Adventist Nursing Home

Performance Report

56 ELSOM Road   
KINGS LANGLEY NSW 2147  
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**Commission ID:** 2562

**Provider name:** Seventh-day Adventist Aged Care (Greater Sydney) Ltd

**Site Audit date:** 25 May 2021 to 28 May 2021

**Date of Performance Report:** 15 July 2021

# Publication of report

This Performance Report **will 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-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** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | 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) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-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 considered in developing this 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 Site Audit report received 21 June 2021

# STANDARD 1 COMPLIANT Consumer 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

Overall sampled consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and service, live the life they choose, maintain independence and their cultural needs are respected and supported by staff.

Consumers reported a range of feedback including:

* staff from the same background spending additional time with them to build a caring relationship
* staff encourage independence such as consumers independently leaving the service
* staff from same nationality building close relationships with them
* staff treating consumers like family members
* staff available to support and help when requested
* staff awareness of spiritual needs and arrange specific cultural needs
* staff have awareness of consumer’s working backgrounds and discuss issues of interest
* staff support and encourage consumer’s personal relationships with those of importance to them
* choices relating to preferences and care needs are respected and supported by staff

Staff interviewed demonstrated they know consumers individual preferences and needs and were familiar with the backgrounds and cultural needs of consumers sampled and could describe how this influenced the day to day delivery of care and services. Staff described methods of supporting consumers to make informed choices and to maintain friendships and relationships of importance to them. Staff said training regarding consumer dignity and choice was provided upon commencement of employment.

Care planning documentation reviewed for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual and cultural preferences, family and social connections and days of significance. Risks related to choices were communicated to enable informed decision making.

The Assessment Team observed delivery of care and services to be respectful of consumer choice and privacy.

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.*

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

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

# STANDARD 2 NON-COMPLIANT Ongoing 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

Most sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. Representatives said they have recently been involved in case conferencing discussions with consumers and staff. Consumers and representatives said they are informed of outcomes when changes occur and have access to care and services documents if they wish.

Care and services documentation did not consistently detail consumer’s needs, goals and preferences in advanced care planning and end of life care, however consumers and representatives expressed confidence staff would provide consumers with the care they requested.

Care planning documentation did not consistently detail interventions to minimise risks relating to behaviour management and incident documentation was not consistently completed to direct outcomes.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

Assessment and care planning documentation does not consistently include interventions to minimise risk to consumers. Disruptive and aggressive behaviours towards other consumers is not identified as a risk to either the perpetrator or the recipient of these behaviours. Incident forms and assessment documentation is not consistently completed to demonstrate management review and/or actions taken, including referral to health specialists. Care planning does not demonstrate evidence to reflect current needs in relation to changes in consumers’ behaviours.

The Assessment Team found for one consumer who exhibits wandering behaviours, verbalises loudly, including screaming at others, and handles other consumer’s personal belongings without permission, staff did not consider these behaviours during assessment and planning processes. Potential triggers, for example pain, is not reflected in care and services plans to guide management by staff in identifying possible causes and respond appropriately. Repetitive incidents of aggressive behaviour did not lead to analysis and review to determine potential causes.

The Assessment Team found care planning and services documentation for one consumer identified as a high risk of sustaining a pressure injury, falls, malnutrition and pain, did not detail strategies to manage and minimise these risks. Documentation to guide care needs relating to mobility detailed inconsistencies in current needs.

The Assessment Team found care planning and services documentation for one consumer identified as requiring comfort care, did not contain details of intervention required or guidance for staff in relation to ensuring cares were appropriate.

The approved provider’s response to the Assessment Team report acknowledged a gap in documentation updates and completion of risk assessment forms and demonstrated plans to implement a regular review process and strategic meetings between registered, recreational and other staff in handover discussions to ensure correct procedures are adhered to. Additional education and training are to be provided to staff and changes to timing of documentation review. While some actions have occurred, including updating of documentation, at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

### 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.*

While consumers and their representatives said staff know what is important in terms of how consumers’ care is delivered, assessment and care planning documentation does not demonstrate consumers and/or their representatives are included in advance care planning and end of life planning discussions if they choose. Not all care and services plans were completed.

Care staff interviewed described what is important to consumers including their needs goals and preferences. For example, preferences for gender specific staff to attend to consumer’s needs, contact with family members to diffuse agitation and playing of music and reminiscing discussions when consumers are missing family.

Staff said they discuss with consumers and or their representatives regarding advanced care planning when consumers experience a deterioration in their condition. Case conferences with family members and medical officers and referrals to palliative care consultants occurs when required.

Management said consumers are given relevant documentation in relation to advance health directives upon entry to the service and follow-up discussions occur during case conference meetings

There are policies and procedures on advance care planning and end of life planning.

The approved provider’s response to the Assessment Team report detailed discussions relating to consumer choice for advanced care planning during the entry process. While there are gaps in documentation to demonstrate this is occurring for all consumers on balance, consumer and representative feedback is positive.

I find this requirement is compliant.

### 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) Non-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.*

While the service detailed a system for regular review of care and services plans, changes in circumstances or when incidents impact on consumers’ needs did not result in staff reviewing or updating care plans.

The Assessment Team bought forward information of consistent manual handling incidents occurring for two consumers, however, no follow up action and or strategies to minimise future incidents and/or changes to care planning was evident for these consumers.

The approved provider’s response to the Assessment Team report acknowledged a gap in documentation updates and completion of risk assessment forms and demonstrated plans to implement a regular review process and strategic meetings between registered and recreational staff in handover discussions to ensure correct procedures are adhered to. Additional education and training are to be provided to staff and changes in timing of documentation review. While some actions have occurred, including updating of documentation at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANT Personal 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

Demonstration of analysis and review of clinical data to monitor and ensure the organisation tailors and delivers personal and clinical care in line with consumer’s needs, goals and preferences was not evident.

While consumers and representatives said consumers receive care that is right for them and have access to a medical office and other health professionals when needed, documentation demonstration a lack of current and updated information to guide care delivery. Care and services documents were not consistently updated when changes occurred. Incidents were not consistently reviewed and/or followed up to reduce the risk of reoccurrence.

Consumers advance care plan and end of life directives did not contain details to guide staff in care delivery.

Care and services documentation do not consistently reflect individualised care. Behaviour management does not reflect care to optimise consumers health and well-being, or demonstration of alternatives methods, such as non-pharma logical intervention before the use of medication resulting in chemical restraint was not evident. When individual strategies are identified, staff are not consistently adhering to these directions to inform methods of providing appropriate care and services.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

Consumers have not received care that is tailored to their individual needs and optimises their health and well-being. Consumers experiencing episodes of aggressive behaviour are not being managed to ensure their needs are met and consumers pain management needs are not being managed effectively.

Care and services documentation do not consistently reflect individualised care, behaviour management does not reflect care to optimise consumers health and well-being and demonstration of alternatives methods such as non-pharma logical intervention before the use of medication resulting in chemical restraint. When individual strategies are identified, staff are not consistently adhering to these directions to inform methods of providing appropriate care and services.

The Assessment Team bought forward evidence for one consumer displaying aggressive verbal and physical agitation, staff did not adhere to the care plan directives which resulted in exacerbation of the consumer’s agitation. Demonstration of non-pharma logical intervention was not evident before chemical restraint medication was administered.

Demonstration of assessment to determine causative factors (for example pain) was not evident for two consumers displaying episodes of verbal and physical aggression.

Overall consumers and representatives said they got the care and services needed however representative feedback raised concerns regarding the behaviour management of some consumers residing in the secure environment impacting on other consumers in this area.

Staff said they generally refer to care planning documentation to guide individual care and services however the Assessment Team bought forward evidence that care planning documentation did not consistently reflect consumers care needs and information was incomplete. Staff said they would benefit from additional training in relation to dementia to manage difficult behaviours.

The approved provider’s response to the Assessment Team report acknowledged a gap in documentation updates, completion of risk assessment forms and procedures, and demonstrated plans to implement a regular review process, strategic meetings between management and registered staff, implement new monitoring procedures and education/training provided to management and staff. While some actions have occurred, including referrals for consumers and updating of documentation, at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

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

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

The service did not demonstrate effective management of high impact and high prevalence risks including escalating behaviours and incident management resulting in risk of injury to consumers. Management and staff identified risks included restraint, falls, pressure injuries and documentation review identified incidents of verbal and physically aggressive behaviours.

The Assessment Team bought forward evidence of multiple incidents of physically aggressive behaviours did not result in appropriate management to identify causative factors and determine appropriate strategies to minimise further incidents occurring. One consumer was involved in five incidents of aggressive behaviour. Not all incidents were reported as per the home’s process.

The Assessment Team bought forward evidence when specialist review did occur for one resident, management strategies directed by the specialist were not communicated to staff to manage care. Strategies and actions to minimise aggressive behaviour are not consistently available to guide staff in providing care. Staff advised they were not aware of how to manage consumers’ when they became agitated.

The Assessment Team bought forward evidence of three consumers who repeatedly experience incidents which compromises their skin integrity. Information relating to these instances was not consistently completed and the service did not demonstrate review and/or analysis of these repetitive incidents occurred to implement appropriate actions to minimise further incidents.

The service did not demonstrate analysis and/or trending of incidents to respond to these high impact or high prevalence risks to consumers. Management personal do not monitor incident management systems to identify trends in consumer’s deteriorating condition or identify ineffective staff practices.

The approved provider’s response to the Assessment Team report acknowledged a gap in documentation updates, completion of risk assessment forms and procedures, and demonstrated plans to implement a regular review process, strategic meetings between management and registered, implement new monitoring procedures and education/training provided to management and staff. While some actions have occurred, including referrals for consumers and updating of documentation, at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

### 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) Non-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.*

For consumers sampled, care planning documentation demonstrative an inconsistent approach in the identification and timely response to changes and deterioration in consumers’ condition.

The Assessment team bought forward evidence of a consumer who’s condition deteriorated post fall. Documentation did not evidence responsiveness to the consumer’s deteriorating condition, including pain management, was appropriately managed in a timely manner by the clinical management team.

The approved provider’s response to the Assessment Team report acknowledged an acceptance of a gap in procedures and responded by organising immediate training for staff. While I acknowledge the actions taken by the provider, at the time of the site audit these responsive actions were not in place to enable the service to demonstrate identification and timely response to consumers’ deteriorating condition.

I find this requirement is non-compliant.

### Requirement 3(3)(e) Non-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.*

Inconsistent recording and documentation of consumers’ care needs, and preferences has resulted in inaccurate and insufficient information communicated with those responsible in providing care and services.

For consumer’s sampled, consumer preferences are inconsistently documented and not specific to the individual needs of the consumer.

Care planning documentation for one consumer did not include relevant information in relation to their medical history. Assessment documents for one consumer were incomplete, resulting in inaccurate care planning documentation relating to their palliative care needs. Incident reports are not consistently completed and or reviewed by management, resulting in a lack of information relating to the causative factors and responsive actions required.

The approved provider’s response to the Assessment Team report acknowledged a gap in documentation updates, completion of risk assessment forms and procedures, and demonstrated plans to implement a regular review process, strategic meetings between management and registered, implement new monitoring procedures and education/training provided to management and staff. While some actions have occurred, including updating of documentation, at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

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

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

### 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.*

The service demonstrated processes to minimise infection related risks throughout the environment.

Staff described ways to prevent and reduce the risk of infection transmission. Staff described practical methods to minimise the use of antibiotics, cleaning and sanitising procedures, ensuring consumers are adequately hydrated and aseptic techniques utilised when attending wound management. Staff receive mandatory training relating to infection control prevention.

Documentation detailed a comprehensive outbreak management plan. The organisation has policies and procedures to reduce the use of antibiotics and infection prevention and control, including antimicrobial stewardship. Staff have designated responsibly in the event of an outbreak and or transmissible infection, for example Covid-19. Management said the service has an infection control lead who attends to monitoring processes, infections and antibiotic usage is reported to medication advisory and clinical governance meetings. Vaccination programs are in place for consumers.

The Assessment Team observed care staff wiping equipment after use and assisting consumers with hand hygiene prior to meals.

I find this requirement is compliant.

# STANDARD 4 COMPLIANT Services 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

Overall consumers sampled considered they get the services and supports to daily living that are important for their health and well-being and enable them to do the things they want to do.

The service has a range of methods for ensuring consumers provide input into the services and supports they choose, and are important to their needs, goals and preferences. Consumers are satisfied with the quality and quantity of meals.

Consumers reported a range of feedback including:

* staff support them to keep in touch with those who are important to them and assist them in making contact, including video calls
* they are supported to attend activities of choice within and external to the service
* spiritual services are available as per their choice
* there is a variety and sufficiency of foods they like
* satisfaction with the cleanliness of equipment which is well maintained
* the menu details vegetarian meals, however alternative choices are supported
* staff are knowledgeable on their food preferences and dietary needs
* satisfaction with laundry services provided

Staff interviewed demonstrated they know consumers individual preferences and needs and described the services and supports to assist consumers’ independence in activities of daily living. They gave examples of supporting consumers individual needs to participate in leisure and lifestyle activities within and external to the service. Staff described services and supports to promote emotional, spiritual and psychological wellbeing. There are processes to seek feedback and input from consumers into the lifestyle program and meal choice. The lifestyle program caters to consumers with reduced functional, visual or cognitive abilities in a variety of ways.

Management and staff described emotional, spiritual and psychological supports available for consumers including access to pastoral care teams from local communities, attendance at church services, and spending time with consumers who prefer not to participate in communal activities.

Care planning documentation reviewed for sampled consumers detailed information relevant to each consumer’s needs and included information about life history, spiritual, emotional and psychological needs and preferences, family and social connections and days of significance. Care planning documentation detailed dietary preferences and needs.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service and staff providing support as required. Consumers were observed to be engaged in activities and partaking of meals.

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.*

### 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.*

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

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

### 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

Overall sampled consumers considered they belong and feel safe and comfortable within the service environment.

Consumers reported a range of feedback including they:

* they feel safe, feel at home, visitors are made to feel welcome and there are many areas available to meet with others
* staff do an excellent cleaning job and their rooms are always clean and tidy
* they find it easy to get around and when family come to visit there are several areas to occupy in privacy

Staff described the process for ensuring equipment is cleaned and maintained and training provided to them regarding the use of equipment. There is a preventative and routine maintenance program. In the dementia specific unit, memory boxes and increased signage is utilised to support functioning of consumers experiencing cognitive impairment.

Care planning documentation reviewed for sampled consumers detailed information relevant to each consumer’s needs, and included information about life history, spiritual and cultural preferences, family and social connections and days of significance. Risks related to choices were communicated to enable informed decision making.

The Assessment Team observed the service environment to be clean and welcoming; handwashing stations situated throughout the service and appropriate resources and stocks of equipment available. They observed coding of each wing and signage to guide consumers to differing areas. Consumers, family members and staff were observed to be utilising communal areas.

Furniture and fittings were observed to be clean, well-maintained and suitable for consumer use.

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 COMPLIANT Feedback 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

Overall sampled consumers and representatives considered they are encouraged and supported to give feedback and complaints, and appropriate and timely action is taken should they do so. There are several mechanisms available to capture feedback and complaints and to inform improvement within the service.

Consumers reported a range of feedback including they:

* expressed confidence they could make complaints and felt safe to do so
* are familiar with the ways in which to do so
* are confident that feedback and complaints are used to improve services and gave examples where their concerns were responded to and promptly resolved
* described management and staff as approachable and understanding which encouraged them to freely voice their opinions and concerns

Staff gave examples of how they managed the process when consumers or their representatives approached them with concerns about care and services.

Documentation detailed a feedback and complaints policy and procedure to guide management personal and staff in managing and documenting feedback and complaints. Information is available for consumers and representatives regarding language services, advocates and external modes of communicating complaints.

Information is displayed throughout the service detailing the internal and external complaints mechanisms available.

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

### Requirement 6(3)(b) Compliant

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

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 NON-COMPLIANT Human 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

Overall consumers sampled considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers said staff are kind and caring, staff know what they are doing, they feel safe when staff are assisting them, and in general there is enough staff to provide adequate care and service.

Staff said they are provided with equipment and supports to carry out the duties of their roles however identified the need for additional training regarding consumers’ displaying aggressive verbal and physical aggression. Staff expressed concerns in a lack of training/knowledge relating to dementia and behavioural management.

While consumers expressed satisfaction with delivery of care the service was unable to demonstrate they provide adequate training for staff in responding to changes in consumers’ acuity or effectively provide care and services that deliver positive outcomes for consumers experiencing episodes of aggressive behaviour and safe personal care regarding manual handling practices.

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.*

Consumers interviewed said there is an adequate number of staff to provide care.

Management has systems to review workforce performance, adequate numbers of staff scheduled in advance and a process to ensure replacement of unplanned leave. Most staff said they have enough time to complete their work during allocated shifts, there are strategies to ensure they look after the same consumers on a regular basis to maintain consistency and staff feel supported by management. Some staff said there were insufficient staff to provide adequate care on all occasions, particularly within the dementia unit, which impacts delivery of care in a timely manner.

Documentation detailed inadequate response to call bell alerts in the dementia unit. Management said staff skill mix and competency were key indicators in determining allocation of staff in each area however there is not a process in place to monitor call bell responsiveness.

The approved provider’s response to the Assessment Team report acknowledged a gap in the system for call bell monitoring and in actioning staff requests for additional education/training. They detailed plans to implement a regular call bell review process, and additional training planned regarding behaviour management for staff. While some actions have subsequently occurred, at the time of the site audit these responsive actions were not in place.

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) Non-compliant

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

The service was able to demonstrate systems to effectively recruit and onboard workforce, provide them with appropriate equipment to conduct their duties and support staff in understanding the requirements within the Quality Standards.

However, management were unable to demonstrate they provide staff training in response to changes in consumers acuity to effectively provide care and services that deliver positive outcomes for all consumers.

The Assessment Team bought forward evidence relating to deficits in staff knowledge relating to the management of consumers’ demonstrating challenging behaviours and in the delivery of safe personal care regarding manual handling practices.

The approved provider’s response to the Assessment Team report acknowledged a gap in actioning staff requests for additional education/training. They detailed plans for additional training regarding behaviour management and manual handling practices. While some actions have subsequently occurred, at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

### Requirement 7(3)(e) Compliant

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

# STANDARD 8 NON-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

Most consumers considered the organisation is well run and they can partner in improving delivery of care and services through active participation in a variety of mechanisms.

The service demonstrated effective systems relating to continuous improvement, finance, feedback and complaints, regulatory compliance and a clear escalation and reporting pathway within the organisation governance. Board members involvement in the overarching running of the service was evident. Policies and procedures for clinical governance including antimicrobial stewardship, principals of open disclosure and regulatory requirements.

However, the service was unable to demonstrate effective management of high impact and high prevalence risks such as effective management of incidents and delivery of best practice clinical care for consumers with complex care needs such as escalating behaviours. The service’s incident management system is not effective in capturing and responding to all incidents. Documentation detailed incidents are not consistently completed to enable analysis and development of strategies to mitigate risks and/or enable organisational responsiveness and subsequent improvement actions.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-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;*

Incident forms are not consistently completed and/or demonstrate management review, actions taken and/or referral has occurred where needs have been identified. Assessment forms are incomplete and not consistently completed where required.

1. *continuous improvement;*
2. *financial governance;*
3. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
4. *regulatory compliance;*
5. *feedback and complaints.*

### Requirement 8(3)(d) Non-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*
4. *managing and preventing incidents, including the use of an incident management system.*

While consumers are generally supported to live their best life through the delivery of care and services that reflect their needs and preferences, the service was unable to demonstrate a consistent approach to mitigate or effectively manage risk in relation to behaviour management. The service was unable to demonstrate effective management of high impact and high prevalence risks such as effective management of incidents and delivery of best practice clinical care for consumers with complex care needs such as escalating behaviours.

There are policies and procedures to guide and address high impact and high prevalence risks associated with care of consumers however the Assessment Team bought forward evidence management of risks were not consistently and appropriately identified and addressed.

The service’s incident management system is not effective in capturing and responding to all incidents. Documentation detailed incidents are not consistently completed to enable analysis and development of strategies to mitigate risks and/or enable organisational responsiveness and subsequent improvement actions.

The organisation has identified the need for increased support and monitoring in relation to high impact and high prevalence risks within the service.

The approved provider’s response to the Assessment Team report acknowledged a gap in documentation updates, completion of risk assessment forms and procedures, and demonstrated plans to implement a regular review process, strategic meetings between management and registered, implement new monitoring procedures and education/training provided to management and staff. While some actions have occurred, including updating of documentation, at the time of the site audit these responsive actions were not in place.

I find this requirement is non-compliant.

### 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.

* 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.
* 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.
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being.
* Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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.
* 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.
* The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.
* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Effective risk management systems and practices, including but not limited to the following:
  + managing high impact or high prevalence risks associated with the care of consumers;
  + identifying and responding to abuse and neglect of consumers;
  + supporting consumers to live the best life they can
  + managing and preventing incidents, including the use of an incident management system.