Aegis Shorehaven

Performance Report

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**Commission ID:** 7474

**Provider name:** Aegis Aged Care Group Pty Ltd

**Site Audit date:** 8 June 2021 to 10 June 2021

**Date of Performance Report:** 2 September 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) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-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** | **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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 performance 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 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 5 July 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers considered they are treated with dignity and respect, can maintain their identity and live the life they choose. Consumers said they are supported and encouraged to do things for themselves and provided examples of how their privacy is maintained, how their culture is respected, and how they are supported to exercise choice, take risks and maintain relationships.

Staff spoke about consumers’ cultural backgrounds, needs and preferences, and provided examples of how they are considered to ensure care and services are culturally safe. Staff explained how they maintain consumers’ privacy and support consumers to maintain relationships, exercise choice and take risks. Staff were observed to be considerate of consumers’ privacy and were interacting with consumers in a kind and respectful manner.

Documentation, observations and interviews with consumers, representatives and staff, demonstrated consumers are provided with information to assist in making choices regarding meals, activities, events and their personal and clinical care.

Policies and procedures have been implemented to guide staff in supporting consumers’ culture, spirituality, diversity, dignity, choice, sexuality, privacy and confidentiality.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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-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

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service did not meet Requirement (2)(a). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service
non-compliant with Requirement (2)(a). I have provided reasons for my findings under the specific Requirement below.

While the service demonstrated it has processes to ensure consumers, their representatives and staff work together in developing a care plan, the service did not demonstrate these processes were consistently used by staff to ensure risks to consumers’ health and well-being inform the delivery of safe and effective care and services.

In relation to all other Requirements in this Standard, consumers confirmed they felt like partners in the ongoing assessment and planning of their care and services. Consumers and representatives reported they regularly discuss consumers’ care and services with management and provided examples of how the care and services consumers receive are individualised and reflect their goals and preferences.

Staff demonstrated an understanding of assessment and planning processes and provided examples of how care planning documentation informs the delivery of safe and effective care and services.

Documentation showed assessment and planning includes consumer needs, goals and preferences, and advance care and end of life planning. Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists.

Documentation showed care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals and preferences of a consumer.

Based on this evidence, I find the service to be compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

The Assessment Team were not satisfied the service demonstrated assessment and planning includes consideration of risks to consumers’ health and well-being to inform the delivery of safe and effective care and services. The Assessment Team provided the following evidence relevant to my finding:

Consumer A

* Care documentation shows the consumer’s risk and physiotherapy care plans were not completed until 17 days after entry. Assessments undertaken as part of the planning processes identified the consumer as a medium and high falls risk respectively, however, the risk and physiotherapy care plans did not include any falls prevention strategies.
* Care documentation also shows a mobility and transfer care plan was not completed until 81 days after entry.
* Following the consumer’s first fall, the physiotherapist documented falls prevention strategies in progress notes, however, the consumer’s care plan was not updated to include these strategies.
* The consumer fell a second time and sustained a fracture. Following this incident, progress notes entered by the physiotherapist emphasised the consumer should be wearing shoes to mitigate the risk of falls, however, the consumer’s care plan was not updated to include falls risk strategies.
* The service did not comply with its falls policy which states that consumers should be screened or assessed for their falls risk, with standard precautionary strategies put in place, and that an individualised care plan should then be developed, with a focus on falls prevention.

Consumer B

* A pressure injury risk assessment was conducted on 10 May 2021, which identified the consumer to be high risk. Following this assessment, care planning documents were not updated to include preventative pressure area care strategies.
* On 13 May 2021, the consumer was reviewed by an occupational therapist (OT) and preventative strategies were recorded in progress notes. Care planning documentation was not updated to include preventative pressure area care strategies following this evaluation.
* Progress notes show on 15 May 2021, the registered nurse (RN) observed redness to the consumer’s right heel and requested an OT review. Documentation shows staff failed to implement preventative pressure area care.
* On 20 May 2021, large blisters were identified on the consumer’s bilateral heels. Photographs of the wounds were taken, a wound management care plan commenced, and referrals were made to the medical officer (MO), clinical nurse manager (CNM), physiotherapist and OT. The consumer’s care plan was not updated after identifying the blisters.
* On 24 May 2021, the consumer’s skin care plan and pressure injury risk care plan were reviewed and included preventative pressure area care strategies.

Consumer C

* A pressure injury risk assessment was conducted on 8 May 2021, which identified the consumer to be very high risk. Following the pressure injury risk assessment, care planning documents were not updated to include preventative pressure area care strategies.
* On 28 May 2021, a stage three pressure injury was identified on the consumer’s right heel. Photographs of the wound were taken, an incident form was completed, a wound care plan commenced, and referrals were made to the MO, CNM, physiotherapist and OT.

The provider does not agree with the Assessment Team’s findings and asserts that assessment and planning considers risks to consumers’ health and well-being and informs the delivery of safe and effective care. The provider’s response includes evidence to refute the Assessment Team’s findings, which is discussed in detail below.

Consumer A

* The provider’s response includes evidence that the consumer’s interim mobility and transfer care plan was created 11 days after entry (not 81 days as stated in the Assessment Team’s report) and was inclusive of falls prevention strategies. I find this evidence supports the provider’s claim.
* The provider’s response also includes evidence the consumer’s mobility and transfer care plan was reviewed and updated one day after the second fall. I find this evidence supports the provider’s claim, however, it also supports the Assessment Team’s findings that the care plan was not updated to include all strategies recommended by the physiotherapist.

Consumer B

* The provider asserts the consumer’s pressure injury risk assessment and care plan was updated to include pressure injury prevention strategies on 9 May 2021. The provider’s response includes copies of these documents, however, they were dated 9 June 2021, which was day two of the Site Audit.

Consumer C

* The provider asserts pressure injury prevention strategies were not included in care planning documentation, as the consumer was assessed to be low risk on 8 May 2021, and the consumer’s care plan was updated between 29 to 31 May 2021. I find this evidence supports the provider’s claim that the consumer was assessed as a low risk of pressure injury on 8 May 2021, however, the consumer’s stage three pressure injury was identified prior to the Site Audit and at the time of the Site Audit, care planning documentation did not include pressure injury preventative strategies.
* Additionally, the provider’s response includes evidence of a skin assessment undertaken on 6 May 2021 that notes a wound on the right foot, with no further information as to the nature of the wound.
* The provider’s response also describes measures implemented to resolve issues identified by the Assessment Team, which include conducting comprehensive clinical reviews of the three consumers, staff education and care plan reviews.

I acknowledge the service’s actions and improvements to resolve issues identified by the Assessment Team, however, in coming to my finding, I have relied upon documentary evidence which demonstrated at the time of the Site Audit, assessment and planning did not consistently contain information relating to risks to consumers’ health and well-being to inform and ensure the delivery of safe and effective care and services. I have considered that care plans of three consumers showed deficits in relation to key clinical care areas and did not contain sufficient information to inform and guide care in line with consumers’ assessed needs.

* For Consumer A, assessments undertaken as part of the planning processes identified the consumer as a medium and high falls risk respectively, however, the risk and physiotherapy care plans did not include any falls prevention strategies. Documentation showed, following two falls, care planning documents were not updated to include all falls prevention strategies recommended by the physiotherapist.
* For Consumer B, care planning documentation was not updated to include pressure injury prevention strategies following assessment that the consumer was high risk, after an OT review, and after identification of blisters to the consumer’s bilateral heels.
* For Consumer C, following identification of a stage three pressure injury, the consumer was assessed as high risk and care planning documentation did not include pressure injury preventative strategies, which adversely impacted the consumer.

Based on the above evidence, I find the service non-compliant with this Requirement.

### 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.*

# STANDARD 3 NON-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

The Quality Standard is assessed as non-compliant as one of the seven specific Requirements has been assessed as non-compliant.

The Assessment Team recommended the service did not meet Requirement (3)(b). I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service
non-compliant with Requirement (3)(b). I have provided reasons for my findings under the specific Requirement below.

While the service demonstrated it had effectively managed some risks, high impact or high prevalence risks associated with the care of two consumers had not been effectively managed.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers and representatives considered consumers get personal care and clinical care that is safe and right for them. Consumers and representatives confirmed consumers have regular input from other health professionals when they need it, information is adequately communicated with others where responsibility is shared, the service responds promptly to change or deterioration of consumers’ condition and end of life wishes are regularly discussed.

Staff demonstrated knowledge of consumers’ personal and clinical needs, could relay strategies for recognising and responding to deterioration, described the process for referrals to other health professionals and explained how they are informed of changes to consumers’ condition, needs and preferences.

Interviews with staff and documentation showed systems are in place to minimise infection related risks, including processes for prevention, control and appropriate use of antibiotics.

Care plans captured the needs, goals and preferences of consumers, including those nearing end of life, and documented strategies to guide staff in providing care and services that are tailored to their needs and optimise their well-being. Documentation showed consumers’ deterioration was recognised in a timely manner and responded to appropriately.

Policies and procedures to guide staff in providing best practice care are easily accessible and updates are communicated via multiple channels. Documentation showed best practice care and services regarding indwelling catheters (IDC), falls and diabetes are provided to consumers.

Based on this evidence, I find the service to be compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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) Non-compliant

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

The Assessment Team were not satisfied the service demonstrated it consistently manages high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following evidence relevant to my finding:

Consumer B

* A pressure injury risk assessment was conducted on 10 May 2021, which identified the consumer to be high risk. Following this assessment, care planning documents were not updated to include preventative pressure area care strategies.
* Progress notes show on 15 May 2021, clinical staff observed redness to the consumer’s right heel and requested an OT review. Documentation showed the RN failed to implement preventative pressure area care strategies and an incident form was not completed.
* On 20 May 2021, large blisters were identified on the consumer’s bilateral heels. Photographs of the wounds were taken, a wound management care plan commenced, referrals were made to the MO, CNM, physiotherapist and OT. An incident form was lodged on 30 May 2021.

Consumer C

* A pressure injury risk assessment was conducted on 8 May 2021, which identified the consumer to be very high risk. Following this assessment, care planning documents were not updated to include preventative pressure area care strategies.
* On 28 May 2021, a stage three pressure injury was identified on the consumer’s right heel. Photographs of the wound were taken, an incident form was completed, a wound care plan commenced, and referrals were made to the MO, CNM, physiotherapist and OT.
* The consumer’s care plan states they require staff assistance for personal hygiene. While staff confirmed the consumer requires assistance with showers and moisturising their skin daily, they were unable to report why the consumer’s stage three pressure injury was not identified earlier.

The provider does not agree with the Assessment Team’s findings and asserts that high impact or high prevalence risks associated with the care of each consumer has been effectively managed. The provider’s response includes evidence to refute the Assessment Team’s findings, which is discussed in detail below.

Consumer B

* The provider’s response states the consumer was at end of life and blisters developed on the consumer’s heels due to organ failure. The provider asserts the blisters were effectively managed, treatment options were changed according to the consumer’s health status and the service took comfort measures as requested by the consumer’s family.

Consumer C

* The provider asserts pressure injury prevention strategies were not included in care planning documentation, as the consumer was assessed to be low risk on 8 May 2021, and the consumer’s care plan was updated between 29 to 31 May 2021. I find this evidence supports the provider’s claim that the consumer was assessed as a low risk of pressure injury on 8 May 2021, however, the consumer’s stage three pressure injury was identified prior to the Site Audit and at the time of the Site Audit, care planning documentation did not include pressure injury preventative strategies.
* Furthermore, the provider’s response includes evidence to show the RN was informed of skin changes to the consumer’s feet on 16 May 2021, however, progress notes do not indicate this risk was reviewed by the RN. A pressure injury to the consumer’s right heel was subsequently identified on 28 May 2021.
* Documentation included in the provider’s response shows a skin assessment was not undertaken until 15 days after changes to the consumer’s skin was initially identified and 3 days after the pressure injury was identified.

The provider’s response also describes measures implemented to resolve issues identified by the Assessment Team, which include recruitment of clinical staff, policy reviews, additional governance measures, including high impact or high prevalence risks as a standing agenda item in meetings and assessment and care planning reviews.

I acknowledge the service’s actions and improvements to resolve issues identified by the Assessment Team, however, in coming to my finding, I have relied upon documentary evidence which demonstrated at the time of the Site Audit, high impact or high prevalence risks associated with the care of each consumer were not effectively managed. I have considered that preventative pressure area care strategies were not implemented for two consumers after changes in their skin were identified, resulting in the development of blisters on the heels of Consumer B and a stage three pressure injury on the heel of Consumer C.

Regarding Consumer A, evidence presented by the Assessment Team indicates care plans did not include falls prevention strategies and were not updated following two falls. I have considered this evidence in relation to Standard 2 Requirement (3)(a), which relates to assessment and planning that considers risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.

Based on the above evidence, I find the service non-compliant with this Requirement.

### 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.*

### 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 supports 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Most consumers felt the service supports them to do the things they want to do, and which are important for their health and well-being. For example:

* Two consumers provided examples of the support they receive to enable them to do the things they want to do.
* Two consumers provided examples of how their emotional, spiritual and psychological well-being is supported.
* Consumers confirmed they are supported to participate in their community, build and maintain social relationships and do things of interest to them.
* Consumers are satisfied with the variety and quantity of meals provided.
* Consumers are satisfied with equipment used to manage their safety and comfort.

One consumer stated they were unhappy and struggled to find people to talk to. Documentation showed the consumer’s emotional and psychological well-being had been assessed, referrals were made to Dementia Support Australia (DSA) and emotional support was provided by staff.

Staff explained how care and services are planned to meet consumers’ individual needs and provided examples of how consumers’ independence is maintained, and their spiritual, social and emotional needs are met. Catering, lifestyle and allied health staff demonstrated an understanding of consumers’ needs and preferences and described how this information is communicated and recorded. Staff reported they have access to the essential equipment they require, and it is clean and well maintained.

The following observations were made:

* Consumers appeared to be engaged and enjoy various internal lifestyle activities.
* Individual activity sessions undertaken with a consumer who chooses not to attend group activities.
* Staff were providing emotional support to a distressed consumer that appeared to respond positively.
* Staff were engaging with consumers in a gentle, supportive and friendly manner.
* Photographs of consumers appearing to enjoy various activities.

Care plans were found to document consumers’ needs and preferences, including their background, life history, personal preferences, religious/spiritual needs, interests and dietary requirements. Consumer files showed timely and appropriate referrals to individuals, organisations and providers of other care and services.

Lifestyle documentation shows group activities are diverse, with individualised activity options available.

Based on the above evidence, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers interviewed felt they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives stated consumers feel at home and the environment accessible, comfortable and pleasing. Consumers and representatives also considered furniture and equipment to be clean and well maintained.

Staff demonstrated how they ensure the service environment and equipment are safe, including the process for actioning and prioritising internal and external maintenance.

The environment was observed to be clean and welcoming. Consumers were moving freely with communal areas clean, well-used and safe. One area of the service contained elements of dementia friendly design, including small spaces, contrasting floors, concealed staff entrances and activity stations. Furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken to address feedback and complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They can provide feedback and complaints about consumers’ care and services in various ways and feel comfortable doing so.
* Their feedback and complaints have resulted in satisfactory changes and an apology is offered when appropriate.
* One representative felt management supported and advocated for the consumer when experiencing issues with the MO.

Staff described how they assist consumers in making a complaint and providing feedback, including those with cognitive impairment or poor communication. Staff described open disclosure principals and explained it is important to apologise to consumers when things go wrong.

Information relating to advocacy services and feedback forms were observed in communal areas and were easily accessible by consumers, representatives and staff. Consumers and representatives are advised of internal and external feedback and complaints mechanisms via monthly newsletters, resident/relative meetings and a Consumer Agreement.

Complaints data showed complaints are documented, managed and resolved in accordance with the service’s open disclosure policy. Complaints and feedback are analysed and shared at management meetings for consideration of trends and improvements.

Based on the evidence above, I find the service compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Most consumers consider they get quality care and services when they need them, from people who are knowledgeable, capable and caring. Consumers and representatives said staff are kind, gentle and respectful and were satisfied with the care, services and support provided by staff.

Staff considered they have adequate numbers of staff to provide care and services in accordance with consumers’ needs and preferences. Staff stated they are allocated to the same area of the service over consecutive days, which helps them to understand consumers’ needs and preferences.

Management stated call bell response times are reviewed monthly. Documentation showed call bell audits are conducted and reviewed to improve care and services provided to consumers.

Interviews with staff and management, and documentation showed competencies and training are monitored, with staff appraisal conducted annually. Staff performance is monitored through various channels and when poor performance is identified, performance management processes are implemented.

Staff were observed to be kind and respectful in their engagement with consumers.

Based on the above evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### 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.*

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

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

# STANDARD 8 COMPLIANTOrganisational 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers consider the organisation is well run and they can partner in improving the delivery of care and services. Consumers and representatives said they are engaged in making decisions about the care and services consumers receive and felt comfortable speaking with staff and management.

The service has a dedicated staff member to act as an intermediary between consumers and management by collecting and communicating information regarding consumer choices and preferences and supporting consumers in providing feedback and suggestions.

Documentation showed the organisation’s governing body is accountable for and promotes a culture of safe, inclusive and quality care and services by overseeing feedback, incidents, COVID-19 management, training, policies and processes.

Interviews with staff and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, regulatory compliance, financial governance and feedback and complaints. There are systems and practices to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides clinical care, which staff could evidence through examples of open disclosure, minimising the use of restraint and antimicrobial stewardship.

Based on the above evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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 2 Requirement (3)(a)**

* Ensure consumer care plans are reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure consumer care plans are updated where changes to consumers’ health and well-being are identified or when incidents occur.
* Ensure assessment and planning aspects of the service’s falls and wound assessment and management policies are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s falls and wound assessment and management policies.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to implement appropriate management strategies when changes to consumers’ skin integrity are identified.
* Ensure policies in relation to management high impact or high prevalence clinical risks, including wound assessment and management, are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies in relation to management of high impact or high prevalence clinical risks and wound assessment and management.