Performance

Report

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| Name of service: | Performance report date: |
| Uniting Osborne Nowra | 13 September 2022 |
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| Approved provider: | Activity date: |
| The Uniting Church in Australia Property Trust (NSW) | 27-28 June 2022 and 25-28 July 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 Osborne Nowra (**the service**) has been considered by Melissa Buhagiar, 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, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Team’s report received 6 September 2022
* the following information given to the Commission, or to the Assessment Team for the Site Audit of the service: 6 consumers and 8 representatives provided feedback to the Assessment Team
* the following information received from the Secretary of the Department of Health (**the Secretary**): Exceptional Circumstances determination dated 23 February 2021.

This site audit was conducted at the same time as the site audit for the approved provider’s co-located residential aged care service.

The Assessment Team was on-site for the two site audits for part day on the afternoon of 27 June 2022 and for the day on 28 June 2022. The Assessment Team returned for a half day on 25 July 2022, full days on 26-27 July 2022 and a half day on 28 July 2022.

The service is a secure memory support unit, known as Magnolia. The Acting Service Manager (ASM) advised of the 47 allocated places, 29 are operational.

The Deputy Service Manager (DSM) was on leave when the Assessment Team returned to the service on 25 July 2022. A Registered Nurse was assisting in that role for some of the days of the remainder of the site audit.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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 2(3)(a) The approved provider must demonstrate that risks are always considered in assessment and planning to inform the delivery of safe and effective care to each consumer and that reassessment of consumer risk occurs following incidents.

Requirement 2(3)(e) The approved provider must demonstrate that when incidents occur, there is follow-up documented to understand how the incidents occurred to inform the development or review of interventions to prevent future incidents.

Requirement 3(3)(a) The approved provider must demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care is best practice, individualised and optimises their health and well-being.

Requirement 3(3)(b) The approved provider must demonstrate that there is investigation documented into the cause of the high impact or high prevalence risks to reduce the risk of the high prevalence risk or high impact risk reoccurring.

Requirement 3(3)(f) The approved provider must demonstrate that consumers are referred to providers of other care and services in a timely manner.

Requirement 8(3)(c) The approved provider must demonstrate that there are effective organisation wide governance systems relating to regulatory compliance due to deficiencies in the management of restrictive practices.

Requirement 8(3)(d) The approved provide must demonstrate that there are effective risk management systems and practices, relating to high impact and high prevalence risks.

# 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.

The Assessment Team interviewed consumers and representatives who provided feedback that consumer identity, culture and diversity are known to staff and are valued and respected. Staff spoke about consumers in ways which confirmed this, and their practices as observed were consistent with what consumers said. Representatives of two consumers sampled provided the Assessment Team with information indicating their relative receives culturally safe care and services. The information they provided was consistent with what management and staff said and what is documented in the consumers’ care and service records about culturally safe care and service provision.

Most consumers provided feedback that they are supported to exercise choice and independence. One consumer representative provided feedback about their relative not being supported to maintain a relationship but said they did not think this had impacted their relative. One consumer’s substitute decision making details had not been updated in the electronic care planning system, but in practice communication to enable decision-making on behalf of the consumer had been occurring consistent with the authorities in place. Review of consumers’ care and service records and interviews with staff show overall that consumers are being supported to exercise choice and independence.

Consumer representatives provided feedback indicating they are given easy to understand and helpful information on an ongoing basis to assist them to exercise choice and make decisions on behalf of their relative or partner. Interviews with staff and review of key documents confirms this. Consumer representatives provided feedback that their relative or partner’s information and personal privacy is respected and maintained. Interviews with staff and observations made confirms this.

The Assessment Team interviewed management and staff who were asked what cultural safety means within the organisation and at the services. The Acting Service Manager spoke about seeking and documenting information about the consumer’s life story, including cultural identity, in a range of ways from time of admission to the service. The Acting Service Manager explained that delivery of culturally safe care and services is about meeting the needs of individuals, letting consumers know who they are is respected, and welcoming people exactly as they are. She spoke about ways cultural safe care is supported, such as through staff training and having a culturally diverse workforce.

The Assessment Team reviewed care planning documentation which showed they included detailed information about others involved in their lives and those responsible for consumer decision-making. Progress notes and minutes of case conferencing showed communication to enable decision-making had occurred, where relevant, with the consumer’s person responsible for five of the six consumers.

The Assessment Team identified that the organisation has shown a commitment to diversity and inclusion through plans such as the reconciliation action plan and participation in programs such as rainbow tick accreditation. The organisation also has diversity and inclusion policy and procedure, which includes high level commitments and practical actions expected of management and staff.

# 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.

**The following requirements have been found to be 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.

The Assessment Team identified that there are significant risks that may impact consumers’ health and well-being that are inconsistently managed. Risks are not always considered in assessment and planning to inform the delivery of safe and effective care to each consumer. There has not always been reassessment of consumer risk following incidents.

The Assessment Team reviewed consumers’ files and identified that for one consumer there were no clinical interventions to assist with a known condition. The care plan for one consumer with skin integrity issues does not include information and strategies to manage the risks associated with impaired skin integrity and delayed wound healing. This means there is a lack of documented information to understand the current risk to the consumer’s skin integrity, interventions to minimise or prevent this risk and to determine the need for further actions. Other care plan information included inconsistencies relating to the assessment if falls risk with minimal individualised falls prevention strategies.

The approved provider responded to the Assessment Team and furnished additional documentation including policies and individual assessment and planning documents to support compliance with this requirement, however the additional documentation did not persuade me that there were effective strategies in place for these consumers at the time of assessment.

I find that the approved provider is not compliant with this requirement.

* 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.

The Assessment Team found that the service is not able to demonstrate care and services are regularly reviewed when circumstances change or when incidents impact on the needs, goals and preferences of consumers. While staff confirm they have a schedule for regular review of consumers’ care plans, the Assessment Team identified that when incidents occur the service does not identify, manage and resolve incidents effectively to reduce or help prevent further incidents occurring.

The Assessment Team reviewed incident reports and, in some cases, related care and service records for the consumers sampled did not show follow-up to understand how incidents occurred to inform the development or review of interventions to prevent future incidents. The Assessment Team reviewed reports relating to falls and found that none of the sampled reports had an analysis or investigation conducted. Review of progress note entries does not otherwise show staff sought to understand how the falls occurred to inform the interventions to prevent future falls.

The approved provider responded to the Assessment Team’s report and furnished additional documentation to support their compliance. I have reviewed the documentation provided, however I am not persuaded that for the sampled consumers, that their care and services were regularly reviewed for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, as there were ineffective strategies with no review and no investigation to identify the cause and new goals, and needs to prevent the incident from reoccurring.

I find that the approved provider is not compliant with this requirement at the time of assessment.

**The following requirements have been found to be 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.

The Assessment Team reviewed assessment and care planning which were found to have inconsistent information regarding consumers’ current needs. For sampled consumers most had end of life information including advance care directives.

The Assessment Team noted for two consumers sampled, that although the consumers experience pain, there was minimal evidence of regular pain reviews and inconsistent information for both consumers, with a medication profile for one consumer receiving a particular pain medication without it being documented.

It was also noted for sampled consumers with pressure injuries that there was minimal information in wound charts or no wound charts or monitoring evident in the consumers care records. There were also no repositioning charts or evidence of repositioning in the care and service records.

The Assessment Team interviewed consumers and representatives who overall confirmed that staff have spoken to them about advanced care and end-of-life planning. They said they have had an opportunity to communicate theirs or their relative’s end-of-life care wishes with the staff. Consumers and their representatives also indicated they had been asked to identify their care and well-being goals or identify what was important to them during the admission process, and they had been provided with a copy of their care plan.

The approved provider responded to the Assessment Team’s report and furnished documentation in relation to medication profiles and care plans. I have reviewed the information that been provided, and this information has persuaded me that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

I find that the approved provider is compliant with this requirement.

* 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.

* 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.

The Assessment Team found that overall, the service demonstrates that assessment and planning are based on ongoing partnership with the consumer and others who they wish to involve, including the allied health team and other organisations or providers of care when appropriate. Most consumers and their representatives said they are satisfied with the level of consultation and input into their care and services.

Care planning documents sampled, and staff interviews indicate that consumers’ assessment outcomes are communicated to the consumers or their representatives regularly and are documented in the consumers' care plan. Consumers’ representatives interviewed provided feedback that they have a copy of the care and services plan for their loved ones and are informed of any changes. However, one consumer representative stated that they are not informed of the outcome of the incident investigation and development of strategies to prevent incidents when occur. Overall, it was demonstrated outcomes of assessment and care planning are being effectively communicated. The service has an electronic care planning system that is easily accessible and care plan can be easily printed if required.

The Assessment Team identified that while there are gaps in care and services plans regarding consideration of risk and inconsistent information regarding consumers current care needs, care and service plans for some consumers sampled included information relevant to the consumer’s goals and preferences including, but not limited to communication, behaviour management, acute care needs, nutrition and hydration, mobility, continence, skin care, pain and sleep.

# 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. | Non-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 three of the seven specific requirements have been assessed as Non-compliant.

**The following requirements have been found to be non-compliant.**

Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

is best practice; and

is tailored to their needs; and

optimises their health and well-being.

The Assessment Team found that while most consumers and their representatives gave positive feedback about aspects of their clinical and personal care, the review of care and services records for consumers sampled does not support that clinical care provided is best practice and does not optimise consumers’ health and wellbeing. Diabetes management, chemical restraint use, and wound management have not been managed to optimise consumer wellbeing and is not demonstrated to be best practice.

The Assessment Team reviewed care planning documentation and found omissions in blood sugar level records for a consumer despite medical officer directives to check levels three times a day. Psychotropic medication was found to be administered to a consumer without appropriate diagnosis and pain management and interventions were ineffective. Wound management was found to be ineffective for one consumer with no evidence of recent review from medical officer or wound specialist, despite the wound not healing.

The approved provider responded to the Assessment Team’s response and furnished additional documentation and explanations in relation to the findings of the Assessment Team’s report and planned education. I have reviewed the information and agree that the interventions in relation to behaviours have improved, however I find that there are gaps identified in the clinical care of the consumers in relation to blood sugar levels, pain review, review of effectiveness of interventions and wound management.

I find that the approved provider is not compliant with this requirement.

Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Assessment Team found that management of high impact or high prevalence risks is not demonstrated to be effective for each consumer. There is minimal investigation into incidents to minimise risk and/or improve outcomes for consumers.

The Assessment Team reviewed care planning documentation and found that for consumers who experienced falls, there was a lack of interventions in care plans to suggest strategies have been reviewed and implemented, there was no evidence of investigation on the contributing factors or cause of these incidents or trial of strategies to prevent any further reoccurrences.

The approved provider responded to the Assessment Team’s response and have addressed some of the findings of the Assessment Team report with education for falls management and falls policies and neurological observations. Additional documentation in relation to the findings of the Assessment Team’s report has also been provided. I have considered the additional documentation; however, it is not apparent that investigation and reviewed interventions have been implemented to address the high impact and high prevalence risks.

I find that the approved provider is not compliant with this requirement.

Requirement 3(3)(f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The Assessment Team found that the service did not demonstrate timely and appropriate referrals to providers of other care and services for consumers sampled. The service has support services such as dementia and palliative care nurse consultants. However, delays were noted in access to dietician services for some consumers with significant weight loss. Some consumers sampled do not have evidence of referrals to a wound care consultant or behaviour support specialist and there is no mobile dentist service for consumers who are not mobile.

The approved provider responded to the Assessment Team’s report and have addressed some of the findings of the Assessment Team report, however it is not evident that an appropriate wound specialist was sourced in relation to the deterioration of wounds.

I find that the approved provider is not compliant with this requirement.

**The following requirements have been found to be 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.

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.

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.

Requirement 3(3)(g) Minimisation of infection related risks through implementing:

standard and transmission-based precautions to prevent and control infection; and

practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team found that the service demonstrates that the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. While no consumers are currently on end of life care, the review of care and service records about consumers who have recently passed at the service showed they were cared for according to their needs and preferences and feedback from the representative of one of those consumers confirmed this. Staff provided examples of how they alter the care of consumers when they are nearing the end of life and the support they provide.

The Assessment Team identified that the service demonstrates that deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Review of care and service records for consumers sampled who experienced deterioration showed that processes for the escalation and response to deterioration have been identified or recognised in a timely manner.

The Assessment Team reviewed care and services records for consumers which show staff respond to triggers to escalate care when a consumer deteriorates. They generally show significant change in a consumer’s condition and discussion with their medical officer and the consumer or their representatives. Consumers and representatives said that they understand how to raise concerns about any deterioration in condition, health or ability.

The Assessment Team found that while assessment and care planning have some gaps in information about consumers’ current needs, the service demonstrated information about the consumer’s condition is communicated internally and externally to the service with those involved in the care of the consumer through daily handover documentation updates, staff huddles and regular meetings.

The Assessment Team reviewed care and service records for consumers which includes input from various health care providers: by medical officers, speech pathologists, physiotherapists, dieticians, behavioural specialists and medical specialists. This information is readily available to clinical and care staff in the electronic care planning system for most consumers.

# Standard 4

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| Services and supports for daily living | | 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. | 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

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

The Assessment Team interviewed consumers and representatives who confirmed that they are supported by the service to do the things they like to do. Most consumers’ representatives provided feedback about their consumer being supported in relation to spirituality and practising their religion. Most consumers’ representatives described how consumers were supported in their relationships and provided positive feedback on support from staff. However, feedback from one consumer representative was of a lack of support for the consumer to maintain an important relationship. All consumer representatives expressed satisfaction with the meals their relative or partner receives. Care staff provided positive feedback on how the kitchen staff responds to food complaints received from consumers. In relation to participating in the community, representatives of six consumers felt their consumer received enough support in this regard with most noting it has been more challenging to participate in community life outside the service since the COVID-19 pandemic.

Most consumers’ representatives advised that they are fully informed and able to consent to information being shared.

In relation to social and personal relationships, some consumers’ representatives provided positive feedback about related support from the staff.

The Assessment Team found that staff demonstrated a good knowledge of consumers’ needs, goals and preferences to support their daily living. Staff interviewed described how they support consumers to maintain their independence by encouraging them to attend to their own personal care and oral hygiene requirements, toilet themselves, change clothes and walk with their walkers independently.

Staff interviewed indicated that they know when consumers are feeling down as they deal with the consumers every day, observing their facial expressions, reading their body language and looking for how the consumers are feeling. Staff explained how they would try help by listening, providing comfort and reassurance by sitting to chat with consumers, and seeking support from the homemaker, Registered Nurse or consumers’ families.

The Assessment Team observed that overall equipment used to provide support for daily living services were safe, suitable, clean and well maintained. Wheelchairs, walkers and lifters were observed to be clean and well maintained, equipment used for lifestyle activities, including scrabble, bowling, painting and towel folding were clean. Kitchen and servery appliances and equipment appeared clean and in good working condition.

# 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

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

The Assessment Team found that overall consumer representatives considered that they thought their consumer feels they belong in the service and feels safe and comfortable in the service environment. However, two consumers expressed dissatisfaction with the cleaning service, however were satisfied with the maintenance service.

The Assessment Team found that the environment is welcoming and provides a safe and comfortable environment that promotes the consumer’s independence, interaction and enjoyment. The communal areas of the service were observed to be clean, comfortable, uncluttered and well maintained.

Rooms are identified with the consumer’s name, room number, and memory boxes which were observed to be decorated with personal belongings. Most consumers rooms were observed to be clean, the shared bathrooms were clean and free from malodour. No pests were observed during the site audit.

The Assessment Team observed consumers walking and with assistance freely around the service. The external environment features a garden and outdoor area with a barbeque, outdoor furniture and a playground positioned on soft flooring. There is adequate outdoor furniture that is clean and well-maintained, pathways are even and free of obstruction and there is a shade sail for sun protection. Consumers were seen colouring in, watching the aquarium simulation, walking in the garden, folding towels and participating in the sing-a-long music activity.

The service demonstrated it has processes in place to ensure furniture, fittings and equipment are safe, clean and well-maintained. This includes reactive and preventative maintenance schedules. Consumer representatives did not raise any concerns in relation to their equipment. The furniture, fittings and equipment were observed by the Assessment Team to be clean and they appeared to be well maintained and safe.

**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.

The Assessment Team interviewed consumer representatives who provided feedback that they feel encouraged and supported to provide feedback and make complaints. Representatives discussed being able to fill in feedback forms, talk directly with management and staff, and speak up at resident meetings. None of the consumer representatives had any concerns about options for lodging a complaint anonymously or confidentially. Interviews with management and staff and review of key documents confirms that consumers and others are being encouraged and supported to provide feedback and make complaints.

Consumer representatives interviewed advised they have been given information about advocacy services and other ways to raise complaints. Interviews with management and review of key documents confirms this.

A consumer representative shared that a complaint made on behalf of their relative was actioned and they described that an open disclosure process was used. An interview with the manager who handles complaints and review of complaint handling documentation confirms action has been taken in response to the few complaints made and an open disclosure process was used when things went wrong.

A consumer representative who spoke about a complaint made on behalf of the consumer thought this led to improvement in their relative’s care. Management advised, and records reviewed confirmed, that consumer complaints and feedback lead to improvements.

The organisation has an incident, complaint and feedback management policy, which incorporates commitments and expectations for handling complaints through to resolution. The organisation also has an open disclosure policy, which incorporates related commitments and expectations.

Review of complaint logs showed few complaints were made in the last 12 months. The logs included information showing the complaints made were acknowledged, followed up and resolved with open disclosure applied.

**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

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

The Assessment Team interviewed consumers and representativeswho overall considered there was enough staff and that they did not have to wait long for staff to respond to their call bells. Most consumers and representatives did not consider there were any adverse impacts on the health and well-being of consumers with current staffing levels. All consumers and representatives considered staff to be kind, caring and respectful of their identity, culture and diversity. Feedback provided was consistent with care plans and observations made. All consumers and representatives interviewed felt that staff were skilled enough to meet care needs and staff know them and know what they are doing and in recent times they have better understood how to work with them.

Management was able to describe processes used to determine if staff are competent and capable in their role. The service has documented core competencies and capabilities for different roles. All new staff undergo an onboarding program where they are supported by a care coach and must complete all the required competencies such as manual handling. All new staff must also undergo two to three buddy shifts with an experienced staff. Through feedback from the experienced staff, the care coach and team leaders, management determine if the new staff is ready and competent to work on their own. All competency requirements are completed on an annual basis.

Staff feedback reflected that even when staff call in sick and are not replaced, they are still able to deliver the care and services needed by consumers. Management provided examples of how they ensure sufficient staff at the service and provided record of low percentage of unfilled shifts. Care staff said that staff do call in sick but most of the time management is able to fill those shifts. Staff leave has been worse recently because of a recent outbreak experienced at the service. Care staff said that even on days where there is increase in challenging behaviour, they are still able to deliver all the care and services needed by consumers. All staff interviewed considered they are well trained and if they ever wanted additional training they could request it from management. Management were able to demonstrate how they identify staff training needs and how they monitor staff completion of training. All staff could recall when their last performance review had occurred, and all felt supported to continuously improve in their role.

The Assessment Team generally observed respectful and kind interactions between staff and consumers. The Assessment Team observed staff, including management, speaking softly and kindly to consumers. When the Assessment Team were provided a tour of the service, management spoke to a consumer who said they were not feeling well, and management asked another staff member to immediately attend to the consumer, so they could finish the tour for the Assessment Team. The Assessment Team observed staff conducting activities with consumers with friendly interactions and inviting consumers to participate, staff were observed to be asking consumers what they needed and provided them with reassurance and knocking on consumer’s doors before entering.

**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. | 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 two of the five specific requirements have been assessed as Non-compliant.

**The following requirement has been found to be 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.

The Assessment Team found that the service was able to demonstrate, through documentation and feedback from consumers, representatives and staff, that effective organisation wide governance systems are in place for information management, continuous improvement, financial governance, workforce governance and feedback and complaints. However, the service did not demonstrate and effective governance system in relation to regulatory compliance due to deficiencies in the management of restrictive practices.

The Assessment Team noted the use of psychotropic medication for different conditions, however there was no documented evidence of the use of this medication to manage a particular condition and no documented evidence identifying the use of the medication as a chemical restraint or evidence of diagnosis or the reasons for the chemical restraint. Further, there is no documented evidence that the use of the psychotropic medication is continually reviewed.

The Assessment Team noted an entry in the continuous improvement plan, dated 31 March 2022, in relation to the updated psychotropic self-assessment. The actions outlined in the entry include to identify consumers prescribed with psychotropic medication and ensure indication of use is carefully documented as well as information about the options, risks and benefits and to implement robust Behaviour Support Plans that include behaviour triggers and person-centred strategies.

Actions were marked as completed on 22 May 2022. However, as noted above the Assessment Team has identified an indication for use of the psychotropic medication has not been established and a Behaviour Support Plans does not include all required information according to regulation. It has not been demonstrated the improvement initiatives were effective or that the improvements made were sustained.

The approved provider responded to the Assessment Team’s report and furnished additional documentation, I have reviewed the documentation, however I note that there was no evidence of review of the effects of the reduction or further review of the ongoing use of the psychotropic medication for one of the consumers listed in the report.

I find that the approved provider is not compliant with this requirement.

* 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.

The Assessment Team were provided with the organisation’s documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how the abuse and neglect of consumers is identified and responded to, how consumers are supported to live the best life they can and how incidents are managed and prevented.

However, the service’s risk management systems and practices were not effective as the Assessment Team identified gaps including, a lack of evidence that there are effective risk management systems to manage high impact/high prevalence risks to individual consumers. The incident register did not initially identify all incidents until some were raised by the Assessment Team and added soon after. The Assessment Team also identified that not all incidents are followed up with appropriate investigations or assessments to determine cause and prevent reoccurrence and that the risk register did not identify a risk relevant to an individual consumer.

The Assessment Team reviewed clinical staff meeting minutes for July 2022 which show that weight loss and falls were identified as high risks to consumers and strategies to minimise these risks were discussed. While the Assessment Team acknowledges that the service has taken some actions to manage weight loss and falls at the service, evidence provided under Standard 2 Requirement (3)(a) and Standard 3 Requirement (3)(b) and (f) shows that high impact or high prevalence risks is not demonstrated to be effective for each consumer with regard to a lack of consistent information in the care plans to understand current falls risk and to determine appropriate interventions and instances where times of falls are recorded but not analysed to develop individualised falls prevention strategies.

The approved provider responded to the Assessment Team’s report and furnished their Clinical Governance process and High-Risk Prevalence Protocol, however the gaps identified though the Assessment Team’s report indicate that these processes are not always followed.

I find that the approved provider is not compliant with this requirement.

**The following requirements have been found to be compliant.**

Requirement 8(3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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.

Requirement 8(3)(e) Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure

The Assessment Team interviewed consumers and representatives who mostly considered the service to be well run and know how they can take part in deciding how things are run or how care is delivered at the service. Consumers advised that this is through resident meetings and can contribute via meetings or speaking directly to staff. Overall, most consumers and representatives interviewed provided information indicating open disclosure had been used when things went wrong.

The Assessment Team found that the service demonstrated that it is supported by a governing body that promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management discussed how there are sub committees to the Board that report key result areas on advance care planning, care planning, falls, polypharmacy, restraint, complaints and continuous improvements. This information is reviewed by the Board who then considers and provides feedback if necessary. For example, across the organisation there has been a decrease in the use of restraints, as a result the Board have provided feedback to report on any increases in staff injury or behaviours of concerns and how they can be better dealt with.

Management said that when an incident form is completed by staff they are asked if the incident is serious. All incident forms that are ticked as serious are sent to the Board once the form is submitted. This feature has given staff the knowledge that they have direct access to the Board and assurance that all serious matters are directly escalated to the Board.

Management were able to provide examples of how the service engages consumers in the development, delivery and evaluation of care and services, this is through various meetings which are held with consumers and/or representatives to get feedback such as consumer and representative meetings and food focus groups. A ‘Have Your Say’ form which encourages consumers to complete if they have any suggestions for improvements or want to make a complaint; and community circles where themed feedback from consumers is discussed by a group of consumers and is organised by management.

The Assessment Team notes that review of meeting minutes, management newsletters and survey results confirm that the service undertakes all forms of engagement mechanisms set out in the framework.

The Assessment Team interviewed staff and asked whether policies for Antimicrobial stewardship, minimising the use of restraint and open disclosure had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

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