Performance

Report

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| Name of service: | TriCare Pimpama Aged Care Residence |
| Service address: | 6 Anembo Avenue PIMPAMA QLD 4209 |
| Commission ID: | 5981 |
| Approved provider: | Netanya Noosa Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 1 December 2022 |

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 Pimpama Aged Care Residence (**the service**) has been prepared by James Howard, 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 conducted from 19 September 2022 to 21 September 2022; 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 Approved Provider’s response to the site audit report, received 18 October 2022.
* 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* **Standard 2 Requirement 2(3)(e):** Ensure care and services are regularly reviewed for effectiveness, and when circumstances change, to support consumers current needs, goals, and preferences.
* **Standard 3 Requirement 3(3)(a):** Ensure each consumer receives safe and effective clinical and personal care, that is best practice and tailored to individual needs, to optimise their health and well-being. Specifically in relation to: restrictive practice, personal care, mobility transfers, and administration of medication.
* **Standard 3 Requirement 3(3)(b):** Ensure high impact, high prevalence risks associated with the care of each consumer, are effectively managed. Specifically, in relation to changes in consumers’ behavioural needs.
* **Standard 5 Requirement 5(3)(b):** Ensure the service environment is clean, well maintained, and comfortable for all consumers.
* **Standard 7 Requirement 7(3)(a):** Ensure the workforce is planned with the right mix and number of staff to deliver safe, quality care and services.

# 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

Consumers said they were treated with dignity and respect, supported to maintain their identities, and to make informed decisions to live life as they chose. The Assessment Team found deficits in the delivery of personal care with potential impacts to consumer dignity; however, based on the balance of evidence this has been further considered under Quality Standard 3.

Consumers reflected their personal beliefs were supported by staff, with care and services delivered in a way which respected their culture and diversity. Staff explained how they ensured care and services were delivered in a culturally safe manner, such as organising spiritual services and celebrations of different cultural days.

Overall, consumers and representatives said, and care planning documentation confirmed, consumers were supported to make decisions about their care, how it should be delivered, and who should be involved in their care. Staff demonstrated knowledge of consumers’ preferences and choices and described ways they supported consumers to communicate their decisions and maintain relationships of choice.

Consumers and representatives said they were supported by staff to take risks, to live the best lives possible. Staff described risks taken by consumers, and how they supported consumers to understand benefits, possible harm, and ways to reduce risk.

Consumers and representatives said information was provided to them in a timely and easy to understand manner which helped them to make decisions. Consumer meeting minutes, feedback and complaints documentation, the service’s continuous improvement plan, menus, newsletters, flyers and a noticeboard demonstrated the service provided information to consumers in a clear, easy to understand, and timely manner.

Consumers said, and observations confirmed, consumers’ personal privacy was respected by staff. For example, staff knocked on consumers’ doors before entering, and conducted care activities in private. Staff explained how they maintained the confidentiality of consumers’ personal information, such as password protection on computers. It is noted the Assessment Team identified doors to the nurse’s stations were not secure. However, based on the balance of evidence, overall the service demonstrated information was confidentially stored, with no reported breaches or impact.

# 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. | Non-compliant |

Findings

I have found this Standard Non-compliant in relation to Requirement 2(3)(e) based on the below summarised relevant evidence.

*Requirement 2(3)(e):*

The Assessment Team found consumers’ care and services were not regularly reviewed for effectiveness, or when circumstances changed, and this affected the needs, goals, and preferences of consumers. The organisation’s policy stated care plan reviews were to be undertaken every 3 months, or when needs changed. However, consumers and representatives said, and care planning documentation confirmed, care plans were not reviewed in line with organisational policy, to ensure care and services effectively met consumers’ needs.

Based on information provided by consumers, representatives, care plans, and staff feedback, the Assessment Team identified updated care plan assessment was required for personal care and clinical care. In addition, one consumer’s care plan showed their care and services had not been reviewed for effectiveness since their admission to the service, and this was confirmed by representative feedback.

The service identified overdue care plan reviews prior to the site audit, as documented in its continuous improvement plan and an overdue care plan report. At the time of the site audit, the Assessment Team identified 14 care plans, with an additional 4 physiotherapy plans, were overdue for evaluation. Management acknowledged the delays to the care plan reviews, and explained this was due to a limited number of staff having appropriate delegation to approve care plans, such as registered nurses and the clinical manager.

The Approved Provider’s response to the site audit report acknowledged the above deficits and provided evidence of actions to address the overdue care plans, such as contacting consumers and representatives to schedule case conferences, and updating the continuous improvement register to include the outstanding physiotherapy care plan reviews. The service explained it completed 6 overdue care plan reviews following the site audit and implemented a tracking system to ensure outstanding reviews were allocated to a designated staff member. The service provided evidence of updated care plan reviews for consumers cited in the site audit report, such as progress notes and associated care planning documentation. In addition, the service acknowledged one consumer’s care plan had not been reviewed since admission as a permanent resident, due to a system error in the electronic care management system. The service explained correspondence was sent out to remind staff of required care plan updates when a consumer transitioned from respite care to permanent care.

I acknowledge the service identified gaps in care plan reviews prior to the site audit, as cited in its continuous improvement plan. However, at the time of the site audit, the service was unable to consistently demonstrate how care and services were regularly reviewed to ensure consumers’ needs, goals, and were effectively met. I also note the Approved Provider’s response to the site audit report indicated some care plan reviews were still outstanding.

It is reasonable to expect outcomes arising from a continuous improvement plan require time to be measured for effectiveness and impact. Based on the totality of evidence, there were limited grounds to confirm whether appropriate measures had been put in place to ensure consumers’ care and services were regularly reviewed to meet their current needs, and to mitigate the likelihood of overdue care plan reviews in the future.

In addition, the overdue care plans did not have current detailed information to guide staff in the delivery of effective care and services, with impact seen in the deficits in personal and clinical care as further discussed under Quality Standard 3. In considering this Requirement, I placed weight on the impact to consumers and correlation to the care plans requiring updated assessment, and found the service non-compliant with Requirement 2(3)(e).

*The other Requirements:*

I am satisfied the service is compliant with the remaining 4 requirements in this Quality Standard.

Generally, where risks were identified, individual interventions to minimise risks were incorporated into consumers’ care plans. Deficiencies relating to the assessment of behaviour management, and associated risk are considered further under Requirement 3(3)(b).

Overall, consumers and representatives confirmed they were involved in the assessment and planning process, where consumers’ current goals, preferences, and end of life care planning was discussed. Care plans demonstrated consumers were involved in the on-going assessment and review of care and services, and included others involved in consumers’ care. Consumers and representatives confirmed the outcomes of assessment and planning were communicated in an easy to understand manner, however, advised they did not require a copy of the care plan. Staff said, and care planning documentation confirmed assessment outcomes were communicated through telephone calls, email correspondence, and face to face feedback.

# 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. | Non-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

I have found this Standard Non-compliant in relation to Requirement 3(3)(a) and Requirement 3(3)(b) based on the below summarised relevant evidence.

*Requirements 3(3)(a) and 3(3)(b):*

The Assessment Team found:

7 consumers did not receive best practice personal care in line with their preferences, with impact to the optimisation of their health and well-being, as evidenced from consumer feedback, care planning documentation, personal care charts, and observations.

2 consumers and their representatives confirmed the consumers had not been out of their rooms for an extended period of time, which did not align with preferences detailed in their transfer and mobility care plans. Staff advised this was due to workload, which has been considered separately under Requirement 7(3)(a).

For 2 consumers, care planning documentation and representative feedback demonstrated deficits in the delivery of safe and effective clinical care, including high prevalence risks, for consumers with complex care needs and disability.

In relation to one consumer, the representative reported the consumer was administered medication via a plastic spoon, which was not in keeping with care plan directions due to safety considerations associated with involuntary movements.

For the other consumer, the Assessment Team observed the consumer was asleep for most parts of the day during the site audit. Staff reported the consumer’s baseline was sleepy by nature. The Assessment Team spoke to the representative, who provided feedback which indicated a lack of understanding about the potential impact and risks associated with sedation, minimisation of chemical restraint.

Care planning documentation confirmed the consumer was administered chemical restraint on several occasions, with limited evidence to confirm whether non-pharmacological options were trialled beforehand.

Staff feedback and care planning documentation was unable to demonstrate how the use of restrictive practice was minimised, with consideration to high prevalence risks associated with complex care needs.

In relation to restrictive practice, care planning documentation for 5 consumers did not demonstrate effective management of high impact, high prevalence risks associated with the changing behaviours of some consumers.

A consumer’s care planning documentation did not demonstrate evidence of informed consent in the use of mechanical restraint.

With regard to chemical restraint, care planning documentation did not demonstrate consistent trialling of alternative strategies, or monitoring and evaluation, following the administration of as-needed medications.

Staff were not able to demonstrate consistent knowledge of strategies included in behaviour support plans to minimise the use of restraint, such as recommendations from behaviour services, such as Dementia Support Australia.

Staff were not observed to implement behaviour management strategies, to minimise use the use of restraint, in keeping with behaviour support plan recommendations and the service’s policy.

The service had policies which guided staff in the management of high impact, high prevalence risk, including a behaviour support policy. However, the policy listed several generic strategies to when responding to an escalating behaviours.

The Approved Provider’s response to the site audit report acknowledged the above deficits, and provided evidence of updated care plan reviews, assessments, and other referrals for the consumers cited in the site audit report, with the exception of one consumer, whom the service advised was in hospital. The service provided evidence of the deficits raised in the site audit report being noted in an updated continuous improvement plan.

Specifically, in relation to deficits identified with:

*Personal care*

The service provided evidence of a shower list to ensure consumers received personal care in accordance with their preference, in addition to care plan review and assessment.

*Mobility transfers*

For one named consumer, the service advised the consumer had an updated physiotherapy assessment to assist staff with transfers. A physiotherapist progress note provided by the service advised the consumer’s bed mobility transfers changed from a support ratio of 3 to 2; however, noted the consumer had increased pain when changing position in bed. There was no further evidence provided which clearly confirmed whether the consumers pain had been appropriately assessed in relation to the bed transfers.

For the second named consumer, the service reported it had arranged for additional staff training in using the consumer’s specialised mobility chair.

*Complex care needs*

In addition to raising identified deficits under the continuous improvement plan, the service advised it had arranged further staff training and guidance, in addition to a Dementia Support Australia workshop.

I acknowledge the Service has undertaken actions to address the deficits identified in the site audit report. However, at the time of the site audit, deficiencies were identified across several clinical and personal care domains, with potential impact to the health and well-being of consumers.

In making my decision, I placed weight on the potential risks posed to consumers associated with the identified deficits. I also placed emphasis on evidence which demonstrated several deficits in the safe, effective personal and clinical care that was best practice, tailored to individual needs to optimise consumers’ health and well-being. I acknowledge service has undertaken actions in response, such as the updated continuous improvement plan, updated care plan assessments, and staff training. However, there are limited grounds to confirm whether effective change has been implemented at the service delivery level, to minimise the reoccurrence of the identified deficits. Therefore, I decided the service was non-compliant with Requirement 3(3)(a) and Requirement 3(3)(b).

*The other Requirements:*

I am satisfied the service is compliant with the remaining 5 requirements of Quality Standard 3.

Based on the balance of evidence, staff feedback, care planning documentation, and medication charts showed consumers received end of life care, in a comfortable and dignified manner in accordance with their needs, goals and preferences. Staff interviews and care plans confirmed appropriate action was taken in response to deterioration or changes in a consumer’s health and demonstrated timely and appropriate referrals to the medical officer, hospital, and other providers of care and services. Staff demonstrated knowledge of antimicrobial stewardship and described ways to minimise the use of antibiotics.

# 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

Consumers said they received safe and effective services and supports for daily living, which were important for their health and well-being, and enabled them to do the things they wanted to do. Staff demonstrated knowledge of consumers’ goals and preferences which aligned with consumer feedback and care planning documentation. However, the Assessment Team identified staff did not always have time to assist consumers in the secure memory support unit with supervised access to the outdoor areas of the service, as considered further under Quality Standards 5 and 7.

Consumers confirmed the service supported their emotional, spiritual, and psychological well-being through appropriate services and supports, and described meaningful activities they were engaged in. Staff described ways they supported consumers well-being, through referrals, engaging consumers in conversation, providing emotional support, and connecting consumers with their family, friends, and community.

Staff described how they supported consumers varying lifestyle interests and needs, for example:

Arranging direct support and activities for consumers confined to their rooms;

Volunteer services from local community groups; and

Bus trips to locations of interest.

Consumers and representatives confirmed consumers were supported to participate in their community within and outside the service, have social and personal relationships, and do things of interest.

Staff said information about consumers’ conditions, needs, and preferences was effectively shared with others responsible for care through various ways, such as documented handover processes, referrals, alerts, case conferences, care plans, and direct feedback. Care plans, progress notes, consumer and representative feedback confirmed information was effectively communicated to support the delivery of consumers’ care and services. Care plans demonstrated timely and appropriate referrals were completed to support consumers with lifestyle services and supports.

Consumers said meals were of a varied, suitable quality and quantity, they were offered a choice of meals on the menu, and could choose alternatives if nothing was suitable. Staff said the menu was planned with consideration of consumer feedback, dietary needs, and preferences. Care plans contained dietary information to support the delivery of appropriate meals, including texture-modified meals and thickened fluids.

Overall, consumers and staff said equipment required for activities for daily living was suitable, clean and well maintained. However, deficits were identified in relation to the cleanliness of some equipment, such as fold out chairs, as considered further under Requirement 5(3)(b).

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I have found this Standard Non-compliant in relation to Requirement 5(3)(b) based on the below summarised relevant evidence.

*Requirement 5(3)(b):*

The Assessment Team found deficits in the safety, cleanliness, and maintenance of the service environment. Several consumers and representatives reported dissatisfaction with the cleanliness of the service, and persistent odour. Some representatives considered the service environment was not overly welcoming, due to the ongoing odour and poor cleanliness. Some consumers stated the equipment occasionally needed wiping and was dirty. Staff confirmed shared equipment was not always wiped over between use. One consumer said, and observations confirmed, an exposed power socket had not been fixed. The Assessment Team observed the service environment had a strong odour throughout the site audit, with one shared consumer bathroom dirty with used towels and washers on the floor.

Maintenance staff reported not all staff logged items in the maintenance book. Management advised weekend cleaning was introduced to address complaints about the cleanliness of the service.

Consumers were observed moving freely within the service environment. However, the Assessment Team observed staff did not always have time to assist consumers in the secure memory support unit with supervised access to the outdoor areas of the service.

The Approved Provider’s response to the site audit report acknowledged the above deficits, and reported the service had implemented additional cleaning hours. In addition, the service purchased a steam cleaner, cleaning equipment, and small bins, and sent out a staff reminder regarding cleaning duties. The service advised an environmental assessment identified airflow and access to the garden area required improvement, and added these deficits to its continuous improvement plan.

I have considered the evidence in the site audit report and Approved Provider’s response, placed emphasis on the reported impact on consumers’ experience within the service environment at the time of the site audit, and decided the service is non-compliant with Requirement 5(3)(b). I acknowledge the service took steps to fix the issues; however, I considered the lack of monitoring and follow-up of the various cleaning and maintenance issues raised by consumers and representatives prior to the site audit. I also considered there are ongoing improvements required to address the deficits, and at present I have limited grounds to confirm whether safety, cleanliness, and maintenance concerns have been suitably addressed to prevent reoccurrence.

*The other Requirements:*

I am satisfied the remaining 2 requirements of Quality Standard 5 are compliant.

Overall, consumers reflected the service felt like home. The service environment was observed to be easy to navigate, with handrails, signage and natural light to assist consumers’ independence, interaction, and function within the service environment. Furniture, fittings, and equipment, on balance, were observed to be safe, clean, and well maintained, noting deficits raised under Requirement 5(3)(b).

# Standard 6

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

Findings

Overall, consumers said they were supported to provide feedback and complaints and engage in processes to resolve issues. However, I note the site audit team identified ongoing deficits in relation to addressing cleaning complaints, as discussed under Quality Standard 5.

Staff described how they supported consumers and representatives to provide feedback and complaints, including options to utilise advocates, language services, and external complaints resolution services. Staff said they supported consumers with communication and language barriers to provide feedback and complaints through various ways, such as diagram-based communication cards and other visual aids. All consumers and representatives confirmed they were comfortable raising concerns directly with management or staff, or through feedback forms at the service.

Based on balance of evidence, most consumers and representatives advised feedback and complaints were responded to in a timely manner, using an open disclosure approach. The complaints register confirmed appropriate action was taken in response to complaints in accordance with the service’s policy and showed the application of open disclosure.

As mentioned above, there were deficits in feedback and complaints being reviewed to improve the quality of care and services for cleaning and maintenance. However, on balance, management feedback and reports demonstrated feedback and complaints, overall, were trended, analysed, and used to improve care and services. Staff said, and meeting minutes confirmed, some of the changes arising from consumer feedback and complaints included reinstating lunch outings, improving food services, and including a wider variety of activities.

# 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. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I have found this Standard Non-compliant in relation to Requirement 7(3)(a) based on the below summarised relevant evidence.

*Requirement 7(3)(a):*

The Assessment Team found the service was unable to demonstrate how the workforce was appropriately planned with the right mix and ratio of staff to support the delivery of safe, quality care and services for consumers. Most staff reported they were short-staffed on a regular basis, with impact to consumers as staff were unable to meet consumers’ care preferences. Staff reported they did not always have time to engage in meaningful one-on-one time with consumers, due to staff shortages. Deficits were identified under Quality Standard 3 in relation to personal care and mobility transfers, with consumers, representatives and staff reporting there were not enough staff to support consumers’ care needs. In addition, staff reported consumers residing in the secure memory support unit were sometimes unable to be accompanied outside due to staff shortages.

The Approved Provider’s response to the site audit report acknowledged the above deficits, and provided evidence of updated care plan assessment and charting to support consumers with their personal care preferences. The service reported staff meetings will be held to listen to concerns, and to identify appropriate strategies to support staff, as noted in the service’s updated continuous improvement plan. I acknowledge the service has taken steps to consult with the consumers identified in the site audit report and to communicate with staff in relation to workload. However, I have placed weight on the impact of short staffing on consumers receiving safe, effective tailored care and services as discussed under Quality Standard 3, and decided the service is non-compliant with Requirement 7(3)(a). In addition, I note the service’s own monitoring systems had not identified these deficits in workforce planning, and the level of impacts to consumers, until after the site audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining 4 requirements in Quality Standard 7.

Consumers and representatives said, and observations confirmed, staff treated consumers in a kind and caring manner, and respected each consumer’s identity, culture and diversity. Overall, staff and management feedback confirmed the workforce had the right qualifications and knowledge to perform their roles. The service provided evidence of up-to-date tracking and monitoring of qualifications and registrations required by staff. Staff said they felt supported by management and described the training, professional development and supervision they received during their orientation and on an ongoing basis. Staff said their performance was regularly monitored through educational competencies and annual performance appraisals. Management feedback, and human resource documentation, confirmed the service had processes in place to identify and respond to staff performance issues.

# Standard 8

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

Overall, consumers and representatives stated the service was well run and were involved in improving the delivery of care and services. Deficits were noted in the service’s response to cleaning and maintenance issues raised by consumers and representatives, considered under Quality Standard 5. However, on balance, the service demonstrated it sought consumers’ feedback in the evaluation of care and services through consumer meetings, verbal and written feedback, surveys and case conferences.

Consumers and representatives provided feedback which indicated the organisation’s governing body was accountable for the delivery of safe, inclusive, quality care and services. Management feedback, policies, procedures, and guides confirmed the governing body was accountable for care and services through regular meetings, governance committees, and clear structured reporting lines.

Overall, based on the balance of evidence presented in the site audit report, the service demonstrated it had effective organisation-wide governance systems, through documented policies, procedures, guidelines, reporting and monitoring lines. However, deficits were identified under Quality Standards 2, 3, 5, and 7 relating to workforce governance and regulatory compliance.

Staff reported they could access relevant information through the service’s information management systems to support them in their roles. The service’s continuous improvement plan confirmed improvement opportunities were identified and actioned. Management said, and documentation confirmed, there were appropriate systems in place for finance, feedback and complaints, and workforce governance. Systems were in place to ensure regulatory compliance, through monitoring and tracking changes to legislation, and regular correspondence from national peak bodies, external agencies and regulatory bodies.

Management feedback, policies and procedures, and reports demonstrated the service had effective risk management systems in place for the management of high impact risks associated with care, response to abuse and neglect, support for consumers to live their best life, and management and prevention of incidents. However, deficits were noted in assessment and management of high impact, high prevalence risks, most applicable under Quality Standards 2 and 3.

The service’s documented clinical governance framework included policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated knowledge of ways to minimise risk of infections, antimicrobial stewardship, and open disclosure, indicative of the effectiveness of the service’s clinical governance framework.

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)