Performance

Report

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| Name of service: | Villa Maria Catholic Homes Wantirna Aged Care Residence |
| Service address: | 355 Stud Road WANTIRNA SOUTH VIC 3152 |
| Commission ID: | 4282 |
| Approved provider: | Villa Maria Catholic Homes Limited |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 6 June 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 Maria Catholic Homes Wantirna Aged Care Residence (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* The assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The approved provider’s response to the Assessment Team’s report received 16 May 2023.
* Other 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 | **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 | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being.
* Requirement 3(3)(e) – Ensure information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
* Requirement 4(3)(d) – Ensure information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff treated consumers with dignity and respect and made them feel valued. Staff spoke about consumers in a respectful manner and were familiar with each consumer’s culture and background. Care planning documents was inclusive and respectful of consumers’ identity and provided information to guide staff in delivering care tailored to each consumer’s requested preferences.

Consumers and representatives said the service recognised and respected their cultural backgrounds and provided care that was consistent with their cultural traditions and preferences. Staff identified consumers’ cultural background and explained how they ensured each consumer received care aligned with their documented needs and preferences.

Consumers and representatives said consumers were supported to exercise choice in the way care and services are delivered. Staff and management explained how they supported consumers to maintain relationships of their choice, both within and outside of the service.

Consumers and representatives said the staff supported consumers to live the best life they could. Staff described the consumers who chose to take risks, and how they discussed these risks and supported them to take them. Care planning documents showed the service had completed risk assessments for the consumers who chose to take risks.

Consumers said they were provided with information in a way they could understand that allowed them to make choices about how they lived their lives. Care planning documents demonstrated that any specific communication needs of consumers are documented. The service’s noticeboards displayed information in large print about the activities, menus and various ways to provide feedback and make suggestions to the service.

Consumers and representatives said their personal privacy was respected. Staff described how they maintained consumers’ privacy when providing care, and how they kept consumer information confidential. Staff were seen knocking and announcing themselves to consumers prior to entering their rooms.

# Standard 2

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

Findings

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

Staff described the assessment and care planning processes, which identified risks to consumers’ safety, health and well-being. This was consistent with care planning documents.

Consumers and representatives said staff had discussed their needs, goals and preferences, including their end of life wishes with them, and this was recorded in care planning documents. Staff described how they initiated end of life discussions with consumers and their families.

Consumers and representatives said they were involved in assessment and planning. Staff said consumers, their representatives and other providers were involved in the assessment, planning and review of consumers care plans. This was evidenced in care planning documents.

Consumers and representatives stated staff effectively communication outcomes of assessment and planning and they could access consumer’s care plan. Care planning documents recorded the outcomes of assessments and care planning and showed consumers and their families were consulted, consistent with staff feedback.

Consumers and representatives said the service engaged with them when care plans were reviewed, incidents occurred and when care needs changed. Care planning documents demonstrated they were reviewed on a regular basis, and when circumstances changed or when incidents occurred. Staff were aware of the service’s care plan review processes.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Non-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 Requirements 3(3)(a) and 3(3)(e) 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 my findings are:

Regarding Requirement 3(3)(a), the Site Audit brought forward several deficiencies. I consider the following relevant to Requirement 3(3)(a):

* Consumer A’s representative said their loved one does not receive continence care in line with their needs and has resulted in the consumer being left wet or soiled for hours. The consumer’s care planning document demonstrated their continence pad was not documented as being changed in line with the schedule set out in the consumer’s care plan. The representative raised concerns over wounds not being managed appropriately, including reminding staff to apply cream to one of the consumer’s wound and staff using the incorrect cream. A Serious Incident Response Scheme (SIRS) report demonstrated the cause of one the consumer’s wound deterioration was due to staff not following the service’s wound management protocol.
* Consumer B and their representative raised concerns over management of the consumer’s complex care needs. The representative said that as a result of this consumer B would be incontinent and documentation demonstrated the consumer was transferred to hospital in October 2022 where they were diagnosed with an infection due to lack of management of their complex care needs. Consumer B’s care planning document demonstrated they were not receiving care in line with their specialised care plan to meet their complex care needs. Consumer B’s representative also raised concerns over their loved one’s personal care stating that their nails are not maintained and they often find the consumer in unclean clothes. Consumer B’s care planning document demonstrated lack of monitoring of blood sugar levels and wounds to ensure care needs are being met. Documentation also demonstrated consumer B was not reviewed by a podiatrist within the timeframe outlined in consumer B’s care planning document.
* Consumer C’s representative said their loved one was not receiving enough showers. However, the site audit report did not bring forward information in relation to the consumer’s personal care needs to determine whether those needs are being met. Therefore, I am unable to form a view and hence have not considered this example.
* Staff said the personal care provided was not always individually tailored and did not always reflect consumers’ current needs and preferences. Staff considered this was due to workforce pressures and inadequate handover practices. This has been considered under Requirement 3(3)(e) and 7(3)(a) where it is relevant.

The provider’s response provided the following clarifying information in relation to the deficiencies identified above:

* In relation to consumer A, staff training has been arranged throughout the remainder of the year so that staff can improve their knowledge on continence management. The response did not provide evidence if there have been improvements in consumer A’s continence pads being changed in line with their care planning documents. The response also does not address deficiencies in relation to management of consumer A’s wound.
* In relation to consumer B, the response advised the consumer has had no further infections related to their complex care needs since January 2023 and stated education is to be organised for staff. I do not consider lack of infection is indicative of staff delivering complex care management in line with the consumer’s care planning documents. The response included the consumer’s care planning documents evidencing documented guidance to staff in relation to the consumers complex care needs, however there was insufficient evidence to support that staff were following this guidance to provide effective care. The response also stated the consumer is regularly reviewed by a podiatrist but did not provide sufficient evidence to support this. The response did not address the lack of monitoring of consumer B’s blood sugar levels and wounds.

While I acknowledge the service had identified, and was taking, improvement actions in relation to the delivery of personal and clinical care, there has not been sufficient time to demonstrate the sustainability and effectiveness of these changes. Further, the providers response did not address all relevant deficiencies identified. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) non-compliant.

Regarding Requirement 3(3)(e), the Site Audit report brought forward the following deficiencies:

* Five representatives said there was inconsistent care or staff did not know the level of care their loved ones required. This has resulted in some consumer’s not receiving mobility assistance, appropriate meals and having their continence care needs met. One representative said their loved one requires a light to remain on overnight due to their vision impairment. However, as staff do not know the consumer’s care needs, the representative said one night their loved one fell and the light was off.
* Staff said the personal care provided was not always individually tailored and did not always reflect consumers’ current needs and preferences. Staff considered this was due to workforce pressures and inadequate handover practices.
* Care staff stated shift handover was often not occurring.
* Handover between clinical staff was observed however, a handover to care staff was not observed.
* Staff said there were often communication gaps between regular staff and agency staff in relation to consumers’ needs and preferences, which often led to consumer discomfort and put additional pressure on regular staff.
* The service’s policy for the clinical handover procedure was last reviewed in July 2020 and did not appear to be followed.
* Management explained the handover process and acknowledged they had received multiple complaints related to lack of communication and the shift handover process. Management said they were working to improve the process.

The provider’s response included a copy of the Plan for Continuous Improvement (PCI), which detailed actions that have, and will be, undertaken to address the gaps identified in the Site Audit report. This included review of the handover process and education to staff regarding appropriate handover processes.

While I acknowledge the service had identified gaps related to the communication of information about consumers’ condition, needs and preferences, and included corrective actions in their PCI, there has not been sufficient time to demonstrate the sustainability and effectiveness of these changes. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(e) non-compliant.

I am satisfied the remaining 5 Requirements in Quality Standard 3 are compliant.

Consumers and representatives considered the service appropriately managed high impact and high prevalence risks to consumers. Management and staff outlined the high impact/high prevalence risks to consumers at the service and explained the steps taken to support consumers who were at risk. Care planning documents confirmed the appropriate management of high impact/high prevalence risks to consumers.

Consumers and representatives said they had discussed their end of life wishes with staff. Management and staff explained the processes to support end of life care, including the involvement of family and other health professionals. Documented processes guided staff providing end of life care and care planning documents recorded consumers’ end of life wishes.

Consumers and representatives said deterioration in consumers were recognised and responded to in a timely manner. Staff described how they recognised and responded to deterioration or changes in consumers’ condition including providing relevant referrals and notifying representatives. Documented policies and processes guided staff in identifying and responding to the changing care needs of consumers.

Consumers and representatives were satisfied the service provided timely and appropriate referrals to other relevant health care services. This was also evidenced in care planning documents. Management described the process for referring consumers to other health professionals and provided examples.

Consumers and representatives were satisfied with the services’ infection control practices. Staff said they received mandatory training in the management of antimicrobials and infection minimisation strategies. The service had documented policies and procedures to support infection prevention and control and minimise antibiotic use.

**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. | Non-compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Assessment Team recommended Requirement 4(3)(d) 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 my findings are:

Regarding Requirement 4(3)(d), the Site Audit report brought forward several deficiencies. I consider the following relevant to Requirement 4(3)(d):

* Three consumers and a representative said staff do not know consumers’ needs and preferences, particularly agency staff, as there was poor communication within the organisation.
* Staff expressed concerns regarding consumer information not being effectively communicated throughout the organisation. Several staff explained there were communication gaps between regular staff and agency staff relating to the current needs and preferences of consumers.
* Some care staff said they sometimes do not get handovers, which made it difficult to provide suitable care.

The provider’s response included a copy of the PCI, which detailed actions that have, and will be, undertaken to address the gaps identified in the Site Audit report. This included review of the handover process and education to staff regarding appropriate handover processes.

While I acknowledge the service had identified gaps related to the communication of information about consumers’ condition, needs and preferences, and included corrective actions in their PCI, there has not been sufficient time to demonstrate the sustainability and effectiveness of these changes. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(d) non-compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 4 are compliant.

Consumers said the lifestyle services and supports they received met their needs, goals, and preferences and optimised their quality of life. Staff described how they designed activity schedules to cater to the needs and preferences of consumers, and to optimise their well-being and quality of life. Care planning documents included information about consumers’ interests and the activities they liked to participate in.

Consumers said their emotional, spiritual and psychological well-being was supported. Staff described how they ensured consumers’ emotional and psychological wellbeing was looked after. Pastoral care practitioners described how consumers’ spiritual wellness was promoted through the various religious and non-religious services and activities conducted at the service.

Consumers recounted how the service supported them to participate in activities and do the things they liked doing. Consumers said they were supported to stay connected with the people that were important to them. Staff described how they supported consumers to participate in activities and do things of interest to them. Care planning documents included the interests and activities that consumers enjoyed.

Consumers were aware of lifestyle services that were available to them from external organisations and individuals. Lifestyle staff described how they involved outside organisations and individuals to ensure consumers could access suitable services. The activities calendar featured multiple activities facilitated by external organisations and individuals.

Consumers were satisfied with the food provided at the service. Staff described how they knew consumers’ dietary needs and preferences and ensured they provided suitable meals. The lunch menu had suitable options available, as well as a separate menu for vegetarians. The dining experience appeared to be pleasant with staff assisting consumers when needed.

Consumers said they found the equipment at the service to be suitable, safe, clean and well maintained. Staff described how they ensured equipment remained clean and suitable for use. Staff explained how they escalated any issues related to the maintenance of equipment. Equipment throughout the service was observed to be clean, safe and suitable for use.

# Standard 5

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

Findings

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

Consumers said they felt at home at the service and were able to navigate around. Consumers’ rooms were observed to be personalised and handrails were present throughout the service to aid consumers’ mobility. Staff described how they supported consumers to move through the service environment freely.

Consumers said the rooms and common areas were well maintained and cleaned every day. Cleaning staff outlined how they ensured the service was kept clean and tidy for consumer use. The service environment appeared to be safe, clean, and well maintained with clear corridors and pathways that enabled consumers to move freely. Consumers were observed moving around the service freely.

Consumers reported the service’s furniture, fittings, and equipment were safe, clean, well maintained and met their needs. Staff described how they logged maintenance concerns and ensured equipment was cleaned in line with infection control protocols. Furniture, fittings and equipment appeared to be well maintained, clean and safe for consumer use.

# Standard 6

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

Findings

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

Consumers and representatives knew how to provide feedback or complain to the service and felt supported and safe to do so. Staff described how they would raise consumers’ concerns and gave examples. Management described various feedback and complaints available. Information about feedback and complaint mechanisms and feedback forms were available around the service.

Consumers and representatives were aware of how to access advocacy and external complaints services. Staff described how they supported linguistically diverse consumers to communicate, including through using communication cards, contacting family, or using interpreter services. Information about advocacy and interpreter services was displayed throughout the service.

Consumers and representatives felt the service had responded promptly and appropriately to complaints raised. Staff were aware of the service’s complaints process and described open disclosure and when it should occur. A feedback and complaints register demonstrated action had been taken in response to all complaints and open disclosure used.

Consumers and representatives felt complaints were reviewed by the service, and changes were made as a result. Management described the current trends in complaints data and the quality improvement process. Documentation contained evidence of actions taken to improve the care and services as a result of feedback and complaints.

# 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

The Assessment Team recommended Requirements 7(3)(a) and 7(3)(d) 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 my findings are:

Regarding Requirement 7(3)(a), the Site Audit report brought forward several deficiencies. Most of these deficiencies related the high use of agency staff who are not aware of consumers care needs and preferences due to lack of communication and handover processes. This has been considered under Requirements 3(3)(e) and 4(3)(d) where it is relevant and found non-compliant. I consider the following deficiencies relevant to Requirement 7(3)(a):

* One representative said there is low staffing at night but believed this was getting better.
* Another representative said there were staffing issues and high number of agency staff used which resulted in a decrease in standard of care provided. The representative did not bring forward specific impacts this had on their loved one.
* One consumer felt staff do not have time to get to know them and said they had to wait their turn as there were many consumers who needed assistance from staff.
* Two consumers said staff are always busy but did not bring forward impacts this had on them.
* One staff member said many staff worked double shifts and they were rushed and under pressure providing care. Another staff member said it is not always possible to go to every consumer in time due to high care needs of some consumers.
* Staff identified unfilled shifts as a common concern. The rosters for the fortnight 13 March to 26 March 2023, listed 76 agency staff, which reflected a significant increase on the previous fortnight which showed 37 agency staff.
* Management was aware of the concerns around regular staffing levels and the shift handover process, and said they were taking action to recruit more staff. The Quality Improvement Plan listed ‘recruitment for permanent staff’ as an action in January 2023.

The provider’s response included a copy of the PCI, which detailed actions that have, and will be, undertaken to address the gaps identified in the Site Audit report. This included active recruitment of staff and review of overtime usage.

While I acknowledge feedback from consumers, representatives and staff, there was insufficient evidence brought forward on the impacts staffing levels had on consumers and the care and services they received. I consider the evidence presented under this Requirement is insufficient alone to support the number and mix of the workforce does not enable the delivery and management of safe and quality care and services. Therefore, based on the evidence before me, I find Requirement 7(3)(a) compliant.

Regarding Requirement 7(3)(d), the Site Audit report provided feedback from consumers and staff that reflected agency staff do not have knowledge of consumer care needs. The report did not bring forward sufficient evidence to demonstrate agency staff do not have knowledge of consumer care needs due to lack of training. The Site Audit report brought forward some deficiencies under this Requirement that related to the high use of agency staff who are not aware of consumers care needs and preferences due to lack of communication and handover processes. This has been considered under Requirements 3(3)(e) and 4(3)(d) where it is relevant and found non-compliant.

Records showed that permanent staff received appropriate training and were equipped to deliver the outcomes of the Standards. Management stated they relied on the agency to recruit and provide staff with appropriate qualifications and skills to fill shifts. The service had a system for identifying unsuitable agency staff and flagging them to not return.

The provider’s response clarified the policies and processes in place for recruiting, training, equipping and supporting staff to deliver the outcomes required by these standards. The provider submitted a copy of their updated Plan for Continuous Improvement, which detailed actions to address the gaps identified in the Site Audit.

The provider’s response included a copy of the PCI, which detailed actions that have, and will be, undertaken to address the gaps identified in the Site Audit report. This included active recruitment of staff to reduce the use of agency staff. I consider the evidence presented under this Requirement is insufficient alone to support the workforce is not recruited, trained, equipped and supported to deliver the outcomes required by these standards. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(d) compliant.

I am satisfied the remaining 3 requirements in Quality Standard 7 are compliant.

Consumers felt overall, staff were caring and respectful, however some consumers said the agency staff were sometimes less respectful and caring. Management advised that when consumers raised concerns about particular agency staff, it was noted, and these staff were not scheduled at the service again. Previous rosters showed several agency staff had ‘not to return’ annotated against their name. Staff were observed interacting with consumers in a respectful manner.

Consumers felt staff had the skill to effectively perform their roles. Management described the recruitment and assessment processes used to ensure staff were suitable and competent in their role. The service used an automated system to monitor the currency of staff registrations, police checks, and other required certifications and staff were sent automatic reminders.

Management explained there was a review of new staff members after their probationary period and then regularly. In addition to the regular performance assessment schedule, workforce performance was reviewed when an error was made. Staff said when mistakes were made, their performance was investigated, and they were offered support and training to improve.

# 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. | 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

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

Consumers and representatives reported they were engaged in the development, delivery and evaluation of care and services. Management and staff described the various ways used to engage with consumers and documentation demonstrated consumers are engaged and supported in providing input on service delivery.

Management and documentations described how the governing body was accountable for the delivery of care and services as outlined in the Organisational Governance Framework which promoted a culture of safe, inclusive, and quality care and services. The service’s governing body received reports to satisfy itself that the Quality Standards were being met.

The organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. For example, in relation to financial governance, management described how changes to budget are sought to supporting consumer needs. While some gaps were identified in relation to workforce governance these have been considered under Requirement 7(3)(a) where it is relevant.

The service had risk management systems and practices which ensured that current and emerging risks were identified, and effective mitigation steps were taken. Management and staff described the processes for identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Management reported the main risks and incidents at the service and advised that the Board had oversight of the systems and processes for risk management.

The organisation had a documented clinical governance framework which included policies and procedures covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated understanding of these policies and procedures and how it applied to their day to day work.

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