Performance

Report

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| Name of service: | The Whiddon Group - Largs |
| Service address: | 64 Dunmore Road LARGS NSW 2320 |
| Commission ID: | 0335 |
| Approved provider: | The Frank Whiddon Masonic Homes of New South Wales |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 21 February 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 Whiddon Group - Largs (**the service**) has been prepared by B Bassett, 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 February 2023.

# 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 | **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.

* Consumers are to be treated with dignity and respect and can maintain their identity.
* Consumers need to be able to make informed choices about their care and services and how those services are delivered.
* Consumer’s privacy and personal information is respected and kept confidential.
* The service ensures staff have a shared understanding of restrictive practices and consumers subject to restrictive practices have appropriate assessments, authorisations and care plans in place.
* Feedback and complaints are used to improve the quality of care and services.
* The service ensures each member of the workforce received appropriate training and has their performance regularly assessed, reviewed and evaluated.
* The organisation must have effective organisation wide governance systems, including effective monitoring of restrictive practices and workforce governance systems.

# 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. | Non-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. | Non-compliant |

Findings

This Quality Standard has been found non-compliant as three of six requirements have been found non-compliant.

Consumers and representatives said staff know the consumers’ background and they receive care and services which are culturally safe. While care documentation did not always contain information to enable staff to identify consumers’ individual cultural preferences, including religious and spiritual needs, staff demonstrated an understanding of consumers’ individual preferences and described special days and events that were important to them. The service also has policies, processes and resources to promote cultural diversity.

Consumers were supported by staff to take risks and make choices to support their self-determination. Consumer risk assessments were completed to support consumers to understand and undertake risks that maintain their quality of life. The service had an up-to-date dignity of risk policy, outlining its commitment to support consumers in making independent decisions and their right to take risks. Risk related activities included consumers choosing to attending outings despite the risk of falls due to limited mobility.

Information provided to consumers was current, accurate, easy to understand and supported consumers to exercise choice. This was evidenced by consumer and representative feedback, observations of staff interactions with consumers and written information provided to consumers via printouts and noticeboards.

In relation to Requirement 1(3)(a), information in the Site Audit report indicated that three consumers or their representatives did not feel consumers were treated with dignity and respect and said sometimes consumers do not feel valued or accepted regardless of their needs and ability. The representative for one consumer said they felt he was often excluded from activities because of his lack of mobility. Another consumer said she was not assisted to access the toilet during the night and this had resulted in episodes of incontinence. The approved provider's response to the Site Audit Report acknowledged the deficits identified and advised the service had arranged education for all staff on dignity and respect. The approved provider outlined other actions to be taken including the creation of an action plan, introducing an agenda item at consumer meetings to obtain direct consumer feedback and ensuring concerns raised are added to the service’s complaints register. In coming to my decision in relation to this Requirement, it is my view that these proposed actions need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 1(3)(a) is Non-complaint.

Regarding Requirement 1(3)(c), information in the Site Audit report indicated that two consumers and one consumer representative felt consumers were not supported to make decisions about their own care and the way services are delivered; for example, one consumer advised she preferred female staff to assist with her personal cares, however she had a male carer come to assist her on one occasion. She also said she told staff that she does not like agency staff providing wound care, however, agency staff have dressed her wound twice since giving this feedback. Another consumer’s representative said the consumer’s preference is to shower and shave every day, but this does not happen. They also said in order to assist the consumer to dress they bought clothes that do up at the back and made an instructional poster so staff know how to use them, however, staff dress the consumer in the shirts without doing them up. The consumer was observed by the Assessment Team to have his shirt undone at the back. In responding to the identified deficit, the approved provider acknowledged that for some consumers their preferences were not met but believed this was not a true reflection for all consumers and provided audit responses showing high levels of satisfaction from consumers regarding their care and services. The approved provider also advised the service has reviewed all consumers for their personal care preferences and actioned these preferences. However, the response from the approved provider does not detail how the concerns regarding the care preferences for the particular consumers represented in the Assessment Team report were addressed. I therefore find that Requirement 1(3)(c) is Non-compliant.

In relation to Requirement 1(3)(f), information in the Site Audit Report indicated that consumers’ privacy was not always respected and personal information was not always treated in a manner to maintain confidentiality. Specifically, the Assessment Team observed staff entering consumer’s rooms without knocking on two occasions and consumers said staff sometimes enter their rooms without knocking and awaiting a response. Additionally, the Assessment Team observed sensitive consumer information to be left in areas that could be accessed by consumers and were not appropriately stored. The approved provider acknowledged gaps with respect to safeguarding consumer information and have discussed the issue at staff meetings as well as implemented spot checks in the identified areas. In coming to my decision in relation to this Requirement, it is my view that these proposed actions need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 1(3)(f) is Non-complaint.

# 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

This Quality Standard has been found compliant as five of five requirements have been found compliant.

Consumers and representatives said the service demonstrated awareness and support of the needs and preferences of consumers, confirming the service had discussed and documented their preferences for their end of life. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation. Assessment and care planning documentation was observed to be individualised to consumer needs, reflecting their preferences for care.

Consumers and representatives confirmed they provided input into the assessment and care planning process and said they were confident consumers’ care needs were being met. Staff described how they partner with consumers and representatives to assess, plan and review care and services regularly. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives said staff discussed consumer care needs and recorded it clearly in their care plans, which they were provided a copy of. Staff confirmed they had easy access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers, diaries, and the electronic care management system. Care documentation contained entries reflecting communication with consumers, representatives and others where care was shared.

Consumers and representatives stated the service regularly reviewed consumer’s health, wellbeing and needs. Staff described the process for reviewing care and services, while incidents trigger reassessment with any relevant changes relayed to the consumers and representatives. Care documentation evidenced the regular review and updating of consumer care plans including when a change or incident had occurred.

With respect to Requirement 2(3)(a) information in the Site Audit report indicated that two consumers did not have appropriate assessments and care plans in place. The consumers entered the service in October 2022 and had interim care plans developed, however, no further assessments or care plans had been completed for them. One of the consumers is a diabetic and on daily fluid restrictions but no assessment to manage these conditions had been completed. This consumer said he measures and monitors his own blood glucose levels (BGL) each day and weighs himself each day to assist his management of his daily fluid restriction. In responding to the identified deficits, the approved provider acknowledged that the interim care plans for the two consumers had not been updated but noted that the consumer with diabetes and fluid restriction chooses to manage his conditions, this had been documented in his interim care plan and no adverse risk regarding his conditions had arisen since he entered the service. The approved provider response advised that a full review and update of the two consumers care plans had now taken place with arrangements implemented for the consumer managing his own conditions to seek assistance if and when required. Following a review of this information alongside the approved provider's response, and taking into consideration the actions taken by the approved provider, I have decided Requirement 2(3)(a) is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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

This Quality Standard has been found non-compliant as one of seven requirements have been found non-compliant.

The service had effective processes to manage high impact or high prevalence risks, including in relation to falls, wounds and skin integrity. Documentation including incident reports, training records and clinical indicator data, identified effective monitoring and clinical oversight of care delivery for consumers. The service has a suite of policies and procedures to support staff in the management of high impact and high prevalence risks.

Consumers and representatives said the service had ensured at end of life the consumers’ dignity was preserved, and care was provided in accordance with their needs and preferences. Care documentation included end of life wishes which were found to be individualised. The service responded to deterioration promptly, involved representatives regularly and provided effective palliative care.

Care planning documentation was reviewed and demonstrated the service responded to changes or deterioration in the consumer’s condition, health, or ability. Staff, and care planning documents, reflected appropriate actions were taken in response to changes in a consumer’s health. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives said overall they were satisfied staff know about consumers’ needs and preferences and that communication from and with the service is effective. Staff described attending shift handover to ensure information regarding consumers is consistently shared and understood. Staff stated, and care documentation reviewed confirmed, staff consistently notified the consumer’s medical officer, other allied health professionals and representatives if they identified a change in a consumer’s condition or needs, and if there was a clinical incident.

Staff described how input from other health professionals was arranged in response to identified needs and provided outcomes of referrals to other services. Care planning documentation reviewed reflected timely and appropriate referrals of consumers to other organisations and providers of other care and services.

The service demonstrated effective processes are in place for management of an infectious outbreak and there are practices to promote evidence-based use of antibiotics. Staff demonstrated knowledge of infection control practices relevant to their duties and the service further supported the staff with several documents to inform and guide staff practice in relation to infection control matters.

With respect to Requirement 3(3)(a) information in the Site Audit report indicated that care delivery was not safe and effective in relation to the use of environmental restraint at the service. Staff did not demonstrate a shared understanding of what constitutes an environmental restraint and the Assessment Team identified three consumers who were subject to environmental restraint without a risk assessment and informed consent being completed in line with regulatory requirements. The approved provider's response to the Site Audit Report acknowledged that some staff did not have a good understanding of what constituted environmental restraint. All staff have been allocated online learning modules regarding restrictive practices to be completed by 31 March 2023. Additionally, the environmental restraint is no longer in place and all consumers have been reviewed for restrictive practices and where appropriate, authorisations and care plans have been completed including a risk assessment.

In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement. I have placed weight on the approved provider’s identifying additional training for staff is in progress and due for completion by 31 March 2023. It is my view that these improvements will need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 3(3)(a) is Non-complaint.

# Standard 4

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

Findings

This Quality Standard has been found compliant as seven of seven requirements have been found compliant.

Consumers considered they received the services and support for daily living that was important for their health and well-being and enabled them to do the things they wished. Consumers felt supported by the service to do the things of interest to them, which included participating in activities as a part of the service's lifestyle program or spending time on independent activities of choice. Consumers and representatives described how consumers were supported to maintain social and emotional connections with those important to them; and participate in their community.

Referrals to other organisations and providers of care and services were timely and appropriate. Equipment to support consumers outside the service environment was suitable for meeting consumers' care needs and was safe, clean and well-maintained.

In relation to Requirement 4(3)(b), information in the Site Audit report indicated that consumers raised feedback that religious services had not been held for some time, and some consumers were unaware of religious services offered. Staff advised some spiritual services had not been provided for several months; however, the service did not offer alternative activities. Consumer care documentation did not consistently identify consumers' spiritual denominations. The approved provider's response to the Site Audit Report refuted the recommendation and clarified that the service had experienced COVID-19 outbreaks in November and December 2022. As a result, the local priest chose not to attend the service at the time; however, the service did implement support for consumers' spiritual and emotional well-being, including multi-denominational services, prayer groups and offering religious music and television programs. In January 2023, church services resumed, and the three named consumers attended. The approved providers' response included an action plan of improvements, such as religious services highlighted in the activity calendar and religious resources being made available in the service and to consumers who choose not to participate in group religious activities. This requirement requires that each consumer is supported in their emotional, spiritual and psychological well-being. While consumers raised feedback regarding religious services not being held recently, I have considered information in the Site Audit report under other Requirements, which reflected consumers felt staff would do anything for them. Staff demonstrated an understanding of consumers' backgrounds and preferences. The service offered other events, including consumer birthdays, anniversaries and national events that are meaningful to individual consumers. I am satisfied that the service provided services and support to promote consumers' emotional, spiritual and psychological well-being and I have decided that Requirement 4(3)(b) is Compliant.

Regarding Requirement 4(3)(d), information in the Site Audit report indicated that consumers' care planning documentation was not current or incomplete. Additionally, for one named consumer, their representative was dissatisfied that their requests for more music therapy were not actioned; and a second named consumer liked certain activities; however, new staff did not ask the consumer to participate. Following a review of this information alongside the approved provider's response, I have decided Requirement 4(3)(d) is Compliant. This is based on the approved provider's response refuting that consumer care documentation was not contemporaneous and provided information that evidenced that all consumers' lifestyle assessments, including life events and preferences, were completed. Concerning the two named consumers and representatives who provided feedback that lifestyle preferences were not consistent with individual preferences, this does not reflect that information is not communicated. I have considered information in the Site Audit report under other Requirements, which reflected overall, consumers were satisfied that staff knew consumers' needs, goals and preferences about their care and services. Consumers did report that the increased use of agency staff has led to poor communication at times; however, I am satisfied that the service has actioned improvements, as evidenced in the response documented in the service's action plan.

In relation to Requirement 4(3)(f), information in the Site Audit report indicated that observations were made that meals for some consumers, including those requiring assistance, and the dining experience was not positive as some consumers were seated in reclining chairs and not at dining tables. Following a review of this information alongside the approved provider's response, I have decided Requirement 4(3)(f) is Compliant. This is based on a lack of feedback from consumers about the dining experience or quality of the food, and observations made did not necessarily evidence that the service does not meet consumers' nutrition and hydration needs. The approved provider's response provided information that ongoing improvements have been actioned by the service, including implementing a mobile food warmer and improvements from consumer feedback via food focus groups.

# 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

This Quality Standard has been found compliant as three of three requirements have been found compliant.

Consumers and representatives expressed satisfaction with the service environment, which was observed to be safe, clean, comfortable, and well-maintained. Consumers' rooms were personalised and decorated with furnishings and personal items that reflected their individuality. Call bells were observed to be within reach of consumers and functioning.

The service had effective systems for ensuring furniture, fittings and equipment were safe, clean and maintained, and regular and appropriate cleaning and maintenance of the service environment.

Information in the Site Audit report identified two named consumers, one who required a wheelchair to mobilise and one who reported the lips on doorways prevented them being able to move freely to outdoor areas. Observations were made of some locked doors in the service, preventing consumers from exiting.

Following a review of this information alongside the approved provider's response, I have decided that Requirement 5(3)(b) is Compliant. This was based on feedback from consumers that the service environment is safe and well-maintained. For the two named consumers, the approved providers' response identified that one of the consumers requires full assistance from staff for all mobilisations. For the second named consumer, the approved provider did not dispute that the consumers' free movement had been inadvertently restricted due to the doorway lips. In relation to some doors being locked in the service, the approved provider's response clarified that these are emergency exits, and adjacent to these are doors that consumers can utilise for entry and exit.

On the balance of information, I am satisfied that the service environment enables consumers to move freely and access areas of the service independently, including the outdoor environment.

# Standard 6

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

Findings

This Quality Standard has been found non-compliant as one of four requirements have been found non-compliant.

Overall, consumers and representatives were comfortable providing feedback and raising concerns and expressed confidence that the service would address and resolve any problems formally raised. Consumers and representatives understood the service practices of open disclosure when things go wrong and provided examples of when this was applied as part of the complaints management processes.

Staff support consumers in raising feedback by communicating concerns to management on the consumers’ behalf or assisting consumers in completing feedback forms as required. Staff described how they would manage any concerns on behalf of a consumer where possible and escalate to the management team if they could not resolve an issue. Staff demonstrated an understanding of open disclosure, including awareness of interpreters and advocacy services for consumers if required.

The service had a suite of documents that provided information to consumers, representatives and staff to guide the complaints management process, including the consumer handbook, feedback and complaints policies, and forms providing information on advocacy and external complaints agencies. The service’s complaint policy and process included processes for managing all complaints directed to any staff member, including applying an open disclosure process where appropriate.

However, consumers and representatives are dissatisfied with the resolution of some complaints, and actions have yet to be taken to improve the care and services as a result of the feedback. The Site Audit report indicated that not all consumer feedback is recorded; only issues raised in writing or directly with management are captured in the service’s complaints register. The Site Audit report identified two named consumer representatives who have raised verbal feedback with staff on numerous occasions and have not had their complaints resolved. The service’s plan for continuous improvement did not contain complaints or feedback obtained through consumer surveys or other verbal feedback directed to staff.

The approved provider’s response did not dispute that there are opportunities for improvement in this Requirement and provided evidence of actions taken, including providing all consumers with feedback forms, discussion of the complaint process at consumer and representative meetings and staff education on complaints management, including the recording of feedback. The response included a copy of the services, “Complaints Resolution Policy and Guide”, issued January 2023, which identifies all feedback (incidents) are to be recorded by staff in the service’s complaints management system. I have placed weight on consumer, representative and staff feedback at the time of the Site Audit, which identified that not all consumer feedback is recorded in the complaints management system.

In coming to my decision in relation to this Requirement, I acknowledge the actions taken by the service to improve its performance under this Requirement. I have placed weight on the approved provider’s action plan identifying these improvements are in progress and due for completion 23 February 2023. It is my view that these improvements will need to be evaluated for effectiveness. Therefore, it is my decision that Requirement 6(3)(d) is Non-complaint.

# Standard 7

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

Findings

This Quality Standard has been found non-compliant as two of five requirements have been found non-compliant.

Overall, consumers and representatives considered that consumers received the care and services they needed and that there was sufficient staff to meet consumers' needs. Staff expressed that there was a shortage of staff which at times resulted in delays to consumer care in the event a second staff member was required to assist. In November 2022, the service experienced a COVID-19 outbreak, and staff shortages impacted consumer care and services. As a result, the service implemented changes by rostering additional agency staff to cover unplanned leave and gaps in the roster. The service had processes to ensure a planned workforce, which included unplanned leave filled with casual or agency workforce. A review of a 4-week service roster identified minimal unfilled shifts.

Call bell response times are monitored by service management, with response times greater than 10 minutes investigated. Reports for December 2022 identified that most call bells were responded to in under 10 minutes.

Overall, consumers and representatives expressed satisfaction that permanent staff are respectful, kind, and caring and respect the consumers' diversity, culture, preferences, and choices about care and services. Interactions between consumers and staff were kind, caring and respectful, and consumer care documentation reflected kind and respectful language. Workforce members are competent and have the qualifications and knowledge to perform their roles effectively. The service maintains position descriptions that establish each role's responsibilities, knowledge, skills, and qualifications. The organisation has processes to monitor the workforce requirements for national criminal history checks, if required, professional registration, and influenza and COVID-19 vaccination records.

Information in the Site Audit report indicated that the workforce did not receive training to support them in their role. Staff could not demonstrate a shared understanding of restrictive practices, the Serious Incident Response Scheme (SIRS), and the Aged Care Quality Standards. A review of the service's mandatory training registers identified that less than 68% of staff had completed the mandatory training modules on SIRS and restrictive practices. Staff performance appraisals and competency checks had not been consistently completed in the last 12 months, and the services plan for continuous improvement indicated an open action for updates and a new process for monitoring staff performance dated 24 May 2022.

Following a review of this information alongside the approved provider's response, I have decided that Requirement 7(3)(d) and Requirement 7(3)(e) are Non-Compliant. In response to the report, the approved provider acknowledges that improvements are required under these requirements. They have committed to further staff training, including, but not limited to, restrictive practices, SIRS, and the Aged Care Quality Standards, with a plan to complete by March 2023. In relation to improvements under Requirement 7(3)(e), the service's new management team is meeting initially with all staff and appointments have been made in three months for the completion of staffs performance appraisals. The service's action plan submitted as part of the response indicated initial discussions to be completed by 16 February 2023.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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. | 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 has been found non-compliant as one of five requirements have been found non-compliant.

Consumers and representatives said the service was well run and felt that they could partner in the delivery and evaluation of care and services. Consumers and representatives said they participated in the development and evaluation of services, and consumers were able to describe processes such as consumer meetings where they contributed their ideas and suggestions regarding service delivery.

The service was able to demonstrate it promotes a culture of safe, inclusive and quality care overseen by it’s governing body. The governing body regularly reviews information and reports relating to clinical and incident data trend analysis to identify compliance with the Quality Standards and provide monitoring and accountability for care and service delivery.

Effective risk management systems and processes ensured that the organisation identifies and responds to high impact and high prevalence risks that may impact consumers’ health, safety and well-being. Incidents are captured and reported under SIRS as required and processes are in place to manage and prevent incidents.

The service has strategic quality and clinical governance frameworks that promote a culture of safe, inclusive and quality care. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

With respect to Requirement 8(3)(c), information in the Site Audit report indicated that the service has effective organisation wide governance systems with respect to information management, continuous improvement and financial governance. However, the Site Audit report indicated deficiencies in effective workforce governance systems with respect to training and monitoring and review of staff performance as discussed under Requirements 7(3)(d) and 7(3)(e). Additionally, governance systems were identified by the Assessment Team as deficient with respect to regulatory compliance with restrictive practices as discussed under Requirement 3(3)(a) and feedback and complaints as discussed under Requirement 6(3)(d). In responding to the Site Audit report the approved provider disputed that the organisation does not have effective systems to manage feedback and complaints stating that the deficit in complaint management was reflective of local performance and not poor governance. The approved provider also advised of actions taken in response such as meeting with consumers, requesting feedback and providing apologies for concerns that had not been addressed. While acknowledging the actions taken by the approved provider in this respect, the response did not address how the organisation’s governance systems support the workforce given the deficiencies identified with respect to staff training and monitoring of staff performance. It is also noted that the service is implementing additional training for staff with regards to restrictive practices and these improvements will need to be evaluated. I have decided that Requirement 8(3)(c)(iv) and (v) are Non-Compliant.

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