Archbishop Goody Hostel

Performance Report

29 Goderich Street   
EAST PERTH WA 6004  
Phone number: 08 9325 1063

**Commission ID:** 7111

**Provider name:** Catholic Homes Incorporated

**Site Audit date:** 11 November 2020 to 13 November 2020

**Date of Performance Report:** 25 February 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received on 3 December 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers interviewed by the Assessment Team said they were treated with respect and felt valued as consumers in the service. They said the care and services provided were culturally safe for them. Consumers said staff knew what was important to the consumer and consumers were encouraged to do things for themselves, to make decisions and take risks, exercise choice and maintain social connections. They said they understood the information given to them to help them make decisions, such as menu choices, activity calendars and event information. Consumers said staff respected their privacy.

The service was able to demonstrate that consumers were treated with dignity and respect and their identity, culture and diversity was valued. Staff were observed treating consumers with dignity and respect. Staff completed training on equity, diversity and privacy and dignity.

Care planning documents reflected the spiritual and cultural needs of consumers. Care plans recorded the choices consumer made in relation to care preferences, such as showering times, preferred activities, religious beliefs, and the relationships they wished to maintain. Consumers participated in activities in the community.

The service had a duty of care and dignity of risk policy which outlined the considerations staff were to take into account in assessing risks and enabling consumers to take risk, such as smoking or leaving the facility.

Staff said they provide consumers with information to assist them to make choices. They said there were staff who spoke the languages of some of the consumers who could translate information if needed.

The Assessment Team sighted weekly and daily menus on display and information signs in each area showing what activities, games and puzzles were available.

The service was able to demonstrate each consumer’s privacy was respected and personal information was kept confidential. Electronic records were password protected and all paper information was stored in locked cabinets.

The organisation had a policy relating to the protection of personal information that outlined the personal information to be collected and how it was to be used and protected.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives stated the service worked with them to develop a safe and effective care plan. They said staff asked them about what was important to them and staff knew their preferred waking times, their daily routines and their food and drink preferences. They said staff check with consumers daily on their care preferences for the day. Consumers and representatives said they were informed about the outcomes of assessment and planning and had ready access to their care and services plan if they wished.

#### The service had policies and procedures to guide staff in assessment and care planning. Care planning documents demonstrated that comprehensive assessments of consumers and care planning was undertaken by the service. Assessment and planning documents evidenced the needs, goals and preferences of the consumers, including their end of life preferences. Care plans listed the persons the consumer wished to involve in planning their care. The assessment and planning included risks to the consumers’ health and well-being, and strategies to minimise the risks. Where a consumer wished to continue to independently manage aspects of their care, an appropriate risk assessment was completed and strategies to minimise potential risks were detailed.

#### Other organisations and providers of care were involved in planning and assessment processes. Care documentation evidenced the involvement of health professionals and providers of services such as medical officers, occupational therapists, physiotherapists, podiatrists, dieticians, wound care specialists and other external professionals.

The Clinical Nurse advised they discussed with consumers or their representatives the consumer’s care at a six-monthly care plan review. Consumers and representatives were also involved in annual care conferences.

Care staff said care plans contained up-to-date information about each consumer and they were made aware of changes to the consumer’s care plan at handover and in communication books. They said they access consumers’ care plans on electronic devices and use a folder which lists daily tasks. Consumer summary care plans were available in each consumer’s bedroom and the plans included information about skin care, nutrition and hydration, continence, personal care, risks, mobility and complex care needs.

Management advised end of life planning and advance care planning were discussed during the admission process, although consumers and their representatives were often reluctant to discuss advance care planning at admission and the subject could be discussed at a later date. The service worked closely with the Metropolitan Palliative Care Consultancy Service to assess consumers and their needs and to provide support to consumers and their families. Advanced care planning guidelines were available to staff electronically. Brochures on palliative care were available.

The Assessment Team found care and services were reviewed regularly at six-monthly intervals and when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. Outcomes of care planning were communicated to the consumer and representatives when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer, including skin tears, pressure injuries, falls, unexplained weight loss and aggressive behaviours.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives stated they received the care they needed and the service assisted consumers to manage a range of health-related matters such as pain, diabetes, skin related issues, infections and loss of muscle strength and balance. They said staff knew each consumers’ individual needs and preferences. Consumers said they had access to a doctor or other health professionals when they needed it.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers’ files demonstrated the service followed best practice guidelines and tools to prevent and manage high-impact and high-prevalence risks to consumers. However, the service could not demonstrate each consumer received safe and effective continence care that was best practice, was tailored to their needs and optimised their health and well-being.

#### Monthly reports of incidents, including pressure injuries, behaviour incidents, falls and medication incidents, were completed by the clinical nurse and facility manager and the data was analysed and discussed at a monthly quality meeting for trends and opportunities for improvements. The service monitored performance by referring to feedback from consumers, representatives and staff, audits, incident reports and observations of staff practice.

#### The organisation demonstrated that the needs, goals and preferences of consumers nearing the end of their life were recognised and addressed. Care and services plans reflected the changing needs of consumers entering the end of their life. Staff have received training on palliative care and demonstrated to the Assessment Team an awareness of the changed needs and priorities of persons requiring palliative care. Management said the service worked closely with external palliative care specialists, and the service had a pastoral care coordinator who provided spiritual and emotional support to consumers in the end stage of their lives.

The service demonstrated it responded appropriately to a deterioration or changes in consumer’s mental health, cognitive or physical function, capacity or condition. Consumers’ files evidenced the identification of, and response to, deterioration or changes in a consumer’s condition. The organisation had policies and procedures to support staff in recognising and responding to deterioration or changes in a consumer’s condition.

Management said staff refer to flow charts to manage incidents after hours when no registered nurse is on-site, such as a fall, incidents of aggressive behaviours or suspected abuse, or when a consumer’s condition deteriorates.

#### The service demonstrated information about the consumer’s condition, needs and preferences was documented and communicated within the organisation and externally where responsibility for care was shared. Consumers’ files contained adequate information about a consumer’s condition, needs and preferences. The Clinical Nurse advised care staff report changes in a consumer’s health to the registered nurse and the information is recorded in progress notes, handover documentation, communication diaries and electronic messages. Permanent staff, agency staff, medical officers and allied health providers had access to the electronic care documentation system.

The organisation demonstrated that appropriate referrals were made, consumers were reviewed in a timely manner and interventions and recommendations arising out of the referrals were implemented. Staff described the process for referring consumers to medical officers and other health professionals for review after a fall, after a medication incident, unexplained weight loss, ongoing incidents of aggressive behaviours or when a consumer’s condition deteriorated.

#### Consumers and representatives said they were confident the service was well-prepared to manage a potential COVID-19 outbreak.

The Assessment Team found the service had effective systems to minimise infection-related risk. The service had policies and procedures to guide staff in infection control. The Clinical Nurse said appropriate diagnostic tests were made to confirm infection and ensure appropriate prescribing of antimicrobials. Annual antimicrobial surveys were completed by an accredited pharmacist and the pharmacy provided monthly reports on antibiotics usage. The pharmacy had provided training to staff on antimicrobial stewardship.

Staff said they received training in infection control, including on COVID-19 and using personal protective equipment.

Management described the service’s systems and processes for outbreak management. The service had management plans for gastroenteritis outbreaks, influenza outbreaks and COVID-19 outbreaks.

The Assessment Team observed posters on display throughout the service on physical distancing and preventing the spread of COVID-19.

Staff was observed maintaining proper hand hygiene whilst providing personal care, handling linen and serving meals.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has 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 service was not able to demonstrate each consumer received safe and effective continence care that was best practice, tailored to the needs of consumers and optimised their health and well-being. The Clinical Nurse said care staff were required to communicate information about whether a consumer’s continence aids and other interventions were effective. Management advised all staff had continence training in September 2020 delivered by the external continence consultant. The consultant was expected to return to the service to review continence aids for effectiveness. Documentation demonstrated that bowel management and continence were not managed in line with best practice to optimise the consumer’s wellbeing and dignity. The documentation established that the service did not initiate a review of bowel management medication by a medical officer in a timely manner. Incidents of incontinence were not reported to a medical officer over a period of more than three months.

The Approved Provider submitted a response to the Assessment Team’s Report that was received on 3 December 2020. The response advised that the service had implemented several actions to address the concerns raised by the Assessment Team, including:

* A review of a consumer’s aperients by the consumer’s medical officer on 13 November 2020.
* The provision of education and training.
* A trial of a new incontinence aid.
* An update to the relevant Bowel/Urinary Assessment Management Plan
* The introduction of daily cleaning.
* A memo to staff on 12 November 2020 regarding continence.

I acknowledge the Approved Provider’s actions to address the findings of the Assessment Team. However, at the time of the site audit, consumers were not receiving care that was tailored to their needs and optimised their health and well-being.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers said the service assisted them to engage in activities they enjoyed and to spend time with their families and engage with their friends both within and outside the service. Consumers said they were asked about what they would like to do every day and were supported to do things of interest. They said they enjoyed playing music, exercising, art, sitting in the garden and talking with friends at the service. Some consumers said they enjoyed smoking cigarettes and socialising with other consumers.

Consumers said staff at the service knew them well and knew what do to support them when they were feeling low.

#### Consumers said they enjoyed the food and the buffet-style servery. They said when they were hungry between meals, they had access to fruit and sandwiches. They said the meals were varied and met their preferences and religious and cultural requirements.

The service’s model of care aimed to promote independence and encourage consumers to do as much as possible for themselves. Consumers were involved in making choices about how their daily routine and their involvement in the community.

The activities schedule was tailored to consumers and supported their quality of life. Lifestyle staff said the service encouraged consumers to remain independent and involved in the delivery of care and services by involving them in laundering their clothes, watering plants, assisting cleaning staff with cleaning tasks, making their own beds, using a self-serve buffet and making their own hot beverages.

Lifestyle staff stated the activities schedule was tailored to consumers and supported their quality of life. The schedule was informed by lifestyle assessments, surveys, monitoring participation in activities, and from feedback.

Care plans contained information relating to the emotional, spiritual and psychological well-being of consumers and what services were meaningful for consumers.

The pastoral care coordinator said the service used a Spiritual Assessment Tool that helped staff to recognise when a consumer may benefit from a referral for pastoral care.

Cultural days were held to reflect the multiculturalism of the service and the menu reflected foods from different cultures. There were consumers who identified with national service and observed Remembrance Day at the service.

Consumers had access to care companions and Homes Home Care services for community visits.

The Assessment Team observed consumers actively participating in physical exercises, Bingo, playing piano, chatting with other consumers, sitting in the outdoor garden with their families and friends and enjoying their meals outside. The Assessment Team sighted resources for self-directed activities set up in several lounge rooms.

The Assessment Team found information about the consumer’s condition, needs and preferences were communicated within the organisation and with others where responsibility for care was shared. Care documents evidenced referrals to external organisations and individuals. Lifestyle staff said the service used volunteers to help supplement the lifestyle activities offered and had access to individuals and specialist providers, including a local Life Enrichment Centre and community centre.

#### The organisation had comprehensive policies regarding food preparation that were easily accessible by staff. Kitchen staff said they accommodate the specific dietary and cultural requirements of consumers. Menus demonstrated there was variety and choice. The menu was seasonal and had four weekly rotations.

The Assessment Team observed feedback forms located in two areas of the dining room. A kitchen whiteboard displayed the likes and dislikes, allergies and specific dietary requirements of the consumers. The Assessment Team observed consumers using the meal buffet service and independently serving their meals.

The Food Services Coordinator said consumers were encouraged to provide feedback on the menu using feedback forms or at resident and relative meetings. The Coordinator advised she conducted internal food safety audits every six months and meetings were held with management and the chef on a monthly basis to discuss catering concerns and goals.

The kitchen was in a central location and meals preparation could be observed through glass windows. The kitchen was clean and tidy and staff were observing general food safety and work health and safety protocols. The chef was talking to consumers in the dining room and assisting consumers as required.

There was a fridge in the dining room with fresh fruit, milk, various textured snacks and drinks. There were kitchenettes in the lounges containing biscuits and tea and coffee making facilities.

The Assessment Team observed equipment used by consumers, such as wheelchairs, gutter frames, comfort chairs, walking frames, hoists, air mattresses and shower chairs, was safe, clean and well-maintained and was appropriate for the consumers’ needs.

Care staff interviewed said they were trained in how to use lifting machines.

Cleaning staff said walking frames and wheelchairs were included in their cleaning schedule.

The maintenance manager said equipment was maintained on a regular basis. Staff were observed using the electronic device to log maintenance issues

Consumers’ files demonstrated that a physiotherapist and an occupational therapist assessed consumers with a view to ensuring the equipment provided was safe and suitable and met the consumers’ needs. A referral to the physiotherapist was made when equipment was no longer considered to meets the consumer’s needs.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they felt at home in the service, they found it easy to navigate around the service, and they were able to personalise their rooms. They said they felt safe and found the environment clean, well-maintained and comfortable. They said the furniture, fittings and equipment were maintained and cleaned. Consumers said they had never had any issues with their call bells.

Management described how they engaged consumers in refurbishing and decorating the internal courtyard. A mosaic on the walls was made by consumers and pots were decorated by consumers.

Staff said consumers and families were asked at meetings to discuss how the service environment could be improved, including what plants should be bought and how the consumers wanted to use the communal garden.

#### The Assessment Team found the service environment was safe, clean, well-maintained and enabled consumers to move freely, both indoors and outdoors. Shared toilets and bathrooms were clean and well-maintained. Consumers bedrooms were clean and well-maintained with enough storage space for personal items. Carpets in consumers’ bedrooms and in communal areas were clean and corridors were unobstructed.

The maintenance log established that there were no outstanding maintenance issues and all high priority issues were responded to in a timely manner. The maintenance log evidenced regular maintenance of equipment, furnishings and fittings.

Equipment that was used by consumers for mobility and transfers was safely stored in designated areas, clean and well-maintained. Call bells were operating effectively.

Care staff said the equipment they used was safe and it was regularly serviced. Care staff advised they would tag and report equipment that was broken or no longer fit for purpose. Care staff said they were trained in the use of the equipment.

Maintenance staff said all electrical equipment provided for consumer use, such as fridges, coffee machines and kettles were tagged and checked, and electrical devices owned by consumers were also tagged.

Each room was inspected monthly and repair works were booked as required.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they felt comfortable making a complaint or providing feedback about the care and services. They said the organisation had made changes in response to issues raised. They said management were approachable and responded to any issues raised in a timely manner.

The service encouraged consumers, representatives and staff to lodge complaints and provide feedback. All feedback was recorded, monitored and analysed. Information from the service’s complaints processes was considered by the quality manager and escalated to the Board and where appropriate, issues were placed on the Plan for Continuous Improvement.

Staff said they attempted to resolve an issue when it was raised or they escalated the concern to the service manager or the Clinical Nurse. Staff said they were aware consumers could lodge complaints with external organisations.

Complaints documentation demonstrated staff had assisted consumers to provide feedback by completing feedback forms on their behalf. Complaints registers established that complaints and feedback were analysed for trends and issues were added to the Plan for Continuous Improvement.

There were feedback forms, posters and brochures with advocacy information and language services located at the reception and in various common areas throughout the service. The service provided all consumers and representatives with information on how to lodge a complaint or provide feedback in a handbook that also included information on language and advocacy services. The service’s newsletter also provided information on advocacy and language services.

The service also encouraged consumers to provide feedback at resident and relative meetings where managers also discussed the outcomes of complaints processes.

The service was able to demonstrate that appropriate action was taken in response to complaints and an open disclosure process was used when things went wrong. Staff said they were aware of the open disclosure policy.

The Assessment Team found that all documented complaints had been addressed or were being processed.

Complaints trends were analysed and discussed by the governance committee.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives said there were enough staff to meet their needs and they didn’t wait long for staff to respond to call bells. Consumers said staff were kind and treated them with respect. They said staff were good at their jobs and they were confident that staff were trained to be able to meet their needs.

The service reviewed staffing levels to ensure there were enough staff to provide quality care. Staff were trained to deliver care that complied with the Quality Standards. Each staff member had a performance review conducted on an annual basis.

Management said staffing numbers were reviewed on a regular basis. The service was recruiting a registered nurse to work three days per week at the time of the Site Audit. Staff said they were satisfied with staffing numbers.

The Assessment Team reviewed rosters which showed that all shifts were filled. A review of call bell information established that call bells were generally attended to in a timely manner. Surveys were conducted to determine if consumers and staff were satisfied with staffing levels.

The service was able to demonstrate that staff were recruited and trained to deliver care and services. Staff had completed training in person-centred care. Orientation training included training in the Aged Care Quality Standards.

Management said they identified training needs by analysing incidents, audits, and staff and consumer feedback.

Recruitment was conducted by the organisation and involved police checks, proof of influenza vaccination, qualification checks and referee checks. There was a three-month probationary period for all new staff to the organisation.

A review of training records showed all staff had completed mandatory training.

Staff said they had an annual appraisal where performance and training needs were discussed.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

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

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

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

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

The service did not demonstrate that care staff performed all duties within their skills and competencies. The service could not provide evidence to demonstrate that the service assessed and checked that care staff had the right skills and knowledge to provide wound care for complex wounds and pressure injuries.

The service manager identified through a skin and pressure area care audit that some care staff were attending to complex wound care that they were not skilled and qualified to do.

At the time of the Site visit, the service could not evidence the competencies of some staff providing wound care to consumers with skin tears. Management said they would work with the Clinical Nurse to ensure that all staff were working within their skills and competencies.

The Approved Provider submitted a response to the Assessment Team’s Report received on 3 December 2020. The response advised that the service had identified the records that showed the staff involved in providing wound care were deemed competent. The response also provided evidence of additional care workers completing competency assessments in relation to simple skin tear dressings and referred to a memo and a staff meeting in which scope of practice was discussed, including a directive that only registered staff end enrolled nurses were to attend to complex wounds.

I acknowledge the Approved Provider’s response and the actions taken by the service to ensure staff could demonstrate they were competent and had the knowledge to effectively perform their roles, particularly in relation to providing wound care to consumers. I acknowledge also the communication with staff regarding care worker scope of practice and advising that wound care, other than skin tears, was to be completed by a registered nurse. However, at the time of the Site Audit, care staff had provided care that was beyond their scope of practice and the service was not able to evidence staff competencies. I do not consider that the actions implemented by the Approved Provider demonstrate sustained compliance with this requirement.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

### 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

Consumers said the service was well run and they felt engaged in the development, delivery and evaluation of care and services. They said they were encouraged to provide feedback through the comments and complaints systems, and they were confident their feedback would be acted upon by management.

There were organisation-wide systems to support information management, workforce governance and compliance with regulation. Policies and procedures were updated to reflect current legislation and best management practices.

The clinical governance framework included minimisation of restraint use. The service practised open disclosure and supported staff to understand and apply open disclosure in practice. All staff were trained in the identification and reporting of elder abuse.

The service could demonstrate the organisation’s governing body promoted, and was accountable for, a culture of safe, inclusive and quality care and services.

The Board approved a new position of clinical lead within the organisation to ensure care was being provided in accordance with the quality standards. Board members were actively involved in sub-committees relating to clinical governance, audit, risk and finances.

Training for staff was recently reviewed to ensure staff understood and practiced the Quality Standards and followed organisational policies and procedures.

The service could demonstrate they had effective governance systems to ensure staff were fully informed and could access information when required. The service changed from a paper-based care information system to an electronic care system. All relevant information has been uploaded onto the electronic system.

Care plans have been printed and stored in consumers’ room to ensure staff had care information available to them. Staff said they have received training in the new care system and it was easy to locate and record information. Staff had access to policies and procedures on the electronic system and in paper-based files.

Opportunities for continuous improvement were identified in consumer, representative and staff feedback and in the outcomes of audits and feedback from external organisations. The continuous improvement plan demonstrated there was a process followed to complete and evaluate opportunities for improvement.

The service has an allocated annual budget. Monthly meetings were held between the service manager and the finance team to discuss the service’s finances. There were processes for requesting additional funding. The organisation had a financial delegation system in place enabling different levels of expenditure to be approved.

The organisation had an organisational structure in place which identified staff reporting lines and a hierarchy of management and governance.

The service was a member of peak bodies and relied on the peak bodies to inform it of regulatory changes. Changes were disseminated to staff by the service manager. Regulatory compliance was monitored monthly by the organisation's management team and quarterly by the Audit and Risk Committee.

A new management team had implemented a new complaints and feedback system that appeared to effective. Consumers, staff and representatives were encouraged to lodge complaints and feedback, and the service responded to all items received in a timely manner. Complaints were analysed and reviewed for trends and items were added to the continuous improvement plan where appropriate.

The organisation provided a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers was managed, the abuse and neglect of consumers was identified and responded to, and consumers were supported to live the best life they could. Staff had received education about the policies and were able to provide examples of their relevance to their work. Abuse and neglect of consumers was included in mandatory training and was completed annually.

A new role of a clinical lead was created within the organisation and was responsible for visiting the service weekly to discuss clinical indicators and assist in managing high impact and high prevalence risks associated with the care of consumers.

The organisation provided a documented clinical governance framework that included a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

Management said that in applying the framework, all chemical restraints at the service were removed by 22 September 2020. All psychotropic medications prescribed require a consent form to be signed by the consumer or their representative to ensure they understand and consent to the medication. There are antimicrobial audits conducted by an external contractor to ensure the service is complying with the organisation’s policy on antibiotic use.

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.*

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal and clinical care that is best practice; is tailored to their needs; and optimises their health and well-being.
* Requirement 7(3)(c) – Ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.