The provider’s response, including their plan for continuous improvement outlined remedial actions such as providing education for all staff on person centred care, time management to improve workload capabilities and managing serious incidents for all staff. Additional, training for management personnel on closing the loop in response to complaints and updating access to information systems to ensure serious incidents are reported within the legislated timeframes are also proposed. Furthermore, ongoing monitoring of strategies aimed at improving governance of the workforce and outlined under Standard 7 will also be completed.

While the provider has identified responsive actions these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure risk and incident management systems are effective.

Therefore, I find Requirement 8(3)(c) to be non-compliant.

In relation to Requirement 8(3)(d), the Site Audit report evidenced deficiencies regarding the functionality of the service’s risk and incident management systems with serious incidents not being recognised, reported, investigated or actioned to prevent reoccurrence.

Staff and consumer representatives confirmed they had reported allegations of neglect, unreasonable use of force and unsafe work practices, which were not evidenced within the service’s incident management system or reported to the Serious Incident Response Scheme when required. Consumer representatives advised repeated incidents occurred, resulting in them having to make more formal approaches to management to raise awareness of the incidents and illicit a response.

Management confirmed, staff with the responsibility of escalating incidents, had not done so and further incidents of a similar nature, reoccurred. Management confirmed, they had not responded in accordance with the service’s systems and processes, when reports of serious incidents and unsafe work practices had been made directly with them.

While management advised various systems such as feedback, observations and an auditing system are in place to identify risks and gaps in the implementation of policies and procedures, these systems have generally not been effective in identifying the deficiencies outlined within the Site Audit report, which have supported non-compliance with the Quality Standards.

The provider’s response included a plan for continuous improvement which sets out remedial actions for staff to participate in incident management training, to monitor incidents through discussion at clinical care meetings to proactively identify any trends and engage with consumers to evaluate the workforce improvement strategies described under Standard 7.

While the provider has identified responsive actions these are yet to be completed, embedded or evaluated to demonstrate their effectiveness to ensure risk and incident management systems are effective.

Therefore, I find Requirement 8(3)(d) to be non-compliant.

I find the remaining 2 requirements of Quality Standard 8 compliant as:

The service’s governing body promoted a culture of safety and inclusion, supported by policies, procedures and systems. Management described the organisation’s incident management and reporting framework which, while not always effective, assisted the governing body to maintain oversight over the delivery of care and services. The board was able to demonstrate it had acted upon information and responded appropriately when risk to consumers, such as the COVID-19 pandemic, was identified through reporting functions.

The service had a clinical governance framework, policies and procedures in place to support delivery of safe, quality care. Staff confirmed they had participated in training on antimicrobial stewardship, open disclosure and restrictive practices, however, not all staff demonstrated knowledge of when open disclosure or restrictive practices should be used.

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)