Performance

Report

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| Name: | TriCare Kawana Waters Aged Care Residence |
| Commission ID: | 5471 |
| Address: | 90 Nicklin Way, WARANA, Queensland, 4575 |
| Activity type: | Site Audit |
| Activity date: | 21 May 2024 to 24 May 2024 |
| Performance report date: | 9 July 2024 |
| Service included in this assessment: | Provider: 7131 TRICARE ROCHE AGED CARE PTY LTD  Service: 3761 TriCare Kawana Waters Aged Care Residence |

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 TriCare Kawana Waters Aged Care Residence (**the service**) has been prepared by J. Hartley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 26 June 2024.
* The assessment team’s report for the performance assessment – site conducted 10 – 11 October 2023 and the performance report dated 8 November 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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 6(3)(d): ensure feedback and complaints from consumers and representatives are consistently addressed and resolved.
* Requirement 6(3)(c): ensure feedback and complaints are consistently recorded, trended, and used to inform continuous improvement.
* Requirement 7(3)(d): ensure training of the workforce is completed, monitored and reviewed.
* Requirement 7(3)(e): ensure the performance of the workforce is regularly assessed, monitored, and reviewed.
* Requirement 8(3)(c): implement effective organisational systems relating to workforce governance and feedback and complaints.

# Standard 1

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

Findings

Most consumers and representatives said consumers are treated with dignity and respect with their identity, culture and diversity supported. Consumers said staff are aware of their cultural backgrounds and personal histories. The assessment team observed respectful interactions between consumers and staff. Consumers described how the service supports their religious beliefs such as the availability of church services onsite.

Staff described how the consumer’s culture influences how they deliver care and services. Staff provided examples of how they delivered culturally safe care through meeting consumers’ specific religious needs and supporting consumers to participate in cultural celebrations.

Consumers and representatives said consumers felt supported to exercise choice and independence and maintain relationships. One consumer described how staff support her to maintain a relationship with her husband who resides at the service and respect her choice for when she wants this to occur. Staff described how they support consumers to make choices related to their personal care and activities.

Care documentation identified consumers’ needs and preferences and provided sufficient information to guide staff in care delivery. Care plans included information about consumers’ preferences relating to life history, spiritual and cultural needs and relationships of importance.

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Consumers and representatives described how the service supports them to take risks. Staff demonstrated awareness of consumers who choose to take risks and described how they support them. Care documentation included assessments and strategies to mitigate risks for consumers. The service has a policy outlining their commitment to support consumers to make decisions about risks they would like to take.

Consumers and representatives said the service uses various methods to ensure they remain informed and receive information which is clear and easy to understand. Staff described how they ensure information is appropriate for consumers with varying levels of cognition or other impairments. Care planning documentation includes communication strategies for consumers when required. The assessment team observed a range of information available to consumers which included, menus, activities calendar, meeting minutes, and newsletters.

Consumers said they felt confident their personal information is kept confidential and their privacy is respected. Whilst one representative raised concerns regarding staff not respecting the consumer’s privacy by knocking to seek permission before entering, this information has been considered under Requirement 6(3)(c) within the context of complaints management. Staff described the steps taken to ensure consumers’ privacy is maintained. The assessment team observed staff knocking on consumers’ doors prior to entry and consumers’ personal information located in secure locations.

# 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

Consumers and representatives are satisfied with the assessment and planning process and said care plans are sufficient to inform delivery of tailored care and services. Management and staff described the care planning processes and how risks are assessed with strategies documented to inform the delivery of care. Care planning documentation evidenced consumers’ individual risks are considered and assessed to outline the care and support needed. The service demonstrated processes to ensure assessment and planning is completed and monitored are in place.

Consumers and representatives said care planning processes identify their current needs, goals and preferences and staff have discussed consumers’ end-of-life preferences with them. Staff described the processes for identifying and documenting consumers’ needs and preferences, including end of life preferences. Consumers’ care documentation included information about their preferences for end-of-life.

Consumers and representatives said they are involved and provide input in the assessment and planning process. Consumers described how the service involves those they choose and other providers of care such as allied health professionals. Care planning documentation evidenced partnership with other providers of care and demonstrated recommendations by allied health and other health professionals informed the delivery of care.

Most consumers and representatives described how the outcomes of assessment and planning are communicated and said they have been offered a copy of the consumer’s care plan. Staff and allied health professionals described how they communicate the outcomes of assessment with consumers and representatives face to face, over the phone, or by email. Consumers’ care documentation records when communication with consumers and/or their representatives has occurred, and care plans offered.

Consumers and representatives said consumers’ care and services are reviewed regularly or when circumstances change. Clinical staff described how consumers’ care plans are reviewed every 3 months or as required with annual case conferences with the consumer and their representative. Management described the tracking system to assign care plan reviews to registered staff which is monitored weekly to ensure completion. A review of the tracking system identified which consumers’ care plans were to be reviewed that month and evidenced ongoing monitoring and oversight of the process.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement 3(3)(a)

Consumers and representatives said they are satisfied with the personal and clinical care received by consumers and stated it meets consumers’ needs and optimises their well-being. The service has policies and procedures to guide staff in the delivery of best practice personal and clinical care. Review of care documentation for consumers subject to restrictive practice identified authorisation, consent, and behaviour support plans are completed. Staff are familiar with individualised strategies to manage consumers’ changed behaviours. Clinical staff demonstrated knowledge of consumers’ wound care plans and said they receive regular wound management training. Care documentation evidenced strategies implemented to assist with ongoing management of consumers with pain and wounds, with referrals made to specialists as required.

However, the assessment team’s report brought forward information identifying the following deficits:

* Inconsistency in the recording of chemical restraint for one consumer between the service’s psychotropic register and restrictive practice register.
* One representative said they have not provided consent for environmental restraint for a named consumer and believe the consumer to be environmentally restrained through redirection when attempting to leave the service. Interviews with staff and review of documentation identified some discrepancies and lack of clarity around whether the consumer is subject to environmental restraint.
* Inconsistent recording of wound measurements in accordance with the service’s policy for one consumer.
* One representative was dissatisfied with pain management for a named consumer.

The Provider’s response included clarifying information and supporting documentation to address the above-mentioned deficits. Documentary evidence provided supported the correct indication and diagnosis for the administration of chemical restraint for the named consumer and evidenced the consumer is not subject to environmental restraint. The Provider’s response acknowledged staff not photographing the wound with a paper ruler on 2 occasions was a practice gap to be addressed via ongoing monthly wound audits and staff training, however asserted care delivered is consistent with best practice. In relation to pain management for one consumer, the Provider’s response included information demonstrating the complexity of the consumer’s pain, actions taken to ensure ongoing pain management and communication with the consumer’s representative, and planned improvements for pain management at the service.

Having considered the assessment team’s report and the Provider’s response, I am satisfied the Provider has demonstrated the provision of safe and effective care to consumers. On balance, the assessment team’s report included significant examples of how the service is providing best practice clinical care optimising consumers’ health and well-being. When considering the deficits identified and the Provider’s response, the issues are deemed to be process gaps which have been rectified, are not evidenced as being systemic in nature, and the Provider has committed to ongoing monitoring and improvement.

I, therefore, find this Requirement is compliant.

Requirement 3(3)(d)

Consumers and representatives said the service is responsive to changes in a consumer’s health and condition and keeps them informed of any changes and planned strategies and interventions to manage these changes. Staff described how they identify and respond to consumer deterioration and work in partnership with allied health professionals and medical officers to ensure deterioration is managed appropriately. Review of care documentation evidenced consumer deterioration is identified and responded to in a timely and appropriate manner.

This Requirement was previously found non-compliant during an assessment contact on 10-11 October 2023 due to the service not demonstrating effective management of deterioration in relation to unplanned weight loss in consumers and timely referrals in response to deterioration. The service has implemented improvements to remediate these deficits, including but not limited to:

* Discussion on changes in consumers’ health and condition and referrals required via daily frontline meetings to enable early detection of clinical deterioration.
* Regular monthly clinical indicator data analysis and trending, and the development of an action plan to guide staff response to clinical deterioration such as weight loss.
* Training for staff on recognising and responding to clinical deterioration, unplanned weight loss, and documentation.

Based on the information recorded above and the positive feedback from consumers and representatives, I find this Requirement is compliant.

I find all other Requirements within this Standard compliant as:

Most consumers and representatives said they are satisfied with how high impact and high prevalence risks to individual consumers are managed and described how interventions are effective. Staff described implemented strategies for consumers to manage and mitigate risk. Management described how incidents are investigated and clinical indicator data is used to identify areas for improvement. Where one representative of a named consumer expressed concerns regarding the service’s response and management of an unwitnessed fall, care documentation and the Provider’s response identified the incident was recorded, assessments completed, and appropriate referrals completed. One representative for a named consumer was not satisfied with the management of hearing aids for the consumer; this information has been considered within the context of complaints management under Requirement 6(3)(c).

Management and staff demonstrated an understanding of how consumers’ needs are addressed when nearing end of life and how consumers’ comfort and dignity is maintained. Care documentation for a consumer who recently passed away at the service supported appropriate actions were taken to adhere to the consumers’ preferences and communicate effectively with the next of kin.

Most consumers and representatives said they are satisfied information about a consumer’s condition is effectively communicated. Clinical and care staff demonstrated knowledge of individual care needs for sampled consumers. Staff handover observed included discussions relating to changes in consumers’ condition and other relevant information. Care documentation evidenced information relating to a consumer’s condition, needs, and preferences is available for staff in the electronic care management system.

Interviews with consumers and care planning documentation evidenced the involvement of medical officers, allied health professionals, and other providers of care which are initiated through a referral process. Clinical staff described their roles and responsibilities relating to the referral process. Care documentation evidenced referrals to be timely and appropriate.

Consumers and representatives are satisfied the service minimises infection related risks. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management including management of outbreaks.

# 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

Most consumers and representatives described how the service supports them to engage in activities which optimises consumers’ quality of life. Lifestyle staff complete assessments to identify consumers’ individual preferences and social and emotional needs when they enter the service. Staff demonstrated knowledge of what is important to individual consumers, which is reflected in care planning documentation.

Most consumers and representatives said consumers’ emotional and spiritual needs are supported through religious activities and other targeted activities. Care planning documentation included information relating to consumers’ emotional, spiritual, and psychological needs and goals. Staff described strategies used to support consumers’ emotional and spiritual needs and how changes in consumers’ wellbeing are identified.

Whilst the representative for one named consumer expressed dissatisfaction with the management of the consumer’s low mood, care documentation and interviews with staff demonstrated actions taken to address changes in the consumer’s emotional state. This included staff spending time with the consumer, engagement with activities, and referral to a psychologist.

Consumers and representatives are satisfied the service supports them to participate in the community, maintain relationships and do things of interest. Consumers described the activities they enjoy participating in such as bus and shopping trips; and the relationships they maintain at the service. Consumers were observed participating in activities and engaging with visitors and other consumers.

Most consumers and representatives confirmed information about the consumers’ condition, needs and preferences is communicated well within the service. Staff described how information is shared and how timely updates are communicated. Staff described the likes, dislikes, and preferences of consumers regarding daily activities, in line with care planning information.

Consumers and representatives said consumers are supported through external organisations including volunteers. Lifestyle staff described how other organisations are engaged to supplement the service’s lifestyle program including access to visiting performers, religious services, and beauty services.

Most consumers and representatives expressed satisfaction with the quality and quantity of food and alternative options provided. Consumers with specific dietary needs said their dietary needs are accommodated and staff are knowledgeable of consumers’ varying dietary needs. The service provides consumers with avenues to provide feedback on meals.

Consumers reported having access to equipment to assist with mobility and daily living activities. Staff described the processes for ensuring equipment is kept safe, clean, and well maintained. Observations of equipment identified it to be clean and in good condition. Documentation recorded occurrences of regular cleaning and periodic maintenance.

# 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 said the service environment is welcoming and easy to understand which corresponded with observations made by the assessment team. A consumer said the service felt like home. Consumers’ rooms were observed to be personalised and consumers were observed navigating independently throughout the service.

Consumers and representatives said the environment is safe, clean and well maintained. Staff described the processes to ensure scheduled and reactive cleaning and maintenance are completed. Maintenance records demonstrated processes are in place to ensure preventative maintenance is completed and reactive maintenance requests actioned in appropriate timeframes.

Consumers confirmed equipment and fittings are cleaned and suitable for their individual needs. Staff described their role and responsibility in cleaning and maintaining furniture, fittings and equipment. The assessment team observed furniture and fittings are well maintained and the call bell system in working order.

# 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

Having considered the site audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service is not demonstrating feedback and complaints from consumers and representatives are consistently addressed and resolved.
* The service is not demonstrating feedback and complaints raised by consumers and representatives are consistently recorded, trended, and used to inform continuous improvement.

Requirement 6(3)(c)

The assessment team’s report brought forward information identifying 4 representatives who were not satisfied with actions taken in response to their complaints. The representatives felt issues raised were not actioned in a timely manner, remain ongoing, and/or were not satisfied with the outcome of the complaints management process. The complaints register either did not record the complaint or recorded complaints as being closed where representatives advised the issues remain ongoing. For example:

* One representative expressed concern regarding staff not respecting the consumer’s privacy when they used the bathroom.
* One representative said they have made repeated complaints regarding the consumer’s hearing aids and application which remain ongoing.
* One representative raised concerns regarding pain relief not being adequately administered and lack of pain charting for one consumer.
* One representative said they have made multiple complaints regarding falls management and the consumer’s low mood due to moving rooms.

The Provider’s response acknowledges the deficits and attributes this to significant change within the service’s on-site management team resulting in non-adherence to corporate processes and systems. The Provider has committed to ongoing improvement to ensure complaints responsiveness and management; planned improvement actions are scheduled for completion between July to October 2024.

Having considered the assessment team’s report and the Provider’s response, I find deficits remain. Improvement actions will require time to be fully actioned and embedded within the service’s processes, and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

Requirement 6(3)(d)

The assessment team’s report identified the service’s recording of feedback and complaints is inconsistent with multiple complaints identified as not having been documented. Management did not demonstrate appropriate awareness of feedback and complaints trends at the service and continuous improvement actions taken in response to trends.

The Provider’s response acknowledges the deficits and attributes this to significant change within the service’s on-site management team resulting in non-adherence to corporate processes and systems. The Provider has committed to ongoing improvement to ensure complaints responsiveness and management. Planned improvement actions include refresher training on the service’s feedback management policy for on-site management; commencement of monthly feedback trending and analysis; and regular audits to ensure feedback is correctly categorised and trended. Improvement actions are scheduled for completion between July to October 2024.

Having considered the assessment team’s report and the Provider’s response, I find deficits remain. Improvement actions will require time to be fully actioned and embedded within the service’s processes, and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

I find all other Requirements within this Standard compliant as:

Consumers and representatives said they are comfortable to raise complaints and know the different methods to provide feedback. The service supports feedback through paper forms, by speaking with staff and management directly and through monthly consumer meetings. Staff described how they support consumers to provide feedback which is often communicated by consumers verbally. The service has policies and procedures to guide staff practice in feedback and complaints management.

Consumers and representatives said they are aware of external complaints mechanisms and have access to advocacy and language services. Staff demonstrated an understanding of external avenues for raising complaints and accessing advocacy and language services. Information related to advocacy and language services and complaint forms were observed throughout the service.

# 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

Having considered the site audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on:

* The service is not demonstrating effective oversight of staff training to ensure adequate completion of mandatory training.
* The service is not demonstrating effective oversight and processes to ensure staff annual performance appraisals are completed.

Requirement 7(3)(d)

The assessment team’s report brought forward information identifying only 57 percent of staff have completed mandatory training modules. The service did not demonstrate effective systems and processes are in place to ensure staff mandatory training is completed to a satisfactory level. Some consumers and representatives expressed dissatisfaction with knowledge and training of staff, particularly agency staff.

The Provider, in its response, reported the oversight of mandatory training had lapsed due to significant changes in the management team. The Provider committed to the following actions:

* A review of the staff education calendar to include training identified through feedback, surveys and audit analysis.
* Establish processes to monitor and track staff mandatory completion rates and provide staff allocated time to complete training.
* Review of staff orientation and induction processes and checklists and implementation of surveys to ensure staff have the information they need for their roles.

Having considered the assessment team’s report and the Provider’s response, I find the deficits remain. Improvement actions will require time to be fully actioned and embedded within the service’s processes and to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

Requirement 7(3)(e)

The assessment team’s report identified performance appraisals have not been completed for 48 percent of staff. The service has not demonstrated effective systems and processes are in place to ensure staff performance appraisals are routinely completed in accordance with the service’s policies and procedures which require annual reviews for staff on the anniversary of their employment with the service. The Provider, in its response, reported actions have been taken to commence completion of the outstanding probationary and annual performance appraisals by November 2024. The Provider committed to the following actions:

* Identify staff with outstanding performance appraisals and allocate for completion.
* Identify staff who require probationary reviews and schedule appropriately.

Having considered the assessment team’s report and the Provider’s response. I find deficits remain and improvement actions are ongoing. The improved systems will require time to be fully embedded and demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

Requirement 7(3)(a)

The assessment team’s report included a description by management of the rostering processes which include ensuring a registered nurse is rostered 24 hours a day and managing unplanned leave. Most staff said they have sufficient time to complete their allocated duties and can request assistance from staff in other residential wings where needed. Whilst some staff said they felt the service is short staffed, they advised consumer care is not impacted. However, the assessment team’s report brought forward information identifying the following deficits:

* The service’s average call bell response time is under 10 minutes however management did not demonstrate systems are in place to investigate when call bell response times do not meet the service’s targets.
* Nine consumers and representatives said they felt the service is short staffed and there is a high use of agency staff. Two representatives said they felt consumers were impacted by staffing. One consumer due to waiting for pain medication whose care documentation evidenced a long wait on one occasion; and one consumer due to staff not connecting her to portable oxygen so she could attend activities.

The Provider’s response included clarifying information and supporting documentation to address the above-mentioned deficits. The includes but is not limited to, improvement actions to ensure call bell response times which do not meet the service’s targets are investigated by the service’s facility manager and followed up with representatives named in the assessment team’s report to discuss their concerns.

Having considered the assessment team’s report and the Provider’s response, I am satisfied the Provider has demonstrated the workforce is planned to deliver safe and effective care to consumers.

I, therefore, find this Requirement is compliant.

I find all other Requirements within this Standard compliant as:

Consumers and representatives said staff are kind, respectful and gentle. Staff were observed interacting with consumers respectfully. The service has policies and procedures to guide staff practice and behaviour.

Consumers and representatives said they consider staff to be skilled and competent in their role. Management described the process for monitoring staff qualifications and support provided to staff when commencing with the service.

# 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

Having considered the site audit report and Provider’s response, I find the service non-compliant with this Standard. Non-compliance is based on the following:

* The service has not demonstrated effective organisation wide governance systems related to the workforce and feedback and complaints.

Requirement 8(3)(c)

The assessment team’s report brought forward deficits relating to the lack of effective governance systems to ensure feedback and complaints are consistently addressed and resolved and used to inform continuous improvement; workforce governance, specifically related to ensuring compliance with mandatory staff training and performance appraisals; and regulatory compliance, specifically in relation to restrictive practice for one consumer which has been considered under Requirement 3(3)(a) above.

Having considered the response from the Provider, I find the assessment team’s report includes positive examples of information management systems and does not sufficiently support a lack of governance relating to regulatory compliance.

Whilst the Provider has included actions in the plan for continuous improvement to address the deficiencies in feedback and complaints, continuous improvement, and workforce governance detailed in Standards 6 and 7, these improvements are yet to be fully implemented or embedded to demonstrate their effectiveness and sustainability.

I, therefore, find this Requirement is non-compliant.

I find all other Requirements within this Standard compliant as:

Most consumers and representatives said they are engaged in the development and evaluation of care and services through consumer meetings, surveys, and feedback processes. Management described the consumer advisory body which has been developed with the inaugural meeting completed in March 2024.

The service demonstrated the organisation has a governing body to ensure safe and quality care is delivered and systems are in place for accountability. Management described how they are accountable to the Board through regular committee meetings and reporting.

Management described the systems in place to monitor and manage risks, identify abuse and support consumers to live their best life. The service has policies to guide staff practice to minimise risks to consumers through analysis of clinical indicators, internal audits, and reporting. Staff demonstrated an understanding of their role in risk and incident management.

The service has a clinical governance framework which includes policies and guidance for staff relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described the elements of these policies and demonstrated an understanding of their concepts.

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)