Bayside Residential Aged Care Facility

Performance Report

136 Marconi Road   
BONNELLS BAY NSW 2264  
Phone number: 02 4973 6799

**Commission ID:** 0528

**Provider name:** Allity Pty Ltd

**Site Audit date:** 13 April 2021 to 16 April 2021

**Date of Performance Report:** 04 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** | **Compliant** |
| Requirement 3(3)(a) | 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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-Compliant** |
| Requirement 5(3)(a) | Non-Compliant |
| Requirement 5(3)(b) | Non-Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **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 13-16 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 Assessment Team’s infection control monitoring checklist dated 13 April 2021
* the provider’s response to the Site Audit report received on 11 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

**Summary of 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 that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives confirmed they are treated with respect. They are appreciative of the friendliness with which staff interact with them and the consultative nature of these interactions. Consumers and representatives said they have a say in what they do every day and are encouraged to do as much as possible for themselves, as this helps maintain their independence. Consumers informed the Assessment Team that staff understand what is important to them and are not judgemental about the choices they make.

Consumers and representatives reported that staff always knock on closed doors and wait for an invitation before entering. They confirmed that staff close the door or draw the curtain prior to assisting consumers with their personal hygiene requirements. The Assessment Team interviewed staff, who confirmed how they respect individual consumers and their needs, preferences and choices. They spoke about consumers with respect and how they enable them to live the life they choose. They provided examples of how they encouraged consumers to maintain relationships of their choosing. Documentation detailing evidence of the care provided to consumers, endorsed the information consumers shared with the Assessment Team during the site audit.

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

**Summary of 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.

Overall sampled consumers who spoke with the Assessment Team confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Most consumers expressed satisfaction with communication in relation to care and service assessment outcomes. Two consumers interviewed indicated that staff have discussed care with them. One representative indicated that the staff had discussed their relative’s care including advance care directives.

All consumers interviewed said that they have no concerns about their plan for care and are happy with their care and services. Consumers interviewed who have completed a dignity of risk said staff have discussed risks associated with their personal and clinical needs and preferences. Care planning documentation demonstrate evidence of assessment and planning for consumers.

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 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

**Summary of 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.

Most sampled consumers and representatives who spoke with the Assessment Team consider they receive personal care and clinical care that is safe and right for them. Overall consumers and representatives were satisfied with the care and services provided and said staff were kind and caring. Most consumers and representatives interviewed said that they were satisfied with how staff responded when they were unwell and the timely treatment they received.

Overall, the Assessment Team found the service has effective clinical oversight of consumers’ clinical care. The Assessment Team identified some inconsistencies in relation to behaviour monitoring and review to ensure care is tailored to a consumer’s need and is consistently optimising their health and wellbeing. However, interviews with registered nurses and management showed this related to a gap in documentation processes.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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) 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 NON-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

**Summary of 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 sampled who spoke with the Assessment Team considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Most consumers 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 and provided examples of how they do this

Overall, consumers in the general areas of the service gave positive feedback about staff support for their independence, well-being and quality of life. However, the Assessment Team found consumers in the memory support unit do not have appropriate and relevant activities and lifestyle support provided to them. There is a lack of resources in the memory support unit to engage the interest of the consumers living there. In addition, care staff working in the memory support unit are not aware of consumer’s social histories, lifestyle goals and preferences and do not have the education in dementia lifestyle support to optimise consumers’ well-being and quality of life.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team provided information that daily living services and supports were not always safe or effective in meeting consumer needs, goals or preferences to optimise their independence, well-being and quality of life in the memory support unit. Throughout the visit, the Assessment Team observed consumers in the memory support unit were not engaged by staff unless it was to provide care and were sitting, dozing or walking up and down in the hallway.

Staff interviewed could identify what is important to consumers, what they like to do and how the staff work with consumers to maintain their independence and quality of life in general areas of the service. However, the Assessment Team noticed no lifestyle staff were allocated to the memory support unit and the care staff were not trained to provide lifestyle support to the consumers living with dementia. The Assessment Team observed staff were not aware about the consumer’s social histories, lifestyle goals and preferences in relation to daily living support. Strategies are not always implemented, for example, the lifestyle coordinator has provided care staff with a USB containing movies and music to select from to pay in the communal living room which they do not use. The Assessment Team documented that the activities over the weekend are self-run which impacts the consumers with dementia who are unable to self-initiate activities of their interest. Review of care documentation showed that staff are respectful of consumer’s preferences in what activities they wish to participate in.

Review of service documents showed there are group activities and some changes have been made in response to the feedback from the consumers in October 2020. This was also reiterated by staff. However, there is still a lack of activities and individual programmes for consumers living in memory support unit.

The approved provider submitted a response that included strategies and continuous improvement plan relating to this requirement but did not dispute the observations of the Assessment Team. Time is required for the approved provider to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessment Teams report and the approved provider response and I consider that at the time of the performance assessment, consumer’s in the memory support unit were not receiving safe and effective daily living services and supports to optimise their independence, health well-being and quality of life.

I find this requirement Non-Compliant.

### 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) Non-compliant

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

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

The Assessment Team interviewed consumers and representatives who provided feedback that generally the service supports consumers to do things of their interest. However, some consumers and representatives said the service does not understand consumer’s interests and needs. For example, one consumer who likes to go out on bus trips is unable do so due accessibility issues with the bus. One representative said they had written some information for care staff about the consumer but not sure if staff are aware about the consumer’s interests.

Staff interviewed by the Assessment Team were able to explain how the consumers are supported to maintain their social and personal relationships. For example, a non-denominational religious service is held weekly and families can visit at any time even though there are preferred times since COVID-19. The Assessment Team observed there were few activity resources available within the different communal areas, for the resourced which were available, staff advised they did not use them to interact with consumers as their role is to only provide care which they were doing. The Assessment Team noticed some consumers were enjoying access to some animals. The recommendation was to extend the same access to the consumers in memory unit, but this has not occurred.

The approved provider did not dispute the observations of the Assessment Team. In their response, they provided strategies to improve consumers participation and a continuous improvement plan to address the issues raised.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment the daily living services and supports were not assisting consumers to participate in their community within and outside the organisation’s service environment and do things of interest to them.

I find this requirement Non-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 NON-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

**Summary of 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.

Most sampled consumers who spoke with the Assessment Team considered that they feel they comfortable in the service and feel safe in the service environment. The Assessment Team observed that parts of the service environment are welcoming, with communal spaces for socialisation and lounge areas for consumers to receive guests. This was confirmed by consumers and their representatives, for consumers living in the general areas of the service. However, the Assessment Team found the memory support unit does not reflect dementia enabling environmental principles. The Assessment Team observed consumers living in this area do not have relevant and visible cues and way-finding signs, in accordance with dementia and person-centred care principles.

Consumers and their representatives who spoke with the Assessment Team advised that consumers living in the general area of the service can move freely between the indoor and outdoor areas. However, in the memory support unit consumers cannot move freely within the secure area as they are unable to access outdoor areas in the afternoons.

Overall the Assessment Team found from observations made, feedback from consumers and representatives, staff and interview with the maintenance officer shows the service environment is safe and well maintained. This was supported by a review of a sample of maintenance records. However, Assessment Team found the lack of cleaning staff compromises the effective cleaning of the environment including consumers’ rooms.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found the service environment was generally welcoming and bright. The Assessment Team observed the dinning, courtyard and lounge areas and outdoor furniture had seating for groups to interact. The consumers and representatives who spoke with the Assessment Team advised they feel comfortable and can spend time in siting areas without any concern.

However, the Assessment Team found the memory support unit does not reflect dementia enabling environmental principles. The Assessment Team observed there is a lack of dementia enabling design principles in the memory support unit and consumers living in this area do not have relevant and visible cues and way-finding signs to assist with navigation. It was observed there were fewer decorations and was lack of photographic cues to prompt the memories. Several consumers were observed sitting near the nurses’ desk waiting for staff to be engaged with them. It was also observed that there were insufficient chairs to accommodate all consumers.

The approved provider did not dispute all the observations of the Assessment Team. Their response included an education and continuous improvement plan relating to this requirement. The approved provider provides clarifying information that the consumers observed near the nurses’ desk like to sit in that area as it is accessible and provides opportunity to interact with other consumers and staff.

I have considered the Assessment Team’s report and the approved provider response, and whilst I acknowledge the improvements being undertaken by the approved provider, I find at the time of the performance assessment the service environment was not welcoming and easy to understand, and did not optimises each consumer’s sense of belonging, independence, interaction and function.

I find this requirement Non-Compliant.

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

*The service environment:*

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

The Assessment Team’s observation of the service’s environment did evidence it was safe, clean, well maintained and the consumers are able to move freely outdoors in general area both independently and with support for limited mobility. Consumers and representatives in the general area confirmed that they can sit in the courtyard and outdoors and feel safe. However, the consumers in memory support unit were observed not able to access the indoor and outdoor area freely as doors are locked in the afternoon. The Assessment Team observed the outdoor area attached to memory support unit was not well presented and furniture was also deteriorated in condition. Consumers in the general areas of the service were observed using the courtyard areas for a garden club activity which was well attended.

The Assessment Team observed the service roster shows permanent vacancies in as the kitchen, cleaning and laundry, which impacts the cleaning of the service environment. The lack of cleaning staff also compromises the effective cleaning of the services including consumers’ room. Staff provided feedback on how staffing constraints prevent them from completing the scheduled tasks and they are unable to do the deep cleaning of consumers’ rooms.

The Assessment Team observed preventative maintenance is managed on an as need basis as well as scheduled basis to ensure all required maintenance work has been completed and the reactive maintenance request are prioritised according to the urgency.

The approved provider did not dispute the findings of the Assessment Team and submitted a response that included strategies to educate staff about environmental risks and the need to enable residents to move freely both indoors and outdoors. The provider has submitted a continuous improvement plan relating to this requirement including the review of cleaning schedules.

I have considered the Assessment Team’s report and the approved provider’s response and I find at the time of the performance assessment the service did not enable all consumers to move freely, both indoors and outdoors. I acknowledge that despite issues in staffing, the service environment is generally clean.

I find this requirement Non-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

**Summary of 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.

Most sampled consumers who spoke to the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Overall consumers interviewed felt they could make complaints and felt safe to do so. Some consumers interviewed felt that changes were made at the service in response to complaints and feedback. One consumer said that they had complained to management about wanting to move to another room and the service helped them to move to another room. One consumer’s representative said that they feel comfortable speaking directly to staff and that issues raised are fixed promptly.

The Assessment Team’s review of the policy and current processes showed that the organisation has systems in place to manage complaints, including what consumers, their representatives, the workforce and others can expect when they provide feedback or make a complaint. The Assessment Team observed that there is evidence that the organisation monitors, reports and continuously improves its performance against this requirement.

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

**Summary of 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.

Overall consumers who spoke with the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The consumers and representatives confirmed that staff are mostly kind and caring towards them. All consumers interviewed said they believe staff are well trained. Most consumers indicated that staff respond to their needs, however, felt staff are constantly rushing to complete their work. Feedback from some consumers, representatives and staff indicates there is insufficient staff to meet consumer needs with staff being rushed and scheduled cleaning not being attended to.

The Assessment Team observed limited consumer engagement and activities occurring for consumers residing in the memory support unit. Consumers were observed wandering, sitting in the lounge area looking at each other, the television or staring into space. The Assessment Team noted staff on the afternoon shift lock the doors in the memory support unit to stop consumers wandering outside. This was to provide a safe environment as there were not enough staff to safely monitor consumer whereabouts and supervise consumers sundowning behaviours.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team spoke with consumers and representatives who voiced there was insufficient staff to meet the needs of consumers. They did not think there was enough staff employed at the service to promptly respond to consumers’ needs at meals. Staff interviewed commented that they did not always have time to support consumers with meals in the manner they wanted and sometimes they were delayed responding to care needs of consumers. Staff advised as there is not enough staff in the memory support unit, the outside areas are closed in the afternoon. A review of staff rosters for the last fortnight identified that six morning or afternoon care shifts were not filled. During the site audit, it was noticed a consumer’s food had spilt on the overbed table, and there was a delay in staff being available help clean up and support the consumer. The Assessment Team was informed by staff that they are busy supporting other consumers.

The management of the service advised the Assessment Team they considered the workforce is planned and staffing hours are allocated from the organisation level for the current number of consumers. The service further advised that staff vacancies are filled with casual, permanent and agency staff as needed.

The Assessment Team reports includes a review of the staffing ratio which compares consumers in each wing to the number of staff needed to meet their need at the time of meals. The report also includes the information about the consumers who require two or more staff assistance in their care needs. It was observed by the Assessment Team that rostering does not match the recommendations of the ratio. The feedback was provided to the management who advised that they will review some of the staffing levels.

In their response, the approved provider disagrees with the Assessment Teams findings and considers the number of members of their workforce are appropriate to enable the delivery and management of safe and quality care. The approved provider acknowledges that some consumers and representatives voiced their dissatisfaction of adequacy of the staff at meal times. Since the site audit the service has conducted an audit and held a staff meeting to discuss staff assistance the meal times.

In their response the approved provider also included an education and continuous

improvement plan for the requirement. Enough time is required to undertake the planned actions and to demonstrate their effectiveness.

I have considered the Assessments Teams report and the approved provider response and whilst I acknowledge that the provider is taking actions to address the concerns raised by the Assessment Team at the time of the site visit, the workforce was consistently planned to enable, and the number and mix of members of the workforce rostered were appropriate to deliver and manage safe and quality care and services.

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.*

### 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

**Summary of 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 and representatives who spoke with the Assessment Team considered that the service is well run and that consumers can partner in improving the delivery of care and services. The Assessment Team reports includes that the organisation provides oversight across a range of management systems as part of the organisational governance program. The service demonstrated it has governance systems, a risk management plan and clinical governance framework for the delivery of safe and quality care and services. Information provided by senior management demonstrated the governing body promotes or is accountable for a culture of safe, inclusive and quality care and services.

The Assessment Team report includes that the organisation is undertaking a range of quality activities to monitor the service’s performance. The service has key performance indicators relating to the care of consumers, with data being collated, analysed and actioned. The quality system provides information to senior management across a range of clinical indicators which supports the development and implementation of strategies to minimise risks to 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 4 Requirements**

**Requirement 4(3)(a)**

*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.*

The service must demonstrate that:

* Services and supports provided for daily living, meet consumers expectations.
* Staff are familiar with each consumer’s needs, goals and preferences with respect to services and supports for daily living.
* Consumer’s needs, goals and preferences identified in their care plans are delivered by the service for all consumers.

**Requirement 4(3)(c)**

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

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

The service must demonstrate that:

* The lifestyle activity program needs to be evaluated for effectiveness in meeting consumer expectations and for consideration of planning activities over the weekends in the memory support unit.
* The lifestyle activities program requires modifications to ensure that it is aligned to support consumers to do things of interest to them.

**Standard 5 Requirements**

**Requirement 5(3)(a)**

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

* Ensure the service environment in the memory support unit is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

**Requirement 5(3)(b)**

*The service environment:*

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

The service must demonstrate that:

* The service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* Undertake deep cleaning for all areas one day fortnightly as stated in continuous improvement plan.

**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 service must demonstrate that:

* The workforce is adequate and mix of members of the workforce are deployed to deliver and manage the safe and quality care and services at meals time in memory support unit.
* Review the number and mix of members of the workforce and their deployment to meet the needs, goals and preferences of consumers.