Anglican Care Greenmount Gardens

Performance Report

4 Bristol Close
MOUNT HUTTON NSW 2290
Phone number: 02 4948 7772

**Commission ID:** 0238

**Provider name:** Anglican Care

**Site Audit date:** 8 March 2022 to 10 March 2022

**Date of Performance Report:** 14 April 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | 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) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Non-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 Commissioner’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 provider’s response to the Site Audit report received 4 April 2022.

# 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

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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall, consumers interviewed by the Assessment Team 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. All consumers expressed satisfaction with the way staff make the consumer feel respected and valued as an individual. Consumers said staff are very respectful to them and many provided positive feedback about the attitude of staff. Consumers said staff respect their privacy and knock before entering their bedrooms.

Staff spoke respectfully about consumers and were observed offering consumers choices in relation to meals and activities. It was demonstrated that consumers are supported to take risks to enable them to lead the best life they can.

However, gaps were identified in protecting consumer’s personal information as electronic information was not being protected by staff when using the computer in the common area. Consumer choices in relation to personal care is not consistently identified and met for consumers who informed the Assessment Team they have specific preferences regarding personal care delivery. The service does not identify consumers who choose and prefer a female staff member to attend to their care. The service does not have a system to identify the needs and choices of these consumers.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) 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.*

Consumers and representatives interviewed by the Assessment Team confirmed that they are consulted and are able to make decisions whenothers should be involved in their care. However, some consumers and representatives interviewed provided feedback that consumers are not always supported to make decisions about the way their care and services are delivered. Two consumers said they do not get a choice to have a daily shower. One representative said their consumer prefers to have a female staff member attend to their personal care, however this does not consistently occur. Care planning documents reviewed by the Assessment Team did not consistently reflect consumer’s choices regarding personal care.

The approved provider’s response identifies that while the service tries to support choices, this is not always possible due to workforce constraints. The service attempts to meet consumer’s preferences through negotiation of care provision times. While this service is closing, the consumers who are transferring to other services will have their preferences clearly documented and communicated to their new approved provider / service.

The service did not demonstrate 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.

I find this requirement is Non-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) Non-compliant

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

The Assessment Team found the service has processes to ensure that consumer’s privacy is respected, and their personal information is kept confidential. Consumers and representatives interviewed did not raise any concerns and confirmed their personal privacy is respected. However, some computers observed by the Assessment Team did not have a privacy screen and consumer’s personal and clinical information was able to be seen by consumers and visitors. Staff were also observed not logging off the computers in this area.

The approved provider’s response acknowledges that the service environment does not provide adequate or appropriate office space for staff to use. The approved provider identifies some technology security systems in place to prevent unauthorised access to consumer’s personal information.

While the service demonstrated each consumer’s privacy is respected, the service environment and staff practices did not consistently ensure each consumer’s personal information is kept confidential.

I find this requirement is Non-compliant.

# 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

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.

Some consumers and representatives interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of the consumers care and services. Consumers and representatives interviewed said advance care planning is discussed with them if the consumer wishes.

Consumers and representatives interviewed confirmed that there are case conferences and that they are able to have face-to-face discussions with the service manager and nursing staff as required. They said a copy of their care plan is available to them.

However, the service did not demonstrate consumer assessment and planning in relation to psychotropic medication is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of their care and services. Review of consumer care planning documents did not consistently identify when care is ineffective to meet consumer needs. This includes when a consumer’s behaviour changes or when incidents occur. Staff interviews indicate there is a lack of reporting of behavioural incidents leading to consumer’s care plans not reflecting effective care.

The Assessment Team identified that consumer preferences associated with their personal care are not assessed, identified, documented, and reviewed when required.

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

## Assessment of Standard 2 Requirements

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

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

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

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

Documentation reviewed and interviews with management, clinical staff, consumers, and representatives by the Assessment Team indicated assessment and planning generally occurs in partnership with the consumer or their representative. However, the service did not demonstrate that consumer assessment and planning in relation to psychotropic medication is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of their care and services. Seven representatives of consumers who are prescribed psychotropic medication informed the Assessment Team there had been no discussion with them in relation to the reasons for the medication usage, side effects, or the length of time the medication will be prescribed for. There was varying feedback from representatives about consent for the use of the medication including signing of consent forms and review of the medication and consent.

The approved provider’s response identifies that at the time of the Site Audit, all consumers and/or their representatives had consented to the use of psychotropic medication and that the prescribing medical officer had discussions regarding the use and risks with them. The service demonstrated they followed organisational procedures regarding consent for the use of psychotropic medication.

The Assessment Team identified gaps in partnering with consumers and/or their representatives in assessment and planning regarding the use of psychotropic medication. However, overall, the service demonstrated assessment and planning occurs in partnership with the consumer or their representative, and other providers of other care and services that are involved in the care of the consumer.

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.*

### 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.*

The Assessment Team found consumer’s care and services are regularly reviewed for effectiveness. However, this review is not consistently identifying when care is ineffective to meet consumer needs. This includes when a consumer’s behaviour changes or when incidents occur. Staff interviews and documentation reviewed indicated incidents are not always effectively reviewed to inform the impact on consumer needs, goals, and preferences.

The approved provider’s response acknowledges the findings in the Site Audit report and consumers identified have been referred to external services for review of their care and services. This referral information will be communicated to the new service to inform their care and services when the consumers are transferred.

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

I find this requirement is Non-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 consumers’ experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care and service records and interviewing consumers, representatives and staff about safe and quality care and service delivery. The Assessment Team also examined other relevant documents.

Consumers and representatives interviewed by the Assessment Team were generally satisfied with the clinical care consumers receive. There service demonstrated effective processes for the escalation and response to deterioration in consumer’s condition and this has occurred for most consumers as needed.

The service has organisational policies and procedures to inform effective infection prevention and control. Consumers, representatives, and staff interviewed provided positive feedback about the infection control practices at the service. The service has supported consumers and staff to access COVID-19 vaccinations.

However, the Assessment Team identified the service was not effectively managing high impact and high prevalence risks such as behaviours of concern and falls. The management of consumers falls was not consistent with the organisation’s procedures. Interviews with staff indicated there is ineffective communication of consumers behaviours. While there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled.

Documentation sampled and interviews with staff indicates consumers are not consistently referred to appropriate services and specialists in a timely manner and in response to the needs of consumers.

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

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team identified the service was not effectively managing all consumers behaviours of concern. Interviews with staff and management indicated ineffective communication of consumer’s behaviours, and that management of behaviours is not consistently tailored to the consumer’s needs to optimise their health and well-being. For one consumer, ineffective identification and management of their wandering behaviours has had a negative impact on another consumer who was frightened when the consumer entered their room and tried to get into bed with them. For one consumer, documentation regarding their wound management was not consistent and in line with recommendations from registered nurse assessment and planning.

The approved provider’s response states that consumers identified in the Site Audit report have been referred to external services for review of their care and services. The approved provider’s response identifies there is a plan for review of organisational policies and procedures relating to consumer clinical and personal care. Once these policies are reviewed, appropriate staff education will occur. In their response, the approved provider states they are continuing to develop and enhance care governance, monitoring and review processes, to better support ongoing compliance with Standard 3 of the Quality Standards.

The service did not demonstrate each consumer consistently receives personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.

I find this requirement is Non-compliant.

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

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

Although the feedback from most consumers and representatives was generally positive in relation to the care the consumers receive, the Assessment Team identified deficits in the management of high impact and high prevalent risks associated with the care of some sampled consumers. This includes consumers with behaviours of concern and consumers who have frequent falls. The management of consumers falls was not consistent with the organisation’s procedures.

The approved provider’s response identifies that there is a plan for review of organisational policies and procedures relating to consumer clinical and personal care. The approved provider identifies once these policies are reviewed, appropriate staff education will occur. In their response, the approved provider states they are continuing to develop and enhance care governance, monitoring and review processes, to better support ongoing compliance with Standard 3 of the Quality Standards.

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

I find this requirement is Non-compliant.

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

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

The Assessment Team found that while there are systems in place for communicating information about the care of consumers, these have not been effective for all consumers sampled. Care documentation reviewed by the Assessment Team indicated that consumer’s care needs and preferences are not documented consistently. As a result, staff do not consistently demonstrate an understanding or knowledge of the consumer’s care needs. Some consumers and representatives interviewed thought the consumer’s needs and preferences were not being effectively communicated between staff. Information about consumer’s condition is not always shared between clinical staff, care staff and/or management.

The approved provider’s response identifies that there is a plan for review of organisational policies and procedures relating to consumer clinical and personal care. The approved provider identifies once these policies are reviewed, appropriate staff education will occur. In their response, the approved provider states they are continuing to develop and enhance care governance, monitoring and review processes, to better support ongoing compliance with Standard 3 of the Quality Standards.

The service did not demonstrate information about the consumer’s condition, needs and preferences is consistently documented and communicated within the organisation.

I find this requirement is Non-compliant.

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

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

Documentation reviewed and staff interviewed by the Assessment Team demonstrated consumers are not consistently referred to appropriate services and specialists in a timely manner and in response to the needs of consumers. Review of care planning documentation demonstrated consumers with changes to their behaviours are not referred to behaviour specialists in a timely manner. One representative had requested a referral to a dementia specialist for their consumer and had not been informed if this had occurred. Another representative did not feel they had access to their consumer’s medical officer.

The approved provider’s response states that consumers identified in the Site Audit report have been referred to external services for review of their care and services. In their response, the approved provider states they are continuing to develop and enhance care governance, monitoring and review processes, to better support ongoing compliance with Standard 3 of the Quality Standards.

The service did not demonstrate consumers are consistently referred to appropriate individuals, other organisations and providers of other care and services, in a timely manner and in response to the needs of consumers.

I find this requirement is Non-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.*

The service has organisational policies and procedures to inform effective infection prevention and control and appropriate antibiotic prescribing and use. Consumers and representatives interviewed provided positive feedback about the infection control practices at the service. The service has supported for consumers and staff COVID-19 vaccinations to occur. Staff demonstrated there is effective management of standard and transmission-based precautions in place to prevent and control infections. Staff were generally knowledgeable in regard to antimicrobial stewardship.

I find this requirement is Compliant.

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.

The Assessment Team found that consumer preferences for services and supports for daily living were generally consistent with the information provided in interviews with staff and the information documented in consumer’s care plans.

Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and most consumers were observed to be engaged in activities of their choosing. The service has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive, and visual abilities.

Consumer feedback regarding the meals provided at the service was mixed, as some expressed satisfaction with the quality, while others did not. However, the service demonstrated they provided meals that are varied and of suitable quality and quantity.

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

## Assessment of Standard 4 Requirements

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

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

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

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

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

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

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

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

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

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

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

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

# STANDARD 5 NON-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 Assessment Team also examined relevant documents.

Overall, consumers interviewed by the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers said they felt their equipment was suitable for their needs.

Although the service is old and in need of maintenance, it overall has a welcoming environment and is clean. Consumers were observed to be moving around the service using a range of mobility assistive equipment, including wheelchairs and wheeled walkers. Staff across all areas of the service said they have enough equipment to undertake their role and generally meets the needs of consumers.

However, the Assessment Team found that out of room sensors which are used to alert staff to wandering consumers are not working. Staff said they have not been working for a few months and are unsure why they have not been fixed despite them reporting the issue on numerous occasions. The dining room chairs were observed to be dirty with dried food remnants. Fixtures in consumers rooms such as cupboards has exposed particle board.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

The service did not demonstrate an effective preventative and reactive maintenance system to ensure furniture, fittings and equipment is well maintained. The Assessment Team found that some furniture, fittings and equipment were not safe, clean and well maintained. For example, there was evidence of deterioration of consumer cupboards with particle boards exposed in some consumers rooms and dining room chairs were observed to be dirty with dried food remnants. Out of room sensors which are used to alert staff to wandering consumers are not working. Staff said they have not been working for a few months and are unsure why they have not been fixed despite them reporting the issue on numerous occasions. This has impacted on the safety and well-being of consumers.

The approved provider’s response acknowledges the findings in the Site Audit report and is proceeding with the closure of the service and transfer of consumers to a more suitable service environment. The approved provider identifies the issue with the out of room sensors has been resolved since the Site Audit.

The service did not demonstrate that furniture, fittings and equipment are consistently safe, clean, and well maintained.

I find this requirement is Non-compliant.

# 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 Assessment Team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Consumers and representatives interviewed by the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives know that management have an ‘open-door’ policy and can approach them with any concerns. There are numerous ways for them to make complaints including online, in writing or to a staff member. This can be anonymous if they so choose.

Consumers are encouraged to access advocacy groups, and language translation services are available if required. The service displays information about these services at reception.

The service has a feedback register and it was evidenced that action is taken in response to resolve complaints, a review process is undertaken, actions are taken to stop issues reoccurring and an open disclosure approach is used when managing complaints.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-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.

Overall, consumers interviewed by the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable and capable. Consumers and representatives interviewed expressed satisfaction with staff and confirmed they are kind, caring and respectful. However, consumers and representatives said there are not always enough staff to provide safe quality care in line with consumer preferences.

The service was unable to sufficiently demonstrate that the workforce is planned to enable the delivery and management of safe and quality care and services. Most consumers and representatives indicated that there has been recent staff shortages and that staff are rushed. One consumer with challenging behaviours associated with dementia will wander and become intrusive in other consumers rooms when staff are not available to provide adequate supervision.

Staff interviewed confirmed there are appropriate induction and training programs in place, and they feel supported by the service. Management advised that not all staff have had a formal performance appraisal. However, the manager has had a conversation about performance with all staff since commencing at the service in 2021 and staff interviewed confirmed this has occurred.

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 found the service did not sufficiently demonstrate that the workforce is planned to enable the delivery and management of safe and quality care and services. Some consumers and representatives interviewed raised concerns with staffing numbers. Two representatives said there was insufficient staff to meet the needs of consumers including cleaning and lifestyle activities. One consumer said there are delays in staff responding to their needs and another consumer said they can only have a second-daily shower due to staffing levels. Staff said management endeavour to replace unplanned leave shifts but are not always able to so at times they work short and recently have worked short on several occasions.

The approved provider’s response provided further information regarding how the number and mix of the workforce is planned at the service, based on consumer occupancy levels.

While the service demonstrated planning of the number and mix of the workforce, this was not demonstrated to be effective in ensuring all consumers received safe and quality care and services tailored to their preferences.

I find this requirement is Non-compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Most consumers and representatives interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives identified a variety of ways in which they are encouraged and supported to participate in the development, delivery and evaluation of care and services including meetings, feedback and complaint mechanisms, surveys, and one-to-one meetings with management. However, some representatives said they were disappointed in the way the organisation did not provide adequate notice to attend a meeting in relation to closure of the service.

Overall, organisation wide governance systems were demonstrated to be effective. The service’s plan for continuous improvement is informed by consumer needs, feedback, audits and clinical indicators. The organisation’s financial governance is flexible to meet changing consumer needs. The organisation ensures regulatory compliance is maintained through reporting mechanisms, and its peak body. Feedback and complaints from consumers are encouraged and used to improve the way services are delivered.

The service demonstrated it has policies in place to manage high impact or high prevalence risk associated with the care of the consumers, identifying, and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

However, the organisation’s clinical governance framework was not demonstrated to be effective in relation to ensuring safe and high quality clinical care for consumers and the organisation did not provide an open disclosure policy.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

*Effective organisation wide governance systems relating to the following:*

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

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the service had policies relating to antimicrobial stewardship and minimising the use of restraint, and these were generally demonstrated to be effectively implemented. However, the service did not provide the Assessment Team with a policy relating to open disclosure policy, as this was under review and had been redacted. Staff were knowledgeable about the principles of open disclosure and what to do if a consumer raised a concern with them. The organisation’s clinical governance framework was not demonstrated to be effective in relation to managing consumer behaviours of concern and falls.

The approved provider’s response provides further information regarding the organisation’s open disclosure policy, including that this was available in draft form at the time of the Site Audit.

While the Assessment Team identified gaps in clinical care for consumers, this has been considered in my assessment of Standard 3. At the time of the Site Audit, the organisation had policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. While some of these were not easily accessible, or in draft form, they were generally demonstrated to be effectively implemented at the service.

I find this requirement is Compliant.

# 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 1(3)(c)

*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 approved provider must demonstrate:

* 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.

### Requirement 1(3)(f)

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

The approved provider must demonstrate:

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

### Requirement 2(3)(e)

*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 approved provider must demonstrate:

* Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals or preferences of the consumer.
* Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.

### Requirement 3(3)(a)

*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 approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.

### Requirement 3(3)(e)

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

The approved provider must demonstrate:

* Documented information about the consumer’s condition, needs and preferences is adequate to ensure safe and effective care.
* Information about the consumer’s condition, needs and preferences is communicated to staff and others responsible for the consumer’s care.

### Requirement 3(3)(f)

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

The approved provider must demonstrate:

* Timely and appropriate referrals to individuals, other organisations and providers of other care and services are made to support the care of consumers.

### Requirement 5(3)(c)

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

The approved provider must demonstrate:

* Furniture, fittings and equipment are safe, clean and well maintained.
* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of furniture, fittings and equipment.

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

* The workforce deployed enables the delivery and management of safe and quality care and services. This includes consumer needs and preferences for personal and clinical care.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.