Performance

Report

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| Name of service: | Performance report date: |
| Uniting Kari Court St Ives | 2 July 2022 |
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| The Uniting Church in Australia Property Trust (NSW) | 3 May 2022 to 5 May 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 Kari Court St Ives (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 3 to 5 May 2022 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 1 June 2022

# 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 | **Non-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 | **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 2(2)(a) - Implement an effective system of management and monitoring processes to guide staff in ensuring consumers’ complex clinical care needs such as diabetes management and catheter care are consistently met.
* Requirement 2(3)(e) - Implement an effective system to ensure care and services are consistently reviewed following a change in circumstance and/or when incidents occur including specialist directives and behaviour support plans.
* Requirement 3(3)(a) - Implement an effective system to ensure consumers consistently receive safe and effective personal/clinical care tailored to their needs; specifically, in relation to diabetes, behaviour, falls, pain management and weight loss. Ensure staff consistently complete monitoring documentation as a method of measuring/analysing care needs.
* Requirement 3(3)(b) - Implement an effective system to ensure consumers identified at high impact/high prevalence risk are regularly reviewed to ensure risk management strategies are effective, staff identify and consistently escalate issues of concern to ensure clinical, medical officer and specialist allied health referral occurs and/or directives for managing/minimising risks are implemented as required.
* Requirement 4(3)(a) - Ensure each consumer gets safe and effective services and supports to meet their needs, and preferences, optimising their independence, well-being and quality of life, in particular consumers who require individualised support.
* Requirement 4(3)(g) - Implement an effective system to ensure the environment and equipment is safe, clean, well maintained and suitable for consumer use.
* Requirement 5(3)(c) – Implement an effective system to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumer use.
* Requirement 7(3)(a) – Implement an effective system to ensure workforce planning occurs and the number and skill mix of staff enables, the delivery and management of safe and quality care and services for consumers.
* Requirement 7(3)(c) – Implement and effective system to ensure workforce competence, members of the workforce have the qualifications and knowledge to effectively perform their roles as per their qualifications and skills.
* Requirement 8(3)(b) – Ensure the organisation’s governing body is effective accountable in the delivery of safe, quality care and services in accordance with the Quality Standards.
* Requirement 8(3)(c) – Ensure organisation wide governance systems relating to the following workforce governance, including the assignment of clear responsibilities and accountabilities and regulatory compliance are effective at the service level.
* Requirement 8(3)(d) – Ensure effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

#### Sampled consumers consider they are treated with dignity and respect, can maintain identity, make informed choices and are supported to take risks to enable them to live as they choose. The service demonstrated how consumers are supported for independence and to exercise choice relating to care and service delivery; when others should be involved in care, make connections with others and maintain relationships of choice.

Consumers said care and services are delivered demonstrating respect of their culture, diversity, background, life history and special days are celebrated. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate in a manner as safe as possible. Consumers and representatives said they are kept informed of changes to care and services and receive information to enable consumers to make decisions. The service demonstrates a commitment to diversity through information provided in newsletters, handbooks and noticeboards.

The assessment Team observed staff offering consumers privacy, and interactions between staff and consumers were dignified, respectful and demonstrated interest in consumer’s well-being. Care staff described consumers personal life history, culture and how these aspects are considered when providing care. Staff consistently referred to consumers in a manner demonstrating an understanding of their background/life story and how this influences day-to-day care delivery. Staff gave examples of methods utilised for consumers experiencing communication difficulties, language barriers and/or living with cognitive impairment. Staff gave examples of supporting consumers to make informed choices through engagement and consultation during assessment processes and maintaining consumers’ confidentiality and privacy when providing care and communicating with others. Staff sign privacy and confidentiality declarations as a condition of employment.

#### Documentation includes individualised information of consumer’s emotional, spiritual and cultural needs and assessment details relevant information relating to life history and identity. Documentation demonstrates consumer’s choice to participate in activities with an element of risk, engagement with consumer and/or representative, medical officer/allied health professional relating to the risk and agreement of management and minimisation strategies. Documentation is securely stored, and electronic records password protected.

Policy and procedural documentation guide staff in relation to this Quality Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-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. | Non-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

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

Sampled consumers said they are involved in initial and ongoing planning of care and services, including end of life choices. Consumer’s consider staff involve them in the assessment and planning process through conversations and meetings, upon entry, on a regular ongoing basis, when incidents occur and/or consumers’ needs change. They said staff explain care needs/outcomes and risks relating to individual choices and discuss end of life wishes.

Most consumers and representatives consider they are included and informed in the outcomes of assessment and care and services planning, they have access to care plan documentation and medical officers, specialists and other health professionals are included in this process. Feedback included satisfaction of end of life planning discussions.

Clinical and care staff describe assessment, care planning and review processes and how staff involve consumers and others where required. Analysis of clinical indicators occurs.

Overall, the service demonstrates a partnership approach with consumers and/or representative to involve them in assessment and care planning. The organisation has documented process to guide staff practice in undertaking assessment, care planning and ongoing reassessment processes however the assessment Team bought forward evidence policy and guidance documentation is not available for all complex clinical needs.

Via documentation review the assessment team bought forward evidence monitoring and management processes for complex clinical care needs such as diabetes management and catheter care are not effective to ensure consumers clinical care needs are consistently met. Diabetic management plans are not consistently developed and/or provide specific instructions to guide appropriately safe care.

Staff demonstrate knowledge of most of their responsibilities however were not aware of policy/procedure guidance for diabetes or catheter care management and associated risks. In response, management personnel provided a draft policy relating to catheter care and advised of immediate contact with medical officers to provide details/directives relevant to each consumer’s diabetic management requirements.

The service did not demonstrate effective systems to ensure care and services are consistently reviewed following a change in circumstance and/or when incidents occur. Via documentation review the assessment team bought forward evidence repetitive episodes of physical aggression did not result in updating of behaviour support plans to guide staff in providing appropriate care. Behaviour support plans contain generic strategies not tailored to individual needs and while specialist dementia review has occurred suggested strategies are not consistently transposed into care planning documentation to guide care.

In their response, the approved provider acknowledged evidence bought forward by the assessment team and improvement is required, however maintain issues relate to individual instances of care, not due to an underlying system/process deficit. They supplied evidence of responsive actions completed as a result of evidence bought forward by the assessment team and attribute some care deficits resulted from a lack of staff for a limited period of time. While I acknowledge these immediate, responsive actions, and the need for prioritising care provision, my concern exists due to a lack of effective self-monitoring systems which failed to identify consumers needs were not being met. I find requirements 2(3)(a) and 2(3)(c) are non-compliant.

I find the remaining three requirements of this Standard are compliant.

The assessment team reviewed assessment, care and services planning documentation, including advanced care plans/end of life plans and identified reviews and case conferencing meetings are regularly completed, with input from consumers and others of their choosing. Documentation review demonstrated consumers goals, needs and preferences relating to palliative and end of life care wishes are recorded.

Clinical and care staff described palliative care principles and referral to external services and specialists when required. Organisational policy documentation guides staff in end of life care. Documentation generally reflects involvement by consumers, representatives, medical officers, specialists and other allied health professionals.

# Standard 3

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| Personal care and clinical care | | Non-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. | 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

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

Most sampled consumers and representatives consider staff know consumers clinical care needs and they are generally well cared for. They expressed satisfaction information is generally provided to them relating to clinical and personal care needs.

However, the service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal and clinical care tailored to their needs to optimises health and well-being.

Via management and staff interview, plus documentation review, the assessment team bought forward evidence of deficits in diabetes, behaviour, falls, pain management and weight loss, plus a lack of consistent documentation to demonstrate monitoring of care. Staff do not consistently escalate issues of concern to ensure clinical, medical officer and specialist allied health referral occurs. As a result, the service cannot demonstrate consumers clinical needs are consistently addressed in a timely manner.

The service did not demonstrate an effective system to ensure consumer’s pain management needs are regularly and/or consistently monitored when consumers express and/or exhibited increased pain as a result of experiencing a fall. Management personnel advised they were unaware some consumer’s pain management needs were not being regularly monitored.

Interviewed clinical staff did not convey an understanding of managing consumers individual needs relating to diabetes management. In response, management personnel provided a draft policy relating to catheter care and diabetic management, plus immediate contact with medical officers to provide details/directives relevant to each consumer’s management requirements.

The service did not demonstrate an effective system to ensure consumers identified at high impact/high prevalence risk are regularly reviewed to ensure risk management strategies are effective. Via management and staff interview, plus documentation review, the assessment team bought forward evidence of deficits in behaviour and falls management, plus a lack of consistent documentation to demonstrate monitoring (including recording of neurological observations) and/or implementation of effective strategies to prevent further deterioration. Staff do not consistently escalate issues of concern to ensure clinical, medical officer and specialist allied health referral occurs and/or directives for managing/minimising risks are implemented as required. As a result, the service cannot demonstrate consumers high risk/high prevalence risks are addressed in an appropriate or timely manner.

The service demonstrated some aspects of appropriate clinical care, for example restrictive practices and wound management. Consumers and representatives expressed satisfaction with wound care and representatives being advised when consumers experience incidents. Review of documentation detailed risk assessments are conducted, regular review occurs, care planning documentation reflects management of consumers assessed needs and reduction in psychotropic medications. Some policy and procedural documentation are available to guide staff and documentation demonstrated staff education and training; however, the service’s system is not effective in ensuring staff are referencing guidance materials when required. The assessment team bought forward evidence material relating to diabetes management is not available to guide staff in appropriately and safely managing consumers diabetic needs. Management personnel advised immediate development of procedural guidance relating to diabetes management.

In their response, the approved provider acknowledged evidence bought forward by the assessment team and improvement is required, however maintain issues relate to individual instances of care, not due to an underlying system/process deficit. They cited documentation and support available to staff to guide best practice care and risk management. They supplied evidence of appropriate management relating to weight loss, responsive actions completed as a result of evidence bought forward by the assessment team and attribute some care deficits resulted from a lack of staff for a limited time. While I acknowledge these immediate, responsive actions, and the need for prioritising care provision, my concern exists due to a lack of effective self-monitoring systems which failed to identify consumers needs were not being met. I find requirements 3(3)(a) and 3(3)(b) are non-compliant.

I find the remaining five requirements of this Standard are compliant.

Staff are trained in the process for reporting incidents, including legislative requirements of externally reporting to the Serious Incident Response Scheme.

Consumers’ needs, goals and preferences when nearing end of life are recognised and addressed to ensure their comfort is maximised and dignity maintained. Care planning documentation reflects discussion of end of life wishes, personalised treatment and other consumers wish to be involved. Interviewed staff demonstrate knowledge of managing care for consumers nearing end of life including practical methods to ensure comfort is maximised.

The service demonstrated some effective management when consumer’s conditions changes and the referral processes to include medical officer, specialist and allied health professionals, for example palliative and end of life care. However, the assessment team bought forward evidence this did not consistently occur for all consumers [refer to requirements 3(3)(a) and (b)]. Sampled consumers and representatives generally expressed satisfaction in timeliness of staff responding to consumers deteriorating condition and referral to specialists and health professionals. Interviewed staff provided examples of some successful outcomes

Consumers and representatives consider consumers’ needs and preferences are effectively communicated to those involved in care delivery. Staff advised of processes to ensure they are aware of consumer’s needs, goals, and preferences. Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where care responsibility is shared. Reviewed care plans generally contained individualised personal and clinical care management strategies based on assessed needs, consultation with consumers and/representatives plus referral to medical officers, specialists and health professionals.

The service demonstrates effective implementation of standard and transmission-based precautions to prevent/minimise infections and promotion of appropriate antibiotic use. Staff explained processes to minimise infection control including practical methods of reducing antibiotic resistance. There is a documented infection control program, including an outbreak management plan and recording vaccination status. Documentation review demonstrated effective COVID-19 outbreak management. Recording and analysis of infections occur to ensure implementation of continuous improvement.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The service did not demonstrate an effective system to ensure each consumer receives services and supports for daily living that meet their needs, goals, preferences and optimises independence, health, well-being and quality of life. In particular, consumers living with dementia or who do not choose to engage in group activities. While some consumers gave feedback of being supported to participate in activities of choice this was not demonstrated for all. Some sampled consumers and representatives expressed dissatisfaction consumers do not receive individual services and supports that are important to their health and well-being or enable them to do things they choose.

Via documentation review the assessment team noted consumers experiencing complex behaviours had been reviewed by specialists who provided suggested strategies for meaningful activities and engagement; however, strategies had not been documentation to guide staff in providing these interventions to support consumers quality of life. While some documentation detailed consumers’ needs, goals and preferences, the assessment team noted staff did not refer to care plans to provide consumers with their assessed needs. As such, staff said they did not know of interventions to ensure consumers are engaged and the activities program is aimed at group attendance which did not meet consumer’s individualised needs. In addition, they said they did not have time to provide consumers with individual activities of choice and were not aware of some consumer’s assessed needs. Representative feedback included staff being too busy to provide one-to-one activities. Management personnel acknowledged consumers’ needs had not been appropriately assessed and a process to ensure consumers receive individualised care did not exist.

The assessment team observed limited group activities occurring, no individualised activities being offered and several consumers consistently sitting without staff interaction and some staff were observed re-directing and/or walking away from consumers. Staff responsible for the activities program were observed undertaking alternative care support tasks which prevented the activities program occurring.

While the service demonstrated effective systems in relation to most equipment they did not demonstrate this consistently occurred for all equipment used by consumers. There is not an effective system to ensure staff consistently adhere to work instructions, and directives are not available to guide staff in ensuring equipment is cleaned between use. The assessment team observed communal medical equipment to be dirty, plus a lack of sanitising/cleaning supplies for staff use. Consumer’s mobilisation equipment was observed to contain dirt and food residue and seats were unclean. Staff were observed using communal hoists without cleaning between use. Staff advised there is no guidance as to who is responsible and/or when equipment is to be cleaned. Management responded to evidence bought forward by the assessment team by ensuring immediate cleaning occurred.

In their response, the approved provider cited alternative sources other than care plan documentation for staff awareness of consumers needs and evidenced some individualised activities offered. They advised of care plan review, planned staff education/training, and availability of additional materials to support individual needs. They cited some care deficits resulted from a lack of staff, requiring prioritising of care provision and dedicated activities staff utilised to undertake alternative care duties. In addition, they advised a planned transition to a new care model will result in an additional coordinating role responsible for lifestyle activities and enhance community engagement. Further auditing has occurred as a result of evidence bought forward by the assessment team including a planned approach for cleaning equipment on a regular scheduled basis.

While I acknowledge both responsive and planned actions, and some self-identification of issues, I find the service’s systems did not ensure compliance with all requirements within this Standard. I find requirements 4(3)(a) and 4(3)(g) are non-compliant.

I find the remaining five requirements of this Standard are compliant.

Consumers and representatives describe methods in which staff provide emotional support; they expressed positive feedback that staff know consumers’ spiritual and emotional needs, they are supported to maintain relationships of choice and gave various examples of how needs are met. Consumers expressed satisfaction of a variety and sufficiency of food they like, and staff have an awareness of their preferences and dietary needs. Consumers were observed to be engaged in meal service. The assessment team noted limited visual or audio support to enhance the dining experience.

Interviewed staff demonstrate some knowledge of consumer’s needs. Staff gave examples of services and supports to promote emotional, spiritual and psychological wellbeing, consumers contact with those of importance; and how some consumers are supported to attend activities with external provider involvement. Assessment processes obtain consumer choices relating to the lifestyle program, meal preferences and those who consumer’s wish to remain connected to.

Management and staff described emotional, spiritual and psychological supports available for consumers, including spiritual services and access to external providers. Care documentation detailed information relevant to consumer’s needs including spiritual, emotional and psychological needs and preferences including dietary preferences and needs.

# Standard 5

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| Organisation’s service environment | | Non-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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as one of the three specific requirements has been assessed as Non-compliant.

Sampled consumers consider they belong and generally feel safe. They expressed satisfaction relating to visitors being welcomed, several seating areas to interact with others, ability to freely access outdoor areas, find the environment easy to navigate and cleaning and repair work is conducted when needed.

Staff describe the process for reporting repairs and there is a preventative and responsive maintenance program. The environment supports consumer’s independence via navigational aids/directories, mobility aids, seating areas, lighting, signage and some decorative assistance such as pictures/photographs used to identify consumer’s rooms.

The assessment team observed signage, level pathways to support consumers independence and mobility, plus adequate lighting. Consumers have access to outdoor areas and were observed to be utilising common internal and external areas. The assessment team noted limited visual or audio support to enhance consumers dining experience to which catering staff agreed.

I find two requirements of this Standard are compliant.

However, an effective system in relation to cleaning and ensuring furniture/fittings/equipment and the environment is clean, safe, well maintained and comfortable was not evident.

Interviewed staff provided conflicting feedback relating to responsibility of cleaning some items, and the assessment team observed furniture/fittings/equipment and some communal areas of the internal environment to be in need of repair, and/or cleaning, plus supplies of hand sanitiser/cleaning materials were not consistently available. Documentation review detailed the service had identified some areas required addressing however did not demonstrate this had occurred in a timely manner.

In their response, the approved provider advised a review of all furniture/fittings/equipment resulting in a discard/purchasing process and an enhanced planned approach to identifying and responding to cleaning issues has been implemented on a regularly scheduled basis; plus staff education and training has resulted in an increase in reporting of cleaning and repair work.

I acknowledge responsive and planned actions, and some self-identification of issues, however the service’s systems did not consistently ensure compliance with all requirements within this Standard. I find requirement 5(3)(c) is non-compliant.

**Standard 6**

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| Feedback and complaints | | 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. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider they are encouraged and supported to give feedback and complaints, and appropriate, timely action is taken in response. There are several mechanisms to capture feedback and complaints and to inform improvement within the service.

Consumers provided a range of feedback including, expressing confidence they could make complaints, felt safe to do so, are familiar with internal and external methods and who to communicate with, are confident feedback is used to improve services and gave examples of response/resolution received. Consumers said they feel comfortable in speaking to management and staff who are generally responsive when issues are raised. Consumers consider they are supported to participate in the development, delivery and evaluation of care and services through consumer meetings.

Staff gave examples of how to manage consumer or representative feedback when approached with concerns about care or services and advised of education and training in relation to these topics. The service demonstrated actions taken in response to complaints plus an awareness of open disclosure processes when required. Management explained processes to ensure consumers receive documented advice regarding complaints processes, and methods to support diverse/vulnerable consumers.

The assessment team noted the electronic system did not capture all feedback provided; management advised further staff education/training would occur. Management provided examples of improvements which had occurred as a result of feedback received. Regular monitoring processes ensure feedback is actioned in a timely manner, trends identified, and board member involvement occurs relating to oversight of trending and open disclosure processes. Information for consumers and representatives regarding complaints/feedback processes regarding access to advocacy groups and language translators is on display (in various languages).

Policy and procedural documentation guide staff in relation to this Quality Standard.

**Standard 7**

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| Human resources | | Non-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. | 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. | Non-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

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

Sampled consumers consider they receive care and services from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind, caring and respectful when providing care, knew what they are doing. The assessment team observed staff interactions with consumers to be kind, gentle and respectful.

However, the service did not demonstrate an effective system to ensure the workforce is planned or sufficient staffing numbers enables delivery and management of safe and quality care and services. Staff gave examples of not being able to complete tasks required of their role which negatively impact consumer care, resulting in consumers’ needs not consistently met. Examples include, not attending to consumer’s continence/hygiene needs, inability to take consumers for walks and conduct lifestyle activities and consumers experiencing multiple unwitnessed falls as a result of insufficient staff numbers to assist them when mobilising. Staff said the lack of staff numbers resulted in inability to engage consumers in activities of choice which led to an increase in unmet needs. The assessment team observed consumers displaying frustration and/or wandering behaviours due to not being engaged in meaningful activities.

Via documentation review the assessment team bought forward evidence of multiple unfilled shifts due to inability to replace unplanned leave. Management personnel acknowledge staffing issues and directed staff to prioritise tasks as a management strategy while recruitment processes are conducted. Via documentation review the assessment team noted the service had previously self-identified the need for staff re-modelling however this had been postponed.

In their response, the approved provider contends the service has appropriate staff numbers however acknowledge gaps in staffing due to unplanned leave. They attribute this to Covid-19 restrictions and advised of recent staff recruitment, plus reiterated an active recruitment campaign is currently occurring. In addition, the approved provider advised of planned staff education/training and review/development of programs to support consumers living with dementia, plus consider the planned transition to a new household model of care will result in additional coordinating/support roles.

The service did not demonstrate effective systems to monitor staff have appropriate qualifications, knowledge and skills to effectively undertake some tasks; for example, monitoring and conducting neurological observations when a consumer experiences a fall. Management personnel were unaware some staff were conducting these tasks and immediately directed unqualified staff to cease this activity. In their response, the approved provider reiterated clinically trained staff are equipped to conduct this task and developed guidance documentation for care staff in the event a registered nurse is not onsite when a consumer experiences a fall.

I acknowledge responsive and planned actions, and some self-identification of issues, however the service’s systems did not ensure compliance with all requirements within this Standard. I find requirements 7(3)(a) and 7(3)(c) are non-compliant.

I find the remaining three requirements of this Standard are compliant.

Management demonstrated the process to ensure staff have required clinical qualifications and experience prior to appointment and subsequent orientation, induction and training relevant to organisational and the service’s processes. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards, changes in legislative requirements and some competency requirements. Management provided examples of how staff competency and professional registrations are monitored for currency and suitability to the role. There are systems for regular assessment, monitoring and review of staff performance and management processes when/if deficits in performance are identified. Staff gave examples of mandatory training required and additional training provided as a result of staff requests and expressed positive feedback in relation to performance review. Documentation review demonstrated monitoring processes to ensure completion of mandatory training.

**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. | 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. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

Management personnel advised the service is undergoing refurbishment to consumers rooms. The assessment team noted consumers and representatives were not consulted/engaged in decision making relating to décor and/or room colours. Management acknowledged while consumers/representatives were advised when refurbishment commenced they were not consulted in relation to colour tones etc. Feedback was received relating to lack of information provided when relocating consumers to alternative rooms while the refurbishment occurred; the approved provider acknowledged communication relating to this issue was lacking.

The service demonstrated through various avenues how consumers and representatives are supported to provide feedback and engagement in improvement processes. Sampled consumers and their representatives consider the organisation is well run, they can partner in improving delivery of care and services through active participation of a variety of methods.

I have given weight to the volume of feedback received from consumers and representatives in relation to this and find requirement 8(3)(a) is compliant.

### The assessment team bought forward evidence relating to the role of the governing body, detailing the organisation has a governing body comprising of sub-committees reporting to the board, and the service demonstrated board involvement. However, the service did not demonstrate effectiveness in relation to the governing body’s overarching monitoring processes to ensure a culture of safe, inclusive quality care. While an organisational clinical governance framework was demonstrated, this is not effective at a service level in ensuring consumers clinical needs are appropriately and promptly addressed. As a result, consumer’s care has been negatively impacted. The self-monitoring systems lacked effectiveness in ensuring compliance with all requirements and Standards of the Aged Care Quality Standards. While the approved provider in their response has refuted much of the evidence bought forward by the assessment team it has failed to persuade me the organisation meets its responsibilities under this requirement, and I have found 12 requirements are non-compliant.

I find requirement 8(3)(b) is non-compliant.

The organisation demonstrated effective systems relating to some aspects of this Standard such as information management, continuous improvement, finance, feedback and complaints however not in relation to workforce governance and regulatory compliance.

Organisational system in relation to workforce governance, regulatory compliance and effectively management high impact/high prevalence risks is not effective at the service level. The service did not demonstrate staff sufficiency to meet consumers’ needs, nor an effective system to monitor staff have the appropriate qualifications, competencies and skills to undertake clinical monitoring tasks. The service has not demonstrated effectiveness in consistently meeting requirements of the Quality Standards as is a legislative requirement.

The service did not demonstrate an effective system to ensure high impact/high prevalence risks associated with consumers care relating to falls management and complex behavioural needs. Falls monitoring processes are not effective in timely identification of negative outcomes for consumers post fall and repetitive incidents of consumer aggressive/frustrating behaviours are not managed in a timely manner to ensure consumers unmet needs are addressed.

### While the approved provider has refuted much of the evidence bought forward by the assessment team it has failed to persuade me the organisation meets its responsibilities under all requirements within this Standard.

I find requirements 8(3)(c) and (d) are non-compliant.

There is a plan for continuous improvement (PCI) that identifies improvement opportunities via consumer feedback, complaints.

Policies and workflow directives guide staff in most requirements. Staff demonstrate knowledge of the complaint/continuous improvement, information management, and some regulatory responsibilities. They demonstrate knowledge of open disclosure processes; minimising restraint use and management/preventative actions to minimise spread of infection. There is an incident management process and staff demonstrate knowledge relation to reporting and managing most incidents. Documentation detailed examples of open disclosure practices, appropriate infection control management and restrictive practices.

I find requirement (8)(3)(e) is compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)