Performance

Report

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| Name of service: | Umina Park Home For The Aged |
| Service address: | 22-24 Mooreville Road BURNIE TAS 7320 |
| Commission ID: | 8811 |
| Approved provider: | OneCare Limited |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 24 March 2023 |
| Performance report date: | 8 June 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 Umina Park Home For The Aged (**the service**) has been prepared by J. 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 21 March 2023 to 24 March 2023; 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 on 29 April 2023.
* 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 | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **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 4(3)(a)* – The service must ensure 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.
* *Requirement 4(3)(f)* – The service must ensure where meals are provided, they are varied and of suitable quality and quantity.
* *Requirement 6(3)(c)* – The service must ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* *Requirement 6(3)(d)* – The service must ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* *Requirement 8(3)(a)* – The service must ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

*Requirement 1(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

The site audit report noted:

* A consumer and their representative advised when the consumer was transferred out of the bed into their chair, they were left sitting in their continence aid with nothing to cover them. The representative found this experience undignified and inconsiderate of the consumer’s privacy. The consumer advised they felt self-conscious when their door was left ajar as passers-by may have seen them exposed. The consumer indicated staff had assisted them with signage to indicate to staff to keep their door closed; however, some staff still leave the door ajar. The Assessment Team observed this sign and further noted during the site audit the door was left ajar. Management advised they had made an appointment to follow up with the consumer and their representative regarding their concerns and will follow up with staff to disseminate the service’s privacy and dignity policy.
* A consumer who wished to remain anonymous stated staff refused to wash the consumer’s private areas and this caused personal hygiene issues and was upsetting to the consumer. The consumer indicated they had developed a rash, and their medical officer had provided an ointment to use; however, staff refused to apply the ointment. Due to the consumer’s request to remain anonymous, management were unable to follow up specifically with the consumer; however, management advised further training and education will be provided to staff regarding the importance of personal care.
* The Assessment Team noted a staff member assisting a consumer to walk down the corridor and observed the consumer’s pants had dropped down to their mid-thigh, exposing their continence aids. The consumer was observed trying to pull up their pants as they walked and they were eventually stopped by the staff member, who helped to pull up the consumer’s pants. The staff member informed the Assessment Team they had not noticed the consumer’s pants had fallen.
* A representative advised they had recently attended the service and found the consumer did not have their dentures in. The consumer told the representative the morning staff had taken the dentures out but had not replaced them, and as a result the consumer had their lunch time meal without their dentures in place. Management advised the Assessment Team they would follow up with the consumer’s representative to discuss their concerns.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer that was transferred from their bed to their chair and left in an undignified manner – the service advised management consulted with the consumer and the representative and provided an unreserved apology for their experiences. Management advised these events occurred when the consumer’s door was closed and has taken measures to ensure the consumer is covered during transfers in accordance with their preferences.
* Concerning the consumer that provided feedback regarding their personal hygiene – the service reiterated they took immediate action with all relevant staff in relation to the service’s requirements to ensure personal care was attended to, education in a variety of formats was delivered to staff relating to personal care, skin integrity and dignity and respect.
* Concerning the Assessment Team’s observations regarding the consumer’s pants partially falling down – the service advised this was an unintentional, and isolated instance, the staff member confirmed when approached after the incident by the Assessment Team that they were focussing on mobilising the consumer and had not realised the consumer’s pants had fallen down to their thighs.

I have considered the information provided by the Assessment Team and the Approved Provider. Whilst I acknowledge there were deficits in the consistent treatment of consumers in a dignified manner, the response outlined by the Approved Provider has adequately responded to, and addressed the concerns raised by the Assessment Team. Therefore, having considered all relevant information, I decided the service is compliant with Requirement 1(3)(a).

*The other Requirements:*

Consumers and representatives confirmed the service recognised and respected their cultural traditions and preferences. Care planning documentation captured information regarding consumers’ cultural needs and preferences.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Management and staff described how they supported consumers to communicate decisions and maintain relationships of their choice.

Consumers advised they were supported by staff to take risks and live the best lives possible. Care planning documentation demonstrated risks were identified through risk assessments and staff took appropriate measures to ensure consumers were provided with information to make informed decisions regarding their care and services they received.

The Assessment Team observed posters, flyers, brochures, and notice boards which displayed upcoming activities and menu options displayed throughout the service. Consumers and representatives mostly advised they had access to information to support decision making regarding their care and services.

The service’s electronic care management system used for documentation storage was password protected and all hard copies of documentation was stored in the nurse’s station, which was locked. The service had policies regarding privacy and confidentiality to guide staff practice.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 provided positive feedback and confirmed they were involved in the development of their care plans, resulting in care which was specifically tailored to their needs, preferences, and goals. Staff discussed the assessment and care planning process, which included the consideration of individual risks to consumers.

Care planning documentation identified and addressed the consumer’s current needs, goals and preferences, including advance care planning and end-of-life planning. Staff demonstrated an understanding of the needs and preferences of consumers which aligned with the feedback received by consumers and representatives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives confirmed they were consulted during the care assessment and planning process.

The service demonstrated consumers and representatives were engaged through regular communication when circumstances related to their care changed. Staff advised they had access to care planning documentation and would refer any changes to the consumers’ care needs or preferences to the registered nurse immediately or as part of the care handover process.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Consumers and representatives confirmed care and services were reviewed regularly.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Consumers and representatives mostly reported the delivery of care and services met their needs and preferences, provided them with informed choices and enabled them to live their best lives. The service had policies and procedures in place to direct the delivery of personal and clinical care in line with best practice.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Care planning documentation noted high impact or high prevalence risks such as the management of pain, behaviours of concern and weight loss were identified and effectively managed by the service.

Staff outlined their understanding of consumers’ goals, needs and preferences, including end-of-life care. Consumers and representatives confirmed the service raised end-of-life care preferences and advance care planning in discussions with them.

Deterioration in, or changes to, consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described the reporting process used when they recognised changes in consumers’ health and well-being and indicated they would notify the registered nurse of the deterioration.

Consumers and representatives expressed positive feedback regarding staff’s understanding of the consumer’s care needs, condition, goals and preferences. The Assessment Team observed the shift handover process and noted staff communicated consumers’ health changes to the staff members on the following shift.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports. Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services.

The service demonstrated the effective management of infection related risks and promoting antimicrobial stewardship. Staff confirmed they had received training on infection prevention, personal protective equipment and COVID-19 management, and undertook competency tests, which were scheduled throughout the year.

# Standard 4

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

Findings

*Requirement 4(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer received safe and effective services and supports for daily living that met the consumer’s needs, goals and preferences and optimised their independence, health, well-being and quality of life.

The site audit report noted:

* The Assessment Team interviewed consumers and representatives regarding their feedback on the service’s lifestyle and activities program, consumers and representatives raised the following concerns:
  + The service’s activities were very repetitive and did not target the interests of the majority of consumers.
  + The whiteboard which displayed the activities was difficult to understand as it provided little information which made it difficult for consumers to make informed decisions. These comments were consistent with the Assessment Team’s observations of the activities calendar on display.
  + The scheduling and occurrence of activities were not well communicated and some consumers missed out on attending their preferred activities as they were not aware they were occurring.
* The Assessment Team observed a group activity occurring within the facility and noted there was limited consumer engagement.
* A review of the lifestyle program attendance records showed these records were not consistently completed. Staff advised a lifestyle program was not created for those consumers who resided in the service’s Memory Support Unit. Furthermore, staff had not sought feedback from consumers concerning the evaluation of activities.
* The Assessment Team provided their feedback and observations to the service and management advised it will undertake an evaluation of the lifestyle program and it established a continuous improvement action to capture feedback and ensure consumer involvement in the activities program. In addition, lifestyle staff will be present at the service on Saturdays to undertake activities with consumers.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team. The Approved Provider outlined the actions taken and prospective actions within their continuous improvement plan, which included:

* The completion and analysis of a consumer and representative survey regarding the service’s lifestyle and leisure activities. The outcome of this survey will be discussed with consumers and representatives and will enable a new leisure and lifestyle program to be implemented.
* Staff now undertake an evaluation of each activity.
* A new template regarding consumer and representative meeting agenda and minutes to be created to clearly document feedback, planned outcomes and outcomes.
* A review of best practice leisure activities will occur to inform the redevelopment of the service’s new leisure and lifestyle program.
* The extension of leisure and lifestyle hours by 8 hours, provided each Saturday, with the recruitment of an additional leisure and lifestyle assistant.
* The provision of additional training and education for the leisure and lifestyle team.
* Sourcing an external aged care leisure and lifestyle consultant to assist with the ongoing program improvements.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, due to the feedback provided by consumers, and observations made by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate each consumer received safe and effective services and supports for daily living that met the consumer’s needs, goals and preferences and optimised their independence, health, well-being and quality of life. Further, although the service has taken action to rectify issues, some of the solutions are still being implemented and it will take time to ensure they successfully address the situations.

Therefore, I decided the service is non-compliant with Requirement 4(3)(a).

*Requirement 4(3)(f):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate where meals were provided, they were varied and of suitable quality and quantity.

The site audit report noted:

* The Assessment Team noted 10 consumers provided negative feedback regarding the quality of the meals. Feedback from consumers included:
  + consumers did not receive the meals they requested
  + the displayed menu was in a difficult to read location
  + the meals provided were often cold, lacked taste and variety, not cooked properly and inedible
  + the service does not action consumers’ feedback and the quality of the meals do not improve despite consumers providing their feedback regarding the same issues on multiple occasions
  + meals that were enjoyed by consumers were removed without consumer consultation.
* The Assessment Team reviewed the minutes for the food focus meeting held in September 2022, which showed concerns were raised regarding the quality of the meals, in particular, that food was cold, dry and improperly cooked. These issues were not noted in the service’s continuous improvement plan or in the complaints register.
* Management indicated the food focus meeting was implemented in September 2022; however, meetings were not held in January or March 2023 due to various outbreaks in the community. Management advised the service will now host monthly meetings moving forward, commencing from April 2023.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the lack of communication regarding menu item changes – the service indicated this matter was discussed at staff meetings and instructions communicated to all staff on correct procedures to undertake to ensure changes were communicated in a prompt and comprehensive manner. New processes for escalating potential unexpected menu changes including management oversight and communication to all consumers is being implemented.
* Concerning the food focus meeting – the service outlined, as advised by consumers the separate food advisory meeting was not the preferred format for that meeting and should be incorporated into the general consumer meeting. Meetings to discuss food satisfaction continued to be held, however they were held under a separate agenda item within general consumer meetings.
* Concerning the variety of menu options available – the service advised in April 2023, consumers were consulted about the options for the upcoming autumn/winter menu. A consumer survey was completed, which evidenced that 57% of consumers were happy with the menu and 79% rated their satisfaction with the catering service as either ‘good’ or ‘very good’. Changes were now underway to address and adjust any unpopular recipes or meals.

I considered the information presented by the Assessment Team and the Approved Provider. Whilst I acknowledge the immediate action taken by the Approved Provider to address the issues surrounding the quality of the meals provided, at the time of the site audit, based upon the feedback provided by consumers, the service did not demonstrate the provision of meals were suitably varied and of high quality. Furthermore, although the service is currently taking action to change the menu and to improve consumers’ satisfaction with the available meals and food items, it has not finished implementing changes and it will take time to see whether consumers’ satisfaction improves.

Therefore, I decided the service is non-compliant with Requirement 4(3)(f).

*The other Requirements:*

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Staff outlined how they supported consumers, including those who required one-to-one supports.

Consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff outlined how they supported consumers to keep in touch with people who were of importance to them by assisting consumers with their mobile phones or linking them with family and friends on tablets.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded on the electronic care management system.

Care planning documentation identified the involvement of other organisations and providers of care and services. The service had policies and procedures to support the referral of consumers to allied health professionals and other organisations.

The Assessment Team observed equipment used to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well maintained. Consumers and representatives reported they were aware of the process for reporting equipment issues to staff.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 indicated the service environment was welcoming and easy to understand and optimised consumers’ feelings of belonging, independence, interaction, and function. The Assessment Team noted the service contained clear signage to direct consumers and visitors throughout the service.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. Consumers and representatives expressed their satisfaction with the design, cleanliness and maintenance of the service.

Maintenance staff demonstrated maintenance logs were kept and identified issues were resolved in a timely manner. The Assessment Team reviewed the preventative maintenance schedule and noted maintenance was performed monthly on equipment such as the hoists, and call bells.

# Standard 6

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| Feedback and complaints | | Non-compliant |
| 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

*Requirement 6(3)(c):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate it took appropriate action in response to complaints, nor that it always used an open disclosure process when things went wrong.

The site audit report noted:

* A consumer advised they had made a suggestion to management regarding the accessibility of the alternative menu, as it was not clearly visible and despite their suggestions being lodged over a month ago, they had not received any acknowledgement or response. Management indicated to the Assessment Team they had not received this feedback, however implemented the consumer’s suggestions at the time of the site audit.
* A consumer’s representative indicated they do not receive an adequate response when raising concerns or complaints with staff. The representative expressed they had spoken directly with management regarding the launder of the consumer’s clothing, and although the issue was temporarily resolved, the issue remains ongoing.
* A consumer stated they had provided feedback regarding the service’s leisure and lifestyle program; however had not heard back from management regarding the concerns that were raised. Management advised they were unaware of the raised concerns and would investigate this matter.
* Ten consumers and representatives stated they regularly raised concerns with management regarding the quality and variety of the meals, and the reliability of the planned menu being delivered, however, their concerns have not adequately been addressed and remain ongoing.
* A consumer’s representative outlined they were not satisfied with the service’s communication regarding how the consumer sustained an injury, and the communication of medication changes.

* A review of the minutes for consumer meetings identified consumers raise concerns within this forum, however the meeting minutes did not record or report how the concerns were addressed. Management were informed of this matter and indicated they had improved the way feedback and follow up actions were captured and presented the Assessment Team an updated meeting agenda and minute template.
* A review of the service’s feedback register evidenced the complainant was not always identified, nor was the resolution progress and evaluation of actions consistently documented. Management acknowledged the lack of details in the register may hinder their review and analysis of the feedback register.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Management acknowledged the findings presented by the Assessment Team and directly communicated with all consumers and representatives to offer an apology and outlined the service’s continuous improvement activities.
* The service’s actions included:
  + Staff education on the service’s complaint and feedback procedures.
  + The development of a new procedure to ensure consumers and representatives can provide direct feedback to the Hospitality Services Manager and kitchen staff by using a meal feedback form which can also be facilitate face to face meetings, when requested.
  + Enhanced reporting from the service to ensure oversight by the leadership team via quality reporting processes.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, due to the feedback provided by consumers and representatives, and a review of documentation conducted by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate appropriate action was taken in response to complaints.

Therefore, I decided the service is non-compliant with Requirement 6(3)(c).

*Requirement 6(3)(d):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate feedback and complaints were reviewed and used to improve the quality of care and services.

The site audit report noted:

* The Assessment Team identified that not all feedback was recorded in the service’s feedback register. For the period of September 2022 to 23 March 2023, 38 complaints were recorded. However, this did not include complaints made by certain consumers and representatives. Management advised these complaints were not recorded as they were unaware of the issues raised.
* The concerns raised by a consumer’s representative were not recorded in the complaints register, despite management being aware of the concerns. Management indicated they were in continual conversations with the representative to address their concerns as soon as they arose.
* There were 5 complaints recorded in the feedback register between December 2022 and March 2023 related to food quality, however, the service’s continuous improvement plan did not record an initiative to address these concerns. Furthermore, the continuous improvement plan did not consistently record expected completion dates, nor record follow up actions or outcomes of initiatives.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service acknowledged the evidence presented by the Assessment Team and advised corrective actions, were undertaken at the time of the site audit to address these deficits. These actions are being monitored by the executive leadership team and service’s complaint and feedback reporting processes.

Whilst I acknowledge the actions taken by the Approved Provider to address the issues with the review feedback and complaints, as evidenced by feedback received by consumers and representatives, and a review of the service’s feedback register and continuous improvement plan conducted by the Assessment Team, I consider that at the time of the site audit, the service did not demonstrate that feedback and complaints were used to improve the quality of care and services.

Therefore, I have decided the service is non-compliant with Requirement 6(3)(d).

*The other Requirements:*

Consumers and representatives confirmed the service supported them to provide feedback and make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

Staff demonstrated a shared understanding of the internal and external mechanisms for providing feedback and making complaints. The Assessment Team observed information regarding external complaints and advocacy services on noticeboards and at information stations throughout the service.

# Standard 7

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

Findings

*Requirement 7(3)(e):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The site audit report noted:

* The performance appraisal register for 2022 showed 56% of appraisals were completed. The Assessment Team raised this with management who advised staff were not returning the appraisal forms back to management to complete the appraisal process. Management indicated that performance appraisals would be completed as a priority.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service indicated incorrect information was provided to the Assessment Team during the site audit regarding the completion of performance appraisals. The service provided evidence of the performance appraisal completion rate from 2023 which outlined a completion rate of 96.5%, this figure excluded those staff members that are not currently working or on extended leave.
* Corrective actions were undertaken immediately following the site audit, and as a result, only 3 performance appraisals remain outstanding.

I considered the information provided by the Assessment Team and the Approved Provider. The response outlined by the Approved Provider has adequately responded to, and corrected the concerns raised by the Assessment Team. Therefore, I decided the service is compliant with Requirement 7(3)(e).

*The other Requirements:*

Consumers and representatives were mostly satisfied that the workforce was planned to enable the delivery and management of safe and quality care and services. A review of the service’s staffing roster evidenced whilst the service had a high trend of sick leave absences, these shifts were replaced with existing staff extending their care shifts or replaced with casual staff.

The service had policies related to workforce behaviour including respectful interactions, diversity and inclusion, and privacy and dignity. The Assessment Team observed staff interacting with consumers in a kind and caring manner; this observation was consistent with feedback received from consumers and representatives.

Consumers and representatives advised staff effectively performed their duties and were confident staff were skilled to meet their care needs. Staff confirmed they received training and demonstrated their understanding on the Serious Incident Response Scheme, restrictive practices, antimicrobial stewardship and open disclosure.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services.

# Standard 8

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

*Requirement 8(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement.

The site audit report noted:

* The Assessment Team reviewed the service’s annual consumer experience survey, completed in September 2022 which evidenced an overall satisfaction of 74%. In October 2022, communication was disseminated to consumers and representatives advising of areas that were identified for improvement, which included laundry services, call bell response times, food quality and menu variety. However, the Assessment Team outlined there was not further follow up regarding these matters to inform continuous improvement, and these issues continued to persist as outlined by consumer and representative feedback.
* The Assessment Team reviewed the minutes for the food focus meeting held in September 2022, which evidenced concerns were raised regarding the quality of the meals, in particular, that food was cold, dry and improperly cooked. These issues were not noted in the service’s continuous improvement plan or in the complaints register. Management indicated the food focus meeting was implemented in September 2022; however, meetings were not held in January or March 2023 due to various outbreaks in the community. Management advised the service will now host monthly meetings moving forward, commencing from April 2023.
* Three consumers indicated the feedback provided to the service does not result in any changes within the service and were not adequately supported in the engagement of the evaluation of care and services.
* The Assessment Team reviewed the meeting minutes from the service’s most recent consumer and representative meeting, held in January 2023. Whilst consumer feedback was captured, it did not document the specific consumer who raised the concern to ensure the issue could be followed up with them on an individual basis and did not capture actions taken or outcomes from previous meetings. Management were informed of this matter and indicated the February 2023 meeting was not held due to an infection outbreak in the service, and they had improved the way feedback and follow up actions were captured, and presented the Assessment Team an updated meeting agenda and minute template.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the service’s annual consumer experience survey – the service indicated that consumers were able to outline various methods that consumer engagement is sought by the service, including meetings, feedback forms and surveys. The service contends the communication provided to consumers and representatives regarding the results of the survey included suggestions as to how the areas for improvement as identified by consumers were planned to be addressed.
* Concerning the food focus meeting – the service outlined, as advised by consumers, the separate food advisory meeting was not the preferred format for that meeting and should be incorporated into the general consumer meeting. Meetings to discuss food satisfaction continued to be held, however they were held under a separate agenda item within general consumer meetings. Following the site audit, a meeting was held with consumers to discuss the initial findings, consumers again confirmed they did not wish to have a separate food focus meeting.

I acknowledge the actions taken by the Approved Provider to address the identified issues. However, at the time of the site audit, a number of consumers and representatives did not feel supported in the evaluation of care and services and advised the feedback and complaints they provided were not appropriately actioned. Due to the feedback provided to, and documentation reviewed by the Assessment Team I consider that at the time of the site audit, the service did not demonstrate consumers were engaged in the development, delivery and evaluation of care and services and were supported in that engagement.

Therefore, I decided the service is non-compliant with Requirement 8(3)(a).

*The other Requirements:*

Staff described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings. Management outlined the various ways in which the organisation communicates with consumers, representatives, and staff regarding updates on policies, procedures, or changes to legislation.

The service demonstrated there were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The Board monitored and reviewed routine reporting and analysis of data related to consumer experience.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Management confirmed incidents and trends were identified and analysed, and reported to various committees and to the board, leading to care and service improvements for consumers.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff advised antibiotics were typically commenced following a confirmed pathology result to ensure its appropriateness and advised antiviral medication was available to consumers if needed.

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)