Advantaged Care at Edensor Gardens

Performance Report

39 Sweethaven Road
EDENSOR PARK NSW 2176
Phone number: 02 9774 6400

**Commission ID:** 1090

**Provider name:** Advantaged Care 4 Pty Limited

**Site Audit date:** 16 March 2021 to 19 March 2021

**Date of Performance Report:** 7 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* The Assessment Team’s report for the Review Audit and Assessment Contact of 16 March to 19 March 2021; the Review Audit and Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The Assessment Team’s Infection Control Monitoring Checklist, dated 17 March 2021, completed during the site audit
* The provider’s response to the Review Audit report received on 22 April 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Most sampled consumers consider that they are usually treated with dignity and respect, can maintain their identity, and live the life they choose. However, most consumers felt they could not make informed choices about their care and services.

Most consumers and representatives felt they were treated with dignity and respect and provided examples of what respect means to them. Consumers were able to confirm that their care is culturally safe, and they are supported to form and maintain relationships with others. Consumers informed the Assessment Team that they feel their privacy is respected and their information is kept confidential.

Some consumers and representatives reported that information is not provided to each consumer in a way that is current, accurate and timely, or communicated clearly and easy to understand, and this does not always enable them to exercise choice.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*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.*

The Assessment Team found that although there are some systems to provide consumers and representatives information, there was considerable dissatisfaction among sampled consumers about communication between the consumer, decision maker and management. The Assessment Team was informed that the only source of information is the service newsletter and activity schedules, which one sampled consumer is unable to read due to vision impairment. Sampled consumers reported lack of consultation for choices for meals. One sampled consumer reported she obtains information weekly from her doctor instead of information given by the service. The feedback from staff was that they had to rely on consumers and relatives to translate information for non-English speaking consumers.

Management advised the Assessment Team that service has started providing quarterly newsletter which contains the information about lifestyle activities, food and updates about the service because of feedback from consumers and representatives. Management advised that they use Google translator to help communicate with non-English consumers and are currently working on introducing cue cards and staff who are fluent in other languages.

In their response, the approved provider advised in relation to residents with cognitive impairment the service is implementing strategies to foster connection and communicate. They also advised the service is using various technology mediums to disseminate the information as well as regular staff communication. The approved provider further advised several resources are used to communicate with consumers from non-English speaking backgrounds such as picture cards to make it easy and clear. However, the Assessment Team observed that staff were not using the cards during the site visit.

I acknowledge that the approved provider is addressing the communication needs of the consumer through newsletters and various technology measures and improvements are being implemented. The provider further states that residents are reminded of activities as they occur and encouraged to participate and these that the strategies are working

I am of the view that the approved provider does comply with this requirement as consumers are provided with regular information that is clear and contemporaneous which enables them to exercise choice effectively.

I find this requirement is Compliant.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall, sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team was informed by some consumers and representatives are involved in care planning including end of life wishes though care and service plan assessment, care conference, and other communication platforms. While not all consumers and representatives interviewed said they have received a copy of their care plan, all stated they have been offered a copy and feel confident that they can have access to their care plans when they want to. Consumers and representatives confirmed the service seeks input from the Medical Officer, other organisations, other health professionals, and families or representatives to inform their care and services.

The Assessment Team noticed that the service was unable to demonstrate care and services are appropriately reviewed for some consumers when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team reports there are relevant procedures to guide management and staff to regularly review care and services for effectiveness and staff interviewed were familiar with these. Positive feedback was provided by consumers and representatives. However, for some sampled consumers, care planning had not been reviewed and updated when the circumstances of the consumers had changed, or an incident had impacted their needs or care planning had not been reviewed regularly.

One sampled consumer had an unwitnessed fall and a falls investigation was not undertaken to inform current and future risk and a referral was not made to physiotherapist post-fall for assessment. For another consumer, instructions given by Geriatric Flying Squad (GFS) team to monitor the food, fluid and weight chart were recorded in the care plan but not implemented, nor was a recommended dietitian review undertaken and the consumer continued to experience a decline in weight. The Assessment Team raised the issue of ongoing weight loss for this sampled consumer and lack of interventions with management who advised they are not sure why the advice was not followed by the staff given by GFS 25February 2021. For one sampled consumer, there were concerns that care documentation did not reflect the consumer’s current needs accurately; their care plan included a diabetes management plan despite the consumer not being diagnosed with diabetes. This was discussed with management at the time of the site audit.

The approved provider disagreed with the findings of the Assessment Team. Their response includes information and supporting evidence about the above-mentioned consumers:

* In relation to the consumer with the unwitnessed fall, the approved provider states the consumer was seen by the physiotherapist for pain management, but they did not identify a need for assessment as her mobility was unchanged. The provider further advises that the fall risk assessment tool which was completed on the day of fall without any score was human error. The evidence shows the assessment has been completed after the site audit. The provider acknowledges that although there was no urgent review required at that time, a physiotherapist review could have been organised following the fall. The “checklist-resident assessment on return from hospital” form has been updated for future interventions.
* In relation to the consumer with rapid weight loss, the approved provider clarified the dietician review was an optional assessment pending geriatrician review. Given the consumer’s deteriorating condition, the plan was not followed to focus on her care and comfort and this was in consultation with the Geriatrician.
* In relation to the inconsistency in diagnoses of diabetes and introduction of a diabetes care management plan and changes in diet for a sampled consumer, the provider acknowledges that the matter was brought to the attention of management by the Assessment Team during the site audit. This was then rectified with the service updating her diagnoses in the consumer’s care planning. The service states the omission of the diagnosis was made in error by the doctor in October 2020 however it was documented in progress notes following the review by the doctor; and despite this, the service followed the appropriate follow up and made changes to consumer’s care and service needs.

Given the evidence outlined by the provider, I do not consider the service has systemic failure in reviewing care and services. For the above sampled consumers, I am satisfied that the service engaged with appropriate parties to review consumer’s needs as necessitated. I also acknowledge that the service is now updated the checklist- residents assessment on return from hospital form to improve the effectiveness when incident happens. It may however take some time for this new process to be established.

I am of the view that the approved provider does comply with this requirement as care and services were adequately reviewed for effectiveness and when incidents impact on the needs, goals and preferences of the consumer at the time of the site audit.

I find this requirement is Compliant.

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

Consumers and representatives are satisfied with how staff provide personal and clinical care in line with consumers’ needs, goals and preferences. The Assessment Team observed the best practice guidelines are followed to optimise consumers health and well-being and is tailored to their personal or clinical needs. There is a system to identify and manage high impact or high prevalence risks associated with each consumer care. Changes in condition and deterioration are recognised and responded to in a timely manner.

The Assessment Team noticed that the consumers end of life care is provided with respect to their choices, preferences and allied health involvement. Staff demonstrated they have access to relevant clinical information, and they can share this information with allied health and medical specialists. Staff demonstrated appropriate infection control practices and could describe practices and procedures to minimise transmission of infections.

The service’s approach to assessment and planning is comprehensive. Most of the sampled care documents indicate assessment and planning have a positive impact on consumers. However, there have been some occasions when consumers were not referred to other providers of care to optimise their health and wellbeing.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

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

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found that there have not always been timely and appropriate referrals to individuals, other organisations and providers of other care and services such as dieticians and physiotherapists. This was observed for two sampled consumers who had an unwitnessed fall and rapid weight loss. Representatives interviewed stated they never had issues accessing other providers and specialists for care.

In their response, the approved provider refutes some of the Assessment Team’s findings and includes clarifying information. They state the service has a process and a clinical care policy in place to guide staff in making referrals to health professionals and others who provide care outside the service. In relation to the above sampled consumers, the approved provider stated that the consumers have had received a timely and appropriate care and follow up from Physiotherapist, GP and Geriatrician respectively.

I do not consider the Assessment Team’s evidence substantiates the claim of a systemic deficit in the service’s ability to undertake timely and appropriate referral for their consumers when necessitated. As evidenced by the information provided in 2(3)(e), the above sampled consumers were already being actively reviewed and the referred appropriate services as part of this process and the Assessment Team’s observations only prompted additional review.

As such, I find this requirement Compliant.

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Overall sampled consumers did not consider that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The consumers interviewed by the Assessment Team confirmed that they are supported by the service to do some things, but there are not a lot of activities offered, and most consumers interviewed choose to occupy themselves instead. Consumers interviewed said that they are supported to keep in touch with people who are important to them through phone calls and by having them visit the service. Most consumers interviewed said they were unable to leave the service; however, some consumers had no interest in leaving the service.

Most consumers interviewed by the Assessment Team were not satisfied with the food, although some said that it had been improving. Numerous complaints had been lodged about the food and consumers made multiple comments about the food to the Assessment Team. While food committee meetings have begun to be held, significant changes have not yet been implemented to the menu to meet consumer preferences.

Staff interviewed by the Assessment Team were able to identify things that consumers enjoyed doing but said that they have not been able to get the activities schedule entirely up and running yet and were still learning what sort of things all consumers would like to do. It was observed that the activities schedule is not always followed, and consumers said that things are often not offered per the schedule.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

The Assessment Team’s report indicates the service was unable to demonstrate that services are in place to meet the needs, preferences and goals of consumers and optimise their independence, health, well-being, and quality of life. Staff were familiar with consumers’ preferences, however activities offered were not always consistent with what all consumers enjoy, so instead consumers occupy themselves.

Most sampled consumers feel staff support them but were disappointed they are unable to do many things they use to do due to their declining ability. The report includes review of care planning documents which included mostly generic information about consumers’ needs and preferences with some specific information.

Staff interviewed demonstrated an understanding of what was important to consumers in relation to activities and things they enjoy doing, but not for others.

The approved provider’s response includes a description of the organisation’s standard processes for understanding consumer choices and what is important for their independence, also how staff work with consumers to find external support. They dispute the finding that consumer’s care plan includes generic information and provided the progress notes of sampled consumers to substantiate this. The provider also states the care plans of consumers are regularly reviewed and updated with information guiding staff to implement care and services to optimise consumers wellbeing. They state that the lifestyle programme is in place and is regularly reviewed and updated according to the consumers’ feedback. The program is also regularly reviewed at representatives and residents’ meetings. They also state that the service building is designed to maximise the consumers’ independence and provide recreational areas where consumers can meet and develop and maintain friendship. The provider does acknowledge that activities offered are not always to the taste of every consumer and resultantly, some consumers do occupy themselves or engage with other consumers and that this is viewed as them exercising their choice.

I considered the Assessment Report, the approved provider response and attached evidence. It is my view that the organisation has appropriate services and supports for daily living that meets consumer’s needs, goals and preferences but that not all activities provided are enjoyed by all consumers. I acknowledge that some lifestyle activities had to be curtailed due to COVID-19 and as such, there may be a general sense of limited choice.

I find this requirement is Compliant.

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team found that timely and appropriate referrals to individuals, other organisations and providers of other care and services are not evident. The reviewed documents did not have any information of lifestyle supports options given to the consumers. One sampled consumer was unsure when he will be able see Men of League as they are not visiting any more. Other consumers believed that they are not referred to external services due to COVID-19. Management advised the Assessment Team that they are unable to engage external organisations due to COVID-19 pandemic. The activity staff were not aware that external organisations can visit consumers, or how this can be organised.  Management advised the Assessment Team that they are planning to involve volunteers to assist with activities.

The approved provider submitted a response which included a record of where the organisation has been engaging with external agencies to support daily living prior to the COVID 19 pandemic and has re-commenced building relationships with community and religious groups to assist consumers. The service is connecting with local schools, church and clubs to make referrals to individuals and providers outside the service. The approved provider’s response included the evidence that the service has reached out to establish relationships with organisations for the benefit of consumers, but due to COVID it was very difficult engage especially with organisation relying on volunteer services.   The provider response further states that since February 2021, the service is actively engaging and planned activities such as grandparent’s day, Mother’s Day morning tea and trip to local RSL club.

I have considered the Assessment Team’s report and the approved provider’s response and consider the service has tried and engaged appropriately with external services for the benefit of consumers, even if this did not result in a response due to the circumstances of the COVID-19 pandemic.

I find this requirement is Compliant.

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

The Assessment Team identified meals are not varied or of a suitable quality for some consumers. Consumers interviewed provided variable feedback; some consumers described how the meals have improved after feedback whilst other consumers said the meals require improvement, their food choices are not always followed or there were no menu choices for meals served. Care plans reviewed by the Assessment Team largely reflected the dietary needs and preferences of consumers. The catering service knew the specific dietary needs of the consumers sampled and could describe how they meet them.

The Assessment Team found that there appears to be some consumer consultation regarding the menu during consumer meetings and food focus group meetings which are scheduled to occur monthly. Consumers and staff interviewed gave examples of some recent changes to the menu in response to feedback provided, however the reviewed meeting minutes did not identify timelines to implement feedback with lack of actions undertaken to address issues raised in meetings. This issue was verified by some consumers who said the feedback they have provided on the menu at the food focus group meetings does not result in any changes to the menu or the food provided.

The approved provider disputed the validity of consumer feedback in their response and provided the following evidence:

* following the site audit, they have undertaken satisfaction surveys which shows that majority of consumers considered the food service was good,
* they also submitted their record of complaints and compliments for the period before the site audit relating to food, which demonstrated and the feedback from consumer’s was largely positive,
* minutes of prior food focus meetings which report largely positive feedback from consumers and representatives,
* and their continuous improvement plan which includes a Food Safety Audit report and a 3-days training workshop to develop procedures and instructions to improve the food standard.

I do not consider the consumer feedback detailed in the provider’s response negates the feedback from sampled consumers by the Assessment Team. However, it reiterates the observation of the Assessment Team that generally consumer perspective regarding food and food choices is variable. The approved provider has undertaken appropriate action to address this issue, as evidenced by actions such as implementation of food focus group meeting and the development of an action plan following poor feedback in January.

Given the above, I consider that the organisation is Compliant with this requirement at the time of the site visit.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service, and generally feel comfortable in the service environment.

Consumers said that they feel safe in the building as it is so new. Their visitors feel welcome and there are various places where they can sit with them. While consumers did not yet feel at home, they did agree that it was a nice place to live. Consumers feel the service is clean and well maintained, and easy to find their way around.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Some sampled consumers considered that they are encouraged and supported to give feedback and make complaints. However, most consumers did not feel appropriate action is taken in response to complaints.

Most consumers said they were unaware of how to make complaints or provide feedback with the service. However, said they would raise complaints and feedback with their family and representatives. Representatives said complaints and feedback they lodged previously have not been acknowledged and in one instance the representative was not satisfied with the outcome. One representative said she did not receive enough information on how the service will ensure her mother does not fall again.

The Assessment Team observed that the service has an open disclosure policy; however, staff were unable to provide examples of open disclosure and how it is used in the service. Training and education relating to complaint management has been completed by six staff at the service. Staff interviewed were not aware of advocacy or language services and could not provide an example as to when they would have accessed these. They could not provide examples of actions taken by the service because of a complaint or feedback. Documents reviewed by the Assessment Team showed that not all complaints and feedback are logged in a timely manner. Documentation did not evidence that adequate review and close out has been completed or that feedback has generated a continuous improvement to ensure quality care for consumers is provided.

The Quality Standard is assessed as Non-compliant as two of the four specific requirements have been assessed as Non-compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team interviewed five consumers (or a representative on their behalf) who did not know of how to make a complaint other than talking to family. One consumer said she had provided verbal feedback about food, but nothing changed. Another consumer’s representative said they had raised a complaint and were not satisfied with outcomes. The Assessment Team report that staff knew of ways to support consumers to provide feedback or make complaints. The Assessment Team observed feedback, complaints and compliments forms in numerous languages were displayed in reception area, but not within the consumer areas on either level of the service. This was addressed during the performance assessment and the service stated they would include information in newsletter to address this and moved some of the forms to the consumer areas. The training and education records indicated that staff have completed complaints management training.

In their response, the approved providers disagreed with the Assessment Team’s observations that consumers and representatives are not aware of how to provide feedback or complaints. They provided a customer feedback analysis report which showed consumers and their representative have made suggestions and complaints previously and that complaints are being resolved. Other evidence provided included a resident or relative survey conducted in October 2020 when use of the feedback and complaints mechanism was encouraged. Other supporting evidence provided shows consumers have been supported to give feedback through monthly meetings and consumer representatives through case conferences. The provider also advised that newsletter will include information on complaint management process how to make complaint.

The feedback from consumers and representatives to the Assessment Team was that they know of some ways to provide feedback and make complaints and while some consumers expressed a reluctance to complain, no information was provided by them or gathered by the Assessment Team about this being due to a lack of encouragement or support. While three consumers did not know how to make a complaint the Assessment Team’s report and provider’s response demonstrate overall consumers and representatives have been encouraged and supported to provide feedback and make complaints.

I find this requirement is Compliant.

### Requirement 6(3)(b) Non-compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team found that some consumers were unaware of how to access language services or advocacy support to raise a concern or complaints and instead just spoke to the family. It was noticed that aside from complaints and feedback forms displayed at reception of the service, the service did not evidence ways in which the consumers are aware of and have access to advocates, cognitive impairment and language services, and other methods for raising and resolving complaints. A review of the continuous improvement register identified three areas of improvement such as advocacy complaint management, and a possible information session with consumers and representative about Older Person Advocacy Network.

The staff were unable to provide information on advocacy services offered to consumer and representatives. It was observed that the use of interpreting services is not being used and staff had to rely on the family to communicate with consumer or use hand gestures to communicate with consumer with cognitive impairment.

The approved provider’s response states information is provided about advocacy and language services and complaint mechanisms during the consumer admission process and at each resident/relative meeting as well as being displayed in the service environment. The minutes of the October 2020 resident/relative survey do not reflect this; it includes encouragement to provide feedback and where to find a feedback form but not information about advocacy or language services or other methods for complaint. The approved provider also stated that 18 staff had completed the training but did not address how staff were not aware of advocacy services. They stated that related information is displayed in the service environment but that does not demonstrate consumers are aware of this, understand the information and have access to these services.

I acknowledge that service has implemented continuous improvement, but overall it has not demonstrated that consumers and staff aware of and have access to advocates and language services and other methods for raising and resolving complaints.

I find this requirement Non-Compliant.

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team identified timely, or effective action is not always undertaken when complaints have been made and closure actions taken to complaints. Consumers interviewed, and representatives on their behalf, said some action was taken in relation to complaints but they were not always satisfied with the outcome. Not all staff could describe how to apply an open disclosure process or what was required of them in this process and was unable to demonstrate the examples of changes made at the service due to the consumers complaints and comments. Management verbally provided several examples of action taken in response to complaints and feedback and stated that an apology is offered whenever there is an incident.

The approved provider disagreed with the findings of the Assessment Team. The approved provider has stated a food focus committee has been established because of complaints and feedback. I note the approved provider’s current complaints register demonstrates complaints were acknowledged and responded to in a timely manner. However, they did not submit information to confirm that appropriate and comprehensive actions were taken following complaints. To address the finding that staff were not aware of changes made at the service in response to feedback, they submitted the record of staff acknowledging they have read meeting minutes from resident and relative meetings and food focus groups which discussed improvements made at the service. While the approved provider stated that staff have undertaken training in open disclosure, they did not confirm staff knowledge in this area. In their response, the approved provider includes an education and continuous improvement plan

I have considered the Assessment Teams report and the approved provider response and I find appropriate action is not consistently taken in response to complaints and staff were not able to describe how to apply the services open disclosure process for when things go wrong.

I find this requirement Non-Compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found that the service has not ensured that feedback and complaints are reviewed and used to improve the quality of care and services particularly in relation to food. Consumer feedback to food and food choices is variable, as outlined in 4(3)(f). Complaints for food quality have been at a high level and it was observed complaints of a similar nature have been occurring since September.

In their response, the approved provider described analysis and improvements they have undertaken prior to the site audit to address this issue such as establishing a food focus groups and conducting meetings with consumers and representative to address individual complaints. They also submitted their trend analysis report that had been completed for the period prior to the site audit which demonstrated a low incidence of food related complaints and no other trend in complaint issues.

I acknowledge that poor feedback regarding food is an ongoing issue; however, I am satisfied that the service is aware of the issue and has been actively taking this feedback on board and has implemented strategies to resolve this issue and improve the quality of care and services.

I find this requirement Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

All consumers and representatives said staff are kind and caring. Most consumers said staff know what they are doing, with one consumer saying staff need extra training and two representatives saying staff in the dementia specific unit need training in dementia. Consumers sampled said they sometimes must wait for staff. One consumer said she knows the service is short staffed because they tell her they are.

The Assessment Team reviewed call bell reports for the period of 1 March 2021 to 18 March 2021 and identified some extended call bell response times which are outside of the organisation’s policy of ten minutes. Discussions with management identified they are in a “ramping up phase” to the roster and are making changes to the roster as more consumers enter the service. However unfilled shifts for the period of 1 February 2021 to 28 February 2021 were high. Management demonstrated they have systems in place to improve on staffing levels however this still requires time for improvement.

The Assessment Team found staff competencies, education and training have been completed. However, consumers, representatives and some staff said they require further training in dementia. Staff said they would prefer more face to face training. As the service is new, most staff require a six-month probation appraisal. Discussions with management and review of appraisals indicate these have not been completed and are overdue. One staff member confirmed they have not received their probation appraisal.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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 Assessment Team’s report includes feedback from consumers interviewed (or a representative on their behalf). Some stated they did not have to wait long for staff assistance, but others said that they do and there is not enough staff. Some staff provided information about high level of unplanned leave and an impact on the consumers. Four care staff from dementia support unit said the service is under-staffed, and staff taking regularly unplanned leave has impacted consumers such as increase injury, falls and neglect. The roster also showed a significant number of unfilled shifts in February 2021. Management explained there had been unplanned leave due to staff being sick or resignations. Management advised that they are in the process of implementing a “ramp up” roster and stated the service will try to fill shift by extending or increasing management staff to assist on floor. The Assessment Team observed that call bell response monitoring showed delays in assistance provided to consumers, and management said they had been reviewing this and running a competition of movie ticket among staff for the fastest response. It was observed from 1 March to 18 March 2021 92 calls exceeded the organisation’s policy of 10 minutes.

The Assessment Team notes that working roster was difficult to read and observed 13 shifts were not replaced due to staff not turning up. It was observed that staff on 14 February, all care staff (night staff) across all areas took unplanned leave leaving facility manager, clinical care manager and director of care to undertake the night shift. The report also includes that consumers were seen seated around the table with no activities, a consumer was trying to speak to a carer who could not communicate with them due to a language barrier and the consumer eventually fell asleep on lounge. The Assessment Team observed that staff were rushing and were unable to provide timely assistance to one consumer whose dignity was compromised while waiting.

In their response, the approved provider acknowledges the feedback from the Assessment Team and since then the service decided to commence with their plan of increasing staff and brought forward the implementation of “ramp up” roster. The response includes changes to the roster and increase in shift and shift times aligned to address some of the issues effecting resourcing in the dementia support unit since 18 March 2021. Whilst I acknowledge the actions undertaken by the approved provider, these will take time to embed and assess for effectiveness.

The approved provider states that the Assessment Team’s report does not correctly record the information provided about the consumers residing in dementia support unit and vacant shits. For example, the provider asserts information from the call bell response report is not correct. However, supporting evidence was only provided for two consumers, which cannot be compared with the data in the Assessment Team’s report. They did however provide information which demonstrates that their self-analysis confirms a low average response time.

The Assessment Team’s report includes feedback from consumers and representatives about a lack of staff availability and responsiveness and interviewed staff stated they work short-staffed and there are unfilled shifts on the roster. However, the approved provider response confirms a low incidence of calls outside the target response time and a low average response time. While there is some evidence to show that there appears to be sufficient staff, the provider’s response does not address all matters raised by the Assessment Team and does not demonstrate the workforce is adequately planned and deployed or has enabled the delivery and management of safe and quality care and services to consumers.

I find this requirement is Non-compliant.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment team identified the service did have adequate processes in place to monitor if staff are trained, equipped and supported in their role. The Assessment Team provided information that most staff have undertaken mandatory training to support them deliver the outcomes required by these standards. Feedback from two representatives and staff stated they needed dementia specific training to equip staff with skills to provide safe quality care and services. Most staff interviewed said they had received training in behaviour management and online dementia specific training, this was in accordance with the staff training calendar, but considered face to face is more beneficial and were dissatisfied with the training. However, the Assessment Team observed staff were unable to recall what modules were completed online. Management stated they are aware of the information and are organising specific training in coming weeks.

In their response, the approved provider provided documentation that demonstrated most staff at the service have completed mandatory training. The response included an education action plan and a continuous improvement plan which reflects actioned and planned improvements relating to this requirement.

I do not consider there is sufficient evidence which substantiates a systemic deficit in how the workforce is recruited, trained, equipped, and enabled to deliver outcomes. The service has undertaken measures to address staff training requirements as necessitated, even if it was done in a manner that staff did not prefer and has a plan to continue to do so.

I find this requirement Compliant.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team’s report identified whilst there are systems in place for performance management of members of the workforce, these systems have not applied effectively to manage and monitor the performance of each member of the workforce. The service’s policy dictates staff undergo a probation appraisal 6-months after commencing and performance appraisals every two years. The performance appraisal checklist aligns with the organisational values and are ticked off by management on review.  Given it is a relatively new service, most staff require probational appraisals. Of the 49 staff, only six have undergone a probational appraisal. One staff interviewed said she has been with the service for longer than six months and is still waiting on her probation appraisal. The facility manger advised that she is new to the service and appraisals have not been prioritised. It was noted by the Assessment team that feedback provided to management by the staff relating to training is considered in a timely manner.

In their response, the approved provider states the service has performance appraisal schedule in place. They acknowledged that some appraisals were not completed in timely manner and this is due to appointment of a new management team in January 2021. The provider further states any training goals are discussed with staff during the appraisal review and if required training this addressed.  The approved provider submitted a response that included a continuous improvement plan that includes a plan to complete annual staff performance appraisals. I have considered the Assessment Teams report and the approved provider response and whilst it is evident the service has a plan to monitor and review the performance of their workforce, this has not been applied in a timely manner at the time of the performance assessment.

I find this requirement Non-Compliant.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Most sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Most consumers said the service is well run, however one consumer said there seems to be a change to management every few months. One representative said the service doesn’t appear to be well run, such as staffing levels and training, when referencing dementia specific unit. Consumers said they can attend the consumer meetings and provide feedback.

The service demonstrated they have relevant risk management and clinical governance frameworks in place including associated policies. Discussions with board members identified there are systems in place to ensure their accountability and provide oversight at the service. Management and the board could provide examples of improvements made to the service following consumer and/or representative feedback and how these form part of the service continuous improvement. Staff confirmed they have access to policy and procedures and they have received training in the use of restraint, compulsory reporting and antimicrobial stewardship.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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.

## Standard 6 Requirements

### Requirement 6(3)(b)

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

* Ensure consumers are aware and supported to access to advocates, language services and other methods for raising and resolving complaints.

### Requirement 6(3)(c)

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. This includes seeking to understand the issues from the complainant’s point of view and working collaboratively with them to resolve their complaint, including giving an apology and an explanation when things have gone wrong.

## Standard 7 Requirements

### 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.*

* Implement the management and staffing structure, number and skills mix as planned, formally evaluate the effectiveness of this with appropriate expertise and with input from consumers/representatives and make any further improvements to workforce planning and deployment as identified are needed. This means providing a workforce that is enough, skilled and qualified for safe, respectful and quality care and service delivery.

### Requirement 7(3)(e)

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

* Ensure the ongoing performance appraisal of each member of the workforce.