Performance

Report

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| Name: | Wagga Wagga Community Aged Care |
| Commission ID: | 8221 |
| Address: | 14 College Avenue, WAGGA WAGGA, New South Wales, 2650 |
| Activity type: | Site Audit |
| Activity date: | 13 September 2023 to 15 September 2023 |
| Performance report date: | 3 November 2023 |
| Service included in this assessment: | Provider: 409 Signature Care Pty Ltd  Service: 26549 Wagga Wagga Community Aged Care |

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 Wagga Wagga Community Aged Care (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives and others.
* the provider’s response to the assessment team’s report received 26 October 2023.
* other information held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 | **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 1(3)(f) - Ensure each consumer’s privacy is respected and personal information is kept confidential.

# 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. | Not Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 1 of the 6 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 1(3)(f) was Not Met. While staff could explain how consumers’ privacy and confidentiality was respected, and the organisation had a privacy and confidentiality policy, the Site Audit found the service did not demonstrate each consumers’ privacy was always respected and their personal information kept confidential. Evidence brought forward included:

* Multiple consumers expressed concern that their privacy was not always respected, and staff did not wait for a response after knocking before coming into their rooms.
* Staff were observed entering consumers’ rooms without knocking, or without waiting for a response after knocking on multiple occasions.
* Two consumers advised they had made previous complaints about staff entering their room without waiting for permission after knocking, but nothing had changed (Refer also to Requirement 6(3)(c)).
* A handover sheet containing personal care information was left in plain view in a communal lounge area and staff were observed loudly discussing a consumer’s confidential clinical information in a common area.
* Management acknowledged these practices were unacceptable and immediately took corrective actions including, sending staff a memorandum about protecting consumers’ privacy, conducting privacy and confidentiality training, and directing staff to add their names to handover sheets.

The provider’s response refuted the Not Met finding and provided additional clarifying information and evidence in relation to protecting consumers’ privacy and confidentiality. The provider advised:

* Improvement actions were undertaken during the site audit which included providing additional conducting privacy and confidentiality training to staff training, issuing a memorandum to staff, directing staff to add their names to handover sheets, and providing ‘Do not disturb’ door handle signs to consumers that wanted them.
* Further improvement actions have also been taken in the period following the Site Audit to ensure consumers can enjoy their privacy and that staff comply with the organisation’s policies and procedures in relation to protecting the privacy and confidentiality of consumers.

While I acknowledge the service moved quickly to address the gaps identified in the Site Audit and immediately initiated improvement actions in relation to protecting consumers’ privacy, there had not been sufficient time to demonstrate the sustainability and effectiveness of these changes in moderating staff behaviour. Therefore, on the balance of the evidence before me, I find Requirement 1(3)(f) Not Compliant.

I am satisfied the remaining 5 Requirements in Standard 1 are Compliant.

Overall, consumers and representatives said they were treated with dignity and respect and staff valued their identity, culture, and diversity. Staff spoke about consumers respectfully and understood their background and life experience. Care planning documents reflected consumers’ cultural backgrounds, important relationships, and their individual needs and preferences.

Consumers and representatives said staff made them feel safe and respected their cultural heritage. Staff identified consumers from culturally diverse backgrounds and explained how they tailored care to meet their needs. Care planning documents reflected consumers’ cultural needs and preferences, in line with their interview responses. The service had written policies and procedures to assist staff in providing culturally safe care and services.

Consumers and representatives said the service supported their independent choices and decisions, encouraged them to make social connections, and maintain personal relationships. Staff explained how consumers were supported to exercise choice in relation to their care decisions, choose who else they wanted to involve, and maintain important relationships, including intimate relationships. Care planning documents recorded consumers’ care delivery choices and how the service supported their personal relationships.

Consumers and representatives felt supported to make informed choices involving risks, to live the life they wanted. Staff described risks taken by consumers and what they do to minimise these risks to the extent possible. Care planning documents identified individual choices involving risks and the agreed mitigation strategies in place.

Consumers and representatives said they received up-to-date information about activities, meals, COVID-19, and other events. Management said they provided consumers and representatives with up-to-date information and engaged them through regular care consultation, monthly consumer and representative meetings, newsletters, and lifestyle calendars. Staff described various methods they used to communicate information to consumers and representatives, and a range of current information was seen displayed around the service.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were actively involved in assessment and care planning which had regard to consumers’ needs, goals, preferences, and any risks to their health and well-being. Clinical staff described the assessment and care planning processes and how risks to consumers’ health were identified and mitigated. Care planning documents confirmed the assessment and planning processes supported the delivery of safe and effective care and services.

Consumers confirmed the service had discussed and documented their end-of-life preferences. Management and staff explained how advance care directives were discussed during the admission process and during care plan reviews, if consumers wished. Consumers’ care plans reflected their care needs and end-of-life wishes however, inconsistencies were identified in 2 care plans which were addressed during the Site Audit.

Consumers and representatives confirmed assessment and care planning is an ongoing partnership between them, staff, and external service providers. Clinical staff said they consulted consumers and representatives in relation to consumer’s care delivery including the involvement of other health professionals. Care plans showed the involvement of consumers, representatives, and other providers of care and services.

Consumers and representatives confirmed the service communicated with them about their care and services regularly and they were offered a copy of their care plan. Clinical staff explained how they constantly reviewed and updated consumers and representatives in relation to their documented care plan.

Consumers and representatives confirmed their care and services were constantly reviewed, including when there were any incidents or changes in condition. Clinical staff explained how they reviewed and evaluated consumers’ care and services during 3-monthly reviews and whenever needed. The assessment and care planning procedure were embedded in the electronic care management system which supports the review process. The Site Audit identified 3 consumers’ care plans had not been updated following allied health consultations and this is considered further under Requirement 4(3)(d).

# 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. | 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. | 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the care provided was safe, right for them and met their needs and preferences. Two consumers raised issues around the training of inexperienced staff, and this has been considered under Requirement 7(3)(c). Staff could describe consumers’ personal and clinical care needs and preferences and this was consistent with their care plans. The service had a suite of policies and procedures to support staff in the delivery of tailored personal and clinical care, in line with best practice guidelines.

Consumers and representatives considered high impact or high prevalence risks were effectively managed by the service. Staff explained the high-impact and high-prevalence risks to the consumers at the service and the individual mitigation strategies in place. Care documents confirmed assessment and care planning considered risks and put appropriate management strategies in place.

All consumers and representatives confirmed their advance care directives and end of life care was discussed and they were confident the service would implement their preferences captured. Staff could articulate how they cared for consumers nearing the end of life and ensured their comfort was maximised and their dignity preserved. Management explained the processes for providing end of life in accordance with consumers and representatives wishes and the service’s documented policies.

Consumers and representatives said the service responded quickly and appropriately to a deterioration or change in consumers’ condition. Staff described how they identified a deterioration in condition and the escalation process. Management confirmed the service had a registered nurse onsite 24 hours a day, and staff could access senior management and medical officers after hours.

Consumers and representatives said the consumer’s condition, needs, and preferences were documented and communicated effectively between staff, and those involved in providing care. Staff confirmed the shift handover process was effective and they received up to date information about consumers’ condition and care needs. Staff were observed effectively communicating changes in consumers’ care needs during the handover.

Consumers and representatives said timely and appropriate referrals to other health care supports, when needed. Clinical staff described the process for referring consumers to medical officers and other health care professionals, and how this informed their care and services. Documents confirmed referrals to other health professionals.

Consumers and representatives had no concerns with how the service managed infectious outbreaks, including COVID-19. Staff confirmed they had received training in relation to infection prevention and control and could articulate the principles of antimicrobial stewardship. The service had policies and procedures to guide staff practice in relation to antimicrobial stewardship and outbreak management, and staff were observed adhering to infection prevention practices.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 4(3)(d) was Not Met. The Site Audit found information about consumers’ condition was not always effectively communicated within the service, and with others responsible for providing care. Evidence brought forward included:

* Changes to several consumers’ dietary requirements were not immediately updated in the system. Therefore, the service was unable to demonstrate current information about consumers’ dietary needs and preferences was communicated effectively between those involved in providing care.
* The chef expressed uncertainty as to whether the latest dietary assessments were reflected in the electronic care management system and some staff said the kitchen staff sometimes provide the wrong meal.
* A kitchen staff member in a satellite kitchen was observed using an outdated consumer dietary list dated 23 May 2023 to identify consumer’s dietary requirements. Management confirmed staff should use the electronic tablets to access the current dietary lists.
* Management acknowledged the issues raised during the Site Audit and implemented an action plan to address the issues raised.
* Management advised that a review several consumers’ dietary care plans was currently being conducted by the dietician however, the dietitian’s recommendations had not been updated in the system by the end of the Site Audit.

The provider’s response refuted the Not Met finding and provided additional clarifying information and evidence in relation to the effective communication of information about consumers’ current condition, needs and preferences. The provider advised:

* The dietary information for all consumers was regularly reviewed by the dietician. A full review of all dietary care plans was conducted, and they were confirmed to be correctly recorded. In one case, staff were awaiting information about the availability of a dietary supplement following enquiries.
* The contract catering staff member that was using a paper list was immediately corrected and has been counselled. As soon as the situation came to light, all kitchenettes were checked immediately to confirm that the electronic tablets were being correctly used by all other catering staff.

I am satisfied with the provider’s additional explanation and evidence demonstrating consumers’ dietary needs and preferences were reliably reviewed, updated and communicated. I consider the incident involving a contract catering staff member’s use of a printed dietary list to be an isolated incident which was adequately addressed during the Site Audit and resulted in no adverse impacts to consumers. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(d) Compliant.

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

Consumers and representatives provided positive feedback about the activities at the service and said they felt supported to optimise their well-being and live the life they chose. Consumers were observed participating in a range of different group activities. Staff explained how they partnered with consumers and representatives to conduct a lifestyle assessment and identified their individual needs, goals and preferences on an ongoing basis.

Consumers and representatives said their emotional, spiritual, and psychological well-being was well supported within the service and outside in the community. Care planning documents included information about consumers’ emotional and spiritual needs, and how staff could support them. Staff said they used individualised approaches to support consumers’ mental health. For example, a religious minister attended to provide emotional and spiritual support.

Consumers and representatives described how they were supported to do things within and outside the service. Staff described how they supported consumers to participate in the community or engage in activities of interest to them, and this was consistent with care documentation. Management described the strong community links the service had and the regular visits from the Anglican and Catholic church representatives.

Consumers and representatives said referrals to other services and supports were timely and appropriate. Care planning documents confirmed the service collaborated with external providers to support the diverse needs of consumers. The service had policies and procedures in place to support the referral of consumers to other organisations and providers of care and services.

Management advised a new chef was appointed in June 2023 following feedback about meals. Some consumers provided mixed feedback about the meals however, all consumers and representatives interviewed considered the new chef to be an improvement. The chef explained how the menu was developed with input from a dietitian and consumers. Records confirmed the service conducts food focus meetings and consumer complaints were documented. The kitchen appeared clean, and food was stored properly. Meals served were well-plated and consumers were completing their meals and being attended to by staff in a caring manner.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff said equipment was regularly maintained and cleaned and were able to describe processes for identifying equipment requiring maintenance. Equipment used to support daily living and lifestyle activities appeared to be safe, suitable, clean, and well-maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was open and welcoming, and they felt at home. Consumers’ rooms were observed to be personalised with photos and personal effects. The service was observed to be quiet, easy to navigate, and maintained at a comfortable temperature. Management and staff said they knew consumers and their visitors feel at home in the service because they tell them.

Consumers and representatives said they had free access to both indoors and outdoors, and they were happy with the cleanliness and maintenance of the service. Cleaning and maintenance staff said they worked to documented schedules. The service appeared to be clean and tidy, walkways were clear and free of obstructions. Consumers were observed moving freely between their rooms, the lounge and dining areas for meals and activities, and accessing the garden area.

Consumers considered the furniture, fittings and equipment were safe, clean, well-maintained, and suitable. Staff stated there was enough suitable equipment and the cleaned it after every use. The service had preventative maintenance schedule and an effective process for the daily logging of corrective maintenance requests. Consumers and representatives were observed using furniture that was safe, well maintained, and comfortable.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 6(3)(c) was Not Met. While the service’s electronic care management system was used to log complaints and guide the response most consumers interviewed felt their complaints were not appropriately addressed, as they did not receive any feedback on the issues they had raised. Evidence brought forward included:

* One consumer felt they had not received an adequate response when they had alerted staff to a potential trip hazard resulting from mains powered equipment used in the dining room. Management had considered the issue had been addressed as they had specifically installed a new power outlet, which meant nobody needed to walk over the power cord. Management advised they would discuss the issue further with the consumer place a hazard sign on the cords to ensure everyone was aware of them.
* One consumer said they had a poor experience when a wound dressing was removed by a nurse. Management advised they had not been advised of this incident previously and they responded immediately by contacting the relevant agency and lodged a serious incident report.
* One consumer representative advised they had raised several issues in an email and sought a meeting with management, but no meeting had been arranged. Management advised they had addressed all the issues in a subsequent communication and did not realise the representative wished to meet. Management advised they would contact the representative that afternoon.
* Two consumers said nothing had changed after they had lodged 4 anonymous complaints about staff knocking but not waiting for a response before entering their room. (Refer also Requirement 1(3)(f))
* One consumer said they had raised concerns several times with management about staff being adequately trained in using the lifting machine. There was no record of these complaints on the complaints register. (Refer also to Requirement 7(3)(c))

The provider’s response refuted the Not Met finding and provided additional clarifying information and evidence in relation to the actions taken in response to the complaints. The provider advised:

* Conferences were organised with the relevant consumers and representatives and they were satisfied with the service’s response.
* A number of continuous improvement actions have been identified in relation to ensuring consumers’ privacy and manual handling training. (Refer also Requirement 1(3)(f))
* All suggestions for lifestyle activities are documented and assessed for suitability in an aged care setting. The suggestions are then discussed at the Resident's meeting to see if consumers support the activity.

While consumers and representatives raised issues during interviews, I am satisfied with the provider’s additional explanation and evidence demonstrating that timely and appropriate action is taken by the service in response to complaints entered into the electronic care management system. I also consider there is evidence that open disclosure is generally practiced in responding to complaints. While I consider a potential gap exists in the service not recording verbalised consumer complaints, there was no evidence of related adverse impacts on consumers. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(c) Compliant.

I am satisfied the remaining 3 Requirements in Standard 6 are Compliant.

Consumers and representatives said they were aware of the processes available to make a complaint and they were encouraged and supported to provide feedback and make complaints. Management said they had an ‘open-door’ policy and staff demonstrated how they encouraged and assisted consumers to make a complaint. The service had written policies and procedures to guide staff in managing feedback and complaints and using open disclosure processes.

Consumers and representatives said they were comfortable raising issues directly with management or staff either verbally, in writing, or through the various meetings. Representatives said they knew they could make a complaint to the Aged Care Quality and Safety Commission, if they wished. Management explained the systems in place to support consumers and representatives with advocacy and translating services, should the need arise.

Consumers and representatives could describe how the service used feedback to improve the quality of care and services. Management described how complaints were investigated and used to improve the quality of care and services. Improvement actions were added to the continuous improvement plan and subsequently evaluated in consultation with the consumer and representative.

# 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

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

The Assessment Team recommended Requirement 7(3)(b) was Not Met. Whilst most consumers provided positive feedback regarding staff being kind and caring, there were reports from staff of other staff of being disrespectful to consumers or being rough with care. Evidence brought forward included:

* Staff were observed entering rooms without knocking, or without waiting for consent to enter after knocking. I have considered the issue of staff respecting consumers’ privacy under Requirement 1(3)(f).
* Staff were observed standing over consumers without interacting with them during meals.
* A staff member had been reported by other staff for using poor manual handling techniques, being rough and not communicating their intentions to the consumer, who appeared anxious. The staff member also appeared to be rushing the consumer and was being argumentative with them. Management explained these issues were investigated and the staff member was counselled and provided with additional manual handling training.
* Two serious incidents were recorded in relation to 3 staff being disrespectful and ridiculing 2 different consumers. Management advised they had commenced an investigation regarding the alleged incidents in accordance with the relevant procedures.

The provider’s response refuted the Not Met finding and provided additional clarifying information and evidence in support of staff being kind, caring and respectful of each consumer’s identity, culture and diversity. The provider advised:

* Further clarification was provided in relation to the circumstances around the few complaints about staff conduct identified in the Site Audit. The service has investigated the issues and taken appropriate action in accordance with the relevant procedures. Some allegations were found not to be substantiated.
* All staff are provided with orientation and competency training in the use of manual handling equipment by a physiotherapist.

I am satisfied with the provider’s additional explanation and evidence which demonstrates the few allegations of poor staff practice or behaviour are identified and acted upon in accordance with the service’s policies and procedures. I note the Site Audit found most consumers and representatives stated they were happy with care and services provided by staff. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(b) Compliant.

The Assessment Team recommended Requirement 7(3)(c) was Not Met. Whilst the service ensured staff had the necessary qualifications, registrations and background checks, some consumers thought staff were inexperienced and did not have the knowledge and competence to effectively perform their roles. Evidence brought forward included:

* Three consumers expressed feeling unsafe when staff used mechanical lifting devices or assisted them on a commode/shower chair. Management described how the service supported consumers to feel confident when lifting equipment was used and described the training staff received in the correct use of equipment. Management explained all agency staff were given an orientation before commencing their shifts.
* One consumer said they do not feel confident with inexperienced staff attending to their care and they have requested to only have experienced staff attend to them.
* Senior staff said they partner with junior staff to ensure the consumers feel confident as they direct the care. Staff said the manual handling skills of new staff do need to improve, and they are getting better. They confirmed more training had been offered.
* The service confirmed they had created a continuous improvement action for an external physiotherapist to retrain all staff members in manual handling techniques on 20 September 2023.

The provider’s response refuted the Not Met finding and provided additional clarifying information and demonstrating staff were competent and had the qualifications and knowledge to effectively perform their roles. The provider advised:

* The service’s recruitment and vetting processes mean only qualified and experienced clinical and care staff were employed.
* The physiotherapist provides all staff with orientation and competency training in the use of manual handling equipment.
* The service operates a traineeship program in response to a workforce shortage. Trainees are supported through their training, closely supervised and clearly identifiable.
* Further clarification was provided in relation to the circumstances around the complaints related to staff training and competence.

I am satisfied with the provider’s additional explanation and supporting evidence the workforce is competent and staff had the qualifications and knowledge to effectively perform their roles. In relation to the isolated complaints related to staff competence, I consider the service has demonstrated there were effective processes in place, to identify and address staff training needs, in accordance with the service’s policies and procedures. I note the Site Audit found most consumers and representatives stated they were happy with care and services provided by staff. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(c) Compliant.

I am satisfied the remaining 3 Requirements in Standard 7 are Compliant.

Most consumers and representatives said there were enough staff and staff responded quickly when they pressed their call bell or asked for assistance. Staff said there were enough staff and they worked together to ensure consumers’ needs were met. Management showed how the roster was developed to ensure shifts were filled. Records showed most bells were answered within the service’s benchmark timeframe of 8 minutes.

While some consumers felt new staff should receive further training, most consumers and representatives said staff had the appropriate skills and knowledge to ensure the delivery of effective care and services. Management explained how staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Staff confirmed receiving an orientation, buddy shifts, training and ongoing education and support.

Consumers and representatives felt confident they could provide feedback regarding staff performance and said they often do. Management explained the service was a newly commencing service, and all staff had been employed less than 12 months. While some annual performance appraisals had been completed, management said most performance appraisals were due in the following months. Management confirmed that probation and informal processes, such as direct observations and feedback from consumers and other staff, were also used to monitor staff performance. Written policies and procedures were in place to guide the monitoring and management of staff performance.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(c) was Not Met. The Site Audit found the organisation had effective governance processes in place for information management, continuous improvement, and financial governance however, deficits were identified in relation to workforce governance, regulatory compliance and feedback and complaints.

The deficits brought forward in the Site Audit relate to isolated instances of staff practice which I have previously considered under Requirements 1(3)(f), 4(3)(d), 6(3)(c), 7(3)(b), 7(3)(c), and have found only Requirement 1(3)(f) to be Not Compliant. I therefore consider there is insufficient evidence brought forward to demonstrate systemic failures of organisational governance. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives felt they were involved in developing and delivering their services through comprehensive care planning and case conferencing meetings, day-to-day feedback, surveys, ‘resident and relative’ meetings and food focus meetings. Current and accurate information was provided to consumers through a range of effective mechanisms.

Most consumers and representatives said they felt the service was well managed. Management described how the organisation’s Board promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. Management said the organisation’s governance structure enabled front line managers of each service to directly inform the organisation’s executive management team. Management described how they discussed clinical indicators, quality initiatives and incidents at relevant meetings.

The service had effective risk management systems and practices to identify and mitigate risks including high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Written policies and procedures related to managing risks were available to staff. Risks reports were reviewed by management, the subcommittees, and reported to the Board.

The service had a clinical governance framework that covered antimicrobial stewardship, minimising the use of restraint, and open disclosure. Clinical staff were supported by the service and trained in the systems supporting clinical governance. The clinical governance committee provided guidance and oversighted the implementation of the policies.

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