Performance

Report

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| Name of service: | Yaraandoo Hostel |
| Service address: | 1A Cardigan Street  SOMERSET TAS 7322 |
| Commission ID: | 8033 |
| Approved provider: | Southern Cross Care (Tas) |
| Activity type: | Site Audit |
| Activity date: | 9 August 2022 to 11 August 2022 |
| Performance report date: | 30 September 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 Yaraandoo Hostel (**the service**) has been prepared by Alla Kasyan, 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 5 September 2022.

# Assessment summary

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

Ensure all consumers participating in activities where risks are involved have appropriate assessments to identify the risks and strategies documented and implemented to mitigate the risks and support the consumers living the life they choose.

Ensure personal care is tailored to a consumer’s needs, goals and preferences specifically in relation to supports with toileting and transfers in line with consumer’s individual preferences and assessed needs.

# 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. | Non-compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as one of the six specific requirements has been assessed as Non-compliant.

The Assessment Team found Requirement 1(3)(d) was not met because the service did not demonstrate each consumer is supported to take risks to enable them to live the best life they can. Two consumers did not have assessments completed to inform planned strategies for undertaking risk activities. Relevant evidence included:

The service has a documented policy, procedure and assessment process to support consumers and mitigate the risks for consumers who wish to undertake risky activities of their preference. However, for two consumers currently undertaking risks the service had not completed assessments and documented risk management strategies in line with the policy.

One consumer using an electric device to enhance comfort and quality of their life, had not had a risk assessment undertaken in relation to the activity.

The second consumer who is using continuous oxygen therapy and whose preference is to leave the service independently to access the community had not had risk assessments undertaken in relation to the activity.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and provided a detailed action plan and evidence of review and assessments for the two consumers and ongoing education for staff in relation to identifying and assessing consumers who wish to undertake activities involving risk.

The service has undertaken appropriate actions to address the deficiencies identified in the assessment and plans of the two consumers identified as undertaking activities involving risk. However, at the time of the Site Audit, two consumers were undertaking activities involving risk which had not been identified, assessed and appropriate strategies to mitigate the risks implemented by the service in line with their policy. The service is undertaking further review and training with their staff to ensure staff understand and apply the service’s policy and assessments in relation to supporting consumers who wish to undertake activities involving risk. However, at the time of the Site Audit, staff had not identified all risky activities undertaken by consumers to ensure assessments were undertaken to manage the risks in line with the service’s procedures.

Based on the summarised evidence above, I find the service Non-compliant with the Requirement 1(3)(d).

In relation to Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(e) and 1(3)(f) in this Standard, the Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Care plans were personalised and included consumer life background, likes and dislikes, daily preferences, hobbies and information regarding relatives, friends and social supports. Policies and procedures are in place to support an inclusive, consumer centred approach to delivering care and services. The consumer entry handbook includes information encouraging consumers to continue any cultural preferences when they enter the service. The Assessment Team observed staff interactions with consumers to demonstrate kindness and respect such as greeting consumers by their preferred name and showing an interest in their well-being. All consumers interviewed said staff at the service treated them kindly and respectfully.

Consumers and representatives confirmed staff understand their culture and values, are aware of their needs and preferences and enable them to feel respected, valued and safe. Care planning documentation identified consumers’ cultural needs and preferences and were reflected in the delivery of care, such as wishes to attend religious services, celebrate specific cultural ceremonies or not celebrate their birthday. Information is communicated to consumers in a way that is clear, easy to understand and enables them to exercise choice.

Consumers felt confident their information was kept confidential and confirmed staff did not talk about other consumers in their presence. Staff interviewed stated they respect the personal privacy of consumers by knocking on doors, asking for permission to enter and perform personal and clinical tasks. The Assessment Team observed consumers’ personal information was securely stored.

Accordingly, I am satisfied Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(e) and 1(3)(f) in this Standard are Compliant.

# Standard 2

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

Findings

This Quality Standard is Compliant as five of the five requirements have been assessed as Compliant.

The Assessment Team have recommended all requirements in this Standard as met.

The Assessment Team found that overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

Consumers and representatives confirmed they were informed of outcomes of assessment and planning. Representatives confirmed they are informed of incidents and changes in consumers’ needs and involved in reviews of consumers’ care. Consumers advised they discuss their specific care needs and preferences with staff at any time and staff respect their choices.

The service has processes to ensure comprehensive assessments are completed for each consumer to develop care plans. The service has assessment tools to identify risks and monitor and record changes and deterioration in consumers which then inform strategies which are recorded in the care plan. The service involves other health professionals where required, to complete assessments and plans for consumers. All assessments and care plans are recorded and communicated to those providing care to the consumer.

Consumer care plans viewed confirmed consumers’ current needs, goals and preferences are recorded. Palliative care plans are recorded and developed in consultation with the consumer. Regular reviews of the consumers’ needs occur, including following incidents or changes in the consumers’ physical or cognitive health.

Accordingly, I am satisfied all requirements in Standard 2 are Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The Assessment Team recommended all requirements in this Standard as met.

However, based on information and evidence presented in Standard 7 Requirement 7(3)(a), and the response from the Approved Provider, I have come to a different view from the Assessment Team in relation to Requirement 3(3)(a) in Standard 3. The information and evidence presented in the Requirement 7(3)(a) shows multiple consumers don’t get personal care tailored to their needs to optimise their health and well-being.

One consumer said staff often get them out of bed late.

The representative for the second consumer said despite the consumer’s preferences to sit in communal areas to engage with others, staff did not get the consumer out of bed on day one of the Site Audit, as they said they did not have enough time.

Third consumer and their representative said the consumer’s toileting needs are not always met because they wait extended periods of time for their call bells to be answered and this has impacted them on two occasions in the last 3 weeks. On one occasion, the consumer waited over 30 minutes for staff to take the consumer to the toilet, which left the consumer uncomfortable.

Two staff members said they are not always able to provide personal care in line with each consumer’s preferences and needs.

Two staff said they do not always have time to reposition consumers in line with their assessed needs and they are not always able to assist consumers requiring staff assistance with transfers to get out of bed in line with the consumer’s preferences.

On day one of the Site Audit, staff said they were not able to assist a consumer to get up until at least lunch time because they did not have enough time.

The Approved Provider submitted a response to the Assessment Team’s report and included additional information including but not limited to consumer’s care plan, assessments and progress notes.

In relation to the first consumer:

The consumer prefers their shower around 9:30am-10:00am as per their personal hygiene assessment, however they are also able to let staff know if or when they are ready to get up.

The consumer will often decline when initially offered assistance as they are particular about the staff that assist. The consumer will then call for assistance a short time later and can become frustrated if staff are not available immediately for assistance.

Behaviour management plan and personal hygiene assessment were attached to the response and show the consumer tends to choose staff who attend to their care needs and will often refuse care when offered.

In relation to the second consumer:

* The staff on the day were counselled in relation to the failure to provide appropriate care in line with the consumer’s preference and a verbal apology was provided on the day of the Site Audit.

In relation to the third consumer:

Monitoring of nurse call responses has been formalised by including this task on a form completed by a relevant person on a daily basis. The form now requires reporting on call response times, identifying any issues from previous 24 hours and documenting actions taken to address delays in response times or issues causing delays.

The Approved Provider advised a consumer who was identified in the Assessment Team’s report not being repositioned in line with their assessed needs because staff did not have enough time to do that, would have had multiple occasions during the day when staff changed the consumer’s position. These include repositioning for eating and drinking at breakfast, morning tea, lunch, afternoon tea, dinner, and bedtime.

In relation to the consumer who require staff assistance with transfers and who was not assisted to get out of bed until lunch time, the provider advised the consumer does not get up sometimes as per their preference.

I acknowledge the Approved Provider’s response and the additional information provided in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the Provider’s response, I find at the time of the Site Audit, consumers’ personal care needs specifically in relation to assistance with toileting, getting out of bed and repositioning were not met as per the consumers’ assessed needs and preferences to optimise consumer health and well-being.

In coming to my finding, I’ve considered at least three consumers and representatives advised the consumers don’t get personal care in line with their assessed needs and preferences specifically in relation to assistance with toileting, getting out of bed and personal hygiene. Staff confirmed they are not always assisting consumers with personal care in line with their preferences and needs. While I note the Approved Provider has taken action in response to the information raised in the Assessment Team’s report such as introducing a process of monitoring of call bell response time each shift, apologising to a consumer and counselling staff, I was not provided sufficient evidence in the Approved Provider’s response to satisfy me that the service has addressed all of the deficiencies identified in the Site Audit; these include ensuring each consumer’s needs and preferences around personal care are met to enhance their health and well-being.

Based on the summarised evidence above, I find the service Non-compliant in the Requirement 3(3)(a).

In relation to Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard, the Assessment Team found overall, consumers consider they receive clinical care that is safe and right for them.

Staff interviewed were able to describe high impact or high prevalence risks associated with the care of consumers and how these are identified and managed. They were also able to describe the way care delivery changes for consumers nearing end of life and practical ways consumers’ comfort is maximised near the end of life. Staff provided examples of when consumers’ health deteriorates and how this is responded to on an individual basis. Staff were aware of referral processes and confirmed they are updated in relation to changes to care after consumer reviews by health professionals.

Consumer files showed the service effectively identifies and monitors changes, including falls, restrictive practices and weight loss and appropriate strategies are implemented to inform staff on how to manage the consumers’ needs and risks associated with their care. Consumers are referred to specialists when ongoing incidents or deterioration occurs. Consumers’ files showed consumers at end of life have appropriate personal and clinical care implemented to support consumer dignity and comfort. Care documents, including progress notes and handover documents ensure staff are provided with information about consumers’ condition, needs and preferences. The service maintains procedures relating to infection control and practices to reduce the risk of antibiotics. Staff were able to demonstrate an understanding of practices to minimise transmission of infection.

Accordingly, I’m satisfied Requirements 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) are Compliant.

# Standard 4

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

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team have recommended all requirements in this Standard as met. The Assessment Team found that overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to things they want to do.

Consumers were satisfied with the emotional, spiritual and psychological support they are receiving, and said they can visit the chapel and are supported to attend religious services in the community. Consumers confirmed they were supported to participate in activities within the service and in the outside community as they choose and were mostly satisfied with the meal provisions. Consumers reported having access to equipment including mobility aids or equipment for activities and were aware of the process to report any concerns regarding equipment.

Consumers’ files showed consumers participate in assessments with lifestyle staff and changes are made to the care plans based on consultation with the consumer. The service has an activity program, and consumers are provided opportunity to make suggestions and give feedback on activities.

Staff provided examples of how they support consumers’ emotional, spiritual and psychological needs which were in accordance with consumers’ care plans. The service uses virtual services for special religious occasions and has access to priests and ministers to visit in person on an intermittent occurrence or for last rites. Staff described how they work with organisations and providers of other care and services including volunteers who visit consumers and run the kiosk.

Equipment used for lifestyle activities such as games, activities and books appeared clean and in good condition and were readily available. Mobility aids were observed to be clean and in good working order. During meal services, staff were observed assisting consumers in a respectful manner and according to their needs and preferences.

Accordingly, I’m satisfied all requirements in Standard 4 are 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team have recommended all requirements in this Standard as met. The Assessment Team found that overall, sampled consumers considered that they feel safe and comfortable in the organisation’s service environment.

The environment has wide corridors allowing consumers to mobilise through the service to outdoor or internal communal areas. Communal areas were furnished with lounges, bookshelves and coffee tables for consumers to meet and sit and connect with family, friends, and other consumers. Consumers confirmed they feel comfortable, safe and the service environment meets their needs. Consumers reported they felt furniture, fittings and equipment were safe and said if something needs fixing it is attended to promptly.

The service’s environment was found to be safe, clean, well maintained and comfortable and enabling consumers to move freely, both indoors and outdoors. Consumers were observed mobilising independently within the service environment and using the larger communal areas. Consumers confirmed they have access to and use outdoor areas.

Furniture, fittings and equipment were found to be safe, clean, well maintained and suitable for the consumer. Maintenance staff described the process for scheduled maintenance on building fixtures and equipment. There is a schedule for external contractors to service and calibrate equipment and maintain and inspect fire and emergency provisions. Maintenance and cleaning documentation demonstrated regular and reactive actions are taken in accordance with schedules and requests.

Accordingly, I’m satisfied all requirements in Standard 5 are Compliant.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team have recommended all requirements in this Standard as met. The Assessment Team found that overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to feedback and complaints.

Most consumers reported being encouraged and supported to provide feedback and complaints, mostly raising issues with staff or at monthly consumer meetings. Consumer representatives confirmed they are advised when incidents occur, and open disclosure is practiced when things go wrong. Most consumers and representatives were satisfied with complaints handling processes and provided examples of action taken to resolve complaints.

Consumers and representatives are provided with information in relation to advocacy services as part of entry processes. Consumers and representatives provided examples of raising issues and complaints with external bodies.

Staff and management described mechanisms for consumers and their representatives to raise issues and concerns. Feedback register showed feedback and complaints raised by consumers and representatives was documented and appropriate actions were taken.

An elected consumer representative attends a quarterly resident general meeting, which is a sub-committee to the Board and provides opportunity for consumers to raise issues directly with executives and directors.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumer feedback about temperature, quality, flavour and variety of meals prompted a review of catering at an organisational level. The feedback register demonstrates complaints are reviewed and actioned, including escalation to advocacy and other services and trends are analysed at service and organisational level.

Accordingly, I’m satisfied all requirements in Standard 6 are Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | 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

The Quality Standard is assessed as Compliant as all specific requirements have been assessed as Compliant.

The Assessment Team recommended the Requirement 7(3)(a) as not met. The Assessment Team found the service was unable to demonstrate 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 Approved Provider submitted a response to the Assessment Team’s report. Based on the Assessment Team’s report and the Approved Provider’s response, I have come to a different finding to the Assessment Team and have found the Requirement 7(3)(a) Compliant.

The Assessment Team provided the following information and evidence relevant to my finding:

Two consumers and one representative said there were not enough staff to assist consumers who wander into consumers’ rooms and touch their belongings.

One consumer said staff often get them out of bed late.

The representative for one consumer said despite the consumer’s preferences to sit in communal areas to engage with others, staff did not get the consumer out of bed on day one of the Site Audit, as they said they did not have enough time.

One consumer was not satisfied staff answer their call bells in a timely manner, resulting in prolonged waiting for staff assistance.

Two staff said they do not always have time to reposition one consumer in line with the consumer’s assessed need.

On day one of the Site Audit, staff said they were not able to assist a consumer to get up until at least lunch time because they did not have enough time.

Two activities throughout the duration of the Site Audit were cancelled, as lifestyle staff were required to distribute morning tea.

Call bell data for three months prior to the Site Audit records 10 days in consecutive months where 10 percent of call bell activations were responded to over the 15-minute key performance indicator.

The Approved Provider submitted a response to the Assessment Team’s report and provided additional evidence to consider along with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding:

A comprehensive analysis of the actual worked hours versus the rostered hours shows that the actual worked hours are 15% higher than the rostered hours for July 2022, and 14% above for the 21-22 financial years.

The service’s current AN-ACC classification mix shows the service should have 198.9 total minutes of care (including 39.93 RN minutes). The actual worked minutes total 204 minutes of care per consumer including 39 Registered Nurse minutes, not including clinical management across the last financial year.

In addition, a Memory Support Unit (MSU) is being developed to support consumers living with memory loss, this is due for completion by the end of 2022. The Montessori Principles will be applied to the MSU to ensure that the environment is purpose built to support consumers living with memory loss and that live with behavioural and psychological symptoms of dementia including wandering and wayfinding and who are at risk living in an unsecure environment.

Over the last six months, the service has received no feedback related to timeliness of care or call bell response times.

Daily monitoring of the call bell responses is part of the management responsibility but may delegated to other appropriate persons. Monitoring of nurse call responses has been formalised by including this task on form completed by a relevant person on a daily basis. The form now requires reporting on call response times, identifying any issues from previous 24 hours and documenting actions taken to address delays in response times or issues causing delays.

Throughout the Site Audit there was one instance of an activity not running to schedule.

In relation to the consumer who reported staff often get them out of bed late:

The consumer will often decline when initially offered assistance to get up due to being particular about the staff that assist. The consumer will then call for assistance a short time later and can become frustrated if staff are not available immediately for their assistance. Interventions on how to support the consumer with meeting their needs is reflected in the consumer’s behaviour management plan.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this requirement.

In coming to my finding, I have considered that the evidence presented in this Requirement in relation to feedback by the consumers and representatives is best considered under Standard 3 Requirement 3(3)(a) which expects each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being.

While the Assessment Team found one consumer was not getting assistance to get up at a certain time, it was not related to lack of staff, rather to the specific preference of this consumer to have assistance delivered by certain staff members. I acknowledge the deficits identified by the Assessment Team in relation to one consumer having to wait prolonged time to get assistance with toileting, which have left the consumer uncomfortable on one occasion. However, I note dissatisfaction in relation to call bell response time was provided by one out of over 20 interviewed consumers and representatives and there have been no evidence of feedback provided by staff and consumers to the service in relation to the call bell response time over the 6-month period.

Whilst noting the Assessment Team’s findings, I find information and evidence presented in the Assessment Team’s report and in the Approved Provider’s response shows the service has a system to work out workforce numbers and the range of skills they need to meet consumers’ needs and deliver safe and quality care in line with the current guidance. After reviewing the information supplied, I am satisfied the actual worked hours were higher than the rostered hours for the 21-22 financial years.

Based on this evidence, I am satisfied 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.

In relation to all other requirements in this Standard, most consumers and representatives confirmed consumers receive quality care and services from staff who are knowledgeable, capable and caring. Consumers stated staff were kind and know what they are doing.

Most consumers and representatives reported staff were competent and had skills necessary to perform their roles, care was delivered safely and effectively, and consumers could access other service providers when required. Qualifications are verified during recruitment processes and a range of training is provided to ensure staff have knowledge to perform their roles. Systems are in place to monitor staff competencies an d staff reported undertaking mandatory training via online and face to face training, and additional training is provided if gaps are identified.

The workforce governance framework includes recruitment and selection processes which ensure staff are recruited, trained and equipped to deliver quality care and services in line with the Quality Standards.

The service demonstrated regular assessment, monitoring and review of workforce members. The service has a workforce capability framework which includes policies and procedures in relation to performance appraisal, development and management. Staff confirmed undertaking performance assessment as part of induction processes, and they receive ongoing training. Where indicated through incident reporting and/or feedback staff are performance managed appropriately.

The Assessment Team observed staff interactions with consumers and their representatives was kind, caring and respectful. Staff were observed to use different ways to communicate taking into consideration the consumer’s identity, culture and diversity. Observations of staff show they address consumers warmly, know consumers individually and are very caring in their interactions.

Accordingly, I’m satisfied all requirements in Standard 7 are Compliant.

# Standard 8

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

The Assessment Team have recommended all requirements in this Standard as met.

Consumers interviewed were satisfied the service is well run and they are involved in the evaluation and development of care and services delivered at the service through meetings and case conferences.

The service is supported by the wider organisation who provides policies and procedures to guide organisational governance systems including defining roles, responsibilities and accountabilities. The Board is provided with regular updates from all parts of the business including but not limited to financial, clinical, feedback, compliance and workforce. Continuous improvement is driven from all levels of the organisation and includes when incidents have impacted consumer care. The Board drives the culture of the organisation through its strategic plan and has set performance indicators to measure its progress which has a focus on consumer care.

A Risk Management Plan provides guidance for the organisation to identify and manage risks and which are documented in organisational risk registers. Information in relation to incidents, near misses, restrictive practices and clinical indicators are captured on the clinical dashboard and reported to the Board via the relevant sub-committee.

Systems are in place to ensure consumers and their representatives have sufficient information to make informed decisions in relation to risks, are empowered to exercise choice and supported by staff to undertake activities despite risks to live the best life they can.

The service demonstrated an effective clinical governance framework which supports delivery of quality care and services for consumers. Information systems ensure clinical data is captured and risks and trends are identified to determine clinical effectiveness. The organisational structure facilitates risk management via Board sub-committees. Processes are in place to ensure staff undertake ongoing education and training to ensure they have relevant, up to date knowledge.

Accordingly, I find all requirements in Standard 8 are Compliant.

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