Performance

Report

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| Name of service: | Waroona Multipurpose Centre |
| Service address: | 72 King Street CHARLEVILLE QLD 4470 |
| Commission ID: | 5328 |
| Approved provider: | Queensland Health |
| Activity type: | Site Audit |
| Activity date: | 16 August 2022 to 18 August 2022 |
| Performance report date: | 10 October 2022 |

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

**This performance report**

This performance report for [Home Name] (**the service**) has been prepared by D McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 20 September 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Requirement 2(3)(e) – the service ensures care and services are reviewed when behavioural incidents occur or changes in consumers conditions occur.
* Requirement 3(3)(a) – the service ensures care for consumers who receive restrictive practice is in line with best practice approaches, care provided is tailored to the needs of consumer where their preferences have been expressed and optimises their health and wellbeing.
* Requirement 3(3)(b) – the service ensures high impact or high prevalent risks to consumer including unplanned weightloss, wounds, and escalating behaviours are effectively managed.
* Requirement 3(3)(f) – the service ensures timely referrals are undertaken when appropriate.
* Requirement 7(3)(a) – the service ensures the number and skill mix of the workforce is planned and deployed to enable the delivery of safe and quality care and services.
* Requirement 7(3)(d) – the service ensures the workforce is trained in incident management, including for serious incidents and restrictive practices.
* Requirement 7(3)(e) – the service ensures the performance of each member of the workforce is assessed, monitored and regularly reviewed.
* Requirement 8(3)(c) – the service ensures workforce governance and regulatory compliance systems are embedded to ensure roles and responsibilities are understood by all staff.
* Requirement 8(3)(d) – the service ensures risk management systems including incident management systems are embedded and effective in the reporting of and response to serious incidents and consumer risks.
* Requirement 8(3)(e) – the service ensures its clinical governance framework is effective in the minimisation of restrictive practices including being used as a last resort and medications are used appropriately in order to reduce antimicrobial resistance.

# Standard 1

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

Findings

Consumers and representatives said they are treated with dignity and respect; and staff help them to feel valued. Staff interviewed could demonstrate how to find information about consumers and consumer’s files documented their life history, cultural identity and how their care was planned in line with their values. Staff were generally observed treating consumers with dignity and respect and showed how they understood the consumer’s individual choices and preferences.

Consumers were observed being supported to engage in their culturally specific practices. Staff described how they value the consumers’ culture, values and diversity and gave examples of how consumers culture and diversity are supported. Care planning documentation reviewed reflected consumers cultural needs and preferences. Married couples were supported to have rooms close to each other.

Consumers and representative said the consumer’s choices and preferences for care and services are supported. Staff provided examples of how they help consumers to make choices and assist them to achieve their preferred outcomes. The Assessment Team observed both family and friends visiting consumers, and consumers attending outings to the community on each day of the audit.

Consumers said they are supported by staff to take risks and live the best life they can. Staff could describe areas in which those consumers want to take risks, and how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk. Consumer files contained examples of areas where consumers wished to take risks and how the service supports those decisions and minimises risks.

Consumers and representatives advised they receive up to date information about activities, meals, COVID-19 and other events happening in the service. Staff advised consumers of changes to their appointments, and observations supported this. Posters and flyers of upcoming activities and meals were displayed on noticeboards.

Consumers said staff respect their privacy. Care staff described how they maintain a consumer’s privacy when providing care. Staff described keeping computers locked and using passwords to access consumer’s personal information. Staff were observed to use privacy screens and close doors when attending to consumers’ needs.

# 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. | Non-compliant |

Findings

The assessment team recommended 2 of these requirements were not met:

* Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 2(3)(a), the site audit report evidenced assessment and planning does not consistently consider the risks for all consumers or for all elements of care as risks such as pressure injury, weightloss, behaviours, skin conditions and chemical restraint had not been assessed. However, care planning documentation was evidenced to include information on consumer’s goals, need and preferences and was confirmed as up to date, consumers and representatives advised they were involved in the assessment and care planning processes during entry and on an ongoing basis and care plans were developed based on the assessment of care needs.

There was limited information in the site audit report to support there were deficiencies in assessment of risk and the concerns raised related to the review of care following incidents or changes, the delivery of care or effective management of these risks and I have therefore considered this under other requirements.

The providers response refuted these findings and provided an overview of the processes in assess and plan for care.

I note the site audit report contains information on consumer’s diagnosis and care planning documentation supported these had been taken into consideration in the planning of care. Additionally, evidence was brought forward supporting consumers had lifestyle, falls and mechanical restraint risk assessments and the outcomes of these assessments have informed the planning of care with strategies in place to manage the risk.

I also note the site audit report evidenced assessments completed by medical specialists, dementia support and allied health professionals including by speech pathologists, occupational therapists and dieticians have also informed care planning as strategies to support consumers behaviour support needs, dietary modifications, complex health care, falls and use of mechanical restraint were noted. Additionally, instructions from medical officers to repeat depression scales and undertake behavioural evaluations was also included. This supports the service assesses risks to consumers to inform care strategies contained in care and service plans.

Overall, I am satisfied the service’s assessment and planning processes, considered risks to the consumer and the assessment of these risks, informed the development of the care and services plan.

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

In relation to Requirement 2(3(e), the site audit report evidenced the service has systems and processes in place to review care and services on a monthly basis, however, care was not reviewed when there was an incident or a change in circumstances in relation to identification of skin conditions, development of pressure injuries, escalating behaviours, unplanned weightloss or medications were used as chemical restraints.

I have considered the evidence in relation to unplanned weightloss under Requirement 3(3)(b) where it is more relevant.

The providers response refuted these findings and provided an overview of the processes used to review consumers care and services, both regularly and in response to incidents, or changing circumstances.

In relation to skin conditions, two consumers were identified as having a rash or itchy skin, for one of these consumers documentation, supports the consumers skin was itchy in relation to a resolving (skin tear) which had been identified, reviewed and monitored with a skin care reassessment completed following the resolution of the wound. For another consumer, an ongoing skin condition had been identified and treatment was being reviewed by their medical officer to determine effectiveness of the treatment, supporting compliance with this requirement.

For a named consumer, identified to have a pressure injury, the service advised this was an ongoing chronic heel wound and documentation submitted evidenced the wound to have resolved in November 2021 and redeveloped in July 2022 at which time the consumer was reviewed by their medical officer and diagnosed with an infection and antibiotics commenced. However, there is no evidence to support the planned care strategies used to maintain the consumers skin integrity was reviewed at the time the wound reoccurred.

For consumers who were identified as having escalating behaviours, documentation submitted generally evidenced the service had deemed the strategies in care planning as no longer effective and sought external specialist dementia and mental health support. However, for one named consumer their behaviour support plan had not been reviewed since May 2022 evidencing it had not been reviewed regularly or following escalating behaviours, increased dosages of chemical restrictive practice being prescribed and behaviour related incidents occurring. For another named consumer displaying, new behaviours such as grinding their teeth, there was no evidence to support their care had been reviewed for effectiveness since February 2022. These examples support care and services have not been reviewed regularly or when incidents or circumstances have changed the needs of consumers.

Overall, I consider, while some aspects of consumer care was reviewed, there is sufficient evidence to support care and services have not been reviewed regularly or when incidents or have occurred.

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

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

Staff were able to describe what is important to consumers in terms of how their care is delivered. Consumers and representatives said that staff involve the consumer and others they want involved in their care as much as possible. Consumer files contained consumer’s advance care and end of life wishes. A consumer on a palliative pathway, was being supported by staff, their family and the medical officer to have their needs and preferences known.

Consumer documentation reflected the consumers chosen decision maker and others such as allied health professionals are involved in assessment and planning, on entry to the service and on an ongoing basis. Representatives said they are contacted to discuss any changes required to the consumer’s care plan.

Staff advised the outcomes of assessment and planning are communicated to the consumer and or their nominated representative, with a copy of the care plan emailed or handed to them for their verification and record keeping. Care documentation confirmed a copy of the care plan is received and signed by the consumer or their representative. Care and services plans were readily available in key service areas to support staff to deliver safe and effective care.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The assessment team recommended these 4 requirements were not met.

* 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.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 3(3)(a), the site audit report evidenced consumers personal care preferences were not met, consumers subject to chemical restraint where not receiving non-pharmacological interventions prior to administration of the medication, mechanical restraints were not being released, consumers short course medications had not been administered as prescribed, wounds were not being monitored and skin conditions had not been identified. Additionally, consumers prescribed oxygen, did not have the required equipment cleaned as required.

I have considered other evidence in relation to omission of serious incidents being reported and lack of knowledge on incident management systems under Requirements 8(3)(d) and Requirement 7(3)(d).

The providers response asserted consumers were receiving safe, effective and clinical care, however, conceded further training was being provided to staff to ensure chemical restraint was consistently identified and systems were being explored to determine the best way to monitor release of mechanical restraint.

For a named consumer whose care plan states they were to receive care from female staff only, documentation supports this consumer received personal care from male staff and male staff were observed to provide specialised individual care during the site audit. I consider this supports care was not tailored to the consumer needs.

Additionally, 2 consumers were assessed, and consent provided for chemical restrictive practices to be applied to support behavioural needs, however, staff confirmed, and documentation supported the medication was not given as a last resort. Additionally, a consumer with mechanical restraint was observed not to have the restraint released periodically, supporting these consumers had not received care in line with best practice behaviour support.

For another named consumer, who was prescribed antibiotics to treat an infection, documentation supported, and staff confirmed the medication had not been given as required resulting in the length of the course being extended, this also support non-compliance with this requirement.

I acknowledge the providers planned corrective actions to remedy these deficiencies, however I consider they will take to time to monitor and demonstrate their effectiveness.

Overall, I am satisfied, at the time of the site audit consumers were not receiving safe, effective personal and clinical care that is; best practice, tailored to their needs, and optimised their health and well-being.

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

In relation to Requirement 3(3)(b), the site audit report stated risks associated with unpanned weightloss, consumers’ escalating behaviours and wounds were no being managed effectively.

The providers response asserts systems and processes are in place to ensure high impact or high prevalence risks to consumers are managed effectively.

The site audit report brought forward evidence to support 3 consumers had lost weight over consecutive months, with some weightloss exceeding the service’s parameters of 2 kilograms triggering further follow up or investigation, however in some instances there was no evidence to support follow up had occurred. While I acknowledge the providers explanation of faulty equipment potentially being the reason consumers were recorded as experiencing significant weightloss and the equipment has now been calibrated to ensure weights are accurately recorded, there was insufficient evidence to demonstrate the risks to consumers was being monitored as this was unidentified by the service.

For a named consumer, identified to have a pressure injury, the service advised this was an ongoing chronic heel wound, however documentation supports the wound to have resolved in November 2021 and was identified to have redeveloped in July 2022 at which time the consumer was reviewed by their medical officer and diagnosed with an infection and antibiotics commenced. There was no evidence to support the wound was monitored or between medical officer review on 25 July 2022 and 18 August 2022

For consumers identified to have escalating behaviours, the service was unable to demonstrate these were being effectively managed as strategies identified to remediate behaviours were unable to be implemented as staff were unavailable or were called away to assist with other care or administrative tasks, resulting in consumers being involved in ongoing incidents of physical aggression.

I acknowledge the service has undertaken, commenced or planned corrective actions including providing training to staff, however at the time of the site audit, they were unable to demonstrate risks to consumers were being effectively managed and the corrective actions will take time to demonstrate their effectiveness.

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

In relation to Requirement 3(3)(d), the site audit report evidenced consumers with deteriorating cognitive, mental health or physical function was not identified and responded to with consumers experiencing unplanned weightloss, escalating behaviours and wounds were not consistently monitored.

I have considered the management of consumers with unplanned weightloss and wounds under Requirement 3(3)(b) where it is more relevant.

The provider asserts the service had identified and responded to the escalating behaviours of consumers and there is documented evidence to support these consumers had been continually reviewed by their medical officers following escalation of concerns and referrals to geriatricians, mental health and dementia specialists had been undertaken, however at times there was delays in these other providers of care attending the service to review the consumer.

Additionally, there is evidence submitted which supports when a consumer was ill, this was recognised and monitored by the service in order to determine if escalation to other providers of care was required, with this supporting compliance.

Overall, I am satisfied by the evidence contained in the provider’s response and the site audit report which substantiates deterioration in consumer’s condition had been identified and responses were actioned.

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

In relation to Requirement 3(3)(f), the site audit report included feedback from consumers and their representatives who confirmed they can see other health specialists if they need to and staff advised they progress referrals to other providers in accordance with the consumer’s needs or wishes, however deficiencies in relation to the referral of consumers with skin conditions, weightloss, increasing behaviours or requiring dental intervention were identified.

The providers response refutes the findings and submitted information to support referral systems and processes are in place.

For a named consumer, who was identified to have irritated skin, documentation supports the consumer had been referred to and reviewed by their medical officer, prior to the site audit, which supports timely and appropriate referral had been undertaken in this instance.

While there was evidence some consumers had been referred in a timely manner to other providers of care including geriatricians, dementia specialist, mental health services or dentists, these have not been followed when there has been a delay, which has impacted on consumers. I have considered this further under Requirement 3(3)(b).

In relation to weightloss, documentation for most consumers evidenced where sustained weightloss had occurred, the monthly decreases had not exceeded the 2kg/month parameter set by the service in which to trigger a referral to a dietician. However, for a named consumer documentation evidenced there were two occasions, where their monthly weight loss decreased by 2kg or more and there was no evidence which supports a referral was undertaken. I consider this supports non-compliance with this requirement.

Overall, I am satisfied timely referrals to other providers of care were not undertaken when it was appropriate due to unplanned weight loss.

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

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

Care planning documentation for consumer’s nearing the end of life reflected the identification of, and response to, deterioration or changes in the consumer’s condition. Staff described the palliative care pathway and the resources, including the medical officer and specialist staff, available to them to support the consumers comfort and initiate pain relief when a consumer was nearing their end of life. A consumer who was actively palliating was observed to have their family with them and staff were providing them with privacy.

Consumer’s files demonstrated information about the consumer’s condition, needs and preferences is documented and available to care and allied health staff as needed. Communication books, emails and handover are used to communicate the care needs of consumers. Care documentation demonstrated recommendations made by allied health staff had been documented in the care plan and had been made available to kitchen staff.

Consumers and their representatives interviewed, said infection control precautions and practices were in place to manage of COVID-19 transmission. Staff interviewed, demonstrated knowledge of infection minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management process. Registered staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately, however these were inconsistently applied. An appointed infection prevention and control staff member oversees infection control with consumer infections registered and analysed to identify trends. Infection prevention and control policies were in place to guide staff.

# 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 the services and supports for daily living consumers received helped them do the things they want to do. Staff provided examples of how they know what consumers want to be able to do and how they supported them to do those things safely and well. Processes and systems supported staff to collect and communicate consumer needs, goals and preferences which informed services and supports and the way they are provided to the consumer.

A consumer shared examples of how they were supported to observe their spiritual, sacred and religious practices. Staff described the cultural and religious preferences of consumers, and confirmed the information is accessible in the consumer’s care plans. Activities programs cater for consumers cultural and spiritual days of significance and there were processes to capture the preferences of consumers and evaluate their effectiveness. Staff were observed supporting consumers to engage in practices aligned to their faith.

Consumers and their representative’s said consumers were supported to participate in activities of interest to them and maintain their social and personal relationships both within and outside the service environment. Staff demonstrated a comprehensive understanding of consumers past and current interests and the things that are important to them, and how they support consumers to stay connected and engaged. The activities calendar is developed in consultation with consumer feedback, their assessed needs and preferences. Consumers were observed participating in activities of interest to them.

Consumers said their services and supports are consistent and they have continuity of service provision. Staff described how up to date and relevant information is shared as consumers move between care settings, such as returning from hospital and when external disability support organisations are involved in their care. Care plans documented other organisations involved in the care of the consumer.

Consumer’s care planning documentation and records showed evidence of referral and collaboration between external service and support providers to meet consumer needs and preferences. Staff demonstrated awareness of other support providers for specific consumers. Consumers said they were satisfied that there was appropriate communication between the service and their other providers of care and supports.

Most consumers said the meals provided were of suitable quantity and quality and they usually receive their meal and drink preferences, and menu selections. Staff advised how they access information on consumer’s dietary needs or preferences, and they have access to alternate, extra meals or snacks should consumers ask for them. Consumers have input into the menu preparation and food service delivery through established processes.

Equipment provided to consumers was observed to meet their assessed need and was procured to ensure the safety of the equipment. Equipment was maintained through a proactive and reactive maintenance program and when used by different staff and consumers it was observed to be cleaned frequently. Consumer representatives said the equipment provided was clean and of suitable quality.

# 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

Most consumers and representatives said the service environment was welcoming and easy to understand. Consumers brought items from home to decorate their rooms. Shared communal areas were available, as were quiet rooms to support consumers to have time on their own or with others as they wish. Consumer names were on their individual rooms entrance to assist wayfinding.

Consumers and representatives were satisfied the environment was safe, clean, well maintained and comfortable. Cleaning workflow, equipment and staff training was reflective of infection control principles and waste disposal protocols ensure waste was disposed of according to contamination risk. Planned and reactive maintenance processes were maintained, including emergency and fire safety protocols, pest control and water testing. Site security has been reviewed and the CCTV cameras were observed to be installed. Consumers were observed moving freely and using the outdoor areas.

Furnishings, fittings, and equipment were observed to be safe, clean, well maintained, and suitable. Call bells and points were available for consumers throughout the service. A reactive and programmed maintenance system is in place. Most consumers and their representatives were satisfied with the suitability of the equipment and that it was designed to suit their needs.

# 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

The assessment team recommended 2 of these requirements were not met, however, I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and find the service compliant with these requirements:

* Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

In relation to Requirement 6(3)(a), the site audit report evidenced staff would raise any concerns with senior management and a consumer handbook supports consumer to understand complaints and feedback processes, however, consumers interviewed could not accurately describe feedback and complaint processes and there were no mechanisms observed in order for a complaint to be lodged anonymously.

Consumer feedback included they would not know who to approach to provide a complaint and while they used to give feedback through consumer meetings, these had not been held recently. While some consumers and representatives confirmed they did not have a reason to lodge a complaint, others said when they have complained, there has been no response. I have considered that under Requirement 6(3)(c) where it is more relevant.

The providers response refutes the findings and advises while meetings had been suspended, and feedback forms and lodgement boxes had been removed these actions were as infection control measures during a recent COVID-19 outbreak, and have now been reinstated. Additionally, information about complaints mechanisms, both internal and external, are displayed in poster or brochure format and consumer have the ability to provide feedback through discussions with staff.

Overall, I am persuaded by the approved providers response which demonstrates consumers, representatives and staff are supported and encouraged to provide feedback or make complaints.

Therefore, I find Requirement 6(3)(a) is compliant.

In relation to Requirement 6(3)(c), the site audit report evidenced complaints registered had been resolved, however, negative feedback in relation to actions not having been undertaken in response to a previous complaint had been received from a representative and following incidents, open disclosure had not been used.

The providers response provided clarifying information and documented evidence, including a written response to the consumer’s representative, apologising the care provided had caused concern and substantiated actions had been taken in response to their grievances, which supports compliance.

In relation to open disclosure, following an incident which occurred during the site audit, it was confirmed the representative had been contacted and informed of the incident, however, neither the consumer nor representative had been advised of the strategies put in place to prevent reoccurrence. The provider acknowledged this oversight and observations documented in the site audit report confirmed prevention strategies had been implemented. I do not consider a gap of informing the parties involved, in one incident demonstrates non-compliance with this requirement.

Additionally, other examples of actions taken such as the refurbishment of bathrooms, ensuites and increasing the allocated hours of a gardener to maintain the external environment and the aviary, supports the service takes actions in response to complaints and demonstrates compliance with this requirement.

Overall, I am satisfied appropriate action is taken when things go wrong, or complaints are made.

Therefore, I find Requirement 6(3)(c) is compliant.

I find the remaining 2 requirements of Quality Standard 6 are compliant as:

The Charter of Aged Care Rights was displayed and the agreement handbook contained the contact details for advocacy services. Consumers confirmed they were aware of how to access external complaints and advocacy services. Consumers of Aboriginal and Torres Islander descent confirmed they are able to give feedback and make complaints through culturally appropriate advocacy and support services.

A workplace culture project is currently being undertaken to ensure a planned approach to the review and action of feedback and complaints is being implemented. Management acknowledged there has been an inconsistent approach by the service in the capturing and rectification of complaints and the capturing of feedback. Management was able to give examples of improvements, including capital projects that were being completed as a result of historical consumer feedback.

# Standard 7

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

Findings

The assessment team recommended 3 of these requirements were not met:

* 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.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 7(3)(a), the site audit report evidenced consumers reporting delays occurred when they called for assistance resulting in episodes of incontinence, gender preferences of staff were unable to be met and staff confirmed they are unable to meet the needs of consumers who require support to assist with behaviours, lifestyle activities or assistance with releasing restraints to reposition.

The providers response acknowledged the shortfall in staffing against the designated skill mix ratio for state government services and confirmed access to a suitably qualified workforce and recruitment is difficult due to their remote location, however planned and unplanned staff absences are attempted to be filled through contingency measures.

While I accept there are difficulties with recruitment, observations included consumers consistently calling out and staff not responding, consumers not being released from mechanical restraints to reposition as required, staff allocated to provide special individualised care to a consumer who was aggressive with other consumers, was called away to attend to other care and administrative tasks and the staff allocated did not meet the gender preferences specified in the consumer’s care plan.

I also note staff confirmed they were unable to monitor consumers who required visual monitoring and they do not have time to engage with consumers when this was identified as a successful strategy in the prevention of behaviours, and this was supported by observations of staff consistently telling consumers they were too busy.

Overall, I have placed weight on the observations made and the feedback from staff which evidences the number and skill mix of staff does not enable the delivery of safe and quality care and services.

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

In relation to Requirement 7(3)(d), the site audit report evidenced staff have not completed mandatory training, including aged care specific modules, including serious incident reporting or restrictive practices and staff advised they have not been provided with adequate training or feel supported in their roles. There were no deficiencies in relation to recruitment of staff brought forward.

The providers response confirms recruitment processes are in place and orientation had been provided to surge workforce staff assisting during a recent COVID outbreak, however, acknowledges the deficiencies in mandatory training including in relation to reporting of incidents and restrictive practices, identified at the time of the site audit and advises the training program has now been reviewed and measures were being implemented to ensure regulatory requirements were being met.

The service has documented a revised training schedule with planned corrective actions to have all staff complete mandatory training, however at the time of the site audit, the service was not able to demonstrate staff had been trained and equipped to deliver the outcomes required by the Quality Standards.

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

In relation to Requirement 7(3)(e), the site audit report evidenced the regular assessment, monitoring and review of each member of the workforce was not undertaken. Management and staff confirmed performance review processed had not been completed.

The providers response refutes the findings and outlined the performance of staff is monitored informally with review and goal setting undertaken during review processes including during probation and annual reviews, however, acknowledged there were delays in completing performance reviews due to changes in management and the implementation of a human resource project.

The site audit report and the providers response advised a schedule was in place to complete reviews, however, this will take time to implement, and I am satisfied that at the time of the site audit, the regular assessment, review and monitoring or workforce performance was not able to be demonstrated.

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

I find the remaining 2 requirements of Quality Standard 7 are compliant as:

Most consumers and their representative’s said staff are kind, caring and respectful at all times. Staff were observed to interact with consumers in a respectful way, knocking on doors before entering and referring to them by their preferred names. Staff gave examples of consumers preferences in the way they liked to interact that were in line with consumer care plans. Surveys and resident meetings are used to seek consumer feedback to monitor staff interactions.

Consumers and representatives affirmed staff are competent and generally met the needs of consumers. Consumers sampled said that while staff are often very busy, they are competent and know how to do their job. Staff have position descriptions, and comprehensive recruitment, selection, and onboarding procedures were in place with inductions managed through an online platform. Personnel files confirmed induction was monitored.

# 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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Non-compliant |

Findings

The assessment team recommended 4 of these requirements were not met.

* Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, regulatory compliance; feedback and complaints.
* Effective risk management systems and practices including; managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life, managing and preventing incidents (including the use of an incident management system).
* Where clinical care is provided, a clinical governance framework including; antimicrobial stewardship, minimising the use of restraint, open disclosure.

I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

In relation to Requirement 8(3)(a), the site audit report evidenced positive feedback was received from most consumers and representatives on the ways they are included in the development, design and evaluation of care and services and this is supported by findings of compliance with Requirement 1(3)(c) and Requirement 2(3)(c). However, negative responses were provided in relation to feeling supported to give feedback and there was no provision for anonymous feedback to be given. I have considered this information under Requirement 6(3)(a) and have found that requirement compliant.

The providers response submitted documented evidence including a consumer and community engagement strategy outlining various mechanisms where consumer feedback, consultation and engagement is sought.

Overall, I have placed weight on the positive feedback of most consumers and representatives and am satisfied consumers, and their representatives are supported to be engaged in the development and evaluation of care and services delivered by the organisation.

Therefore, I find Requirement 8(3)(a) is compliant.

In relation to Requirement 8(3)(c), the site audit report found the organisation had effective governance systems relating to information management, continuous improvement and financial governance. However, deficiencies were identified in governance systems pertaining to the workforce, regulatory compliance, and feedback or complaints.

I have considered the evidence brought forward in relation to feedback and complaints systems and have found these requirements compliant as appropriate actions had been taken in response to complaints, and consumers and representatives had various ways in which they were able to provide written and anonymous feedback or complaints and were not reliant on the availability of feedback forms and lodgement boxes to be located within the broader service environment. I consider the return of these additional feedback boxes, which had been temporarily removed, remedies the concerns raised in relation to feedback and complaints systems.

In relation to workforce governance and regulatory compliance, the evidence supports these systems were ineffective as members of the workforce where not aware of their responsibilities in relation to reporting of serious incidents or restrictive practices, despite policies and procedures being readily available resulting in serious incidents including unreasonable use of force and psychological harm being unreported and chemical restrictive practice not being identified, consented provided or used as a last resort.

I acknowledge, the immediate, undertaken and planned actions detailed in the providers response to remedy the deficiencies identified at the time of the site audit, however, these will take time to implement and demonstrate their effectiveness.

Overall, I consider the failure of the service to report serious incidents and adhere to restrictive practice requirements evidences systems to ensure compliance with regulations was ineffective and supports non-compliance with this requirement.

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

In relation to Requirement 8(3)(d), the site audit report evidenced the service did not consistently identify or respond to risks related to consumer aggression, consumers who were receiving chemical restraint, escalating behaviours, unplanned weightloss, wounds and incident reporting.

I have considered the failure to identify consumers who were chemically restrained under Requirement 8(3)(e) where it is more relevant.

In relation to wound care, I have considered this information under Requirement 3(3)(a) and in relation to the service’s response to unplanned weightloss under Requirement 3(3)(b) and have found those requirements to be non-compliant, therefore, policies, procedures and practices for managing high impact or high prevalent risks were not effective.

The site audit report identified incidences of consumer aggression where both staff and consumers were harmed or distressed as a result of a consumer’s behaviour and there was no evidence available to support the incidents had been reported or investigated to minimise or prevent reoccurrence. I consider this also supports non-compliance with this requirement.

The site audit report and providers response confirmed immediate actions were undertaken during the site audit in response to the deficiencies and included providing staff with additional resources to support education on incident management procedures and policies.

I also acknowledge the additional commenced or planned continuous improvement actions including providing staff with additional training on incident management and serious incident reporting, however, these actions will take time to implement and demonstrate their effectiveness.

Overall, I consider, at the time of the site audit, the service was not able to demonstrate risk management systems were effective as incidents occurred, were not reported and high impact risks to consumers had not been managed in line with organisational policies and procedures.

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

In relation to Requirement 8(3)(e), the site audit report stated a clinical governance framework and monitoring processes were in place, however, deficiencies were identified in chemical restrictive practices not being identified or minimised and antimicrobial stewardship was not being practised.

Other evidence in relation to management of unplanned weightloss, skin conditions and incident reporting was brought forward, however I have considered this under other requirements where it is more relevant and have found those requirements non-compliant.

For consumers who were subject to chemical restrictive practices, documentation evidenced, and staff confirmed, other non-pharmacological interventions were often not implemented prior to the administration of the medication, supporting non-compliance with restrictive practices being used as a last resort.

Additionally,

In relation to antimicrobial stewardship, documentation supports, antibiotics had not been given consistently as prescribed resulting in doses being missed and antibiotics being given for longer than the desired course, potentially increasing antimicrobial resistance.

I acknowledge the providers response which confirms policies and procedures are in place to support staff practice and the immediate, commenced and planned actions including reiteration of procedures during staff meetings and additional staff training and consider these actions will take time to implement and demonstrate effectiveness.

Overall, I am satisfied chemical restrictive practices were not being used as a last resort and antibiotics were not being administered in a way to reduce antimicrobial resistance.

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

I find the remaining requirement of Quality Standard 8 is compliant as:

The service is part of the Queensland Health’s South-West Hospital and Health Service and is overseen by a board which performs an advisory role and does not request detailed analysis of risk-based events from the service. The structure is clinically based with senior management who provide oversight across acute and aged care services. A newly appointed director will be aligning the current management and ensuring compliance to the Aged Care quality standards and a plan for improvement has been developed to increase reporting with clinical indicators, feedback and complaints data and staff training being the focus. Management advised a plan is in place to rectify the deficiencies during this audit including undertaking a full gap analysis of deficiencies between the service regulatory requirements and the Queensland Health regulatory frameworks.

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)