Performance

Report

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| Name of service: | Wintringham Ron Conn Nursing Home |
| Service address: | 33 Westminster Drive, AVONDALE HEIGHTS VIC 3034 |
| Commission ID: | 3704 |
| Approved provider: | Wintringham |
| Activity type: | Site Audit |
| Activity date: | 24 August 2022 to 26 August 2022 |
| Performance report date: | 12 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 Wintringham Ron Conn Nursing Home (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the site audit, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s report received 23 September 2022.

# 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* Requirement 7(3)(e) – the Approved Provider ensures that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# 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 Assessment Team recommended the following requirement was not met:

* Each consumer is supported to take risks to enable them to live the best life they can.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 1(3)(d), consumers and representatives said consumers are supported to take risks and staff described consumers who wanted to take risks and how they were supported to do so. However, the Site Audit report evidenced the following deficiencies:

* Risk assessments were not completed for 2 consumers who wish to smoke and 1 consumer who chooses not to wear a hip protector.
* The safety strategies for 1 consumer’s unsafe smoking behaviour was not successful.

In relation to the consumer’s above, the provider’s response provided clarifying information in support of compliance:

* In relation to the 2 consumers who wish to smoke, the provider clarified that for 1 consumer a risk assessment had in fact been completed and for the other consumer a risk assessment was completed prior to the end of the completion of the Site Audit.
* In relation to the consumer who wishes not to wear a hip protector, the provider’s response clarifies that the consumer has been assessed and a hip protector has not been recommended for them.
* In relation to the consumer with unsuccessful safety strategies for their unsafe smoking behaviour, the provider’s response clarifies that the property damage observed by the Assessment Team that suggests the consumer is smoking in an unsafe manner is historic and reflects the consumer’s preference to maintain their room. The response further clarifies that evaluation of safety strategies have been undertaken, resulting in adjustments to the consumer’s care planning document.

Overall, I am satisfied each consumer is supported to take risks to enable them to live the best life they can. Therefore, based on the evidence before me, I find Requirement 1(3)(d) is compliant.

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

Consumers felt valued and respected by staff at the service. Staff were observed treating consumers with dignity and respect and understood the consumers individual choices and preferences. Care planning documents included information on consumers’ identity.

Consumers said they receive care and services that are tailored to their needs and culture. Staff explained how consumers’ culture influenced how they deliver care on a daily basis. Care planning documents included information on consumers’ cultural needs and preferences.

Consumers and representatives said consumers are supported to exercise choice and independence when making decisions about their care, who is involved in their care, and are encouraged to connect with and maintain relationships with those important to them. Staff provided examples of how they support consumers to make choices.

Consumers and representatives said they receive up to date information about activities, meals and other events happening in the service. Posters and flyers of upcoming activities were observed on noticeboards and in rooms around the service. Staff described ways in which information is provided to consumers which included the handing out of menu’s, activities programs and meeting minutes as requested.

Consumers and representatives felt confident consumer information was kept confidential. Staff described how they maintain a consumer’s privacy when providing care and how they keep person information confidential, for example by keeping computers locked and using passwords to access consumer’s personal information. Staff were observed knocking on bedroom doors and awaiting a response before entering.

# 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

The Assessment Team recommended the following requirements were not met:

* 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.
* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 2(3)(b), consumers and representatives said the assessment and planning process addressed the current needs, goals and preferences of consumers including their preferences for their end of life. Staff described the needs and preferences of consumers. However, the Site Audit Report identified deficiencies in assessment and care planning documents not reflecting the consumer’s current conditions, needs and goals:

* One consumer’s care planning document did not reflect their advance care plan preferences.
* One consumer had been complaining of pain and there was no pain charting or reassessment of their pain management.

In relation to the consumer’s above, the provider’s response provided clarifying information in support of compliance:

* In relation to the first mentioned consumer, although their care planning document does not reflect an updated end of life plan, a resuscitation plan completed from a recent hospital admission had been included. The service has been working with the consumer’s nominated representative to reschedule a care plan review however, this has been delayed due to waiting advice on a substitute decision maker.
* In relation to the second mentioned consumer, the provider noted, as provided in the Site Audit report, that the consumer had been recently reviewed by a physiotherapist and medical officer.

Overall, I am satisfied that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Therefore, based on the evidence before me, I find Requirement 2(3)(b) compliant.

Regarding Requirement 2(3)(e), staff said care plans are reviewed during the resident of the date schedule. However, the Site Audit Report identified deficiencies in care plans not being reviewed on an annual basis in line with the service’s policy. Other evidence included in the Site Audit report relevant to this requirement included:

* Staff confirmed that care plans for 19 consumers were overdue for an annual review, but a schedule was in place to have this completed in 3 months.
* A consumer’s wound deteriorated and upon a review by a medical officer the consumer’s wound assessment was not reviewed or updated.
* Two consumer’s care plan was overdue for an annual review in line with the service’s policy.

The provider’s response provided clarifying information in support of compliance:

* A schedule is in place for those consumers with the most outdated care plan reviews to be undertaken as a priority, and remaining care plan reviews within 3 months. The provider’s response states that additional staff have been contracted to assist with this process.
* Upon review by the medical officer of a consumer’s deteriorating wound, the medical officer requested no change to the consumer’s dressing regime.
* For the 2 consumers with overdue annual review of their care plans, one consumer has since had their care plan reviewed and for the other consumer, the provider’s response states that the care plan was constantly reviewed and updated through handwritten notes.

While the service had not undertaken annual reviews of consumer care plan in line with their policy, there is evidence in the Site Audit report and in the provider’s response, that care and services are reviewed regularly, and when circumstances change or when incidents occur. Therefore, based on the evidence before me, I find Requirement 2(3)(e) compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 2 are compliant.

Consumers and representatives said potential risks to their health and well-being of consumers are discussed, and strategies agreed upon to ensure the safe and effective delivery of care and services. Staff described the assessment and planning process and the risk mitigation strategies in place. Care planning documents evidenced assessment and planning, including risk assessments, to inform the delivery of safe and effective care and services.

Consumers and representatives confirmed they are informed of changes or incidents.

Consumers and representatives were satisfied with communication regarding care planning and were aware they could get a copy of consumer care plans. Staff said they inform consumers and representatives of any changes to care needs or of any incidents. Care planning documents evidenced consumers, representatives and guardians are informed of changes via emails and or telephone calls.

# 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

The Assessment Team recommended the following requirements were not met:

* 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.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), consumers and representatives said consumers receive safe and effective personal care despite at times shortages of staff. However, the Site Audit Report identified the following deficiencies:

* Consumers’ shower preferences were not being adhered to.
* A 3-month gap in changing a catheter as per the consumer’s catheter care plan.

Staff said that consumers’ personal care can be impacted by staff shortages, particularly showers not being attended, and a sponge wash provided instead. I have considered the impacts of staff shortage on meeting consumers’ personal care preferences under Requirement 7(3)(a) where it is more relevant.

The provider’s response provided clarifying information in support of compliance and where deficits were acknowledged the response detailed corrective actions undertaken, commenced or planned. The provider acknowledged that one consumer’s catheter was not changed in line with their care plan. In response the consumer’s care plan has been updated and staff have been provided further support in meeting the process for recording when a catheter is due to be changed. The response notes that for 4 other consumers, their catheter was changed in line with their care plan.

Overall, I am satisfied that consumers get safe and effective personal and clinical care that is tailored to their needs. The service took appropriate action to rectify the consumer’s catheter not being changed in line with their care planning document. Additionally, as no further instances of a consumer not having their catheter changed in line with their care plan was brought forward, I consider this example in isolation is insufficient to support a finding of non-compliance for this requirement. Additionally, the service had taken appropriate action to rectify the one occurrence of this.

The evidence provided by the Assessment Team in this requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 3(3)(a) compliant.

Regarding Requirement 3(3)(b), the Site Audit report identified the following deficiencies:

* A consumer who complained of being in pain was not yet reviewed by a medical officer.
* Consumers who were chemically restrained did not have an appropriate diagnosis. The service’s psychotropic register did not indicate if informed consent was obtained or when the last review by a medical officer occurred.
* Some consumers who smoke did not have smoking risk assessments completed.

The provider’s response provided the following clarifying information in support of compliance:

* The response evidenced the consumer was reviewed for their pain.
* The provider acknowledged that the service’s psychotropic register does not indicate if informed consent was obtained or when the last review by a medical officer occurred. However, each consumer’s care plan includes appropriate diagnosis, has an antipsychotic care plan which contains information on consent and last review by a medical officer.
* The provider clarified that smoke risk assessments for all consumers were completed by the completion of the Site Audit.

The evidence provided by the Assessment Team in this requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 3(3)(b) compliant.

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

Care planning documents for a recently deceased consumer evidenced their dignity was preserved and care was provided in accordance with their needs and preference. Staff described the way care delivery changes for consumers nearing end of life, and how the service provides support to the consumer’s family during visits.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff described the escalation process should they notice a change in a consumer. Consumers and representatives said deterioration in a consumer was identified and responded to in a timely manner.

Consumers and representatives said they are satisfied the consumer’s condition, needs and preferences are generally documented and communicated with relevant staff. Care planning documents demonstrated progress notes, care and service plans and handover reports provide adequate information to support effective and safe sharing of consumers' information to support care.

Consumers and representatives said timely and appropriate referrals occur and consumers have access to relevant health supports and services. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Care planning documents evidenced a referral process to other health care providers as needed.

The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics.

# Standard 4

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

Findings

Consumers felt supported to maintain their independence, well-being, and quality of life through participating in activities of interest to them. Staff demonstrated awareness of consumer’s interests, needs, goals and preferences.

Consumers said their emotional, spiritual, and psychological needs are supported, and they can chat with staff for comfort and emotional support. Staff provided examples of supporting consumers’ emotional and psychological well-being in line with care planning documents which included information on emotional support strategies.

Consumers and representatives said consumers are supported to stay connected with the people who are important to them, participate in the community within and outside the service, have social and personal relationships and do the things of interest to them. Staff provided examples of consumers who were supported to participate in their outside communities. Care planning documents identified the people important to individual consumers and the activities of interest to the consumer.

Consumers said services and supports they receive are consistent and they do not have to repeat their preferences to multiple staff members. Staff advised consumer care and other needs and individual preferences are shared internally at handovers and recorded in the service's consumer files.

Care planning documents evidenced the service collaborates with external providers to support the needs of consumers. Lifestyle staff explained the service engages with external service providers to provide specific activities that are of interest to the consumers.

Consumers said the meals provided were varied and of suitable quality and quantity. The service had processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided. The services chef demonstrated how meals were adapted for consumers with different cultural backgrounds and preferences.

Consumers felt safe when using the service's equipment, were comfortable raising issues if equipment needed repair, and said items were repaired or replaced quickly when required. Maintenance staff described maintenance issues are raised by observation and are logged in the electronic maintenance system.

# 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

Consumers said it was easy to get around the service and that they felt comfortable within the facility. The service environment was observed to be welcoming, living areas had natural light, and corridors are free from equipment to support ease of interaction and movement. The service allows consumers to paint some of the walls around the facility and there are several pictures of current and past consumers displayed on walls.

Consumers said the service environment is safe, clean, comfortable, and well maintained, and easy to move around. Consumers are free to access all areas of the facility without staff assistance, and staff expressed consumers are not confined to their rooms. The Assessment Team observed consumers sitting outside, with some choosing to eat outdoors in enclosed patio areas.

Consumers said furniture, fittings and equipment are safe, clean and well maintained. Maintenance logs are kept and actioned in a timely manner. The Assessment Team observed the equipment and furniture were clean and well-maintained, and call bells working effectively. Maintenance logs demonstrated any issues was resolved in a timely manner, and the services systems are regularly reviewed to monitor for issues and prevent malfunction.

# 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

Consumers and representatives felt supported to provide feedback and make complaints. Staff described the different avenues for consumers to raise concerns, such as through the monthly resident and representative meetings, and feedback forms. Feedback forms and information about providing feedback and feedback boxes was observed around the service.

Consumers and representatives said they are aware of and know how to access advocates and are comfortable raising complaints with staff. Staff said they know how to access advocacy and interpreter services for consumers. Information on access to advocates, language services and other methods for raising and resolving feedback was observed to be available around the service and displayed in various languages.

Staff and management described the process that is followed when feedback or a complaint is received and knew what open disclosure was. Consumers and representatives felt that the service responds to complaints appropriately. Feedback received was maintained in a complaints and feedback register which demonstrated how complaints and feedback were responded to.

The service has a system to manage feedback and complaints and management can identify complaint trends which are utilised to inform continuous improvement. This includes a quality plan which documents areas of improvement identified through the complaints mechanism and actions being taken.

# 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. | Non-compliant |

Findings

The Assessment Team recommended the following requirements were not met:

* The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(a), the Site Audit Report identified the following deficiencies:

* Most consumers regarded the care they receive favorably however, some said there were times where staff did not respond to their call bells in a timely manner.
* Staff described how shortages impacted their ability to provide care in line with consumers’ preferences such as sponge bathing for consumers instead of showers.
* Permanent staff roster reviewed was not fully allocated and shift vacancy information demonstrated where staff did not attend a shift, the service was not always able to fill those shifts with agency staff.

The provider’s response provided clarifying information in support of compliance and where deficits were acknowledged the response detailed corrective actions undertaken, commenced or planned.

* The provider acknowledged that call bell response times have been delayed at times. The response outlined how improving response times is in the service’s quality plan and the call bell system has been recently upgraded and reporting is being developed. In the Site Audit report, management stated they monitor call bell response times and monthly call bell response time reporting is incorporated into the monthly management reports that are escalated to the executive management team. Call bell records reviewed for the month of August showed 80% of call bells were responded to within the threshold of 6 minutes.
* The response outlined several strategies in place to improve staff recruitment. The service has also developed a staffing shortage indicator which, when activated, will provide surge staffing.

While I acknowledge feedback from staff regarding staff shortage resulting in consumers’ receiving sponge baths rather than preferred showers, no feedback from named consumers was provided to evidence impacts of staff shortage on consumers. Additionally, no other evidence was brought forward of other impacts on consumers or that consumers’ personal care needs were not being met. The information provided does not suggest a systemic or ongoing mismanagement of workforce planning. Therefore, based on the evidence before me, I find Requirement 7(3)(a) compliant.

Regarding Requirement 7(3)(c), feedback from consumers and representatives was positive in relation to staff competency and knowledge required to perform their roles. Management outlined ways in which the service monitors workforce competencies and knowledge to effectively perform their roles. Staff were aware of the consumer’s preferences with care delivery and were confident with the knowledge they had acquired. However, the Site Audit report identified the following deficiencies:

* Training records indicated the majority of staff’s medication competency training had expired, and
* The service’s quality plan did not identify this as a continuous improvement opportunity.

The provider’s response provided clarifying information in support of compliance and where deficits were acknowledged the response detailed corrective actions undertaken, commenced or planned.

* The provider’s response stated that although face-to-face training at the service was on hold due to the State’s COVID-19 restrictions, mechanisms had been developed for online competencies to occur for 2020 - 2022. Evidence provided in the response showed that most staff completed online medication competencies in 2020.
* The provider’s response stated the service’s quality plan details significant efforts and changes in improvement for staff training and it was not deemed necessary to include medication competency specifically in the service’s quality plan.

The Site Audit report outlined one medication incident where the incorrect medication was given to a consumer with nil adverse effect. The Assessment Team was unable to determine if the staff member involved had received further education. As no further medication incidents were brought forward, I consider this example in isolation is insufficient to evidence the impacts staff expired medication competencies have on consumers.

The evidence provided by the Assessment Team in this requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 7(3)(c) compliant.

Regarding Requirement 7(3)(e), management acknowledged that no staff appraisals had been completed in 2022. The staff appraisal register demonstrated some staff had no appraisals during their employment with the service. Management stated that appraisals were to occur annually, however due to COVID-19 and changing of senior management caused delays.

The response acknowledged the evidence in the Site Audit report of incomplete staff appraisals. The response confirmed processes have been revised, and since the Site Audit, 30 of 78 staff appraisals have been completed, with the outstanding appraisals due to be finalized in October 2022.

I acknowledge the provider’s commitment to addressing the deficiencies. However, the service did not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Therefore, based on the evidence before me, I find Requirement 7(3)(e) non-compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 7 are compliant.

Consumers said staff are kind, caring and respectful, and they feel safe at the service. Staff were observed being kind and respectful to consumers. Staff demonstrated an understanding of consumers’ needs and preferences and their knowledge aligned with care planning documents.

Consumers and representatives considered the workforce to be recruited, trained, equipped, and supported to deliver outcomes required for consumers. Staff have access to online training they need and considered mandatory training equips them to deliver care to consumers. Management provided an example of how the monitor staff training completion.

# 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

The Assessment Team recommended the following requirements were not met:

* Effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.
* Effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents, including the use of an incident management system.
* Where clinical care is provided – clinical governance framework, including but not limited to the following: antimicrobial stewardship, minimising the use of restraint, and open disclosure.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), the service had organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, governance systems relating to continuous improvement, workforce governance and regulatory compliance was found to be ineffective based on the following:

* Not all input from the services quality systems has been documented, actioned or evaluated.
* While clear responsibilities and accountabilities to all staff were in place, the service was unable to demonstrate an effective performance appraisal process for the workforce. Additionally, staff said they are unable to meet the personal care preferences of consumers due to insufficient staffing and the majority of staff’s medication competency training had expired.
* The psychotropic medications register is not in line with best practice.

The provider’s response provided the following clarifying information in support of compliance:

* Areas of improvements are recorded, and improvement opportunities may appear not to have been actioned or progressed as they are significant projects that could not commence due to COVID-19 restrictions.
* Staff may not be able to meet the personal care preferences of consumers, but they are able to meet their personal care needs, as outlined above in relation to Requirement 7(3)(a). Additionally, despite medication competency expiring for some staff, the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles, as outlined above in relation to Requirement 7(3)(c).
* Management of restrictive practices is in line with best practice as outlined above in relation to Requirement 3(3)(b).

There are organisational wide governance systems in place however the evidence provided shows there is a deficit at the service level in relation to regular assessment, monitoring and review of the performance of each member of the workforce. I have considered this evidence and find them more relevant to Requirement 7(3)(e) which I have found non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(c) compliant.

Regarding Requirement 8(3)(d), the service had a risk management framework, including policies describing how high-impact or high prevalence risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can, and incidents are managed and prevented. Although the Assessment Team found overall consumers are supported to take risks, there was one said consumer where a risk assessment had not been completed and another consumer where a risk assessment was completed however safety strategies were not successful.

The provider’s response provided clarifying information in support of compliance. These are outlined above in relation to Requirement 1(3)(d). The evidence provided by the Assessment Team in this requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(d) compliant.

Regarding Requirement 8(3)(e), the organisation’s clinical governance framework includes policies and practices in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Although staff demonstrated a shared understanding of the requirements around using restrictive practices, management were unable to identify consumers subject to chemical restraint.

The provider’s response provided clarifying information that management and clinical staff were aware of consumers subject to chemical restraint. The evidence provided by the Assessment Team in this Requirement does not sufficiently support a finding of non-compliant. Therefore, based on the evidence before me, I find Requirement 8(3)(e) compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 8 are compliant.

Consumers and representatives said they have input into how care and services are delivered and felt the service encourages their participation through care planning, resident meetings, complaints and feedback improvement forms. The service’s internal audit process monitors review of care planning documents to ensure consultation with consumers has occurred.

The service is governed by a Board who meet bi-monthly to monitor the performance of the service and to ensure they are accountable for the delivery of safe, inclusive and quality care and services. The Board receives various reports which outlined information that is used to identify the services compliance with the Quality Standards, to initiate improvement actions to enhance performance, and monitor care and service delivery.

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)