Performance

Report

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| Name of service: | Viewhaven Lodge |
| Service address: | 71 Laggan Road CROOKWELL NSW 2583 |
| Commission ID: | 2540 |
| Approved Provider: | Crookwell/Taralga Aged Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 8 November 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 Viewhaven Lodge (**the service**) has been prepared by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 31 October 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 | **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(3)(a) – the service ensures risks to consumers are considered and used to inform assessment and care planning processes including when restrictive practices and mechanical restraints are applied.
* Requirement 2(3)(e) – the service regularly reviews care and services for effectiveness, especially when incidents impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – the service ensures clinical care is provided to optimise the consumers health and wellbeing including for restrictive practices and complex health care.
* Requirement 3(3)(b) – the service ensures high impact or high prevalent risks are recognised and effectively managed.
* Requirement 3(3)(c) – the service ensures they recognise and manage consumers end of life care needs and preferences, ensuring consumers’ comfort and dignity are maintained.
* Requirement 4(3)(f) – the service ensures consumers are offered a variety of meals of acceptable quality.
* Requirement 7(3)(a) – the service ensures the number and mix of the workforce ensure the delivery of safe and quality care and services.
* Requirement 7(3)(e) – the service ensures staff performance is regularly assessed and improvement planning is undertaken.
* Requirement 8(3)(d) – the service ensures it has effective risk management systems and practices to manage high impact or high prevalence risks.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said consumers were valued by the service and were treated with respect and dignity, and their culture and diversity were considered important. Staff demonstrated an understanding of the consumers’ individual choices and preferences, such as when they wished to have their showers, where they eat their meals, and were observed treating consumers with dignity and respect. Care planning documentation reflected what was important to consumers to maintain their identity.

Staff said care and services were respectful of consumers’ cultural, and religious preferences and what mattered most to them. Consumers said they felt the staff valued their culture, values, and background, and their religious commitments and practices were respected. The service offered staff training in cultural awareness which covered cultural identity, respect, communication, and religion.

Consumers and representatives said they were supported to make decisions about who was to be involved in their care and how it was delivered, advising the service helped them maintain their independence. Staff said consumers had autonomy over choices. Care planning documentation confirmed how consumers could be supported to maintain independence and remain connected to people who were important to them.

Staff described areas in which consumers wanted to take risks, and how the consumer was supported to understand the benefits and harm when they made decisions about taking risks. Care planning documentation contained dignity of risk forms stating consumer preferences and documenting the benefits and risks of making such choices as well as strategies to mitigate risk and support the consumers.

Consumers and representatives said they were happy with the information provided by the service and felt well informed about activities, events, and allied health services provided, confirming this information was relayed through emails, word of mouth from the staff, and posters on the noticeboards. Various flyers were displayed throughout the service, including monthly activity calendars, newsletters, and a noticeboard communicated daily activities to consumers. Staff confirmed they informed and prompted consumers with what was happening on the day and if there were any changes.

Consumers said they felt their privacy and confidential information were respected. Staff described how they closed doors when providing care, kept computers locked, and used passwords to access consumers’ personal information. The nurse’s station was observed to be locked and paper documentation was secured when it was unattended.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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 assessment team recommended 2 of these requirements were not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and find the service non-compliant with these requirements:

* 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.
* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals, or preferences of the consumer.

In relation to Requirement 2(3)(a), the Site Audit report brought forward deficiencies concerning the consideration of risk to consumer's health and well-being, specifically for consumers who were using bed rails. Care planning documentation did not reflect discussion with consumers and representatives in relation to those risks or explore risk mitigation strategies. Additionally, consumers and their representatives confirmed those risks had not been discussed with them.

I have considered information relating to staff not identifying and reporting an incident where a consumer’s foot became trapped within the bedrails under Requirement 8(3)(d) as it supports incident management systems were not effective.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including auditing the use of bedrails, completing risk assessments, purchasing additional clinical equipment which may further reduce the need for the use of mechanical restraints and engaging with consumers and representatives to discuss ongoing bed rail use.

Additionally, the provider advised, a tiered transition plan is currently being progressed to merge the operations of the service with an established aged care provider, which will ensure enhanced clinical governance oversight, increased staff training and the adoption of contemporaneous policies and procedures to guide staff in identifying restrictive practices, undertaking assessment and care planning processes.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate the risks to each consumer had been considered during assessment and care planning processes.

Therefore, I find Requirement 2(3)(a) is non-compliant.

In relation to Requirement 2(3)(e), the Site Audit report identified the effectiveness of planned care strategies had not been reviewed following incidents such as falls or entrapment within mechanical restraints. This is further supported by evidence included under other requirements where behaviour support and catheter management plans

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including consultation with consumers and representatives, review of all care plans resulting in reassessment of the consumer if any risks or changes in condition were identified and providing education/training to staff.

Additionally, the provider advised, a tiered transition plan is currently being progressed to merge the operations of the service with an established aged care provider, which will ensure enhanced clinical governance oversight, increased staff training and the adoption of contemporaneous policies and procedures to guide staff in care plan review process including in response to incidents.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate care plans were reviewed following an incident or change in consumers circumstance or condition.

Therefore, I find Requirement 2(3)(e) is non-compliant.

I find the remaining 3 requirements of Quality Standard 2 are compliant as:

Care planning documentation reflected consumer’s needs, goals, and preferences, including advance care planning had been captured. Staff described how advance care planning was an integral part of the case conferences convened within the service. An electronic and hard copy of consumers advance care directives are maintained.

Management confirmed they had existing partnerships with the local health district about palliative care, mental health and a geriatrician should a consumer need any of these services Staff reported regularly consulting with consumers and representatives to ensure a partnership throughout the assessment and care planning process. Care planning documents evidenced case conferences occurred with consumers and representatives, medical officer consultation and escalation, as well as evidence of partnership with the local government health district.

Consumers and representatives confirmed outcomes of assessment and planning were effectively communicated to them. Staff described accessing the consumers care planning documentation through the electronic care management system as well as via handover sheets which were updated daily with relevant and current information relating to the consumer’s needs. Care documents indicated copies of care plans had been provided to consumer’s and representatives following case conferences being convened.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Non-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 assessment team recommended 3 of these requirements were not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and find the service non-compliant with these requirements:

* 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.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* The needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

In relation to Requirement 3(3)(a), the Site Audit report evidenced the service had not provided safe, effective, tailored, best practice clinical care to meet the needs of consumers regarding wound care or the management of pain, catheters and diabetes.

For named consumers, deficiencies were identified in the consistency of wound product usage, wound monitoring processes were inconsistently implemented, diabetic management plans did not provide sufficient guidance to staff on managing adverse events, medical officer directives had not been followed, catheter monitoring documentation was inconsistent with care provided and consumers with ongoing pain had not been managed appropriately.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including for named consumers, a review by a Clinical nurse consultant has been completed with assessment and care plans updated to minimise any clinical care risks.

Additionally, the provider advised, a tiered transition plan is currently being progressed to merge the operations of the service with an established aged care provider, which will ensure enhanced clinical governance oversight, increased staff training and the adoption of contemporaneous policies and procedures to guide staff in the management of pain, wounds, catheter care and diabetes management.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate consumers were receiving tailored, safe or effective care to meet their clinical needs.

Therefore, I find Requirement 3(3)(a) is non-compliant.

In consideration of Requirement 3(3)(b), although the service had processes to manage high impact or high prevalence risks including for weightloss, falls and psychotropic medications. The Site Audit report evidenced deficits in risk management in relation to mechanical restraints and behaviour support. Additionally, deficits were identified in risk consultation processes with consumers or their representatives and incident reporting.

I have considered the information regarding incident reporting under Requirement 8(3)(d) as it supports incident management systems were ineffective.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined actions taken, commenced or planned, including for all consumers will be formally assessed, in conjunction with the consumer and their representative and a care plan developed to ensure any high impact or high prevalence risks are appropriately identified and risk management strategies inform the delivery of care.

Additionally, the provider advised, a tiered transition plan is currently being progressed to merge the operations of the service with an established aged care provider, which will ensure enhanced clinical governance oversight, increased staff training and the adoption of contemporaneous policies and procedures to guide staff in the effective management of high impact and high prevalence risks.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate high impact or high prevalence risks were effectively managed.

Therefore, I find Requirement 3(3)(b) is non-compliant.

In relation to Requirement 3(3)(c), the Site Audit report evidenced deficits in the service's ability to recognise and manage consumer’s end of life care needs and preferences as a consumer perceived to be at end of life was observed to be in pain which was impacting their comfort and dignity. Additionally, concerns were raised in relation to end of life visitation.

For a named consumer, they were identified in care documentation to have signs and symptoms which aligned with the service’s palliative care policy which included being immobile, experiencing weightloss, episodes of consistent pain, having decreased urine output, swallowing capacity and levels of consciousness. Additionally, documentation was absent regarding end of life assessment, discussions with family members, referrals for palliative care support or medical officer review.

The provider’s response provided clarifying information supporting the named consumer had not been assessed as palliative at the time of the site audit, however, has since been reviewed by their medical officer and has now commenced on a palliative pathway. The provider acknowledged the concerns and identified how the transition to contemporaneous policy, procedures, guidelines, access to internal and external support services, staff education on palliative and end of life care and consumer’s and their families will have access to spiritual support which will improve the end of life experience for consumers and their loved ones.

I acknowledge the corrective actions included in the provider’s response and while, some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service did not meet the goals, needs and preferences of a consumer who was nearing the end of life.

Therefore, I find Requirement 3(3)(c) is non-compliant.

I find the remaining 4 requirements of Quality Standard 3 are compliant as:

Consumers and representatives believed the service was responsive to consumer deterioration and promptly addressed changes in consumer care needs. Care documentation supported staff recognised a change in consumer condition, a clinical assessment was commenced and escalation to the medical officer occurred.

Consumers, representatives, and staff confirmed information about the consumer’s condition, needs, and preferences were documented and communicated within the organisation and with others where responsibility for care was shared. Staff also confirmed how information regarding changes in consumer care was consistently shared by the registered nurse throughout the day. Handover sheets and a ‘message board’ in the electronic care management system were observed to be updated daily and communicated changing and emerging consumer needs.

The service had a referral process in place which ensured timely and appropriate referrals were sent to individuals, other organisations, and providers of healthcare services to complement the care and services delivered to consumers. Documentation evidenced referrals to a variety of allied health specialists including physiotherapists, speech pathologists, dietitians, and pharmacists.

Visitor screening protocols were observed to be in place for people wishing to enter the service and staff were wearing personal protective equipment. Staff demonstrated an understanding of practices which prevent antibiotic resistance. Consumer and representatives confirmed information was provided to them in relation to a recent COVID-19 outbreak. Documentation supported an outbreak management plan was available, vaccination and infection rates were tracked and monitored.

# Standard 4

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

Findings

The assessment team recommended 1 of these requirements was not met. I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and find the service non-compliant with these requirements:

* Where meals are provided, they are varied and of suitable quality and quantity.

The Site Audit report brought forward mixed feedback from consumers who stated they were happy with the quantity of food at the service; however, consumers advised the menu lacked variety and meals were often served cold. This was supported by feedback provided during consumer meetings. Additionally, hospitality staff confirmed due to staff shortages only one meal is cooked, but consumers are always able to access alternate options.

The provider response confirms their awareness of the issues raised and corrective actions to improve the meal service and menu have commenced as part to the transition including undertaking consultations with consumers to inform the development of a new 3-week rotating menu. A plan for continuous improvement submitted includes actions confirming continued consumer feedback has been sought, changes and alterations to the menu have been made, the new menu is due to be implemented by December 2022, additional resources including equipment will be provided to the kitchen and tray service will be reduced to improve the temperature of meals.

Additionally, the provider advised, through the transition plan implementation of systems and processes will review meal service and dining room set up and provide training to staff to improve the consumers dining experience.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others, such as the implementation of the new menu, will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate meals served were varied and of suitable quality.

Therefore, I find Requirement 4(3)(f) is non-compliant.

I find the remaining 6 requirements of Quality Standard 4 are compliant as:

Consumers said services and supports for daily living meet their needs, goals, and preferences. Staff demonstrated an understanding of what was important to consumers and what they enjoyed which aligned with care planning documentation. Staff advised they work hard to encourage consumers to attend activities and engage in them, adding how consumers love to dress up for events and to look nice for church services.

Consumers said their emotional, spiritual, and psychological well-being needs, goals, and preferences were being well supported within and outside of the service. Staff said they engaged with consumers the best way they could, using various methods appropriate for each consumer in line with their care planning documentation. Volunteers provided services for consumers as well as emotional, psychological, and spiritual support, including bringing pets to visit consumers. Staff were observed sitting and chatting with consumers.

Staff said they supported consumers to stay connected with family and friends and provided examples of how they supported consumers to do things of interest and access the community if they wished. Consumers described how they accessed the community for social activities and appointments. Care planning documentation included information about how consumers participated in the community and stayed connected with family and friends.

Consumers said they felt information about their daily living choices and preferences was effectively communicated, and staff who provided daily support understood their needs and preferences. Staff said the handover process kept them informed regarding updates to consumer care and services as well as alerts on the electronic care management system. Care planning documentation provided clear information to support the delivery of effective and safe care and detailed consumers individual care needs and preferences.

Consumers said they could be connected and referred to other organisations if they wish. Staff said they explored individual community ties and facilitated ways of enabling individual consumers to keep them. Volunteers and other organisations were observed bringing morning teas and assisting some of the consumers with their meals, training had been provided by the service to ensure volunteers were using the correct techniques and aware of the risks to consumers.

Consumers said they felt safe when using the service's equipment and said it was clean, easily accessible, and suitable for their needs, they also knew the process for reporting issues and said items were repaired or replaced quickly when required. Staff described how maintenance requests were prepared, logged, and signed off when completed. Maintenance documentation including the inspection of hoists, weight chairs, and other equipment as part of the scheduled preventative maintenance program.

# Standard 5

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

Findings

The service environment was welcoming and easy to understand. Consumers said they felt at home in the service, and they could maintain their independence and personal preferences for interactions. Staff were observed welcoming visitors to the service and described how they helped the consumers to feel at home and sought out ways of providing support where needed. Consumers were observed having morning tea, meals, socialising together, and participating in activities in the living/dining rooms.

The service environment was observed to be clean, well-maintained, and comfortable, and enabled consumers’ free movement within and outside of the service. Consumers agreed the service was clean, well-maintained, and comfortable. Staff described the process for documenting, reporting, and attending to maintenance issues and ensuring the service environment remained clean.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for the needs of the consumers. Consumers said their rooms were well maintained, and repairs were made promptly. Maintenance staff were observed checking, cleaning, and repairing equipment used by the consumers. Maintenance staff described and demonstrated how maintenance was scheduled and conducted for routine, preventative, and corrective maintenance requirements.

# Standard 6

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

Findings

Consumers and representatives said they were supported by the service to provide feedback and make complaints. Staff described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any concerns. The service had processes and systems in place for consumers to raise concerns about their care and services. Feedback forms and collection boxes were easily accessible to consumers and representatives.

Consumers stated they did not feel the need for advocacy services, were able to represent themselves or had support from their representatives if needed. Staff described how they had raised feedback on behalf of consumers, which was evidenced on the complaints register. The service handbook and newsletter contained information about the consumers and representative's right to access advocates, language services, and other methods for raising and resolving complaints.

Consumers and representatives said when feedback was provided the service responded appropriately, promptly and when things went wrong the service apologised and acted quickly to resolve issues. The services’ complaints register demonstrated the use of open disclosure and timely management of complaints following the service's policy, including complainant feedback from staff. Staff advised when concerns were raised management actioned them, they had ongoing training on open disclosure, and training records confirmed this.

Consumers, representatives, and staff stated they had seen feedback and complaints used to improve care and services, including dietary preferences and food services. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers and representatives at meetings and through surveys and fed to management via meetings.

# Standard 7

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

Findings

The assessment team recommended 2 of these requirements were not met. have considered the assessment team’s findings; the evidence documented in the Site Audit report, and the provider’s response and find the service non-compliant with these requirements:

* 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.
* Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken.

In consideration of Requirement 7(3)(a), the Site Audit report brought forward feedback from consumers, representatives, staff, and management stating there were staff shortages, due to the retirement of several care staff and middle management vacancies due to employment uncertainties with the pending ownership change, impacting on the delivery of meal services, completion of assessment and care planning processes and oversight of governance processes.

The provider’s response acknowledged the findings of the site audit and described actions taken and planned to recruit staff including working with external recruitment agencies to source staff, engaging with ex-employees who may wish to return and holding a community open day to promote working at the service.

Additionally, the provider advised, through the transition plan a review of rostering and staffing allocations will occur.

I acknowledge the corrective actions included in the provider’s response and while some of these have been completed, others, will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate the workforce planned and deployed enable the delivery of safe and effective service, supports or care.

Therefore, I find Requirement 7(3)(a) is non-compliant.

In relation to Requirement 7(3)(e), the Site Audit report evidenced deficiencies in the regular assessment and review of staff performance as staff confirmed while informal processes exist, their performance is not formally assessed, nor do they have a performance development plan.

The provider’s response acknowledged the findings of the site audit and submitted a plan for continuous improvement to address the identified deficiencies which outlined formal performance appraisals with staff have been commenced.

I acknowledge the corrective actions included in the provider’s response and while some staff have completed an appraisal, other staff have not and the implementation of the performance monitoring systems and processes, as part of the transition, will take time to demonstrate their ongoing effectiveness.

I am satisfied at the time of the site audit, the service was not able to demonstrate the performance of all members of the workforce had been regularly assessed, monitored and reviewed.

Therefore, I find Requirement 7(3)(e) is non-compliant.

I find the remaining 3 requirements of Quality Standard 7 are compliant as:

Consumers and representatives said staff engaged with consumers in a respectful, kind, and caring manner, and were gentle when providing care. Staff demonstrated an in-depth understanding of the consumers, including their needs and preferences, and this information aligned with care planning documentation and the information obtained from consumers and observations. Management, staff, and consumers all referred to the community feel of the service and observations identified the service was relaxed and homely and interactions between staff, consumers, and their representatives reflected mutual respect.

Consumers reported staff were skilled in their roles and competent to meet the consumers care needs. Management said new staff members were offered buddy shifts to ensure they were comfortable and competent to commence independent practice, and additional buddy shifts were offered if the staff member did not feel ready. Staff said they received orientation training, annual mandatory training, and completed competency evaluations. Staff demonstrated knowledge of reporting serious incidents and restrictive practices, and if deficits or gaps in knowledge were identified action was taken.

Consumers and representatives could not identify any additional areas where staff needed training and confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they received appropriate training to meet their current and future roles, and some confirmed they had been upskilled and the service supported their training. Documentation confirmed mandatory training and registration renewals were regularly reviewed and were up to date.

# Standard 8

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

Findings

The assessment team recommended 1 of these requirements was not met, I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and find the service non-compliant with these requirements:

* 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 Site Audit report evidenced the service had a documented risk management framework with policies and procedures to manage high impact and high prevalence risks, however these were ineffective as staff had not identified and reported incidents relating to consumer care which adversely impacted consumers and these incidents were collated and analysed to inform the management of risk.

The provider’s response acknowledged the findings of the site audit and advised the tiered transition plan currently being progressed to merge the operations of the service with an established aged care provider, would embed enhanced organisation governance systems including for incident management and clinical governance.

I acknowledge the corrective actions included in the provider’s response and while the transition is currently being progressed it will take time to demonstrate the effectiveness of risk management systems and processes.

I am satisfied, at the time of the site audit, the service was not able to demonstrate the service had effective risk management systems and practices.

Therefore, I find Requirement 8(3)(d) is non-compliant.

I find the remaining 4 requirements of Quality Standard 8 are compliant as:

Consumers and representatives considered the organisation was well run and they were partners in improving the delivery of care and services, through engagement opportunities to inform the design, delivery, and evaluation of services. Staff confirmed the service kept consumers and representatives informed of any changes in care or when things went wrong, to ensure effective communication and engagement while respecting individual likes and preferences. Consumers expressed concerns about the recent merger and management described how they kept consumers, representatives, and the local community informed of the changes occurring and progress to date by holding community meetings.

Consumers and representatives said they felt safe at the service, it was homely, and they felt included. The CEO described communication strategies for topics such as legislation changes and commission updates, how these were communicated and how they might trigger changes to management strategies and additional staff training. Management described the reporting structure within the service and how clinical data is monitored and any trending is escalated to the executive team for consideration.

The service had processes in place to ensure effective systems relating to information management. The service had a hybrid continuous improvement plan in place which captured in one place all significant issues across the standards requiring action and resolution. While the service had recently lost some key personnel due to the merger, the operational management team at the service had taken up additional portfolios to maintain the continued safe care of consumers at the service. The service’s clinical and operational governance systems remained in place and were monitored by the services on-site management team to ensure it was business as usual for all aspects of governance at the service.

The service had a clinical governance framework including policies and procedures about antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff confirmed receiving education about the policies and were able to provide examples of their relevance to their work, including the use of open disclosure, alternatives are sought prior to restrictive practices being implemented and how pathological results are obtained prior to the prescription of antibiotics.

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