Ainsley Nursing Home

Performance Report

23A-25 Grantham Street
BURWOOD NSW 2134
Phone number: 02 9744 8079

**Commission ID:** 2004

**Provider name:** Siva Kolunthu Pty Limited

**Site Audit date:** 9 February 2021 to 11 February 2021

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

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) |  Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** |  **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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) | 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 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 Assessment Team’s infection control monitoring checklist completed during the Site Audit on 9 February 2021
* the provider’s response to the Site Audit report received 11 March 2021 including a written response and supporting documents attached.

# STANDARD 1 COMPLIANT Consumer dignity and choices

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed confirmed that most of the time consumers are treated with dignity and respect and their privacy is maintained and respected. Care plans reviewed by the Assessment Team contained information about the consumers background, culture and preferences for how they would like their care and services delivered. The care plans also identified areas in which consumers are supported to take risks to live the life they choose.

Staff were able to describe to the Assessment Team how they support consumers to maintain relationships of their choice, including during the COVID-19 visitor restrictions. Staff were able to describe how they respect the privacy of consumers and spoke about consumers respectfully. Staff detailed strategies for communicating with consumers from other cultures and who have cognitive impairment.

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.*

The Assessment Team found that staff interactions with consumers were respectful and maintained the privacy of consumers. Consumers and representatives interviewed confirmed that they are treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team found that care plans reflected the consumers’ background, cultural and spiritual preferences.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that consumers generally confirmed they are supported to make decisions about the care and services they receive. Interviews with staff demonstrated they support consumers to make informed choices about their care and services and maintain relationships they choose. The Assessment Team found the care plans reviewed provided information about consumer preferences and decisions regarding care and services.

I find this requirement is Compliant.

### 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.*

The Assessment Team found most consumers and representatives sampled confirmed that the consumer’s privacy is respected. Staff were able to describe how they respect the privacy of consumers and staff in the service were observed by the Assessment Team to be undertaking practices that respected consumer privacy. Care planning documentation detailed consumer preferences for privacy.

I find this requirement is Compliant.

# STANDARD 2 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

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

The Assessment Team found most consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumer representatives interviewed felt they were involved in the assessment and planning of consumer care and services. Most consumers/ representatives confirmed the service had spoken about end of life planning with them. Representatives confirmed they knew what a care plan was, and either had a copy or knew how to request a copy.

Consumer care planning documents reviewed by the Assessment Team demonstrated that assessments are generally completed in a timely manner for new admissions, and these assessments inform the consumer’s care plan and daily care needs. Care planning documents identified and addressed consumer’s needs, goals and preferences including for end of life care. All consumers sampled had an advanced care directive in place.

The Assessment Team found care planning documentation reviewed demonstrated that consumers and others that the consumer wishes to be involved in their care, are involved in assessment, planning and review of consumer care and services. Care planning documents demonstrated evidence of review on a regular basis, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

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

## Assessment of Standard 2 Requirements

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

#### The Assessment Team found that the service demonstrated initial assessment and planning considered risks to the consumers’ health and well-being, and generally informed safe and effective care and services. The Assessment Team found that consumer care planning documents demonstrated that assessments are generally completed in a timely manner for new admissions, and these assessments inform the consumer’s care plan and daily care needs.

I find this requirement is 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.*

#### The Assessment Team found care planning documents identified and addressed consumer’s needs, goals and preferences including for end of life care. All consumers’ sampled had an advanced care directive in place and consumer representatives confirmed the service had spoken to them about end of life planning.

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.*

The Assessment Team found that care planning documentation demonstrated that consumers and relevant others that the consumer wishes to be involved in their care, are involved in assessment, planning and review of consumer care and services. Consumer representatives confirmed they have felt involved in the assessment and planning of consumer care and services. The Assessment Team found that case conference records and progress notes demonstrate that nursing staff, care staff, lifestyle staff, medical officers, physiotherapists, nursing specialists, and other allied health professionals are involved in consumer care planning when required.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that all consumers sampled had a care plan that included comprehensive information about the consumer’s required care and services. Care plans are available to staff and other visiting health professionals through the electronic care planning system. Consumer representatives interviewed confirmed they knew what a care plan was, and either had a copy or knew how to request a copy of their care plan.

I find this requirement is Compliant.

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

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

The Assessment Team found that care planning documents demonstrated that consumer care and services are reviewed on a regular basis, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. The service has a resident of the day process that aims to regularly review the effectiveness of consumer care and services.

I find this requirement is Compliant.

# 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

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

The Assessment Team found most consumers and representatives interviewed were generally happy with the care consumers receive at the service, and felt well-informed and up to date with any incidents or changes in consumer condition.

The service generally demonstrated that the high impact or high prevalence risks associated with the care of consumers are identified and managed effectively. This included risk of falls, choking and aspiration, malnutrition and weight loss, medication management, constipation and developing pressure injuries. The service demonstrated effective infection control measures and antimicrobial stewardship practices.

The service demonstrated that advanced care directives were in place for consumers and in general, the needs, goals and preferences of consumers nearing end of life were recognised and addressed.

For the consumers sampled, the Assessment team found care documents demonstrated identification and timely response to deterioration or changes in consumer condition. Staff interviewed were aware of the service’s procedures around identification, communication and response to consumer changes in condition.

The organisation has policies and procedures to guide staff practice in providing personal and clinical care that is best practice, tailored to consumer needs and optimised consumer well-being. The Assessment Team found while care planning documents demonstrated that most of the time consumers receive personal and clinical care that is tailored to their needs and optimises their health, not all clinical care for the consumers sampled was consistent with the service's policies and best practice.

The Quality Standard is assessed as Non-compliant as one 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.*

The Assessment Team found care planning documents demonstrated that most of the time consumers receive personal and clinical care that is tailored to their needs and optimises their health, however, not all clinical care for the consumers sampled was consistent with the service's policies and best practice. The Assessment Team found that care documents did not demonstrate management and interventions for some consumers’ pain were consistently assessed and evaluated for effectiveness. The Assessment Team reviewed wound charts for consumers with active wounds and found some of the sampled consumers wound monitoring and documentation was not completed in accordance with the service’s policies and procedures for wound management.

The Assessment Team found that although the organisation had systems to ensure each consumer receives safe and effective personal care and clinical care, these processes had not been effectively implemented at the service for some consumers.

The Approved Provider’s response includes further information about the consumers sampled by the Assessment Team. However, this does not show that personal and clinical care for all of the consumers sampled was at the time best practice, tailored to individual needs or had optimised health and well-being.

The Approved Provider recognises there were some gaps in personal and clinical care processes for some consumers. This included where evaluation of the effectiveness of as required pain medication was not consistently documented and that some wound photos were not consistently taken, and wound rulers were not always displayed in the wound photos as per the service’s process.

While the Approved Provider gave information to show the departure from practice had not negatively impacted on the consumers sampled by the Assessment Team, this does not negate that best practice was not followed. The Approved Provider has undertaken immediate actions during and following the site audit to address the matters raised by the Assessment Team and are committed to continued work on a wide range of improvement strategies relating to the personal and clinical care needs of consumers.

While the Approved Provider has undertaken and is undertaking is improvements, these occurred following feedback from the Assessment Team at the time of the site visit. I find this requirement is Non-compliant.

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

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

The Assessment Team found the service generally demonstrated that high impact or high prevalence risks associated with the care of consumers are identified and managed effectively. The Assessment Team identified the service uses a risk matrix to help identify consumers’ of high risk in relation to their care and services, and what the high prevalent and high impact risks are across the service. The service has processes that monitor and evaluate risks for consumers including policies and procedures, clinical trend data, organisational and staff meetings.

I find this requirement is 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.*

The Assessment Team found consumers identified by the service as palliating had their needs, goals and preferences recognised and addressed in their care planning documents. Staff interviewed were able to describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised near the end of life.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that for the consumers sampled, care documents demonstrated identification and timely response to deterioration or changes in consumer condition. Staff interviewed were aware of the service’s procedures around identification, communication and response to consumer changes in condition, and the service has policies to support this.

I find this requirement is Compliant.

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

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

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

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

#### The Assessment Team found that for the consumers sampled, care planning documents and consumer interviews demonstrated evidence of timely and appropriate referrals to individuals and other providers of care and services. Staff interviewed were able to describe the process for referring consumers to health professionals and were able to provide examples where this had occurred.

I find this requirement is Compliant.

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

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 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

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

The Assessment Team found that overall consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers who spoke with the Assessment Team said they are generally supported to do the things they like to do. Consumers and representatives generally confirmed that consumers are supported to keep in touch with people who are important to them.

The Assessment Team found that consumer feedback about the food was mixed. Consumers stated they thought the meals have improved recently, there is enough food and they never go hungry.

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.*

The Assessment Team found consumer and representative feedback generally indicated consumers can do things that interest them and keep in touch with people important to them, although this has been affected by COVID-19 restrictions. The Assessment Team found that care plans included information about how consumers participate in the community and maintain their relationships. Staff interviewed confirmed their understanding about how the consumers sampled participate in their community and keep in touch with people important to them.

I find this requirement is Compliant.

### 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.*

The Assessment Team found consumer and representative feedback about the food at the service was mixed. Consumers identified that the meals have improved recently, there is enough food and they never go hungry. Some consumers confirmed they are visited regularly by the catering staff to provide feedback about meals. Care planning documents reviewed reflected consumer dietary needs and preferences. Staff interviewed could explain the dietary needs and preferences of consumers. Catering staff said they regularly visit consumers to gain feedback about food preferences to improve the meal service, and are committed to providing fresh quality food for consumers.

I find this requirement is Compliant.

### 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

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

The Assessment Team found overall consumers considered that they feel they belong at the service, and feel safe and comfortable in the service environment. Consumers and representatives interviewed said the service was always clean and well-maintained.

The Assessment Team observed the environment to be welcoming, clean and well maintained. Consumer rooms were observed to contain personal items such as furniture, photos and pictures. Consumers with varying levels of mobility and cognitive impairment were observed to be moving within their level in the service, both independently and with assistance from staff. While consumers on the top level of the building are not able to freely access the outdoors, staff were observed taking a number of consumers downstairs and outside to participate in activities. Visitors were observed to be meeting with consumers in the visitor lounge and outside in the front courtyard.

The service demonstrated the use of regular and appropriate maintenance and cleaning schedules are in place and the service has a system for preventative and reactive maintenance at the service.

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.*

The Assessment Team generally found the service environment is welcoming. The Assessment Team reported that the building is old, with narrow corridors and different levels separated by stairs which have gates. All levels of the are accessible by a lift. The Assessment Team found the layout of the building was not easy to understand, both in terms of levels and consumer rooms. The Assessment Team found that while consumers said they feel safe and the service feels like home to them, two consumers, and the Assessment Team observed that some aspects of the service environment were noisy.

The Approved Provider’s response included details of improvements that had already been made to the service environment. These include adding room number signs and identifiers across prominent locations of the service environment to assist new consumers, visitors and staff orientation, a gate has been installed at the stairwell to minimise the risk to consumers and signage has been added. The Approved Provider was previously aware of the two consumers who expressed aspects of the service were noisy and had spoken with the consumers about this. The Approved Provider acknowledges the service environment can be noisy at times as consumers are supported in activities that optimise their interaction and function in the service.

While there was feedback and observation aspects of the service environment are noisy, the service environment is welcoming and easy for consumers to understand and does optimise consumers’ sense of belonging, independence, interaction and function.

I find this requirement is Compliant.

### 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.*

The Assessment Team observed the service environment to be clean, comfortable and well-maintained. Consumer and representatives sampled confirmed that all consumers feel safe and at home at the service, and the service environment is generally clean. The service has cleaning and maintenance schedules in place to ensure furniture, fittings and equipment are safe, clean and well maintained. While the service’s building design does not enable consumers on the top floor to move freely outdoors, staff were observed taking a number of consumers downstairs and outside to participate in activities and visits.

I find this requirement is Compliant.

### 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

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

The Assessment Team found overall consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers and representatives interviewed said there had been changes to the menu based on consumer feedback and the lifestyle program has improved. Consumers and representatives stated that are aware of external services for raising and resolving complaints but feel safe to raise their complaints directly with the service in the first instance.

The service uses an open disclosure approach and staff are educated on what this means and how to implement it regarding complaints management. Whilst not all staff understood the terminology, staff understood the process and the service had provided additional training for staff.

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.*

The Assessment Team found that consumers and representatives interviewed felt that appropriate action is taken and can see improvements based on their complaints. The Assessment Team found that not all consumers were aware of what open disclosure was, but once explained by the Assessment Team, consumers said the service uses this approach when things go wrong.

I find this requirement is Compliant.

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

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

The Assessment Team found that the service reviews complaints and feedback and used this feedback to improve the quality of care and services. Consumers, representatives and staff were able to provide examples where improvements were made at the service based on their feedback.

I find this requirement is Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

### Consumer outcome

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

The Assessment Team found overall consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, the Assessment Team found there was mixed feedback from consumers and representatives whether there was enough staff to respond to all consumers’ clinical and care needs.

Most staff interviewed said there was not enough staff to care for the consumer’s clinical and care needs and when someone calls in sick the service does not replace the shift.

The service has implemented a process to ensure regular assessment, monitoring and review of staff performance is attended.

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

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team’s report found that consumers and representatives gave mixed feedback regarding the level of staffing. Consumers interviewed felt the service could use more staff and sometimes they had to wait to use the bathroom. One consumer said staff are not always prompt responding to their call bell. One consumer said there are not enough lifestyle staff. One representative did not believe their consumer receives enough assistance with meals. The Assessment Team observed consumers waiting for assistance with meals during the site audit and staff appeared rushed during lunch meal service.

Most staff interviewed by the Assessment Team said there was not enough staff to care for the consumer’s clinical and care needs and when a staff member calls in sick due to the new roster arrangements, the service does not replace the shift. Staff said there have been difficulties replacing rostered shifts due to unplanned leave and indicated that the number and mix of staff does not enable delivery of quality care and services. Staff reported they work as a team to provide care and prioritise care where needed. The Assessment Team observed the previous two-week roster had noted three shifts as not covered with ‘no need to replace’ noted.

The Approved Provider’s response advises that the service will always attempt to replace staff when unplanned leave occurs. The Approved Provider advised the service had started a new roster at the time of the site audit and it was under review while the Assessment Team were on site. The Approved Provider has added additional hours to shifts, especially around mealtime following feedback. The Approved Provider’s response includes information that outlines feedback and review processes in relation to the new roster.

While the work the Approved Provider has undertaken and is undertaking is recognised, this work was still underway at the time of the site audit and it will take some time to implement and understand the effectiveness of the improvement strategies.

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.*

The Assessment Team found that staff interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity. Most consumers and representatives interviewed said staff are kind, caring and gentle when attending care. The organisation has documents to support and guide their expectations for respect, inclusion and partnership at the service.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that the organisation has systems in place to ensure staff have the appropriate qualifications to perform their roles. Consumers and representatives said they feel staff are competent and capable to perform their roles. Staff and management advised they have ongoing training with skill assessments to ensure competency levels.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that the service has implemented a process to ensure regular assessment, monitoring and review of staff performance is attended. Staff confirmed they had recently had performance reviews and that they can request training during their reviews.

I find this requirement is Compliant.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found overall consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives interviewed felt the service is well run, spoke positively about the staff and said the manager is proactive and approachable.

The organisation demonstrated it has a robust governance system, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services. The organisation provides oversight across a range of management systems as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group.

The Assessment Team found that the service provides information to senior management across a range of clinical indicators to enable management to monitor any trends. This in turn enables management to develop and implement strategies to minimise risks to consumers. The Board is actively involved within the service and has invited consumers and representatives to be involved in the strategic plan for 2021.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found that the service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The organisation’s strategy to engage consumers and representatives includes regular residents’ meetings, having a consumer representative on the Board of representatives, regular case conferencing and feedback received through consumer surveys and focus groups.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that the organisation oversees and is responsible for the strategic direction to promote a culture of safe inclusive and quality care and services. The organisation has implemented a new set of vision, purpose and values to clearly articulate the direction and provide a clear guidance and expectations of the group. Management explained that the Board made the decision to invest in new organisational governance system to align with the Quality Standards and develop a person-centred focus.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that the organisation has implemented effective governance systems which provide oversight across key areas by commencing a governance framework and an executive governance team. This includes reporting mechanisms within the service to guide improvements and changes as well as inform senior management within the organisation.

I find this requirement is Compliant.

### 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.*

The Assessment Team found that the service has a system in place to manage high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. The organisation provided a documented risk management framework that includes policies and procedures. Staff were able to demonstrate what risk management meant for them in a practical way and that they have received education to demonstrate their understanding and responsibilities in relation to risk for consumers.

I find this requirement is 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.

### 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.*

Required improvements

Ensure the provider/service has adequate guidance about best practice in personal and clinical care in the residential aged care setting, and that this is understood by management and staff.

Ensure personal and clinical care is safe and effective, best practice, tailored to individual needs and optimises health and well-being for each consumer.

Review and monitor the processes for effective assessment, monitoring and evaluation of wound and pain management.

### 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.*

Required improvements

Ensure the workforce deployed enables the delivery and management of safe and quality care and services to consumers.

Implement the planned actions underway in response to the new roster and evaluation of effectiveness of this.

Monitor the effectiveness of the actions taken to ensure timely and appropriate care and service provisions to consumers, including by consulting consumers and representatives.