Aurrum Norah Head

Performance Report

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NORAH HEAD NSW 2263  
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**Commission ID:** 0234

**Provider name:** Aurrum Pty Limited

**Site Audit date:** 20 April 2021 to 22 April 2021

**Date of Performance Report:** 6 June 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit from 20-22 April 2021; 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 14 May 2021 with a written response and supporting evidence.

# 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

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

Overall, sampled consumers who spoke with the Assessment Team considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers described staff as pretty good, very kind, patient and understanding. Consumers confirmed they are encouraged to do things for themselves and that staff know what is essential to them. Consumers confirmed their privacy is respected by staff at the service. One consumer representative said staff treated the consumers as friends.

The Assessment Team found staff were consistently able to demonstrate their knowledge and understanding of consumers' backgrounds and how they provided culturally appropriate care to consumers; the way they support consumers to exercise choice and independence to live the lives they wish for and maintain relationships; and how they ensure consumer privacy is respected.

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

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.

Consumers and representatives who spoke with the Assessment Team confirmed they feel like partners in the ongoing assessment and planning of care and services. Consumers and representatives interviewed confirmed they are involved in the initial and ongoing planning of their care on entry to the service, third monthly, and if there is a change to their needs, goals, and preferences. Representatives confirmed they are informed and updated about clinical changes for the consumer. While not all consumers and representatives interviewed said they had been offered or received a copy of their care plan, all stated they feel confident that they can have access to the care plans when they want.

Most consumers and representatives who spoke with the Assessment Team said the service had discussed end of life planning with them. Some representatives said end of life preferences were regularly discussed during care plan reviews and case conferences. The Assessment Team reviewed the assessment and care planning documentation for consumers and identified that reviews are being completed regularly and in conjunction with the consumer and representatives. Assessment and care planning documentation reflected individual consumer's current needs, goals and preferences.

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

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

Overall, sampled consumers who spoke with the Assessment Team considered they receive personal care and clinical care that is safe and right. Consumers and representatives interviewed confirmed consumers get the care they need, including personal hygiene, meals, medication, wound and skin care, management of pain, mobility and exercise, and assistance with continence care needs. Consumers and representatives interviewed confirmed that they could access a doctor or other health professional when they need it.

The Assessment Team found the service has policies and procedures to guide staff practice in providing clinical and personal care tailored to consumers’ needs and preferences. There is a system to identify and manage high impact or high prevalence risks associated with each consumer's care. Staff demonstrated they have access to relevant clinical information, and they share this information with allied and medical health specialists. Palliative care and end of life care are provided with consideration to consumers wishes. However, it was noted by the Assessment Team that whilst referrals occur on time, consumers with changing conditions are not always recognised and responded to quickly.

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) Compliant

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

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

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

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

The Assessment Team identified deficits in how staff identify and respond to changes in consumers’ condition. Care planning documents and progress notes for one consumer did not reflect the identification of, and response to, deterioration or changes in condition promptly. There was a lack of evidence to show ongoing observation, assessment and review of the consumer. The consumer’s representative also raised concerns that their multiple requests to transfer their relative to the hospital were not considered by staff and immediately actioned.

The Assessment Team found the organisation has procedures and guides for supporting staff to recognise and respond to deterioration or changes in a consumer’s condition. However, staff interviewed could not provide recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to promptly, Staff interview informed the Assessment Team they had not received training on recognising and responding to signs of deterioration in consumer’s health.

The approved provider disagreed with the observations of the Assessment Team. In respect of the consumer identified by the Assessment Team the provider stated the consumer was monitored and assessed by a registered nurse and was transferred to the hospital once advised by a General Practitioner. Furthermore, they stated the staff have been previously provided training regarding clinical deterioration and escalation process and do have the understanding for responding changes.

I have considered the response provided by the provider and the Assessment Team. The service was unable to demonstrate that one consumer’s deterioration or change in condition was being recognised and responded to in a timely manner.

I acknowledge the approved provider response but am not satisfied that the service was able to demonstrate to the deterioration or change of a consumer’s physical function, capacity or condition were recognised and responded to in a timely manner at the time of site audit.

I find this requirement Non-Compliant.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most consumers interviewed by the Assessment Team confirmed they are supported and have access to supports to enhance their independence and enjoyment. However, the Assessment Team observed some male consumers staying in their rooms who stated they are not always supported to engage in social activities of interest to them. Other consumers from a culturally and linguistically diverse background also were not involved in activities.

Most consumers who spoke with the Assessment Team said they are supported by the service to do things they like, and they are supported to keep in touch with people who are important to them. Consumers confirmed they receive meals that are varied and of good quality and they are consulted about their meal preferences. Generally, consumers and representatives said they are supported emotionally by staff, and the review of care and service records show that support for consumers emotional and psychological well-being is assessed, monitored and provided consistent with the organisation’s expectations.

Documentation reviewed by the Assessment Team demonstrated the service has a system to consult with consumers and their representatives to identify and plan activities and supports which meet the consumers’ social needs and preferences. However, there was minimal use of other community or voluntary services being consulted or engaged in providing services to ensure consumers’ independence is supported.

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.*

Most consumers and representatives interviewed by the Assessment Team considered they are supported to have social and personal relationships. However, the Assessment Team found through observations, interviews with staff, consumers and representatives, and documentation some male consumers, consumers with a CALD background and consumers with cognitive decline were not always supported to do things they enjoy and engage in meaningful social interactions and relationships. One representative raised concerns about staff not encouraging their relative to engage in activities, the consumer is unable to self-initiate due to cognitive decline and as a result stays in their room watching television.

In their response, the approved provider addresses above:

* In relation to two consumers with CALD background who the Assessment Team reported did not engage in many activities due to language barrier and were not supported to use any device which can help them to listen their favourite music, the approved provider states the services has number of resources including different radio programmes on demand, online translation and smart devices with cultural musical playlists as well as different reading material in different languages to engage consumers from a CALD background. The supporting evidence shows a review of the Lifestyle Programme: Introduction of Reminiscing with Rhythm was completed in March 2020 prior to the site audit and the service support consumers with use of their own smart devices or devices provided by the service.
* In relation to a consumer who spoke with the Assessment Team who has stopped knitting since their representative stopped bringing their knitting materials, the approved provider advised they are encouraged and supported to continue with their knitting at the service’s knitting club.
* In relation to consumers who reported being unable to continue the gardening due to limited physical ability. The provider’s response includes details of how they support consumers through raised gardening.

The Assessment Team’s report and provider’s response includes additional information and supporting evidence about daily living services and supports provided to consumers for community participation, social and personal relationships and doing things of interest as addressed under other requirements. This has also been considered in relation to this requirement.

The Assessment Team’s report and provider’s response show overall consumers have been supported to have social and personal relationships and consumers had been supported to participate in community life.

I find this requirement is Compliant.

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

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

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

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

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

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

### 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

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

Overall, sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers confirmed they feel safe living at the service, and the service is well maintained, clean and comfortable. Consumers commented they like their room aspect and view. Consumers commented they like the building renovations and were consulted about some aspects of the renovations. One consumer said it is the best place they have ever lived, and they like it. Consumers’ representatives said they feel welcomed when they visit the service, and the staff are very friendly. Another consumer shared how they feel at home, and they have appreciated some of the improvements that have been made to meet their personal needs, for example, the provision of a storage trolley in their bathroom and the lowering of hanging rails in their wardrobe to meet their height requirements.

The Assessment Team observed the environment is overall conducive to the well-being and safety of consumers. The staff have systems in place to ensure equipment is serviced regularly and maintained in optimal condition. All staff have been trained in the use of equipment and are responsible for overseeing that equipment that is not appropriate or suitable for use is reported.

The environment enables consumers to move around freely both inside and outside due to the design. The inside of the building is well maintained, clean and safe. There was limited signage to assist consumers to find their way around inside the service. The Assessment Team observed consumers becoming lost and unaware of how to get to certain areas. External areas of the building are not always maintained in a clean state. Additionally, the organisation has not ensured external storage areas are safe and organised and that the removal of excess equipment is managed effectively.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found the service environment is recently renovated and welcoming and information material is available in the entry area. Observations by the Assessment Team showed the consumers were interacting together and with their visitors throughout the service. Consumer rooms were noted to be personalised with consumers’ names and belongings. The recently renovated service offers consumers access to areas for activities a café, areas for quiet contemplation and small gatherings. Consumers interviewed shared how they feel at home and appreciative of the renovations which meets their personal needs.

The Assessment Team observed there is a lack of signage throughout the service to assist with wayfinding, apart from consumer names and room numbers beside consumer rooms. During the visit, one consumer was observed asking for assistance due to lack of signage. The Assessment Team raised the lack of signage with management advised they were trailing a range of temporary signage to assist with wayfinding and would implement permanent signage upon trial completion. Management acknowledged the lack of signage but stated the service is not very large and staff are always available to redirect the consumers if required. Management explained that the service is not dementia specific and provides a secure perimeter and that the service is using the consumers complaints and feedback to make improvements.

In their response, the approved provider clarified the consumer requesting assistance to navigate the service had been admitted one day prior to the site audit and was still orientating to the environment.

I have considered the Assessment Teams report and the approved provider response, I find at the time of the performance assessment the service environment was largely welcoming and easy to understand, and did optimises each consumer’s sense of belonging, independence, interaction, and function.

I find this is requirement is Complaint.

While not considered in making the compliant finding I acknowledge the improvements being undertaken by the approved provider. The approved provider states they have incorporated the feedback from the Assessment Team in their continuous improvement plan.

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

*The service environment:*

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

The Assessment Team identified the service was observed to be clean, well-maintained and safe. The building design does enable all consumers to move freely indoors and outdoors, which includes several automatic doors and level walking surface. It was observed that the upgraded building and additional walking paths has reduced any trip hazards. The common areas and furniture were clean and was suitable height. All equipment was seen stored properly and all exit and entries pathway were uncluttered. The Assessment Team noted all consumer's doors leading to verandas and gardens were open and the service has one area designated for smoking consumers. The smoking area was clean and tidy and had the appropriate fire safety equipment. All consumers and representatives interviewed stated they are satisfied with the cleaning of the service and the improvements made from recent renovations.

Whilst consumers can move freely indoors and outdoors, the external areas of the building were not maintained and clean due to consumers feeding birds and nearby bushland. It was noticed that external verandas were not clean and were not safe for the consumers and the outdoor veranda area and furniture surrounding the home was covered in bird droppings. This was raised with management, and cleaning was carried out during the site audit. It was noticed that the external storage areas were not safe and managed effectively and posed some safety issues. One consumer's personal belonging, which were removed to de-clutter their room, were observed to not be stored securely and were dusty.

The maintenance staff interviewed could explain the notification system for preventative and ad hoc maintenance. A review of the maintenance register shows that regular maintenance is carried out, and there is no backlog or outstanding maintenance issues. Cleaning staff could explain their cleaning system and how they manage additional cleaning. Staff said the cleaning of the outside veranda is constantly required due to consumers encouraging birds by feeding them and the easy access by birds to the verandas, which cannot be prevented. Staff told the Assessment Team as the service backs onto bushland bush turkeys roam the grounds constantly. Following the recent rain, the verandas were acknowledged to need cleaning.

In their response, the approved provider stated the consumers are supported to feed the birds as this provides them with sense of happiness and optimise their sense of belonging, independence, interaction, and function and ensures the outdoor area is cleaned on a regular basis.

I accept the Assessment Team’s observations that the outside area was not clean at the time of the site audit. However, I do not believe this represents a systemic issue in the cleanliness, safety, and maintenance of the service environment. Given it is the outside area, I acknowledge there are elements outside of the organisation’s control which can impact the cleanliness of this area. Overall, I consider at the time of the performance assessment the service environment was mostly clean and it was safe, well maintained, and comfortable and did enable consumers to move freely, both indoors and outdoors.

I find this requirement is Compliant.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers who spoke with the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. When asked, consumers generally said they do not have any complaints; however, if they had complaints, they said they felt comfortable speaking with staff or the management team. Consumers said they attend the resident meetings and they feel comfortable raising any issues or complaints and providing feedback at the meeting.

Consumers and their representatives told the Assessment Team their concerns have been addressed whenever they have raised areas of concern or complaint and they are satisfied with the result. Staff were observed apologising to a consumer and their representative when it was identified the consumer was placed in an area without call bell access. It was remedied immediately, and plans were made to ensure this did not occur again.

The Assessment Team found management regularly seeks input and feedback from consumers, representatives, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole service. The management team demonstrated they are responsive to consumer complaints and feedback and proactively manage them. They were able to provide evidence of personalised responses to consumer's 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-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

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.

Most sampled consumers who spoke with the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. One consumer said most staff are kind, caring, gentle and nothing is too much trouble. A consumer's representative who is new to the service said all their observations have shown staff to be "lovely" in their interactions with their family member. Consumers and representatives said they feel confident that staff are skilled, and they adequately meet consumer’s care needs.

However, consumers and staff provided feedback that there are not always an adequate number of staff to provide safe and quality care and services. While the service has initiated plans to increase staffing levels this has not been implemented at the time of the site audit.The Assessment Team foundgenerally, the organisation can demonstrate it has systems for recruitment to ensure they employ staff who are skilled and meet the requirements of their job roles. There are processes for regular training in core skills which are job specific. The Assessment Team has identified that specific training has not always been provided to the registered nurses and lifestyle staff and this has led to knowledge deficits which has affected the services ability to meet all the Quality Standards.

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) 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 interviewed several consumers and representatives who stated they did not think there was enough staff employed at the service to promptly respond to call bells and gave examples of how they had to wait up for staff to respond. Some staff commented that they are struggling to provide person-centred care as per the organisation’s care model. Staff further stated that two staff resigned due to increased workload. A review of the call bell report notes a high number of calls over the organisational average response time during March 2021.

Service management advised the Assessment Team that the service is running at full capacity since renovation. There has been a noted increase in staff taking sick leave due to increased workload. The Assessment Team was given several examples how the service has adjusted the roster in response to consumer care needs including 15 additional hours has been granted per day for the care staff. Management explained the recruitment process is delayed due staff requiring National Disability Insurance Scheme (NDIS) workers clearance. Whilst they will continue to employ staff, these staff will not provide service to NDIS consumers till clearance.

The manager advised the Assessment Team that they usually monitor call bell times above 10 minutes and that random tests were conducted to check staff response times. A review of reports shows that lifestyle hours were fully staffed with no unfilled shift and one shift was unfilled for direct care staff for past four weeks.

In their response, the approved provider disagrees with the Assessment Team’s findings and considers the workforce planned in relation to the number of members of the workforce to enable the delivery and management of safe and quality care. In response to consumer’s increased number the service has increased 15 hours per day and recruited a Care Manager and registered nurse. They state the service is monitoring the call bell response times and that there has been a new installation of the call bell system to improve the response time. Lastly, the approved provider states that a workforce audit completed in June 2020 indicates consumers felt that care and service is always delivered and not rushed and cut short and staff have enough time to meet their needs.

I have considered the Assessment Teams report and the approved provider’s response and I find the workforce is not consistently planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. I acknowledge the upgrade works to the call bell system, however, the number of calls over 10 minutes is still high and staff feedback about their capacity to complete tasks and ongoing negative consumer feedback indicates the effect of the additional hours and staff will require more time to determine improvement.

I find this requirement 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.*

The Assessment Team provided information that most staff recruited have undertaken mandatory training to support them to deliver the outcomes required by these standards. However, the Assessment Team identified that specific training has not always been provided to the registered nursing and lifestyle staff and this has led to knowledge deficits which have affected the service’s ability to meet all the Quality Standards. The Assessment Team identified a gap in staff knowledge regarding the identification of a deteriorating consumer, which is noted in Standard 3 Requirement (3) (3)(d). Further gaps in staff knowledge and skills were identified in the provision of supports for daily living to ensure consumers are engaged in things of interest to them and participate in their community within and outside the service environment. The Assessment team identified the service have adequate processes in place to monitor if staff are trained, equipped and supported in their role. The service does have a current staff training needs analysis which is monitored weekly. Most sampled consumers and representatives did not raise any areas where they thought staff needed more training.

In their response, the approved provider disagreed with the findings of the Assessment Team and provided evidence that before the site audit, staff have completed training in recognising and responding to sign of deterioration in consumer’s health. I have considered the Assessment Team feedback on recognising and responding to deterioration in Standard 3 Requirement 3(3)(d). The provider further states that service have extensive range of resources available for the Lifestyle team to utilise in supporting consumers.

I have considered the Assessment Teams report and the approved provider’s response and I find at the time of the assessment contact it was demonstrated the workforce have been trained, equipped, and supported to deliver the outcomes required by these standards.

I find this requirement Compliant.

### 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).

Overall, sampled consumers who spoke with the Assessment Team considered the organisation is well run and that they can partner in improving the delivery of care and services. Sampled consumers and their representatives expressed satisfaction with the organisation and how they run the service. Sampled consumers said they can provide feedback through the resident meeting, surveys and in-person to the general manager. One consumer said they were consulted about questions they felt management should ask potential staff when interviewing them for positions at the service.

The Assessment Team found the organisation’s board promotes a culture of safe, inclusive and quality care and services and works with the senior management team to ensure this occurs. The organisation can demonstrate there is a clinical governance framework in place. Details of the framework were noted in policies and the organisation's self-assessment of the service.

The organisation can demonstrate effective organisation-wide governance systems are in place. Effective organisational risk management systems and practices have been demonstrated in relation to managing high impact, high prevalence risks associated with the care of consumers.

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.*

# Areas for improvement

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

**Standard 3 Requirements**

**Requirement 3(3)(d)**

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

The approved provider must demonstrate:

* Deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
* Ongoing assessment, monitoring and review of consumer’s following deterioration of change is clearly evidenced through the services clinical documentation system.
* Staff are aware of and act in line with the service’s policy for deteriorating consumers.

**Standard 7 Requirements**

**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:

* Implement the management and staffing structure, number and skills mix as planned, formally evaluate the effectiveness of this with appropriate expertise and with input from consumers/representatives and make any further improvements to workforce planning and deployment as identified are needed. This means providing a workforce that is enough, skilled and qualified for safe, respectful and quality care and service delivery.