Performance

Report

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| Name of service: | Warrigal Mount Terry |
| Service address: | 95 Daintree Drive, Albion Park NSW 2527 |
| Commission ID: | 0769 |
| Approved provider: | Warrigal Care |
| Activity type: | Site audit |
| Activity date: | 23 August 2022 to 26 August 2022 |
| Performance report date: | 21 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 Warrigal Mount Terry (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the site audit; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the assessment team’s report received on 19 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)(b) – the approved provider ensures assessment and planning identifies and addresses the consumer’s current needs, goals and preferences for consumers receiving palliative care and for all consumers includes advance care planning and end of life planning, where the consumer wishes, tailored to the individual needs of the consumer.
* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises the health and well-being of each consumer and particularly for those consumers who require wound management, pain management, and those who experience pressure injuries. The approved provider should also ensure consent forms are in place for all consumers who experience restrictive practices.
* Requirement 3(3)(b) – the approved provider ensures effective management of high-impact or high-prevalence risks associated with the care of each consumers including ensuring post-fall assessments are completed, neurological observations taken, wounds and pressure injuries are managed consistent with organisational policy and behaviour support plans are in place and current.
* Requirement 3(3)(e) – the approved provider ensures information about the consumer’s condition, needs and preferences is documented and communicated to consumer representatives as required and within the organisation, and with others where responsibility for care is shared.
* Requirement 7(3)(c) – the approved provider ensures the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles, particularly in clinical care areas including wound management, pain management, restrictive practices, and management of high-impact and high-prevalence risks including falls management and management of behaviours.
* Requirement 8(3)(d) – the approved provider ensures effective risk management systems and practices are in place including for, but not limited to, managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

# 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

The Quality Standard is assessed as Compliant as 6 of the 6 requirements have been assessed as compliant.

Consumers and consumer representatives interviewed described being treated with dignity and respect, with their culture and diversity recognised and valued. Care plans reflected the diversity of consumers and included information about their cultural and religious beliefs and preferences, which was consistent with feedback from consumers and consumer representatives. Staff were knowledgeable about consumer cultural backgrounds and values and described how this knowledge influenced the provision of care and services to consumers.

Care and services were demonstrated to be culturally safe. Staff described provision of personal care needs in accordance with consumer preferences, support for consumers to communicate using translation devices and referrals made to a diverse range of community-based cultural organisations.

Consumers and consumer representatives interviewed discussed being supported to exercise choice and independence in care decisions and to maintain relationships important to them, both inside and outside the service. Staff described the support provided to consumer’s to exercise choice and independence in activities participation and discussed providing consumers with communication devices to contact family and friends during COVID-19 lockdown periods.

Consumers discussed being supported to take risks about their food choices and activities they participated in. Care planning documentation described the individual risks of consumers and staff outlined the needs and preferences of consumers who engaged in risk-taking, including the support and monitoring provided. Dignity of risk forms were completed for consumers in accordance with their preferences and education and discussions about risk were included in consumer orientation on entering the service.

The Assessment Team observed information provided to consumers was current, accurate, timely and communicated in a clear, easy to understand manner which supported consumer decision-making. Consumers and consumer representatives described receipt of information through monthly newsletters, resident/relative meeting minutes, letters and emails and confirmed the activities calendar was provided monthly. Staff described the different ways information is provided for consumers with cognitive impairment and consumers from different cultural backgrounds and the choices offered to consumers for catering, lifestyle services and recreational activities.

Consumer and consumer representatives interviewed discussed their privacy was respected and noted staff knock on doors, announce themselves and gain permission before entering their rooms. Personal care needs are attended to in private. The Assessment Team observed the respectful delivery of care, with staff noted to knock on doors to gain permission before entry and greeted consumers on approach to deliver care and support. Consumer records, both electronic and hard copy, were securely stored and staff demonstrated a sound understanding of consumer privacy and confidentiality.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 2(3)(b) in this Quality Standard is non-compliant.

Consumer care planning documentation did not identify and address needs, goals and preferences for 2 consumers including their specific mobility requirements, personal hygiene needs, catheter management and pain management needs. End of life plans for 3 consumers were generic in nature, with personal preferences for end of life care and comfort measures not always recorded or recorded nearing end of life. The Assessment Team observed documentation that showed over half of the consumers in the service had not participated in discussions about advance care planning, which does not align with the organisational policy.

The Approved Provider responded to the site audit report and acknowledged palliative care assessments have not been consistently attended and continuous improvement is being undertaken. The Approved Provider advised the current system for palliative care documentation is under review. A draft procedure has been created which includes an updated referral form in the electronic care system and engagement with the Palliative Care Clinical Nurse Consultant. An audit has also been conducted at the service which identified only newly admitted consumers do not have advance care directives or end of life wishes documented.

While I note the Approved Provider has taken action in response to the information raised in the site audit report, I was not provided sufficient evidence to satisfy me that the service has addressed all of the deficiencies identified in the site audit; these include having the systems and processes to identify and address concerns, review outcomes and adjust staff practice. The Approved Provider is still undertaking improvements and I encourage them to embed these into usual practice to ensure all consumers assessment and care planning addresses the consumer’s needs, goals and preferences including for end of life planning, if the consumer wishes. Accordingly, I am satisfied that requirement 2(3)(b) is non-compliant.

I am satisfied the remaining 4 requirements of Standard 2 Ongoing assessment and planning with consumers are compliant.

The Assessment Team observed care and service documentation lacked evidence of comprehensive and ongoing assessment and planning and consideration of risks to optimise the health and well-being of some consumers. The Assessment Team identified gaps in assessment following a fall and for bed safety. Pain assessment did not occur for one consumer post-hospital admission. For one consumer a pressure injury and wound deterioration assessment were not evident. The Assessment Team reported 3 consumer representatives discussed not being involved in care and services planning and advance care planning. The Assessment Team reviewed documentation that showed case conferences were not conducted for the majority of consumers and 3 consumer representatives described being unfamiliar with and not offered a consumer care plan. Care and service documentation did not demonstrate a review of a care plan when one consumer deteriorated, or when behaviour incidents occurred for one consumer. I have considered how the service has managed behaviour support in the context of Standard 3 requirement (3)(b).

The Approved Provider acknowledged delays in the completion of an updated pain assessment for one consumer. The Approved Provider supplied evidence to show assessment and planning has occurred for the other consumers in the service, including those named in the site audit report. In addition, the Approved Provider implemented ‘Return from hospital’ review forms to better capture any issues or needs for reassessment. Assessment and planning with consumers does occur in partnership with the consumer and others involved in the consumer’s care including other individuals and organisations. This engagement occurs throughout the time a consumer is living at the service.

The Approved Provider supplied evidence to show communication had been provided to all persons responsible to advise of the case conferencing process, that the consumer’s care plan is available and copies of the consumer care plan could be provided in hard or soft copy at any time. The service has been impacted by COVID-19 outbreaks which did delay completion of some case conferences, and these have now been rescheduled. Care and services plans are reviewed on both a scheduled basis and when consumer needs, goals or preferences change.

While noting the Assessment Team findings, I find the Approved Provider’s response to be more compelling. After reviewing the information provided, I am satisfied consumers have assessment and planning for their current health and well-being circumstances. I find consumers and consumer representatives are involved as partners in the assessment and planning process and evidence was supplied of individuals and providers of other care and services involvement in this process. The evidence substantiates that the outcomes of assessment and planning are communicated to the consumer or representative and the document care plan is available, and a copy offered. The evidence also supports the review of care and services when the circumstances for a consumer have changed. The Approved Provider’s response shows the service has established assessment and planning processes that are in partnership with the consumer and they focus on optimising the consumer’s health and well-being.

Accordingly, I find requirements 2(3)(a), 2(3)(c), 2(3)(d) and 2(3)(e) compliant.

# 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirements 3(3)(a), 3(3)(b) and 3(3)(e) are non-compliant.

The Assessment Team found the service was unable to demonstrate consumers were receiving safe and effective personal care, clinical care, or both personal and clinical care that is best practice, is tailored to their needs and optimises their health and well-being. While consumers and consumer representatives were generally positive about the care received and staff knowledge on consumer needs was good, there were gaps identified in the provision of care for some consumers. Wounds and pressure injuries were not always managed in accordance with consumer care plans. Pain management requirements were not consistently documented in pain management plans and pain assessments were not always conducted when required, and pain management was not always administered in line with assessed need. Discrepancies in the number of consumers requiring restrictive practices was noted and the Assessment Team did not observe consent forms for all consumers with chemical restraint and environmental restraint. Mechanical and physical restraints were used without consent for some consumers.

The Assessment Team observed high-impact or high-prevalence risks, including falls management, wound management and behaviour management, were not effectively managed. While consumer and consumer representatives feedback on care and staff knowledge about high-impact and high-prevalence risks for consumers was good, not all consumers with high-impact and high-prevalence risks were managed in a way to optimise the consumer’s health and well-being. Some consumers were not properly assessed post-fall and neurological observations were not taken in accordance with organisational policy. Wounds and pressure injuries were not checked, measured or dressed in accordance with consumer care plans, with measuring devices not always included in photographs and photographs not taken consistent with organisational policy. This information has been considered in the context of Standard 3 requirement 3(3)(a). Two consumers who have experienced ongoing incidents of aggressive or inappropriate behaviour had behaviour support plans that did not contain complete or current information to assist staff in managing the consumer’s behaviour or identifying triggers, and one consumer requiring behaviour management and restrictive practices did not have a behaviour support plan.

One consumer representatives interviewed advised they were not always informed about the condition of their consumers. The Assessment Team found staff interviewed were unfamiliar with 2 consumers requiring modified diets, one with increased risk of choking and one consumer’s pain management requirements.

The Approved Provider responded to the site audit report. In their response, the Approved Provider advised Complex Health Care Directives were commenced for all consumers with complex and chronic wounds and reviews were conducted of the skin integrity and wound care policies and procedures, including further staff training. A continuous improvement plan is in place for wound care and wound photography guidelines are included in the Warrigal Wound Care Policy and Procedure. The Approved Provider also acknowledged that on occasion, documentation of pain and pain management has not been attended in line with policy and procedure and continuous improvement in this area has been implemented, including review and audit of pain assessments for all consumers.

The Approved Provider supplied evidence to show clear information on the number of consumers with restrictive practices was available and consent was documented for consumers where a restrictive practice is used.

The Approved Provider advised the falls risk status of all consumers has undergone review and falls risk assessments and management plans have been attended for all consumers at high-risk of falls. There has been completion of a restrictive practices assessment for one consumer who did not have complete information in their clinical documentation.

The Approved Provider submitted evidence that since the site audit, the service has met with the consumer representative who was not aware of all aspects of the consumer’s care and discussed the aspects of the consumer’s care. The Approved Provider also supplied evidence to show information was available about the care needs for the 2 consumers on a modified diet or fluids, the consumer at risk of choking and the pain management for the one consumer.

While the information on current care needs was available for consumers, the process for communicating with staff to ensure they had familiarity and understanding of the clinical and personal care needs of consumers they were caring for requires improvement.

While I note the Approved Provider has taken action in response to the information raised in the site audit report, I was not provided sufficient evidence to be satisfied that the service has addressed all of the deficiencies identified at the site audit, including having the systems and processes to identify and address consumer concerns, review outcomes and adjust staff practice. The Approved Provider is still undertaking improvements and I encourage them to embed these improvements into their usual practice to ensure all consumers get personal care and clinical care that is safe and right for the consumer, for management of high-impact and high-prevalence risk and information being communicated to ensure personal care and clinical care optimises each consumer’s health and well-being. Accordingly, I am satisfied that Standard 3 requirements 3(3)(a), 3(3)(b) and 3(3)(e) are non-compliant.

I am satisfied the remaining 4 requirements of Standard 3 Personal care and clinical care are compliant.

Consumer representatives were generally satisfied with the end of life care provided. Whilst staff described personal comfort measures available to consumers nearing end of life, including pressure area care, mouth care and pain management, they were not able to provide examples of the needs, goals and preferences of consumers and where this information was available. The Assessment Team observed essential end of life care was not properly documented, with advance care directives and palliative care plans not tailored to the individual needs and preferences of consumers. I have considered this information in the context of Standard 2 requirement 2(3)(b).

Consumer representatives provided positive feedback of how the service manages changes in consumer’s conditions. The Assessment Team identified care documentation that showed gaps in the management of a change in consumer conditions for 2 consumer’s wound management and 2 consumer’s neurological observations. The management of wounds has been considered in the context of Standard 3 requirement 3(3)(a) and neurological observations has been considered in the context of Standard 3 requirement 3(3)(b). The Assessment Team spoke with staff who were not aware of the ‘Stop and Watch’ tool used by the service to monitor consumer deterioration.

Consumers and consumer representatives provided positive feedback on access to other individuals, organisations and providers of other care and services. Staff were able to describe the process for referrals. The Assessment Team observed documentation to indicate timely referrals to a specialist did occur for one consumer. For one consumer who was referred for pain management there was a delay in review occurring. Pain management has been considered in the context of Standard 3 requirement 3(3)(b).

The Assessment Team found for one consumer infection risks were not adequately identified and their consumer management plan contained generic infection control measures not tailored to meet the needs of the consumer. The Assessment Team observed staff touching their mask, wearing masks under their chin or not wearing a mask.

The Approved Provider supplied evidence of how end of life care is provided for consumers to recognise their needs, goals and preferences. The services involves the consumer, consumer representatives, consumer’s family, friends, medical officer and palliative care specialists in end of life care as required. Evidence was provided to show consumer’s deterioration or change is recognised and responded to, including through escalation to appropriate registered staff, medical officers and external services as required. The Approved Provider supplied evidence to demonstrate appropriate specialist referrals had been made. This included referral for the consumer identified by the Assessment Team and for other consumers who are living in the service.

The Approved Provider supplied evidence for minimisation of infection related risks to show the consumer does receive care according to the consumer’s assessed care needs and infection control measures were in line with current guidelines. The consumer’s care plan was reviewed to ensure information was complete. There has been review of continence and catheter care policies and procedures. The Approved Provider clarified that staff may remove their mask, in line with current guidance, including for communication or clear enunciation, and staff maintain a safe distance. All staff undertake screening prior to each shift including rapid antigen testing. Ongoing education is provided to staff from the Infection Prevention and Control Lead on mask wearing.

While noting the Assessment Team findings, I find the Approved Provider’s response to be more compelling. I am satisfied that while there are gaps in the documentation for consumers nearing end of life, consumer are receiving end of life care that ensures their comfort is maintained and their dignity preserved. When consumers deteriorate, this is identified and acted upon. The Approved Provider’s supporting evidence substantiates their rebuttal to the adverse findings on timely and appropriate referrals of consumers, noting there is evidence in the site audit report that referrals have occurred for other consumers to other individuals, organisations or providers of other care and services. The Assessment Team did not identify any concerns from consumers or consumer representatives in the service’s minimisation of infection-related risks and the evidence from the Approved Provider shows there are standard and transmission-based precautions and practices for appropriate antibiotic prescribing in the service.

Accordingly, I find requirements 3(3)(c), 3(3)(d), 3(3)(f) and 3(3)(g) are compliant.

# 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

The Quality Standard is Compliant as 7 of the 7 requirements have been assessed as compliant.

Consumers and consumer representatives interviewed were satisfied safe and effective services and supports for daily living were provided to meet consumer’s needs, goals and preferences. Activities were tailored to the individual needs and preferences of consumers, with the activities calendar discussed at monthly consumer meetings. Staff demonstrated an understanding of consumer lifestyle profiles which included individual preferences, past and current interests, social, cultural and spiritual needs and traditions important to consumers.

Consumers and consumer representatives interviewed described services and supports available to them to promote the emotional, spiritual and psychological well-being of each consumer. Lifestyle assessments were completed for all consumers on entry to the service, and captured consumer backgrounds, life histories and what was important to each consumer. Staff discussed supports provided to consumers including technology for remote connection to religious services and additional emotional support for consumers transferred from other facilities.

Consumers interviewed felt supported to participate in their community both within and outside the organisation’s service environment and were assisted to maintain social and personal relationships. Staff described supporting consumers to engage in activities of interest to them and encouraging some consumers to socialise and be seated together during activities and meals.

All consumers and consumer representatives interviewed were satisfied information about the consumer’s condition, daily living needs and preferences was communicated within the service and with others as required. Care planning documentation was observed to contain contact information for consumer representatives and others involved in decision-making for consumers. Staff demonstrated sound knowledge of consumers and discussed consumer care needs were well communicated during handovers and documented within the electronic management system.

Consumers interviewed expressed confidence in the service providing appropriate referrals when required and care documentation demonstrated collaboration with external providers to support the needs of consumers. For example, the Assessment Team observed referrals were made to the National Disability Insurance Scheme and external community-based organisations for daily living activities.

Consumers interviewed were satisfied with the variety, quality and quantity of the meals provided. Meals were prepared and cooked fresh on site and menu planning considered feedback from consumers, dietary requirements and consumer preferences. Catering staff described the specific dietary needs and preferences of consumers and how these were accommodated in the menu or individualised meals, with alternative options like hot meal options or sandwiches, soups and salads available to consumers.

Consumers interviewed described having access to equipment including mobility aids, shower chairs and manual handling equipment to support engagement in their daily living activities. Consumers said they felt safe using the equipment, it was easily accessible and suitable to their needs and felt comfortable reporting when equipment required repair. The Assessment Team observed equipment to be suitable, clean and well maintained and maintenance staff discussed the preventative maintenance schedule.

# Standard 5

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

Findings

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

The Assessment Team observed the service environment to be safe, clean, clutter free, well maintained and comfortable and consumers interviewed were satisfied with the cleanliness of their rooms and common areas. One consumer advised the door to their outdoor sitting area was often locked and one consumer and visitor were observed by the Assessment Team unable to access an outdoor courtyard area and using an alternate internal pathway to their destination. Staff indicated doors are locked for the safety of consumers when there is unfavourable and windy weather. Management explained one door to the outdoor area in one section of the service was locked as a consumer had previously attempted to leave the service using an alternative course to usual access routes.

The Assessment Team observed the service environment was welcoming and comfortable, which was consistent with feedback from interviewed consumers. Furniture and art work supported a ‘home like’ environment, with adequate indoor and outdoor private areas available for consumers and visitors when socialising. The design of the building was easily navigated and adequate signage supported consumers with cognitive impairment.

Consumers interviewed were satisfied with the furniture, fittings and equipment provided, with furniture in communal areas observed to be clean, in good condition and in plentiful supply. Consumers interviewed were satisfied with the cleaning and maintenance systems in place and the Assessment Team observed cleaning of consumer rooms, common areas and regular sanitisation of high touch surfaces.

The Approved Provider responded to the site audit report and explained that doors are locked when the weather is inclement as the loud banging of doors is unsettling for consumers. The main entry doors to the courtyard remain open and the Approved Provider has undertaken enhancements of door signage as this may have contributed to doors appearing locked when they are unlocked. The Approved Provider explained where one communal door located in one area of the service has been locked to prevent a consumer leaving by an alternate course, there are still alternative exit and entry doors to the external courtyard that are open for consumers.

Whilst noting the Assessment Team findings, I find the evidence from the Approved Provider shows consumers are able to move freely both indoors and outdoors in the service. The Approved Provider has made improvements to the door signage to further assist in supporting consumers to move around the service.

Accordingly, I find requirements 5(3)(a), 5(3)(b) and 5(3)(c) are compliant.

# 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 Quality Standard is assessed as Compliant as 4 of the 4 requirements have been assessed as compliant.

Overall, consumers and consumer representatives interviewed discussed staff and management were approachable to provide feedback or make a complaint and were satisfied that appropriate action would be taken. Consumers confirmed resident meetings were used to improve services. Staff interviewed described how they managed verbal and written complaints in accordance with the organisation’s feedback and complaints policy and procedure.

The Assessment Team observed written material available throughout the service on making complaints, details of advocacy and language services and brochures available in multiple languages. Information about how to provide feedback and make complaints was also observed to be in the service newsletter and resident/relative meeting minutes.

Most consumers interviewed said they received immediate apologies from staff when things go wrong or if they have to wait for assistance. Most staff interviewed described the open disclosure process and records confirmed open disclosure training had been completed by most staff. The Assessment Team found appropriate actions were not always taken in response to complaints, citing one particular complaint lodged about personal care provision which suggested open disclosure and complaints practices were deficient.

The Assessment Team found the service demonstrated feedback and complaints were used on occasion to improve quality care and services. The Assessment Team cited one complaint made concerning the lack of timely advice about a change in consumer condition and 2 complaints made about the incorrect wearing of personal protective equipment (PPE) by staff were not adequately communicated and used to improve services.

The Approved Provider responded to the site audit report and provided evidence to support initial contact with the consumer representative had occurred and demonstrated further engagement to manage the complaint to resolution, and to the satisfaction of the consumer and consumer representative.

The Approved Provider confirmed contact was made with the consumer representative about the change in condition of their consumer, at the first available opportunity and most appropriate time. The Approved Provider offered the consumer representative an apology and identified further opportunities for the consumer representative to be informed about care provision.

The Approved Provider detailed staff have received additional and ongoing education on areas where complaints and feedback have been received including clinical care, open disclosure, correct use of N95 masks and hand hygiene. Continuous improvement has commenced for PPE use. Consumers and consumer representatives continue to be informed about the process of making complaints through monthly meetings and participation in questioning about the quality of care provision through engagement of a Contact Centre.

The evidence provided by the Approved Provider demonstrates open disclosure was used by the service when the personal care issue was identified and immediate actions were taken to address the issue. I am satisfied these actions were reasonable and appropriate and conducted in line with the Warrigal feedback and complaint policy. I find the Approved Provider is taking appropriate action to review feedback and complaints and to use this information to improve the quality of care and services provided to consumers. I am therefore satisfied requirements 6(3)(c) and 6(3)(d) are compliant.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 7(3)(c) is non-compliant.

The Assessment Team described the organisational recruitment process, orientation process including buddy shifts, code of conduct, and competency assessments of staff. Management were noted to monitor qualified staff registrations and oversee the education program to ensure completion of staff mandatory training and competencies within required timeframes. The Assessment Team found staff lacked competency in several clinical areas.

The Approved Provider responded to the audit report and noted staff had completed training in several clinical areas and continuous improvement has commenced for pain management and palliative care documentation. However, based on the findings in Standard 2 requirement (3)(b) and Standard 3 requirements (3)(a) and (3)(b), I find staff competency has not been demonstrated in clinical areas including wound management, pain management, restrictive practices and high-impact and high-prevalence risks including falls management and management of behaviours. I acknowledge the continuous improvement plan will address these issues and will take time to take effect. As such, I find requirement 7(3)(c) is non-compliant.

I am satisfied the remaining 4 requirements of Standard 7 Human resources are compliant.

One consumer described delayed response to a call bell request which impacted provision of personal care needs and consumer dignity. One staff member interviewed described impacts on care and services provision when all shifts were not covered. The Assessment Team found 3 shifts in the preceding 3-week period were not filled and one agency staff did not attend or notify the service. Management described how staff are rostered and actions taken when unexpected vacancies arise. In response to the site audit findings, the Approved Provider clarified rosters are based on full occupancy and noted management work closely with the roster team to ensure processes are followed to fill any vacant shifts. Call bell data was also provided by the Approved Provider, which showed for that particular day the majority of ‘calls in range of day’ occurred in line with organisational policy.

Consumers and consumer representatives interviewed described staff engage in a respectful, kind and caring manner, were gentle with care provision and were respectful of their diversity, culture and preferences and choices made about care and services. Staff demonstrated an in-depth understanding of consumer identity, culture, needs and preferences, which was consistent with the findings of the Assessment Team on review of care documentation. The Assessment Team also observed interactions between consumers and consumer representatives, staff and management was kind, caring and respectful.

The Assessment Team observed systems in place for staff recruitment, training equipment and support to deliver consumer care. Staff interviewed said they receive regular and appropriate training to perform in their roles and advised management provided further training when requested. Staff training records indicated high participation rates in training including in restrictive practices, open disclosure, antimicrobial stewardship and wound management. The Assessment Team identified areas where further staff education and training were required and in response, the Approved Provider advised effective systems were in place to fill unexpected vacancies and additional staff training had been provided and supplied the training register for review.

The service demonstrated regular assessment, monitoring and review of staff performance was conducted in a timely manner. Staff described satisfaction in performance management and discussed opportunities were provided to develop their skills and experience. Management discussed daily monitoring of staff practices and provision of one-on-one instruction and training when required.

I find requirements 7(3)(a), 7(3)(b), 7(3)(d) and 7(3)(e) are compliant.

# Standard 8

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

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied 8(3)(d) is non-compliant.

The Assessment Team recognised a documented risk management framework was in place to support the identification, assessment and treatment of risk. Management and staff interviewed demonstrated awareness of their legislative reporting requirements and staff interviewed discussed the consumer abuse and neglect policies and their practical application. The Assessment Team noted the high-impact, high-prevalence risk policy, however found wound management, falls management and behaviour management were not being managed in accordance with the policy. The Assessment Team discussed an example of where one consumer had not been managed in accordance with the incident management system and no report made to the Serious Incident Response Scheme (SIRS), until raised during the site audit.

The Approved Provider responded to the site audit report and highlighted the organisation-wide risk management systems in place, including for managing high-impact and high-prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. This includes use of the incident management system and Incident Support Line officers who support the reportable incidents process.

Whilst I note the response from the Approved Provider, I find the service requires improvement in the use of risk management systems to support managing consumers with high-impact and high-prevalence risks, particularly for consumers who demonstrate changes in behaviour and as referred to in Standard 3 requirement (3)(b). I find deficiencies in clinical and personal care impacts on consumers living the best life they can. I note the continuous improvement plan identifies improvements in identification, escalation and reporting of all incidents and SIRS notifications and believe this will improve incident identification and reporting, however this will take time. I find requirement 8(3)(d) non-compliant.

I am satisfied the remaining 4 requirements of Standard 8 Organisational governance, are compliant.

Consumers and consumer representatives interviewed expressed confidence in management of the service and felt engaged in the development, delivery and evaluation of care and services. Management described various avenues for consumer engagement including participation in regular consumer surveys, monthly consumer meetings and provision of feedback forms to engage consumers and elicit feedback. For example, management discussed review of the menu and Board participation in the dining experience following receipt of consumer feedback. The Board Chairman and Chief Executive Officer were also noted to have regular communication with consumers.

The Assessment Team found the Board of Directors promotes a culture of safe, inclusive and quality care and services through engagement with consumers, consumer feedback and experience and incidents, and are supported by a range of committees including finance, audit, governance and risk, medication advisory, continuous improvement and workplace health and safety. The diverse professional backgrounds of the Board were also noted by the Assessment Team, from legal, financial, clinical, senior aged care management, accounting and pastoral care. The Approved Provider responded to the findings in the audit report and noted the robust organisational-wide systems in place for Board accountability for the delivery of services and I agree the Board takes an active role in the delivery of care and services.

Staff interviewed confirmed access to an electronic clinical management system, hard copy consumer files and infection control manuals. The Assessment Team found a continuous improvement plan was in place and financial governance arrangements supported the changing needs of consumers through budget and expenditure management and financial viability oversight. Workforce governance systems were in place and supported clear accountability and responsibility and a regulatory compliance system monitored changes to legislation and regulatory requirements. The Assessment Team noted a feedback and complaints system was in place, however did not consider the data was used by the service to monitor trends and inform continuous improvement. The Approved Provider responded and advised trend data is provided to the Care Governance Committee quarterly and monitored by the Board. Feedback and complaints are monitored and recorded and trends identified. I am satisfied the evidence provided by the Approved Provider demonstrates effective organisation-wide governance systems are in place.

An understanding of the open disclosure policy was demonstrated by management and staff. Staff interviewed confirmed education in antimicrobial stewardship and minimising the use of restraint. The Assessment Team noted the clinical governance framework in place to outline responsibilities, structures and expectations about clinical care provision and included policies for antimicrobial stewardship, minimising the use of restraint and open disclosure.

I find requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(e) are compliant.

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)