Performance

Report

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| Name of service: | Villa Del Sole |
| Service address: | 73 William St GLENROY VIC 3046 |
| Commission ID: | 3544 |
| Approved provider: | Securo Care Proprietary Limited |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 8 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Villa Del Sole (**the service**) has been prepared by G-M.Cain, 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 18 April 2023.
* information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **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.

* The organisation is required to ensure that assessment and care planning includes a consideration of risk and informs the delivery of safe and effective care.
* The organisation is required to ensure that consumers receive care and services that is tailored to their needs and optimise their independence, health, well-being and quality of life.
* The organisation is required to ensure that deterioration or changes in a consumer’s health are recognised and responded to in a timely manner.
* The organisation is required to ensure effective organisation wide governance systems relating to the following:
  + information management
  + continuous improvement
  + regulatory compliance
* The organisation is required to ensure, where clinical care is provided a clinical governance framework, including but not limited to the following:
  + antimicrobial stewardship
  + minimising use of restraint
  + open disclosure.

# 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 said they were treated with dignity and respect by staff, and had their identity and culture valued. Staff could describe how consumers' identity, culture and diversity were valued. Care documentation showed that individual cultural and diversity needs were identified for each consumer sampled. Observations showed staff to be respectful towards consumers in all interactions. The organisation had documented policies on cultural diversity, referencing current legislation and guidelines that inform staff practice.

Consumers' culture, values, and diversity is respected, and they are supported to practice their values and beliefs and learn about their culture. Staff knew consumers' preferences, culture, values, and beliefs. Care documentation included information about consumers' religious, spiritual, and cultural needs and personal preferences, including communication strategies for consumers of non-English speaking backgrounds. The service had documented policies on consumer cultural diversity and inclusivity that included guidance for staff on cultural safety.

Consumers were supported to exercise choice and independence about how their care and services were delivered and how they were supported to remain connected and maintain personal relationships. Staff demonstrated knowledge and understanding of consumers' preferences and choices and described how each consumer was supported to make informed decisions about their care and services. The service had policies and procedures that included guidance for staff on dignity and choice, supporting consumer relationships, sexuality and intimacy, and consumer decision-making. However, care documentation did not consistently provide information on how consumers are supported in making decisions, including when others should be involved. Management spoke of immediate actions, including educating representatives on consumer dignity and choice. Management explained that the consumer demographic of the service (being Italian) also contributed to having families very involved in decision-making.

The Site audit report contained information relating to one consumer and the representative's feedback that the named consumer was not supported to take risks to enable them to live their best lives. Care documentation did not consistently have risk assessments completed. The organisation had policies to guide staff on managing risk for consumers and supporting consumers to take risks. I have considered this information alongside the Approved Provider's response, and it is my decision that consumers are supported to take risks; I have therefore decided that Requirement 1(3)(d) is Compliant. The Approved Provider submitted information that evidenced the completion of risk assessments, which included strategies to manage and minimise those risks. While one consumer and their representative provided feedback that the consumer can only go outside when staff take them, which was for the consumers' safety. The Approved Providers' response provided clarifying information that the consumer (when on an external outing) had purchased sharp objects such as scissors and nail cutters. The service informed the representative of these purchases and completed a risk assessment, including strategies to minimise this risk. The response submission evidenced the completion of a completed risk assessment. Concerning the consumer feedback that they were only able to go outside with staff assistance. I have considered this in my decision under Requirement 3(3)(a).

Consumers are provided with information to assist them in making choices about their care and lifestyle, including current events and activities, meal selections and activities of daily living. Staff described how information is communicated to consumers with cognitive impairment, for example, by providing verbal reminders and assisting them to activities that might interest them. Observations showed that information provided to consumers and representatives included the monthly activity planner, weekly menu, consumer and representative meeting minutes and the monthly newsletter. Most information is produced in English and Italian; staff read information to consumers if needed.

Consumers confirmed their privacy is respected; for example, one consumer spoke of staff always knocking on their door before entering the room. Staff described how they ensured consumers' privacy and personal information were respected. The organisation has documented policies and procedures regarding privacy and the protection of personal information, which guides staff practice for maintaining consumer privacy, including the collection, disclosure, security, storage, and use of consumer information.

# 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. | Compliant |

Findings

While consumer and representative feedback spoke of feeling well informed, and communication was open and transparent from the service, the site audit report contained information that assessments were not consistently completed. Consumers’ initial and ongoing assessment and care planning did not consistently consider risk/s to consumers. Under this and other requirements, the site audit report contained information about incomplete assessment for consumers subject to environmental restrictive practices, with unstageable pressure injuries, and experiencing changes in swallowing. Staff provided feedback that care plans were incomplete, and as a result, they did not consistently feel informed about how care and services are delivered. In coming to my decision, I have considered the site audit report and the approved providers' response. The Approved Provider submitted information that evidenced that the service has taken immediate actions as a result of the deficiencies identified, including the completion of assessments and updating of care plans of the named consumers. While I acknowledge the immediate actions taken by the service, I am concerned that the service did consistently demonstrate effective assessment of relevant risks to a consumer's safety, health and well-being. As a result, 3 consumers were subject to restrictive practices, and consumers with skin integrity risk and swallowing deficits were not identified. I have therefore decided that Requirement 2(3)(a) is Non-compliant.

Overall, consumers and representatives expressed satisfaction with the care planning process and confirmed the service had discussions with them about advanced care planning and end-of-life care. Care documentation mostly addresses consumers' current needs, goals and preferences for advanced care planning and end of life. However, while for some consumers, current daily care is provided and evidenced through progress notes, however, is not consistently reflected in current care planning documentation, specifically related to skin management and wound care. I have considered this in my decision under Requirement 2(3)(a). The service had policies and procedures to guide staff practice in the assessments, care planning and consultation.

Consumers and representatives provided positive feedback and felt like partners in assessing, planning and reviewing the consumer's care and services. Staff provided examples of the involvement of others in consumer assessment and care planning, for example, medical officers. Care documentation reflected an integrated and coordinated assessment and planning process. Care documentation demonstrated that consumers are representatives included in case conferences and care plan reviews and that consumers and representatives are offered a copy of the consumer's care plan. The service had procedures established for regularly reviewing consumers' care plans, including a 'resident of the day' process and 3-monthly reviews, and this was confirmed on a review of care documentation. While overall, the care plan reviews and care consultations process evidenced care plans are updated, such as when care needs change after a fall, some care plans were not current. For example, consumers with newly identified wounds did not consistently have skin and wound care plans. Staff identified how clinical risks and incidents could trigger a reassessment of the consumer. However, staff advised that some care plans are not always updated in a timely manner to reflect this. I have considered this in my decision under Requirement 2(3)(a).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Non-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 Performance Report dated 25 March 2022 found the service non-compliant with requirements 3(3)(b) and 3(3)(d). The Performance Report included information that weight loss, the management of psychotropics and behaviour management were not always being effectively identified by the service, placing consumers at increased risk; and the identification of and response to changes in health status is not always recognised and responded to in a timely manner.

*In relation to Requirement 3(3)(a)*

Consumers and representatives were satisfied with the care provided to consumers and were confident that care was tailored to the individual and optimised their health and well-being. The site audit report contained information regarding some incomplete assessments and care plans; for example, triggers for changed behaviours had not been assessed, and behaviour management strategies for some consumers were not evidenced in a behaviour support plan. The service advised that there were no environmental or chemical restrictive practices at the service. However, the Site audit report contained information regarding one named consumer prescribed a psychotropic medication considered a chemical restrictive practice and two named consumers subject to an environmental restrictive practice.

In coming to my decision for this requirement, I have considered the site audit report, approved providers' response, and the Performance Report dated 25 March 2022. The Approved Provider submitted information that evidenced that the service has taken immediate actions as a result of the deficiencies identified, including the review and ceasing of the psychotropic medication for the first named consumer and the completion of risk assessments and authorisations for the two named consumers subject to environmental restrictive practice.

The Approved Provider's response stated a commitment to the clinical management monitoring consumers to ensure assessments are completed, including on entry to the service. While I acknowledge the immediate actions taken by the service, I am concerned that the service did not identify 3 consumers who were subject to restrictive practices. I have placed weight on consumer and staff feedback during the site audit; consumers and representatives did not recall discussions about the use (or possible use) of restrictive practices, and staff did not demonstrate an understanding of practices that could be considered restrictive practices. I have also placed weight on evidence in the performance report dated 25 March 2022, which under Requirement 3(3)(b) found the service Non-compliant with deficiencies relating to inconsistent review of consumers prescribed psychotropic medications and care documentation not consistently recording non-pharmacological interventions to be utilised before the administering of psychotropic medications.

I have therefore decided that Requirement 3(3)(a) is Non-compliant.

*In relation to Requirement 3(3)(b)*

I am satisfied that the service has taken improvement actions to address non-compliance with this requirement as outlined in the Performance Report dated 25 March 2022. It is my decision that Requirement 3(3)(b) is now compliant. Actions included:

* Established process for monthly weighting of consumers, with reporting sent to the Clinical Manager weekly to review. Weight loss of 2 kilograms or greater is referred to the dietitian and the commencement of nutritional supplements and food and fluid charting.
* Implemented pain management processes, including 3-day pain charting on entry, post-incident, post-wound identification and return from hospital. Ongoing pain charting is commenced when a consumer is at the end of life as part of the updated end-of-life process. The clinical manager reviews progress notes daily.

Clinical management described the high prevalence and high impact risks for consumers, including changed behaviours and falls. They described how the service uses an audit database, with monthly audits completed, which informs the quarterly National Aged Care Mandatory Quality Indicator Program. Care staff demonstrated knowledge of high prevalence and high impact risk, including weight management, diabetes and fall management.

*In relation to Requirement 3(3)(d)*

The Performance Report dated 25 March 2022 found the service non-compliant with this requirement. Deficiencies related to the timeliness in identifying consumer deterioration and/or managing promptly. The site audit report contained information regarding improvement actions taken by the service to address these deficiencies, including internal audit processes to ensure care documentation was current, daily review of progress notes by the clinical manager, and staff training in consumer deterioration, with records evidencing 100% of staff had attended. However, the Site audit report provided information relating to 2 named consumers where health and/or well-being changes had not been identified, and subsequent monitoring occurred.

For the first named consumer, a review of care documentation demonstrated that an unstageable pressure injury was not identified until 3 days after entry to the service. While the ongoing monitoring and management of the wounds was in line with medical officer recommendations, the service had yet to refer the consumer to a wound consultant, which was not in accordance with the service's wound management policy. Care documentation for the named consumer was incomplete, including behaviour assessment despite the consumer presenting with changed behaviours on entry to the service, and did not evidence a behaviour support plan to guide staff in care delivery. I have considered this information in my decision under Requirement 2(3)(a). The consumer's representative was 'incredibly happy' with the service and had no complaints. They confirmed they were aware of changes to the consumers' condition, including the pressure injury and changed behaviours. In its response submission, the approved provider stated they acknowledged the oversight in identifying the unstageable pressure injury and committed to further actions, including increased oversight by clinical management to ensure the completion of assessments and further mandatory training for staff.

For the second named consumer, a review of care documentation demonstrated a lack of monitoring and managing the consumer when they complained of sore and red eyes; or that actions were taken when the consumer experienced increased coughing episodes during mealtimes. The Approved Provider's response submission included statements, copies of care documentation and training records. The service evidenced immediate actions taken, including the speech pathologist's review of the named consumer. The response submission explained the management of the consumer's eyes and stated that redness’s was documented; however, monitoring did not evidence discharge or swelling from the eye. No evidence of monitoring charts was provided in the submission.

While I acknowledge the immediate actions taken, by the service, I am concerned that the service did not identify changes to the named consumers; and that despite the improvement actions taken to address the non-compliance as outlined in the Performance Report dated 25 March 2022, the identification of and response to changes in consumers’ health status continues not to be consistently recognised and responded to in a timely manner. I have therefore decided that Requirement 3(3)(d) is Non-compliant.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Care documentation included an advance health directive and palliative care plan, which reflected the needs, goals, and preferences of the consumer receiving end-of-life care. Registered nurses are onsite 24 hours a day with support from clinical management as required. The service had policies, procedures and clinical protocols to guide staff in palliative and end-of-life care management.

Consumers and representatives were satisfied that the staff knew what to do and how to provide care tailored to individual consumers. They said staff communicated with them, stating most staff speak Italian, which made things easier when providing care or when preferences change. Information about consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via shift handover and handover sheets. Observations showed a shift in handover and the efficient exchange of information for all consumers. Staff provided feedback that some care plans were incomplete, so it was hard to know how to provide effective care to the individual. Consumers' care plans did not consistently identify all risks. I have considered this under my decision for Requirement 2(3)(a).

Timely and appropriate referrals to other providers and organisations were confirmed via interviews with consumers, representatives, and staff and reflected in care documentation.

Consumers and representatives expressed satisfaction with managing the recent COVID-19 outbreak and the ongoing use of personal protective equipment and the service. The service has documented policies and procedures to support minimising infection-related risks, including an outbreak management plan and antimicrobial stewardship. Clinical staff understood the principles of antimicrobial stewardship, providing examples of how antibiotic prescription and non-pharmacological strategies are used when possible, to reduce the risk of antibiotic overprescribing and resistance to antibiotics. Observations showed staff appropriately using personal protective equipment and practising hand hygiene.

# Standard 4

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

Findings

Consumers and representatives said there were various activities to suit all consumers, and they were happy that activities catered to the Italian community. Consumer representatives for those who live in the secure living environment spoke positively of the service introducing the multisensory program. Staff described the multisensory activity and how it provided individual activities for consumers and changed daily depending on the individual consumer. Observations showed consumers playing Italian card games, painting, reading, knitting and multisensory activities.

Consumers and representatives provided positive feedback about the Italian priest attending the service once a month to provide Communion and Mass. Staff described how Italian Mass is important to most of the consumers at the service and as a result, Mass is played on the television in the main living areas at 9 am each day. Staff explained how consumers' religious, emotional, social and spiritual needs are identified in initial assessments; and how emotional support is individually provided, for example, during a consumer engaging in doll therapy and supporting additional prayer and rosary when a loved one is sick or has passed away.

Consumers and representatives said they were supported by the service to maintain contact with people who were important to them and engage in activities both inside and outside of the service. Staff provided examples of how Italian volunteers attend twice a month to support consumers and how the one-on-one time is rotated through different consumers. The service supports community engagement and is mainly linked to religious support and community outings.

Consumers and representatives felt confident that staff knew the consumers and spoke of staff spending time speaking with consumers about their life. Care documentation provided adequate information to support effective services and safe care delivery. Staff provided examples of how consumers’ conditions, needs, and preferences are communicated, including by reviewing care plans and through shift handover.

Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and support they needed and wanted. For example, the service engages with community organisations and religious programs, including Italian volunteers.

Overall, consumers provided positive feedback on the meal service. Menus were provided in the dining rooms in English and Italian. The service held food focus groups, and consumers could speak to the kitchen staff directly about concerns or request changes to the menu or food. Care documentation included consumers' nutrition and hydration information, dietary requirements and preferences, which aligned to information provided to kitchen staff.

Consumers expressed no complaints about the equipment provided by the service. Staff described the service's process for ensuring equipment is safe, including safety checks and documentation reviewed confirmed these occur. Observations showed equipment to be suitable, safe, clean, and well-maintained; a range of equipment used by staff and consumers, including mobility equipment and equipment used for lifestyle activities.

# 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

Consumers and representatives described the service as 'more like home' and provided positive feedback about being able to personalise consumers' rooms. Observations showed a welcoming environment, with information displayed in Italian and English to support consumers navigating the service, including the number of rooms and names of various areas.

Maintenance and cleaning staff described processes to ensure the service environment was clean, safe, and well-maintained, including safety check processes and cleaning schedules. Observations showed the service environment to be safe, free of hazards, well-maintained and comfortable. The site audit report contained information that some consumers could not move freely within the service, including named consumers who advised that they were not permitted to go outside. Doors to outside service areas had key codes, and were not observed to be open. Management and staff advised consumers were only allowed to exit the service or use outside courtyards if accompanied by staff. Care documentation did not evidence safety or risk assessments for any consumers in relation to their ability to exit the service, and staff did not demonstrate knowledge of this practice as environmental restraint. I have considered this information under Requirement 2(3)(a) and Requirement (3)(3)(a). The Approved Provider submitted information that evidenced that the service has taken immediate actions as a result of the deficiencies identified, including the completion of risk assessments and authorisations for the named consumers subject to environmental restrictive practices, display and communication of door codes, and discussion of environmental restraint at the recent consumer and representative meeting. The service has implemented information about environmental restrictive practices, including the consent form in the 'consumer admission pack'. The actions were documented in the service's plan for continuous improvement as part of the response submission, with completed dates recorded as March 2023.

In coming to my decision, I acknowledge the actions taken by the service to improve its performance and as detailed in the service's plan for continuous improvement. I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies identified. I am satisfied that Requirement 5(3)(b) will be compliant through implementing these actions.

Consumers provided feedback that maintenance requests were promptly attended. Documentation, including preventative and equipment maintenance systems, demonstrated timely maintenance of equipment, furniture and fittings. Observations showed that furniture was clean and in good condition, and equipment was tagged with service completed within the last 12 months.

# 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 felt comfortable providing feedback or making a complaint. While they were not always aware of other ways for raising and resolving complaints, they stated they were comfortable raising any complaints or concerns with management and staff. Staff generally described the feedback and complaint mechanisms of the service. Some staff said they would report concerns to management rather than supporting consumers and representatives to complain via the feedback forms. Observations showed information about providing feedback, including feedback forms displayed at the service. The lodgement box for feedback forms was located in the foyer near reception, which consumers cannot freely access due to a coded keypad on the door to the reception area. External complaints mechanism information, including advocacy and translation services, is provided to consumers in various formats, such as posters, brochures, the consumer handbook, and the admission pack. All information displayed and provided to consumers is in both English and Italian.

Consumers and representatives who had raised concerns with staff were satisfied that they were responsive to their concerns and that the staff took appropriate action. Staff demonstrated an understanding of using an open disclosure process. The organisation has documented policies on consumer feedback and open disclosure to guide staff practice about actions following the raising of a complaint.

The site audit report contained information that the service could not demonstrate appropriate action taken in response to consumer feedback and could not provide examples of open disclosure. The documentation reviewed showed no recording of complaints and very minimal consumer feedback. I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 6(3)(c) is Compliant. This was based on a lack of consumer feedback regarding complaints not being actioned and open disclosure processes not being applied. In relation to information relating to lack of complaints documentation, I am of the view that this does not evidence a lack of action; I have placed weight on the positive feedback from consumers and representatives saying they felt comfortable providing feedback or making a complaint and were satisfied with the actions taken. Regarding open disclosure, the site audit report contained information regarding representative feedback about no external outings occurring and consumer meeting minutes referencing an improvement to the call bell and telecommunications system at the service, not documented in the plan for continuous improvement. The approved providers' response submission evidenced that an apology was provided at the consumer and representative meetings about cancelling outings and a copy of an email dated before the site audit that evidence an apology was provided about issues the service was experiencing with the new telephone system. In evidence presented in the Site audit report under Requirement 8(3)(e), service documentation for an incident in December 2022, notified under the serious incident reporting scheme, did not evidence the service had undertaken an open disclosure process. However, this could not be confirmed with consumer or representative interviews during the Site audit. The Approved Providers response provided explanation that an open disclosure process was applied to this incident, with a telephone discussion. Furthermore, the service provided additional evidence of a falls incident which occurred for another named consumer on 14 April 2023 with documented evidence of an open disclosure process applied. In coming to my decision in relation to this Requirement, I am satisfied that the service took appropriate actions, and I have placed weight on the positive feedback from consumers and representatives about actions taken in response to feedback.

The organisation had policies in relation to utilising consumer feedback and complaints to inform areas for continuous improvement, including registering feedback and complaints, trending the data and documenting improvement strategies. Consumer and representative meeting minutes and food focus forums evidenced engagement with consumers and representatives, with a review of minutes noting that mostly representatives attend. Management described feedback processes and provided examples of improvements made as a result of consumer feedback; however, documentation evidencing these were not provided.

The site audit report contained information on representative feedback about the cancellation of consumer outings, with representatives advising that further information had yet to be provided by the service about the actions taken in response to the feedback. The documentation reviewed showed that feedback from representatives attending the food focus forum was not documented or evidence of actions taken in response to the feedback. The service's plan for continuous improvement included an improvement registered in May 2022 about the need for more visits from the medical officer, with the source of feedback being the consumer and representative meeting. I have come to a different decision following the submission of a response by the approved provider. I have decided that Requirement 6(3)(d) is Compliant. This was based on a lack of consumer feedback regarding complaints not being used to improve care and services. Concerning the feedback from representatives about the ceasing of consumer outings, the response submission provided an explanation that the venues used by the service for external outings were not accepting bookings due to COVID-19 impacts. Concerning the lack of documentation in meeting minutes, food focus forums and the plan for continuous improvement, the Approved Provider, in their response, provided evidence that actions had been taken about increased visits from the medical officer and feedback from the food focus forum. The Approved Provider did acknowledge that the communication at meetings could be better documented to facilitate feedback and continuous improvement. Improvement actions to ensure better documentation and communications from these meetings were recorded on the service's plan for continuous improvement as part of the response submission, with completed dates recorded as April 2023. I am satisfied that the response submission, including the plan for continuous improvement, effectively described how the service had addressed the deficiencies identified. I am satisfied that Requirement 6(3)(d) will be compliant through implementing these actions.

# Standard 7

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

Findings

Consumers and representatives spoke of the staff being very hardworking. They were satisfied with the quality of staff and care and said the consumer's current needs are met. Call bells are usually answered promptly, supported by observations during the site audit. The workforce was planned to meet the needs of consumers and deliver quality care and services, and the service had systems and processes in place to ensure sufficient staff were rostered across all shifts.

Consumers and representatives said that staff were kind, caring and respectful when providing care and services, recognising each consumer's identity and diversity. Observations showed that staff always interacted with consumers in a kind and caring manner, using each consumer's preferred name when greeting and speaking in the consumers' preferred language, Italian.

Consumers felt the staff had the knowledge and skills to provide safe, quality care. Staff felt competent to provide the care the consumers needed and outlined mandatory training and competency assessments that must be completed annually. Position descriptions provided included relevant qualifications required for each role.

Consumers and representatives said they felt staff knew what they were doing and did not identify areas where staff needed more training. Staff described how they are supported to perform their roles and the outcomes required by the Quality Standards by completing annual mandatory training modules, orientation and supported buddy shifts.

The service and demonstrated regular assessment, monitoring and review of the performance of each staff member. Performance appraisals are completed at 3, 6 and 12 months for new staff, then annually ongoing and staff interviewed confirmed this occurs.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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. | 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. | 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. | Non-compliant |

Findings

Representatives said they are involved with the care planning process for consumers and attend the consumer and representative meetings. The organisation has a documented governance framework that includes consumer engagement and provides guidelines for the service in this area on different ways to engage consumers and how they can be supported.

The Site audit report contained information that representatives are not specifically invited for input or engagement around improvements or projects at the service, as evidenced in the plan for continuous improvement, meeting minutes, and the complaints register. The service did not demonstrate examples of other forms of consumer engagement, such as surveys, and no consumer input was documented on the plan for continuous improvement, or received through the feedback and complaints process. Any information provided by service management is directed at representatives and not consumers. I have considered this information alongside the Approved Provider's response and have come to a different view. I have decided that Requirement 8(3)(a) is Compliant. The Approved Provider submitted information that evidenced the engagement of consumers and their representatives. The service explained the involvement of representatives to spoke consumers during meetings, and a review of meeting minutes did evidence direct questions to consumers and their feedback. Concerning specific invitations for input or engagement, the response submission evidenced that consumers and representatives are provided opportunities via monthly internal audits related to all areas of care and services. I have placed weight on the positive feedback from consumers and representatives saying they felt comfortable providing feedback or making a complaint and were satisfied with the actions taken. As reflected in my decision under other Quality Standards, consumer and representative feedback included consumers and representatives feeling well informed, and communication was open and transparent from the service. For these reasons, it is my decision that Requirement 8(3)(a) is Compliant.

Consumers and representatives felt that the organisation promoted a culture of safe, inclusive and quality care and is accountable for its delivery. The organisation’s governing body promotes and is accountable for delivering quality care and services and a culture of safe and inclusive care for consumers at the service. The organisation’s policies and procedures include information on how the governing body promotes a culture of safe, inclusive and quality care and services, evident throughout the documentation detailed in management reports.

The service had established organisational governance systems for information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints. The site audit report contained information on the effectiveness of some of these organisational systems, specifically information management, continuous improvement; regulatory compliance; and feedback and complaints.

In relation to information management, information in the site audit report identified that while staff had access to the service's electronic care management system, assessment and care planning information (and associated documentation) did not consistently reflect accurate information to guide and inform the delivery of personal and clinical care or to support the monitoring of care delivery. As reflected in my decision under Requirement 2(3)(a), the assessments of consumers' risks and care plans were not consistently completed. I have placed weight on feedback from staff who said they did not always have timely access to current information about consumer care needs. For example, staff reported incomplete behaviour management care plans meant they could not access information to manage changed behaviours.

In relation to continuous improvement, the organisation's systems and processes failed to effectively monitor and improve the quality and safety of the care and services provided by the organisation. Whilst the service had a plan for continuous improvement, the system failed to identify where quality and safety were at risk. My performance report dated 08 May 2023, decides the service has ongoing Non-compliance in Requirement 3(3)(d); and new Non-compliance in Requirement 2(3)(a); Requirement 3(3)(a); Requirement 8(3)(c) and Requirement 8(3)(e).

Regarding regulatory compliance, the service failed to identify consumers subject to restrictive practices, and the organisational policy and procedure for restrictive practices does not reflect current legislation.

Concerning feedback and complaints, the organisation had a system to document complaints and investigate complaints and outcomes. However, the service does not record complaints and feedback, although staff report that consumers do raise concerns with them. I am of the view that the service demonstrated effective organisation systems with consumer feedback and complaints, as reflected in my decision under Standard 6.

The Approved Provider submitted information that evidenced that the service has taken immediate actions as a result of the deficiencies identified, including the completion of assessments and updating of care plans of the named consumers; updating of the plan for continuous improvement to identify actions to enable the service to be compliant through implementing these actions; and assessment and authorisation of consumers subject to restrictive practices, along with additional staff training in restrictive practices. The submission response acknowledged that the service is experiencing issues that have resulted in delays in updating policies and procedures. For these reasons, it is my decision that Requirement 8(3)(c) is Non-compliant in relation to sub-requirements (i) Information management; (iii) continuous improvement; and (v) Regulatory compliance.

The service has risk management systems to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service and reported to the governing body. Staff described the risk management processes, including key areas of risk, the use of the incident management system, and their responsibilities in identifying and responding to the abuse and neglect of consumers. The Performance Report dated 25 March 2022 found the service non-compliant with requirement 8(3)(d). The Performance Report included information that the service was unable to demonstrate identification and management of high prevalence and high impact risks such as medication management, weight management and pain management. The site audit report contained information demonstrating that the organisation had implemented effective improvement actions and effective risk management systems. I have considered this information under Requirement 3(3)(b) in my decision of Compliant. However, the Site audit report contained information that consumers were not supported to take risks to enable them to live their best life. I have considered this information alongside the Approved Provider's response and have come to a different view. I have decided that Requirement 8(3)(d) is Compliant. In relation to the individual named consumers, I have considered this information under Requirement 1(3)(d). I am of the view that the organisation had effective organisation-wide risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. The organisation has an incident management system that records incidents, incident investigations and incident outcomes. The organisation demonstrated effective systems to monitor data on sentinel events, severe incidents, infections, mandatory reports, external complaints, hazards, falls, pressure injuries and unexpected weight loss. Various organisational meetings discuss various topics to review and improve based on incidents or important events. A review of the service's Serious Incident Response Scheme notifications identified appropriate and prompt reporting of incidents. Concerning the clinical risks to consumers not being identified and addressed in relation to restrictive practices, wounds and changes in swallowing. I have considered this in my decision under Requirement 8(3)(e).

The site audit report contained information that the organisations' clinical governance framework had not been fully implemented at the service and management level. Policies, including the clinical governance framework, infection control management and antimicrobial stewardship, restrictive practices did not reflect current legislation. Staff described processes in relation to the clinical governance framework, such as minimising some restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things go wrong. Service documentation, such as meeting minutes, reflected discussions of these key areas. However, clinical risks to consumers have not been identified and addressed in relation to restrictive practices, wounds and changes in swallowing, and evidence of this was included in the site audit report. The effectiveness of improvement strategies implemented to recognise and respond to consumer health and/or well-being changes had not been evaluated. As a result, the service has ongoing Non-compliance with Requirement 3(3)(d). While I acknowledge the immediate actions taken by the service and that a clinical governance framework is being developed. The new and ongoing non-compliance found in Quality Standards 2 and 3, including in relation to assessment and care planning and personal and clinical care, it is my decision that Requirement 8(3)(e) is Non-compliant.

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-1)