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

**Review Audit date:** 2-5 December 2019

# Overall assessment of this Service

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

* the Assessment Team’s report for the review audit; the review 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 review audit report received 2 January 2020 and
7 January 2020

# STANDARD 1 NON-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

Consumers and representatives interviewed generally said consumers are treated with dignity and respect. However, observations and review of consumers’ care does not demonstrate that consumers are always treated with respect.

The organisation does not demonstrate that each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered; and make decisions about when family, friends, carers or others should be involved in their care; and communicate their decisions; and make connections with others and maintain relationships of choice, including intimate relationships.

The organisation does not demonstrate that each consumer’s privacy is respected although confidentiality is usually maintained.

The service is in the process of developing assessments to support risk assessment of consumers to further support improved decision making about choices and risk taking, however at present is not documenting these decisions appropriately. The organisation generally demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

I am not satisfied that consumers dignity, including appropriate pain management or emotional support is managed in accordance with their care planning documentation, in the absence of specific supporting documentation. While some staff at the service are kind and respectful, the Assessment Team identified several instances where care provision did not maintain consumer dignity regarding continence cares.

Information captured during interviews with consumers is a reflection of their experience of events at the service. The information is used to help form a picture of the care and services delivered at the service, whether or not it reflects person centred care and what measures the service has taken to understand the consumer.

I acknowledge that the service has made improvements to their call bell monitoring and response times since the audit. While I note this improvement, as it has occurred after the audit was completed, it does not negate the findings of the audit.

I am satisfied that the service has not provided information to demonstrate that they are treating consumers with dignity and respect, with their identity, culture and diversity valued.

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

Care and services are culturally safe.

While I note that the service captures some information for consumers regarding cultural needs and is aware that some consumers may have specific cultural preferences such as prayer time in their room, the strategies noted in the care plan for one consumer were not meaningfully able to be supported, nor did documentation reflect when the consumer attended activities or not.

While there is information to suggest that the service requires improvement regarding the documentation of the provision of culturally safe care and services, I do not have evidence before me that suggests that this issue is systemic. I have considered the information contained in the Assessment Teams’ report regarding the other consumers detailed under this Requirement under Standard 1, Requirement 3(a).

### Requirement 1(3)(c) Non-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.

I am not satisfied the service is doing all that it can to support consumers to exercise choice and independence about their care, those who should be involved in their care and in making connections with others. The service does not have private areas where consumers can meet, with many sharing bedrooms. However, the service is aware of this situation and is actively looking to rectify it.

The Assessment Team identified several occasions where consumers were provided care such as dental treatments where it was not clear that consent had been obtained. While the service used an appointment form to capture the details of the individuals, the form was not signed by the consumer or their representative.

The Assessment Team recognised that the service is providing information to consumers that is accurate, timely and enables them to exercise choice (refer to Requirement 1(3)(e). While the service is providing information to assist them in making decisions, it is not documenting when consumers have done so.

### 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) Non-compliant

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

The Assessment Team observed that the service environment is not conducive to privacy due to the absence of private areas and the number of shared living spaces. In addition, the Assessment Team observed staff practices that were not respectful of consumers privacy including the delivery of care at meals times in communal areas and talking loudly in communal areas.

# 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 organisation does not demonstrate that 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 organisation does not demonstrate that 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 organisation does not demonstrate that assessment and planning 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; or that it includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

The service did not demonstrate that it understands and applies this requirement along with processes for monitoring and reviewing consumer needs, goals and preferences

The service did not demonstrate that care and services are reviewed regularly for effectiveness, or when circumstances change or when incidents impact on the needs or preferences of the consumer.

The Quality Standard is assessed as Non-compliant as five 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.

The Assessment Team found that the service was not undertaking reassessments of consumers following incidents or when there were changes to their needs to consider risks to consumers health and well-being. For example, consumers who had significant weight gain and who had experienced unexplained bruising were not reassessed promptly to understand how to deliver care that minimised further risk. The Assessment Team noted the service had recently implemented a new clinical documentation system, that may have led to recent reassessment of consumer’s needs. While this system may have been in place for assessors to view, I am not satisfied that it has negated the lack of assessment that had been occurring prior to that date.

### Requirement 2(3)(b) Non-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.

As noted under Standard 2, Requirement 3(a), the Assessment Team identified that the service was not reassessing consumers following incidents or changes to their needs, with the result that documentation also did not reflect consumer’s current needs, goals and preferences. The Assessment Team did see some evidence of that the service was undertaking some end of life planning. In the absence of risk assessment documentation or documentary evidence regarding referral of consumers to external health professionals, I am not satisfied that assessment and planning documentation reflects consumer’s current needs, goals and preferences.

### Requirement 2(3)(c) Non-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.

I am satisfied that the service is not involving consumers or others in an ongoing partnership regarding the assessment, planning and review of consumer care and services on the basis that there was no partnership evident during discussions held or documentation reviewed during the audit. In addition, the Assessment Team identified that there was limited evidence of other organisations, providers or individuals in the care of consumers and minimal consultation regarding assessment and planning. While the Assessment Team found that physiotherapists were available on site, the Team also found that the service had not consulted with allied health workers about how the location of their company may impact service delivery for consumers. In the absence of evidence to the contrary, I am not persuaded that the service is compliant with this Requirement.

### Requirement 2(3)(d) Non-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’s review of information at the audit found limited evidence that there had been consultation or communication with consumers and/or their representatives regarding the outcomes of their assessment and planning. Consumers and representatives interviewed said they had not been involved in the development of care and services plans and they were not aware of how to access their plan. However, the Assessment Team did note that representatives were advised following incidents and that information about end of life planning was generally obtained upon entry to the service.

While the service may be communicating outcomes with consumers and/or their representatives, in the absence of these interactions being documented, I am not persuaded by this information. I note the approved provider’s recent consultation with consumers to reduce the use of physical restraint at the service and to re-evaluate their leisure and lifestyle plans. I note these improvements, however they do not change my finding.

### 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.

I am not satisfied that the service is able to demonstrate an understanding of the need to regularly review care and services when circumstances change or when incidents impact the needs, goals and preferences of consumers. The Assessment Team found that the service is undertaking minimal review of consumers following incidents, as evidenced by a review of several consumers, one who sustained falls and the other with regular physical aggression towards other consumers. In addition, management were noted by the Assessment Team to have acknowledged that reassessment of consumer’s care needs had not been regularly undertaken. While the approved provider has put information forward to show that care and services have been reviewed for some consumers, the information is not sufficient to persuade me that the service is complaint with this Requirement.

# 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 organisation does not demonstrate that 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.

The organisation does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

The organisation does not demonstrate that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

The organisation does not demonstrate that 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 organisation does not demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The service demonstrates minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and/or practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Quality Standard is assessed as Non-compliant as five 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.

I am not satisfied that personal care and clinical care is best practice, tailored to individual’s needs or optimises their health and well-being as evidenced by:

* the absence of best practice manual handling techniques, with numerous skin tears and/or bruises identified on consumers,
* failure to implement medical directives regarding diabetic management, including escalation to medical officers and the provision of inappropriate foods to diabetic consumers
* the absence of strategies in place to assist consumers management of weight, hygiene preferences or pain management or where strategies are in place, failure to implement strategies
* failure to monitor fluid and food intake of consumers and referral for dietitian review, undertake falls assessments, and manage pain, behaviours and medications in accordance with best practice (see Standard 3, Requirement 3(b) below)

I accept the information provided in relation to manual handling, however insufficient information has been put before me to persuade me from my findings in relation to the other matters set out above.

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

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

I am not satisfied that the service is managing high prevalence or high impact risks effectively. Consumer’s fluid intake is not monitored, modified meals are not prepared appropriately leading to potential choking risks and the food intake levels of consumers and/or their weight loss is not monitored or referred for dietitian review. In addition, consumers experiencing pain are either not assessed to determine if interventions are effective, not assessed in a timely manner or are assessed but pain is not monitored despite records showing that the consumer continues to experience frequent pain. There are also instances of poor record keeping regarding the administration of medication. The service has not taken appropriate action to manage the behaviours of consumers with challenging behaviours following incidents of aggression, with behaviour assessments not completed and interventions to manage the behaviours not included in behaviour care plans. Consumers at risk of falls have not had falls assessments undertaken and have not had neurological observations undertaken following falls. Wound assessment and charting has not occurred following the identification of wounds and there is limited information to show that changes are identified. While each of these matters (pain management, wound care etc) were only identified in relation to a few consumers, taken together, this information suggests that the service is not effectively managing high prevalence or high impact risks.

I note the approved provider has acknowledged that there are issues with the service meeting this Requirement and has committed to address this as a priority.

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

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

I am satisfied that the service is not adequately recognising the needs, gaols or preferences of consumers nearing end of life, as there is minimal emotional, psychological or spiritual support provided to consumers. The Assessment Team also identified gaps in the provision of end of life care, including pain monitoring and timely referrals to palliative care specialists.

I note the approved provider has acknowledged that there are issues with the service meeting this Requirement and has committed to address this as a priority.

### 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.

I am not satisfied that the service is recognising or responding to deterioration or changes in consumer health or function in a timely manner. Several consumers at the service deteriorated suddenly, with limited follow up of to determine reasons for changes in condition, a lack of observations to ensure the consumers’ deteriorating condition was monitored, minimal reassessment following change and gaps in documentation to support actions taken by the service following falls or incidents.

I note the approved provider’s submission, however there is sufficient evidence before me that is not in contention that does not persuade me from my view.

### 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.

While I have identified numerous instances of poor documentation at the service, I have addressed these issues under their respective Requirements.

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

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

The approved provider was unable to demonstrate that it is undertaking timely and appropriate referrals to individuals, organisations and providers of other care and services, for example, to dieticians, geriatricians or speech pathologists. The Assessment Team was able to identify sufficient information to show that physiotherapy review is undertaken. While the approved provider may undertaking other referrals, there was no evidence to demonstrate that this is occurring or is occurring in a timely manner.

### 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 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The organisation demonstrates some understanding of the need for each consumer to get 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. However, further improvement is required regarding the meal service.

The organisation demonstrates that services and supports for daily living promote each consumer’s spiritual and psychological well-being, further improvement is required regarding emotional support for consumers.

The organisation does not demonstrate that all consumers have supports to do things of interest to them.

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared, however further improvement is required regarding documentation of this information.

The organisation demonstrates some efforts have been made to support timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The organisation does not demonstrate that where meals are provided, they are varied and of suitable quality and quantity. Many of the meals are not suitable to consumer needs.

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

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

While there is evidence to show that the food service and living environment does not support consumer’s needs, goals and preferences, I have addressed these under their respective Requirements.

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

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

While there is evidence to show that the service is not consistently providing emotional support for consumers, I have addressed this under Standard 1, Requirement 3(a).

### Requirement 4(3)(c) Non-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 service has group activities in place, with the majority of consumers confirming they enjoy these. A range of new group activities has been implemented however consumers were not involved in the development of these. In addition, there are limited opportunities for consumers who are not able to or do not wish to participate in group activities and limited information to demonstrate whether alternative activities or engagements have occurred. Where participation is recorded, the entries are not individualised to the consumer.

The service is planning and developing new initiatives to build connections with the local community. However, the service is still in the process of updating consumer’s life stories, before they can develop individual leisure and lifestyle plans. Opportunities for external engagements are limited due to a lack of a bus.

### 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.

While I am not satisfied that the service is documenting consumer’s needs and preferences, I am not persuaded that the service is not communicating this information.

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

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

### Requirement 4(3)(f) Non-compliant

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

I am not satisfied that meals are always correctly provided to consumers with specific dietary needs. The Assessment Team identified that the menu did not always reflect the meals actually served, making it difficult to determine if the menu includes sufficient variety. However, based on the menu information provided, there is no option of an alternative pureed meal other than the one listed for that day. While the dessert menu for lunch varies between weeks, the variety is limited with some of the options from one week merely swapped around for the next week to reflect a different flavour of mousse or a different type of fruit paired with custard.

The Assessment Team observed that meals were not attractively presented and the cook was unaware of consumers on gluten free diets. While the service has some gluten free options such as biscuits and cereal, there are very limited information about the options available for consumers who are both gluten free and requiring pureed diets.

Although most consumers expressed satisfaction with the meal service, there was some negative feedback regarding food quality and variety.

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s services 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 service has made improvements to some aspects of the living environment however the design of the building is such that is not easy for consumers to understand or move about in.

The organisation does not demonstrate that the service environment: is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

I am not satisfied that the service environment optimises consumer’s independence, interaction and function, nor is welcoming and easy to understand. This is evidenced by the design of the service, including a lack of private areas for consumers to meet and interact, some shared rooms and limited access to the lift, with consumers from the one area of the service reliant upon staff to assist them to access communal areas.

### Requirement 5(3)(b) Non-compliant

The service environment:

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

Based on the information before me, I am not satisfied that the service is safe and clean, nor well-maintained and comfortable. Examples of issues identified by the Assessment Team include, uneven or unclean surfaces, broken items, unsecured tools or heavy items, odours and unsafe practices such as propping open fire doors or not replacing emergency exit signs. In addition, I am not satisfied that consumers are able to freely access indoor and outdoor areas, with access to a small courtyard limited by size and the availability of seating. Other courtyards were limited due to the number of service staff utilising the areas or due to heavy or locked doors. I note the service is in the process of addressing the size and design of the living environment however this does not remove the concerns identified above regarding the cleanliness and safety of the environment.

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

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

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The organisation does not demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. However, most consumers and representatives said they are able to provide feedback. There is complaints information available around the service.

The organisation does not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

The organisation demonstrates that consumers are made aware of and have access to advocates, language services (although this has not formally been accessed) and other methods for raising and resolving complaints.

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

## Assessment of Standard 6 Requirements

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

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

### 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) Non-compliant

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

I am not satisfied that the service is recording or taking appropriate action to respond to complaints, including complaints about call bell response times and the food service. While the Assessment Team identified that the service has separate policies regarding open disclosure and complaints, I am not satisfied that the service is implementing these policies. While I note the improvements put in place since the audit by the approved provider, these improvements do not change the audit findings.

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

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

I am not satisfied that the service is using consumer feedback and complaints to improve service, as complaints are not documented, improvement log records do not demonstrate that appropriate action is taken in response, nor are responses to complaints evaluated for effectiveness. I note the approved provider has committed to address this as a priority.

# 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

The organisation does not demonstrate that 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 organisation does not demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

While the organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards, the education program is not necessarily effective in ensuring staff have the required competency to complete their roles.

The organisation does not demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Quality Standard is assessed as Non-compliant as four 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.

I am not satisfied that the service has sufficient staff to ensure the delivery of safe and quality care on the basis that there are many long call bell response times. While the service has implemented manual audits of call bells to ensure consumers’ needs are being addressed, this does not persuade me that the approved provider was appropriately resourced to respond to consumer calls. Despite some call bell response times possibly being extended due to staff forgetting to turn them off, this in itself shows that staffing levels are insufficient.

In addition, the mix of staff does not enable the delivery of safe and quality care, with a care staff member who does not have relevant or effective skills, filling in for a leisure and lifestyle staff member since June 2019.

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

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

Despite some positive feedback provided about staff, I am not satisfied that staff at the service are kind and respectful of consumers. This is based on the Assessment Team’s observations of interactions between consumers and staff, with staff observed calling out loudly and turning bedroom lights on while other consumers try to sleep, staff laughing at a consumer’s concern about food at the service, and staff disregard for consumers’ comfort and dignity including management of pain, continence cares and emotional support.

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

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

The approved provider was unable to demonstrate that staff at the service undertake competency assessments to deliver their work and the Assessment Team observed students undertaking duties with consumers unsupervised. In addition, there are newly registered staff who work at the service who are not supported to ensure their competency. The Assessment Team undertaking the Assessment Contact visit also observed and confirmed via interviews and/or documentation that staff did not demonstrate appropriate care of consumers, consistent with the service’s processes or best practice care delivery.

While the Assessment Team identified that the service has an education and training program, I am satisfied that the service’s performance against the Aged Care Quality Standards shows that the education and training program is not ensuring staff have the necessary competencies, knowledge and skills to deliver the outcomes required by the Quality Standards

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

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

I am satisfied that the service has an education and training program in place. While I am not satisfied that the program is resulting in staff having the knowledge to complete their roles effectively, I have discussed this under Standard 7,
Requirement 3(c).

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

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

While the Assessment Team identified that biannual performance appraisals and observations of staff were occurring at the service, I am not satisfied that they are identifying deficiencies in staff performance as evidenced by the failures of care across the Quality Standards. I am also not satisfied that the service has acted appropriately to address the performance of registered clinical staff where delivery of care and documentation of that care has been inadequate. While other staff involved in a related matter were disciplined, the service did not implement additional monitoring as a result of the issues identified until this was raised by the Assessment Team. I note the approved provider has committed to address this as a priority.

# STANDARD 8 NON-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 organisation does not demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The organisation has not implemented any structures to actively engage consumers in development, delivery and evaluation of the services.

The organisation does not demonstrate that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

The organisation does not demonstrate effective organisation wide governance systems relating to information management; continuous improvement; workforce governance; regulatory compliance and feedback and complaints. The organisation’s system for financial governance is effective.

The organisation does not demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

The organisation demonstrates that where clinical care is provided a clinical governance framework is effective in driving improvements in antimicrobial stewardship and minimising the use of restraint. While a system of open disclosure is in place, further improvement is required in this area.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

I am not satisfied that the service is engaging consumers in the development, delivery and evaluation of care and services, or is supporting them in that engagement based on the lack of structures to do so and information under
Standard 2 that shows that the service is not partnering with consumers or communicating the outcomes of their care with them. I note the approved provider has committed to address this as a priority.

### Requirement 8(3)(b) Non-compliant

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

Based on the information before me, including the deficits identified in Standard 3 regarding the provision of safe and quality clinical care and the safety of other consumers from assaults, I am satisfied that the service is non-complaint with this Requirement. I note the approved provider has committed to address this as a priority.

### Requirement 8(3)(c) Non-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 service’s clinical information systems are fragmented and do not provide sufficient guidance to deliver quality care. While the service has recently changed to a new computerised documentation system, the transfer of information has been poorly implemented with staff still using paper charts for some care delivery, and staff unable to locate reports, charts and documentation. While some information has been transferred to the new electronic system, at the date of the audit, it was not current.

The organisation has not ensured that the legislative requirements regarding compulsory reports or fire prevention have been met, among others. While the service has made efforts to prepare for the new Aged Care Quality Standards, the activities have not been effective in ensuring the organisation complies with them, nor do improvements logged necessarily result in actual improvements. Similarly, the service does not have systems and processes to ensure that consumer needs are attended to in a timely manner, nor that staff have the requisite skills, knowledge and training to deliver care as per the new Aged Care Quality Standards. I note the approved provider has committed to address this as a priority.

### 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.

The Assessment Team identified multiple deficiencies in the service’s management of high impact or high prevalence risks for consumers as evidenced in Standard 3 that shows that the service’s systems for identifying these risks are ineffective. The Assessment Team also found that the service did not have policies or procedures that provide a framework for ensuring that consumers are able to live the best life they can. For example, there is no framework for involving consumers in planning, implementing and evaluating the services they receive, nor is there adequate monitoring of clinical indicator data to drive improvements in care. The service does not have effective systems for responding to abuse and neglect of consumers. I note the approved provider has committed to address this as a priority.

### 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 1, Requirements 3(a), 3(c) and 3(f)
* Standard 2, Requirements 3(a), (b), (c), (d) and (e)
* Standard 3, Requirements 3(a), (b), (c), (d) and (f)
* Standard 4, Requirements 3(c) and (f)
* Standard 5, Requirements 3(a) and (b)
* Standard 6, Requirements 3(c) and (d)
* Standard 7, Requirements 3(a), (b), (c) and (e)
* Standard 8, Requirements 3(a), (b), (c) and (d)