Performance

Report

**1800 951 822**

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| Name of service: | Warrigal Wollongong |
| Service address: | 1 Ross Street Wollongong NSW 2500 |
| Commission ID: | 0834 |
| Approved provider: | Warrigal Care |
| Activity type: | Site Audit |
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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 Wollongong (**the service**) has been prepared by J Durston, 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 on 6 July 2023

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

This Quality Standard has been assessed as compliant as six of the six specific requirements are compliant.

The Assessment Team found the service demonstrated each consumer is treated with dignity and respect, with their identity culture and diversity valued. Consumers and representatives interviewed confirmed that they felt consumers are respected and valued as individuals by staff, with one consumer advising the staff are ‘all amazing’ and know what to do to help them feel better when they are having a bad day. The organisation has a cultural diversity and inclusion policy and procedure. Care plans reflected the diversity of consumers, including their cultural and religious beliefs and preferences. Staff interviewed were knowledgeable about consumer preferences and their cultural background and values and how this shaped the care they provided to each consumer.

The Assessment Team found the service demonstrated care and services are culturally safe. Staff could identify how they provided care and services in culturally safe manner in line with consumers’ care plans. Care plans for sampled consumers included consumers’ individual cultural and religious beliefs and preferences. Consumers and representatives provided feedback that their personal preferences such as having a female carer were respected by the service, and the service respects consumers and their partners in same sex relationships.

The Assessment Team found the service demonstrated each consumer is supported to exercise choice and independence. Staff were able to explain the service’s policies about supporting consumers to maintain relationships of choice and to drive decision making. Consumers are able to make decisions about their care and how it is delivered. They can decide when family friends and carers or others are involved in their care. Consumers are assisted to connect with others and maintain the relationships they choose. One consumer advised staff support he and his wife to spend time together as they live in separate parts of the service. During the COVID-19 lockdown periods consumers were provided with devices and supported to contact family and friends remotely. One representative said they were able to make daily calls during the most recent outbreak lockdown in May 2023.

The Assessment Team found the service demonstrated each consumer is supported to take risks to enable them to live the best life they can*.* Sampled consumers’ care plans showed they are supported to take risks in accordance with their preferences. Staff confirmed they have been educated on dignity of risk and provided examples of how consumers are supported to take risks. Care documentation included dignity of risk forms documenting consumers’ preferences regarding risk-taking activities to live their best life, mitigation strategies and confirming these were discussed with consumers and their representatives and signed consent was obtained.

The Assessment Team found the service demonstrated 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 make decisions.Consumers and representatives confirmed they receive information via newsletters, consumer meetings and meeting minutes, letters, emails and on noticeboards, that helps them to make decisions about what they do and eat. Staff described the ways in which information is provided to consumers, including consumers with a cognitive impairment or those who are non-English speaking or English is their second language. The service provided evidence of choices being offered to consumers including catering, lifestyle preferences and recreational activities.

The Assessment Team found the service demonstrated each consumer’s privacy is respected, and personal information is kept confidential. Sampled consumers confirmed their privacy was respected. Staff were observed respecting consumers’ personal privacy in their care and service provision, and they were aware of the organisation’s privacy and confidentiality policy.

# Standard 2

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

Findings

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant.

Overall, the Assessment Team found the service demonstrated that assessment and planning includes consideration of risks to the consumers health and well-being and informs the delivery of safe and effective care and services. Care documentation for sampled consumers showed a comprehensive set of risk assessments are completed on admission to the service and are reviewed 3 monthly or when changes occur.

The service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning (ACP) and end of life planning if the consumer wishes. Sampled consumers’ care plans included end of life plans. All sampled consumers had advanced care directives. The ACP plan was readily available for staff for one consumer who was receiving end of life palliative care during the Site Audit, and the consumer and their family have received ongoing communication and support to ensure their preferences were upheld as their condition deteriorates. On admission, consumers and their representatives are given information and forms on end-of-life planning and are encouraged to speak with registered nurses when ready.

The Assessment Team found the service demonstrated assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to be involved, and includes other organisations, and individuals and providers of other care and services involved in their care. An initial care plan is developed within 72 hours of entering the service. After 7 days there is a consumer and family case conference to discuss the consumer’s first week, and after 28 days they participate in another case conference to discuss the completed assessments and care plans, followed by 3 monthly care reviews. Consumers and their representatives can access care plans on request. Staff were observed making a copy of a consumer’s care plan so representative could provide it to an external specialist they were attending. Another consumer advised they met with the dietician and service manager when they experienced trouble swallowing some food, changes were made to their food and nutrition care plan and their representative and staff were updated on the changes. The physiotherapist and nurse practitioner confirmed they have access to the electronic care planning system and regularly communicate with staff about changes to consumers’ needs.

The Assessment Team found that on balance the service demonstrated 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. Consumers said they have seen their care plan, discussed them, and were offered a copy. Consumers and representatives were generally satisfied with communication by the service in relation to clinical and personal care. However, three consumers and representatives advised they had not received a care plan or been involved in a care conference. Other consumers/representatives said they discussed changes they wanted with the team leader or registered nurse and they made the changes to the care plans. Some goals in care plans were not always individualised to the consumer but review of consumer assessments showed that representatives had been involved, including identifying goals of care. Management confirmed the service is currently working on updating care plans to include more individualised goals. The newsletter and posters on communal notice boards advertise provision of care plans to consumers and their representatives.

The Assessment Team found the service demonstrated care and services are reviewed regularly for effectiveness when circumstances change and following incidents. This was confirmed by review of sampled consumers’ care and service documentation. Registered nurses conduct care plan reviews 3 monthly consulting with consumers and their representatives. Incidents are reviewed and care plans are changed if required, such as adjusting toileting schedules to reduce falls and adjusting diet to reduce weight loss.

# Standard 3

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

Findings

This Quality Standard has been assessed as compliant as seven of the seven specific requirements are compliant.

The Assessment Team found overall the service demonstrated each consumer gets clinical and/or personal care that is safe and effective and tailored to the specific needs and preferences of each consumer. The service has policies and procedures on provision of best practice personal and clinical care to optimise consumer health and well-being. Sampled consumers advised they were satisfied with their pain management strategies. Two representatives said they were very happy with the care of their consumers who were living with advanced dementia and required behavioural support, and they had been reviewed by dementia behaviour support specialist services. Care documentation for sampled consumers subject to restrictive practice in relation to prescribed psychotropic medications prescribed, contained documentation confirming discussion of use, medication, and informed consent, and that regular reviews with consumers and representatives are undertaken.

The service demonstrated effective management of high impact, high prevalence risks to consumers’ care in relation to falls, skin tears and pressure injuries, supra pubic catheter care and behaviours of concern. The service has a risk register and risks are effectively managed through regular clinical data monitoring, trending, and implementing suitable risk mitigation strategies for individual consumers. The service was able to identify the highest risks for consumers. All consumers are assessed for falls risks, function, and mobility by the physiotherapist, and are reassessed following a fall. Clinical documentation demonstrated wounds are being managed effectively. One consumer advised their wounds are checked and redressed regularly and they are satisfied with their care.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. Sampled consumers’ care plans recorded their end-of-life needs and wishes, and advanced care directives are completed and recorded on the electronic care management system. End of life pathway records included comfort care charts for symptom management, pain and agitation, routine comfort measures, repositioning, oral and eye care and identified spiritual, religious and cultural needs. Staff are supported by a nurse practitioner and palliative care nurse consultant in the provision of end of life and palliative care. Staff had received training on palliative and end of life care, and registered nurses attended advanced care planning training.

Requirement 3(3)(d) was found non-compliant following an Assessment Contact conducted on 21 June 2022 to 22 June 2022. Deficiencies were noted in pressure area care, pain assessment and management wound care management and assessment, and care did not align with organisational policies and procedures, or with best practice. Warrigal Care became the service’s approved provider in March 2022 and was in the process of embedding their systems and processes at the service. The service implemented improvements to address the issues raised in the 2022 Assessment Contact. Staff were educated on policies and procedures and the service’s care documentation was reviewed and streamlined. The service has a new clinical quality and compliance officer who oversees clinical care provided to all consumers.

During the site audit the Assessment Team found that on balance the service demonstrated deterioration or change in a consumer’s condition, function or capacity is recognised and responded to in a timely manner. The service has procedures for identifying and managing deterioration in a consumer’s condition. Consumers and representatives advised they were satisfied with how the service managed their consumers’ care when they became unwell or their health changed. Care staff and clinical staff described how they identify, review and manage deterioration and/or change in a consumer’s condition consistent with the service’s policy and procedure. Overall, care documentation for sampled consumers showed timely identification of deterioration or change in their physical, mental and/or cognitive health. However, the service did not demonstrate effective response to deterioration in the behaviour of one consumer. The consumer’s behaviour support plan did not include behaviour support needs identified in their recent hospital discharge summary nor strategies to address the behaviours. Management said they are communicating with the consumer’s representatives and will update the care plan to reflect the changed behaviour.

The service demonstrated that information about consumers’ condition, needs and preferences is documented and communicated within the organisation and with others who share responsibility for their care. Consumers and representatives said they are always notified of any changes or concerns with the consumer and the service maintains regular contact with them about consumer care. Staff described how they access consumer care information using the electronic care management system, shift handover and morning meetings. Allied health providers and medical officers have access to the care management system and discuss consumers’ care with the registered nurse. Sampled consumers care documentation showed the information is mostly current and includes communication with care providers and other organisations. However, the Assessment Team found that one consumer did not get a nutritional supplement in a timely manner after the dietitian did not advise staff of the review and change in orders, and then uploaded a nutrition supplement prescription incorrectly.

The service demonstrated timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. Consumers and representatives advised they have access to health professionals such as allied health providers, medical officers, emergency services and specialist services when required. Staff described how the input of other health professionals informs care and services for consumers. Consumers’ care documentation included input from medical officers, allied health professionals and referrals to other health professionals where needed. The service has a physiotherapist and nurse practitioner on staff and the registered nurse said they have good access to allied health professionals, medical specialists, medical officers, and hospital services.

The service demonstrated that it minimises infection related risks using standard and transmission-based precautions to prevent and control infection and it practices and promotes effective antibiotic use to optimise care and reduce the risk of increasing antibiotic resistance. The service has policies and procedures on infection control, outbreak management and antimicrobial stewardship. Staff confirmed they received training in infection control strategies, COVID-19 and antimicrobial stewardship. The service has a staff and consumer vaccination programme and records are maintained for influenza and COVID-19 vaccinations for staff, consumers and volunteers. All representatives interviewed advised they were satisfied with how the service had managed the minimisation of infection related risks including during outbreaks. Staff demonstrated an understanding of how they minimise the spread of infection including hand hygiene principles and correct use of personal protective equipment (PPE). The service has access to adequate stock of COVID-19 and influenza antivirals for outbreaks. There are 2 infection prevention and control (IPC) leads who oversee the outbreak management plan and COVID-19 outbreak folder, and monitor, report and maintain oversight of infections.

# Standard 4

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

Findings

This Quality Standard has been assessed as compliant as seven of the seven specific requirements are compliant

The Assessment Team found the service demonstrated 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. This was confirmed by consumers and their representatives. Care plans, maintenance records, meal menus and other documentation demonstrated consumer services and supports are planned to be safe and effective. The Assessment Team observed staff delivering safe quality care and services that optimised consumers independence and allowed them to do the things they want to do. One consumer said they were very happy with the activities available, they helped provide digital video discs for group viewings for other consumers, and they had conversations every day with staff.

Sampled consumers and their representatives confirmed they received services and supports for daily living that promote each consumer’s emotional, spiritual and psychological well-being. Review of care plans, lists of external advocate groups and other documentation demonstrated consumers receive or can access services and supports for the emotional, spiritual and psychological well-being. Community visitors are assigned to regularly visit consumer’s with cultural and linguistically diverse backgrounds, and staff used a folder of cue cards with Finnish words and pictures and English translations to communicate with a Finnish consumer.

Consumers and representatives confirmed that services and supports for daily living assist each consumer to participate in their community, have social and personal relationships and do things of interest to them. Monthly activity programs reviewed contained a wide range of activities for consumers each day and consumers were observed participating in cooking classes and a farm pet visit. Two consumers who were married said staff support their relationship and were very happy to have adjoining rooms.

The service demonstrated timely and appropriate referrals are made to individuals, other organisations and providers of other care and services. The service has a comprehensive list of external providers including several multicultural organisations located near the service in the metropolitan area of Wollongong. The wellness officer described several referral pathways consumers may be assisted to use including to the national aged care advocacy program for advocacy and other support systems.

All sampled consumers confirmed the service provides meals that are varied and of suitable quality and quantity. The Assessment Team observed during 4 midday meals that consumers appeared satisfied with their meals. Consumers and representatives said they enjoyed their meals, they can have as much food as they want at mealtimes and are able to access mid-meal snacks in addition to morning and afternoon tea, when they want to. Meal menus reviewed are on a four-week rotation which are changed seasonally in consultation with consumers and approved an accredited dietician.

Consumers and representatives confirmed equipment provided is safe, suitable, clean and well maintained. Preventative and reactive maintenance schedules demonstrated equipment is regularly cleaned and maintained. The Assessment Team observed the main kitchen and other serveries to be tidy and the equipment was clean. Several consumers throughout the site visit were observed using four-wheel walkers and wheelchairs which all appeared clean, in good condition and well maintained.

In relation to Requirement 4(3)(d) the Assessment Team found the service did not demonstrate information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Some care plans reviewed did not contain correct and current information in relation to services and supports for daily living. Important consumer information was not always communicated in staff handover meetings and/or the daily morning multi-disciplinary debrief meetings. One consumer did not receive required dietary supplements for 2 weeks because the results of the dietician’s review were not communicated to the catering team. When this was raised with the service during the site audit, they lodged a SIRS notification for neglect and management confirmed on 8 June 2023 that the charted supplement, fortified meals and mid-meal snacks would commence that day, and the consumer’s dietary needs have been updated and emailed to catering staff.

The lifestyle team leader confirmed one consumer did not have a lifestyle plan due to an oversight and that care plan reviews due in May 2023 were not yet completed. Although the lifestyle plans of four sampled consumers contained no individualised goals and limited information on their needs and preferences, they all confirmed they were satisfied with activities provided at the service and they receive satisfactory services and supports for their health and well-being. Management responded immediately when these concerns were raised by the Assessment Team by updating care plans of the sampled consumers and completing a comprehensive plan for continuous improvement with actions to review and improve all consumer care plans to be more individualised. Staff received education to ensure improved consumer interviews and recording processes and updates will be incorporated into lifestyle documentation systems.

In their response to the Assessment Team report, the service outlined multiple improvements that have been implemented to address the issues raised regarding communication about the consumer’s condition, including engaging a new Dietician for all future dietary reviews who will complete the required documentation, alert staff to any changes and engage with management on entry and exit of the service. The organisation has added a new section to the daily debrief template to include allied health reviews and required referrals. The service provided documentary evidence that the lifestyle care plan the Assessment Team was unable to locate for one consumer, existed under another title on the electronic care management system. Further, the lifestyle team have reviewed the multiple lifestyle assessments that were utilised to build the lifestyle care plan for each consumer, to streamline both the assessment and populated information into a single consolidated plan on the new care system.

With these considerations, I find the Approved Provider’s findings to be more compelling in relation to compliance for this requirement and am satisfied that the Approved Provider’s response demonstrates it has taken appropriate action to ensure information about the consumer’s condition, needs and preferences is communicated within the organization, and with others where responsibility for care is shared.

Accordingly, I find Requirement 4(3)(d) is compliant.

# 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 has been assessed as compliant as three of the three specific requirements are compliant.

The Assessment Team found the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. This was confirmed by consumers and representatives. There is signage at each lift access point for each community including where rooms are located. Dementia enabling design principles were observed in the dementia support unit including, wayfinding signage, doors to consumers’ rooms painted in different colours, and personal memory boxes with consumers’ keepsakes next to each of their rooms to assist with recognition.

Consumers and representatives said the service environment is safe clean, well maintained and comfortable and enables consumers to move freely bot indoors and outdoors. Preventative and reactive maintenance schedules and cleaning documentation showed the environment is effectively cleaned and maintained. Consumers’ rooms are furnished and decorated with their own items making it more comfortable for them. Lounge and living areas were well furnished. The Assessment Team observed that consumers are able to move freely about the service, to different levels and to outdoor areas. However, there is restricted access for some consumers residing in the memory support unit to the dementia specific garden, as a safety precaution, following an incident where a consumer was knocked to the floor by an opening sensor door. Consumers who do not have the cognitive insight to push the green door release button now require assistance to access the garden. Environmental restraint consent forms have been signed by representatives of those consumers. Two consumers who are married advised the Assessment Team it was very pleasing to be able to decorate both their adjoining rooms with furniture and items from their previous house to make them feel more at home.

Consumers and representatives advised that furniture, fittings and equipment were safe well maintained and suitable for the consumer. Management confirmed the service is currently refurbishing the environment. The maintenance officer confirmed all maintenance work is up to date and provided examples of contractors who recently attended and inspected the safety of all beds in the service, and a contractor is due to carry out the annual inspect of all mechanical lifters and mechanical lifter batteries.

# Standard 6

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

Findings

This Quality Standard has been assessed as compliant as four of the four specific requirements are compliant.

The Assessment Team found consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives advised they feel heard and safe when making complaints, staff support them when they raise concerns, and their complaints are actioned by the management team and staff members. Staff were able to describe complaint polices and processes and how they support consumers in making complaints, including helping them to complete written complaint forms. The management team stated consumers are encouraged to provide feedback and make complaints through resident meetings and the food focus group held monthly, and via email and newsletter communications. Consumers and representatives are provided with information about how to submit complaints through emails, newsletters, and brochures.

The service demonstrated consumers are made aware of advocacy and interpreter services to assist them to make complaints. Consumers and representatives confirmed that for consumers of a non-English speaking background, staff communicated with them using other staff who speak their language, family and interpreter services. Care plans contained details of cultural and language preferences. Information on advocacy organisations is available in various languages throughout the service, including the Seniors Rights Service, Older Persons Advocacy Network (OPAN) and Telephone Interpreting Service (TIS).

The service demonstrated appropriate action is taken in response to complaints and an open disclosure is used when things go wrong. Consumers and representatives confirmed the management team are responsive to their complaints and work with consumers to find solutions. Two sampled consumers said management had resolved all the complaints they have submitted to their satisfaction. Staff were able to explain the open disclosure policy and demonstrated their understanding of the complaints policy and resolution process.

The service demonstrated feedback and complaints are reviewed and analysed to improve the quality of care and services. Consumers and representatives said they have seen improvements in the past year including an increase in staffing levels and improvements in the quality of food and meals. The service has a comprehensive complaint register which includes details of the source, description, actions taken, resolutions, outcomes, improvements, dates and follow up.

# Standard 7

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

Findings

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant.

The Assessment Team found the service demonstrated the workforce is planned and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Twelve out of 15 consumers and representatives sampled stated staff attend to their personal care needs in a timely manner. Three sampled consumers noted their care needs are not being met in a timely manner mainly during the morning peak periods. However, call bell reports showed one instance of a call bell taking 37 minutes to answer in the 2 weeks prior to the Site Audit. Five out of 15 staff members stated they feel there are insufficient staff numbers during the morning peak periods and are rushed in providing personal care to consumers. Documentation of comparison rosters show a number of new positions have been implemented in the past 6 months such as additional registered nurses and team leaders. Call bell documentation shows the majority of calls are attended under the 15-minute benchmark time. Additional staff allocations are considered when consumers have higher care needs based on admission assessments and ongoing review of consumers care needs. The service uses agency staff to fill vacant shifts and sick leave

Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives consistently reported staff members are kind and caring and treat them with respect. One sampled consumer said they are ‘very happy’ with how staff treat them, and they have ‘nice chats’ with most staff members. Another consumer said staff are ‘excellent’ and they appreciate the way staff look after them. Training documentation showed staff receive training in identity, culture, and diversity. Staff were observed to interact with consumers in a caring and personal way.

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised they feel staff are effective in providing personal and clinical care and staff know what they are doing when providing care and services. The service performs regular and ongoing competency assessments conducted clinical managers, registered nurses, and staff with Certificate IV in training. The management team review progress notes daily and walk around the service to monitor staff knowledge and ensure they are following policies and procedures. Online and face-to-face training and education are monitored through a learning management system and a skills matrix is used with all position descriptions that includes the required competency and training for individual roles.

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by the standards. Consumers and representatives advised staff are professional and competent in providing care and services. New staff attend an induction, orientation, and ongoing development program, and have 2 buddy shifts over 2 days and more if required to ensure they are competent. Training records showed staff have completed mandatory training including SIRS, Quality Standards, dementia training and restrictive practices. The service has a registered nurse and graduate program including ongoing training, education and assessments and the service uses feedback and data from other sites within the organisation to inform training and education needs.

The service demonstrated staff performance is regularly assessed, monitored and reviewed. Staff performance documentation showed staff performance reviews are completed monthly and are on track for performance reviews due to be completed in 2023. Staff confirmed they have received performance reviews under the current administration, and they were able to receive and provide feedback in relation to their performance. The training team uses a software system to monitor the progress of staff training and education, due dates and overdue training.

# Standard 8

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

Findings

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant.

The Assessment Team found that the service demonstrated consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers advised they provide feedback through resident meetings, food focus groups and surveys. A board member visits the service on a monthly basis to speak with consumers and representatives and gain feedback to inform board directives. The consumer advisory committee uses report data from consumers’ complaints and feedback, including trends, incidents, and risks to follow up on strategies and solutions and report directly to the board. Feedback from the food focus group and resident meetings has been positive and improvements acknowledged by consumers.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The board communicates the organisation’s values and standards to staff through a cultural program which includes behaviours for all staff to emulate. The board communicates the standards expected of staff to the executive. Operational teams communicate these expectations to staff through emails, mobile text messages, social media. There are monthly visits from board members to meet with staff on site to promote the cultural program.

The organisation has continuous improvement systems to identify and monitor the quality and safety of care and services and to make improvements based on consumer feedback and complaints and regular audits, surveys and internal monitoring of incident and risk trends.

In relation to financial governance the residential manager meets regularly with the regional manager to discuss financial strategies. The regional manager has a budget for immediate expenditure needs and provides a business plan to senior management and the governing body for expenditure beyond that budget.

The service has effective workforce governance systems to provide quality care and services. The organisation has increased the number of registered nurses and team leaders and uses agency staff to ensure there are sufficient number of qualified staff to increase the quality of care and services. The service has a matrix to monitor staff and the roster has built-in care minute requirements to ensure compliance with legislation and to report on care minutes to the board.

In relation to regulatory governance, there is a corporate quality team that manages, monitors and communicates aged care legislative changes through subscriptions and government sources. The quality team communicates updates to the governing body and management teams directly through emails, reporting and alerts notices. The care governance committee monitors and reports monthly to the governing body on compliance with SIRS legislation and incident and risk management, commission activities, incident data, and operational compliance. Data from audits is provided to the management team to identify gaps in compliance and remedial strategies. The audits use a quality performance system that provides industry best practice benchmarks.

The service demonstrates it has policies and processes to support complaint management and the board is provided with regular reports on consumer feedback and complaints that include details such as status and resolution of complaints. Consumers and representatives said they are satisfied with how complaints are resolved.

The service has effective risk management systems and practices in place. The corporate quality team monitors and reports to management and the board on high impact high prevalence risks in relation to consumers health, safety and wellbeing. The board monitors, reviews and approves strategies submitted by management to address high impact high prevalence risks. The service performs regular internal and external audits to evaluate the effectiveness of risk management strategies.

The organisation has effective strategies to identify and respond to abuse and neglect of consumers, including regular and ongoing training and education, an increase in staffing and staff supervision, employment and police checks for new staff, and consumers feedback relating to staff behaviours. The service has policies and processes on mandatory reporting aligned to the legislation. Staff interviewed were able to articulate details of SIRS policies and procedures.

SIRS records showed incidents are identified and the service takes appropriate measures to respond to incidents of abuse and neglect of consumers.

The service has policies and procedures to support consumers to take risks to live their best life. Care and service documentation showed consultation occurs with consumers and representatives in relation to assessments, risks and mitigation strategies; and care plans contain signed consent forms and risk mitigation strategies.

The service demonstrated it was effectively managing and preventing incidents using its incident management system. Incident documentation showed the service analyses the root cause of incidents and implements and reviews preventive measures.

The service has an effective clinical governance framework for the management of antimicrobial stewardship, restraint minimisation and open disclosure. Registered nurses described how the organisation minimises the use of antibiotics consistent with the organisation’s antimicrobial stewardship policies and procedures. Staff confirmed they have completed training on antimicrobial stewardship and were able to explain their responsibilities in this area. Staff demonstrated an understanding of restrictive practices and strategies to support consumers with behaviours of concern. Consumers are regularly reviewed by a general practitioner and geriatrician to minimise the use of restraints. Staff were able to describe how they apply open disclosure in their work consistent with the organisation’s policy and procedure.

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