Performance

Report

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| Name of service: | Uniting Eabrai Weston ACT |
| Service address: | 12 Namatjira Drive, WESTON ACT 2611 |
| Commission ID: | 2915 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 27 October 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 Uniting Eabrai Weston ACT (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the assessment team’s report received 11 October 2022.

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, is tailored to their needs and optimises their health and well-being, particularly for consumers who experience restrictive practices and are under environmental restraint. Informed consent should be obtained for all consumers, with best practice alternate strategies identified and continual monitoring, review and documentation of the need for and effectiveness of the use of environmental restraint for all consumers.
* Requirement 8(3)(d) – the approved provider ensures effective risk management systems and practices are in place, including for but not limited to, managing high-impact and high-prevalence risks associated with consumer care and identifying and responding to abuse and neglect of consumers.

# 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

This Quality Standard is compliant as 6 of the 6 requirements are compliant.

Consumer representatives interviewed confirmed their consumers were treated with dignity and respect. Staff described how consumer identity and culture influenced the daily delivery of care and services and the importance of building trust and respect when providing specialist dementia care services. The Assessment Team observed staff to treat consumers with kindness and patience and care planning documentation reflected what was important to consumers to maintain their identity.

Consumer representatives discussed consumer cultural needs were respected and supported by staff without judgement. Staff described individual cultural preferences for consumers and how they support them, including participation in discussions in different languages and supported engagement in cultural activities and events including Anzac Day and shared Christmas lunch with families and friends.

The Assessment Team observed care provision in line with consumer preferences, even when consumer decision-making ability and choice were limited due to cognitive impairment. Staff described use of communication techniques including observation of non-verbal cues and body language to understand consumer needs and supporting consumers to maintain relationships important to them. Staff demonstrated knowledge of consumer preferences and choice in care and services delivery and provided examples of personal care choices for some consumers.

Consumer representatives interviewed said their consumers were supported to live the best life they can and were not concerned with restricted risk-taking for their consumers due to their cognitive impairments. The Assessment Team observed the ‘Risk Taking (Consumer)’ policy and procedure balanced consumer risk-taking with harm minimisation and reduced consumer decision-making capacity, and the will and preference of consumers where possible.

The Assessment Team found information provided to consumers and consumer representatives was current, accurate and timely and communicated in a way that was clear and easy to understand. Consumer representatives reported being provided with clear and timely information about consumer care and changes in care provision.

The Assessment Team observed consumer information left unattended on electronic tablets during medication rounds. Staff described care provision behind closed doors and in private and discussed how staff handovers are conducted in common areas of the facility and with consumers close by. This practice was observed by the Assessment Team where a shift handover was discussed in a kitchen.

In response to the concerns raised by the Assessment Team, the Approved Provider acknowledged the electronic tablet left unsupervised during medication rounds is inconsistent with Uniting Policy and was reflective of an isolated incident. Remedial actions were taken and included additional education on privacy and training with identified staff, an all staff memorandum about the importance of consumer privacy, an all staff directive on medication trolley use and a reminder about medication administration processes and signs posted in common areas about unattended computers.

The Approved Provider acknowledged handovers should not occur in areas where consumer information can be overheard, however disagreed the example provided by the Assessment Team was a breach of confidentiality. The Approved Provider discussed the layout of the facility and associated staffing model which ensures staff are working in close proximity to consumers in order to provide dementia-specific care as soon as required. Staff have been reminded about the locations of handovers and education about privacy and dignity will be conducted.

I have found the evidence supplied by the Approved Provider demonstrates a commitment to consumer privacy and am satisfied the measures taken will reinforce the importance of consumer privacy. I therefore find requirement (3)(f) compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

The Assessment Team found care planning documentation considered risks to consumer’s health and well-being and management and staff described the comprehensive assessment process on admission including risk identification. Consumers with high falls risks were assessed for assisted mobility aids and falls prevention strategies were identified. Other identified risks to consumers included pain management, diabetes management, wound management and cognitive decline, with referrals to medical officers, allied health professionals and specialists also considered in care and services delivery.

Consumers and consumer representatives interviewed confirmed end of life preferences were discussed and Advanced Care Directive documentation prepared. The Assessment Team observed consumer needs, goals and preferences, including advance care planning, were identified in consumer care documentation and staff demonstrated an understanding of consumer needs. Management advised end of life care planning discussions occur on entry to the service and when care plans are reviewed.

Consumer representatives interviewed discussed involvement with care assessment and planning, including awareness of specialists referrals and engagement of outside organisations like Older Persons Mental Health team for their consumers. Care planning documentation evidenced care conferences and involvement of external providers including medical officers, geriatricians, speech pathologists, physiotherapists, podiatrists and dietician services. Staff described the importance of consumer-centred care planning and discussed engagement with consumers and consumer representatives either face to face or by telephone for care planning.

Consumer representatives interviewed confirmed staff discussed their consumer’s care needs and information in their care plans. Consumer representatives were aware of how to access consumer information if required and confirmed receipt of a copy of their consumer’s care plan. Staff described having access to consumer care plans to inform care delivery and care planning documentation confirmed communication through progress note entries and case conference notes. Management reported consumers and consumer representatives were involved in the assessment and review process through case conferences and three-monthly care plan reviews.

Consumer representatives discussed being informed regularly about the care needs of their consumer and reported any changes requested were addressed in a timely manner. Care planning documentation showed regular review when circumstances changed, including consumer deterioration or incidents like infections, falls and wounds. Staff interviewed described incident reporting processes, reassessment and reviews and clinical indicator monitoring was evidenced for pressure injuries, medication incidents, use of restraints and falls.

# Standard 3

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 3(3)(a) is non-compliant.

The Assessment Team found the service was unable to evidence that informed consent from consumers or a substitute decision-maker was obtained prior to entry to the service for the purposes of environmental restraint, with locked entry and exit doors and secure perimeter fences in place. Management advised consumers provided ‘express’ consent when signing the ‘Resident Agreement’ on entry and none of the 19 consumers subject to an environmental restraint had assessments completed or consent obtained for this restrictive practice.

The Approved Provider responded to the site audit report and provided a copy of their Resident Agreement and referenced the section which detailed the key features of the environmental and perimeter restrictions of the chosen accommodation that may or may not be in place. The Approved Provider stated their Restraint Authorisation Form was not required, as by signing the contract the consumer or consumer representative agrees to the environmental and perimeter restrictions. The Approved Provider noted the ‘resident of the day’ documentation has been updated for staff to remind/inform consumers and consumer representatives of the current environmental restraints and review of the appropriateness of location. Door codes will also be supplied to consumers with cognitive ability, and review of the policies for restrictive and environmental practices will be completed.

In considering restrictions in a consumer’s environment, I have referred to the *Quality of Care Principles 2014* (the Principles) which state an environmental restraint is a practice or intervention that restricts, or that involves restricting, a consumer’s free access to all parts of the consumer’s environment (including items and activities) for the primary purpose of influencing the consumer’s behaviour. I am also mindful of the requirement, under the Principles, for informed consent to be obtained from the consumer, or if the consumer lacks capacity to give that consent, the substitute decision-maker for the purposes of a restrictive practice, which in this case is environmental restraint.

The service’s Resident Agreement provided is generic in nature and references ‘environmental and perimeter restrictions’ which may or may not be available in ‘Most Care Homes’ to ensure the safety of consumers and staff. Details of which areas may be restricted and when and how those areas are restricted are not particularised in the agreement. The agreement is not individualised for each consumer and their particular needs. The agreement does not detail best practice in relation to alternate behaviour support strategies that are either used or considered and does not demonstrate consideration of the effect on consumers who are experiencing environmental restraint, and how this practice is a measure of last resort.

Because of the generic nature of the agreement, I do not consider that a consumer or their substitute decision-maker can make an informed decision about the use of restrictive practice, being environmental restraint, as they are not provided with information about their particular consumer to inform that decision-making process. I therefore consider the agreement does not reflect best practice, is not tailored to the individual needs of consumers and does not optimise their health and well-being and find requirement 3(3)(a) is non-compliant.

I am satisfied the remaining 6 requirements of Standard 3 Personal care and clinical care are compliant.

The Assessment Team found effective management of high-impact or high-prevalence risks occurred for consumers requiring falls management, diabetes management, pain management and those with challenging behaviours. Care planning documentation evidenced risk assessments were completed and alternate strategies identified including use of mobility aids, non-pharmacological interventions and behaviour distraction techniques.

Consumer care plans were reflective of end of life needs and wishes and included individual comfort measures and religious preferences. Advanced health directives and statements of choice were available. Staff demonstrated an understanding of processes supporting the needs, goals and preferences of consumers nearing end of life. Management confirmed advanced care planning discussions occurred on entry and during care plan reviews.

One consumer representative expressed satisfaction with the timely response to changes in consumer weight and behaviour. Staff described several deterioration signs including changes in mobility, appetite and changes in behaviour. Care planning documentation and clinical records demonstrated timely identification and response to consumer deterioration, regular monitoring and engagement of consumer representatives and referrals to other specialist care services as required.

Consumer representatives interviewed described effective communication between themselves and staff about consumer care needs and preferences. Care planning documentation evidenced communication with medical officers and geriatricians when incidents occur, if a change in consumer condition is detected and when a consumer returns from hospital. Staff confirmed exchange of updated consumer information at handover, during meetings and in consumer progress notes.

Five consumer representatives interviewed said referrals were timely, appropriate and occur when needed and to relevant professionals, including allied health practitioners and medical specialists. The Assessment Team found care planning documentation demonstrated timely referrals, when needed, to speech pathology, physiotherapy, podiatry, geriatricians and Older Persons Mental Health services. Provision of physiotherapy and podiatry services were observed to be available to consumers.

Consumer representatives interviewed said the service was clean and staff wash their hands and wear their personal protective equipment, consistent with observations of the Assessment Team on hand hygiene practices, personal protective equipment usage and visitor and contractor entry screening. Staff described examples of infection prevention and control practices including hand hygiene, use of personal protective equipment, fluid encouragement and obtaining pathology results prior to antibiotic commencement.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 requirements have been assessed as compliant.

The Assessment Team found staff demonstrated provision of safe and effective care and services through regular discussions with consumers, regardless of consumer cognitive ability. Staff described engagement with consumers about their daily apparel, food and drink preferences, dining locations and activities and social events participation, and this was consistent with observations by the Assessment Team during lunchtime meal service.

The Assessment Team observed consumer and staff interactions in lounge areas, with staff providing emotional and psychological support when required. Care planning documentation demonstrated provision of emotional and spiritual well-being support including individual pastoral services and cultural events and activities. Consumer representatives interviewed were satisfied with the level of activities available to consumers and support to maintain relationships with families and friends. Consumers were supported to engage in gardening activities, walking and social activities outside the service.

Consumer representatives discussed how information about consumer needs and preferences was shared with other services including the podiatrist and hairdresser. On review of care documentation, the Assessment Team found communication with Dementia Services Australia when changes in consumer behaviour was identified and communication to the consumer’s next of kin when required, due to consumer cognitive impairment. Consumer representatives described referrals for other services when required, including to hospital, Dementia Services Australia, radiology services, medical officers and the geriatrician.

The Assessment Team observed meals were cooked onsite, with nutrition and hydration needs communicated to kitchen staff, including known allergies, specific consumer preferences and dietary requirements in accordance with consumer care plans. Consumer representatives described being satisfied with the meals offered and their variety. Consumer representatives were also satisfied with the equipment available to consumers and the Assessment Team observed equipment was clean, in good working order and well maintained.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 requirements have been assessed as compliant.

The Assessment Team observed easy dementia ‘way-finding’ principles in place supported easy navigation by consumers, with spacious areas that are welcoming to families. Consumers were provided with their own rooms and ensuite and rooms were personalised with items important to consumers. Other features included a modern indoor barbeque area, with tables and chairs available for use by consumers and their families and household garden areas.

The Assessment Team found the service environment was comfortable and safe for consumers. One consumer representative interviewed advised their consumer was unable to access the garden very often. The Assessment Team found most consumers were able to move freely indoors and outdoors, however noted one door to a particular area was locked and consumers were unable to freely access this outdoor area. Management advised this door was locked to minimise the opportunity for one consumer to exit the service, which they had attempted on 2 previous occasions. Previously, the doors had been left ajar and consumers were able to push the doors and exit freely. For consumers who wanted to spend time in the garden area, the door was closed behind them and were required to call for assistance to re-enter the building.

The Approved Provider responded to the audit report and advised consumers who wished to exit the service were able to do so, with the support and monitoring of staff. Consumers who are unable to verbalise their wish to go outside, are monitored by staff for signs of wanting to exit and are accompanied by staff to ensure they are able to re-enter the service. The Approved Provider advised of discussions with the particular consumer representative about access to the garden area for their consumer and an updated care plan which notes the consumer enjoy spending time in the garden area. I am satisfied the measures in place provide an opportunity for all consumers to move freely and safely about the service, including to outdoor areas.

Most consumer representatives described satisfaction with the cleaning of the service, however one consumer representative reported an outstanding maintenance issue about a water leak which they believed affected the safety of their consumer. The Assessment Team observed furniture was mostly well maintained, however noted broken and abandoned pieces of furniture and a tipped over bird baths in the garden area of one particular household.

The Approved Provider responded to the site audit report and advised actions had been taken to remove the furniture and attend to the birdbath. As for the water leak discussed by the consumer representative, the Approved Provider acknowledged the leak was an ongoing problem which had originated from an installation outside the service and evidence was provided of approved repair work to be carried out. I am satisfied the work undertaken by the Approved Provider to ensure the issues are addressed, supports their commitment to ensuring a safe, clean and well-maintained environment for consumers.

I therefore find requirements 5(3)(b) and 5(3)(c) are compliant.

# 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

This Quality Standard is compliant as 4 of the 4 requirements have been assessed are compliant.

Consumer representatives interviewed said they were supported to provide feedback or make a complaint and were comfortable doing so, including directly with management. Staff interviewed described support provided to consumers and consumer representatives to provide feedback and escalate matters to registered staff or management. The Assessment Team observed feedback forms and locked box for completed forms were clearly visible at the service entrance.

Most consumer representatives interviewed were unaware of external complaint mechanisms available to them and reported their preference to raise issues directly with service management. The Assessment Team observed the availability of contact information for external agencies including ‘Noeline Brown’ advocacy and Dementia Services Australia. Several commission complaints brochures were also available for consumers and consumer representatives in a variety of languages.

One consumer representative interviewed discussed particular personal care issues for their consumer which had been discussed with staff several times, however had not been addressed. Another consumer representative reported being comfortable raising issues directly with the service, however they were unaware of what actions were taken to resolve a complaint made about an unclean window.

One consumer representative described improvement suggestions made to management for the outdoor gardens and were unaware of the outcome, and if any improvements were made. The Assessment Team observed the complaints and feedback register to be incomplete, with no feedback recorded from January 2022 to September 2022. Whilst there were appropriate policies in place to manage feedback and complaints and acknowledgement of trend analysis to inform continuous improvement, the Assessment Team determined accurate trend analysis could not occur if not all feedback and complaints were documented.

In responding to the site audit report, the Approved Provider noted the unclean window was addressed immediately and discussions have occurred with the consumers representative who raised the complaint. The outdoor garden suggestion was also discussed with this consumer representative, and the Approved Provider supplied evidence of the planned maintenance schedule in support of renovations and improvements including in garden maintenance.

The Approved Provider acknowledged the personal care needs raised by the consumer’s representative, however noted it was an inappropriate time to engage in discussions with the consumer representative due to a change in the consumer’s health condition.

The Approved Provider also noted refresher toolbox talks have also been provided to staff on complaints management and feedback and complaints and feedback from the consumer representatives has been incorporated into the continuous improvement plan.

Whilst I note the findings of the Assessment Team, I am satisfied the Approved Provider has taken reasonable and appropriate measures to address the complaints raised by consumer representatives. I also acknowledge the staff training provided and the plans for continuous improvement. I am therefore satisfied requirements 6(3)(c) and 6(3)(d) are compliant.

# 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. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Whilst consumers were living with cognitive impairment and most were unable to use the call bells, consumer representatives did not express concern about call bell response times for their consumers. Consumer representatives indicated staff were responsive to consumer needs, were familiar with particular consumer routines and were reliable in the timeliness of care provision and support. Rosters ensured 24-hour registered nurse coverage across work shifts and both short term and long-term staff recruitment strategies were in place to secure and retain care and registered staff.

Consumer representatives provided positive feedback about staff interactions, noting staff are kind, caring and respectful towards their consumers. The Assessment Team observed staff interactions were inclusive and knowledgeable about individual consumer needs and identity, with preferred names used and prompt and proactive care and service provision. Management advised staff interactions were monitored through observations, feedback from consumer representatives and survey completion.

Consumer representatives described competent and skilled staff were supportive of consumers and staff explained getting to know consumers and their particular care needs. The Assessment Team observed comprehensive recruitment and orientation processes were valued-based and duties and responsibilities were clearly articulated in position descriptions for each role. Management discussed the ‘household’ model of care which required staff competency assessment on engagement to ensure adequate skills were demonstrated to support consumers.

Staff interviewed confirmed attendance at regular and appropriate training and availability of additional training, which has included outbreak plan practice drills, personal protective equipment donning and doffing and infection control prevention. A full-time ‘care coach’ was available to enhance competency and provide additional support and education as required. The annual training calendar was informed by feedback from consumers, staff, complaints and performance reviews and mandatory training modules ensure staff competency in emergency response, hand washing, infection control and personal protective equipment, manual handling and food safety. Regular assessment, monitoring and review of performance was demonstrated annually for all staff.

# 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 8(3)(d) is non-compliant.

The Assessment Team noted policies were evident for high-impact or high-prevalence risk, identifying and responding to consumer abuse and neglect and supporting consumers to live the best life they can. The Assessment Team found a comprehensive risk management framework in place, including escalation processes and an incident management system which showed information is recorded, managed and reported according to legislative requirements and the service’s incident management policy. However, the Assessment Team observed incidents associated with consumer behavioural changes were not always recorded in the incident management system, referencing 2 consumers where incident reports had not been raised for behaviours affecting other consumers. Management acknowledged these incidents were not always logged in the incident management system and this would be added as an action to the plan for continuous improvement.

The Approved Provider responded to the site audit report and firstly noted that at no stage were consumers clinically compromised and safe and effective management of changed behaviours was delivered. The Approved Provider discussed the complexities of behaviour management for the service and support provided to consumers who may demonstrate severe behavioural and psychological symptoms associated with dementia. The Approved Provider confirmed a total of 5 reports were made to the Serious Incident Response Scheme between December 2020 and July 2022. Education will be provided to staff on correct behaviour wording and description.

For one consumer with incidents referenced in the audit report, the Approved Provider acknowledged 2 of the incidents for this consumer should have been logged into the incident management system. With regard to the second consumer named in the audit report, the Approved Provider supplied the behaviour chart which showed the incident had been recorded and detailed the various measures in place to support the behavioural changes of the consumer.

Whilst I acknowledge the person-centred care delivery and multi-disciplinary and multi-team approach to care and services provision discussed by the Approved Provider, I must also consider the legislative requirements under the *Quality of Care Principles 2014* which requires certain incidents must be reported. I have not been provided with evidence which satisfies me that all incidents which are reportable are being reported as required, and that the impacts on other consumers are being considered.

I am satisfied the remaining 4 requirements of Standard 8 Organisational governance are compliant.

Consumer representatives were engaged in the development, delivery and evaluation of care and services for their consumers, who are living with dementia, through several consultative mechanisms including ‘resident of the day’, weekly case meetings, case conferences, representative surveys, daily ‘household huddles’, feedback and suggestions and management’s open-door policy.

All consumer representatives reported the service was well run and believed management felt consumer safety was important. Management discussed the direct communication and engagement by the Board with consumer representatives through emails and newsletters, which was particularly evident during the COVID-19 pandemic.

The Assessment Team observed information systems were in place for electronic care planning, risk management, compliance, complaints, maintenance, education and training and human resources. Financial governance arrangements were subject to Board oversight and regulatory compliance systems ensured regular communication with consumers, consumer representatives and staff about legislative changes. A workforce governance framework was evidenced and a plan for continuous improvement monitored performance against the Quality Standards, also complimented by a feedback and complaints system.

The clinical governance framework included policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. Further dementia-specific clinical oversight was evidenced through weekly geriatrician review, weekly case conferences and a clinical advisory committee. Staff interviewed discussed strategies for reduction of urinary tract infections in consumers and were knowledgeable about the principles of open disclosure.

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)