Beechwood Aged Care

Performance Report

3-17 Albert Street   
REVESBY NSW 2212  
Phone number: 02 9771 2737

**Commission ID:** 2580

**Provider name:** Allity Pty Ltd

**Site Audit date:** 3 November 2020 to 5 November 2020

**Date of Performance Report:** 7 January 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Non-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; 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 26 November 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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 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.

For example:

* Consumers described staff as pretty good, very kind, patient and understanding.
* Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them.
* Consumers confirmed that their personal privacy is respected by staff at the service.
* Staff were consistently able to demonstrate their knowledge and understanding of consumers’ backgrounds and how they provided culturally appropriate care to consumers; the ways they support consumers to exercise choice and independence to live the lives they wish for and to 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.*

The Assessment Team found that the service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. On the whole consumers indicated they felt respected and valued by staff. Staff were able to provide examples of how they deliver culturally appropriate care to consumers of cultural and linguistically diverse backgrounds, and care plans incorporated the cultural preferences of consumers.

The Assessment Team were made aware of some instances where consumers and staff did not feel that the attitude of some of the night shift staff was respectful, however I have addressed that concern under requirement 7(3) (b), and I feel on balance that there I evidence to support that the as it is consumer is mostly treated with dignity, with their culture and diversity valued.

#### This requirement was found to be non-compliant in a previous review audit due to consumers/representatives complaints that staff did not demonstrate consumer choice and dignity, i.e. in choice of carer for hygiene /continence care, however the Assessment Team have found and I affirm on this occasion that the approved provider has demonstrated compliance with their Plan for Continuous Improvement (PCI) and initiated sufficient improvements to the service for this requirement to be compliant.

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

*Care and services are culturally safe.*

The Assessment Team found that overall, consumers sampled said staff valued their culture, values and diversity in areas such as conversing with them in their language and respecting their religious choice, for example, one consumer said staff supported her decision to follow Buddhism.

Care staff were also able to describe how the consumer’s culture influenced how they deliver care and services day-to-day including conversing with a consumer in his language and discussing their country of origin. Training records show that staff received a three-hour training session on person centred care (including the cultural aspects) during May/June 2020.

This requirement was found to be non-compliant in a previous review audit, due to staff demonstrating poor manual handling and daily hygiene skills and not consistently supervising /supporting consumers during care, also feedback that staff did not demonstrate that they understood when consumers were culturally safe. The Assessment Team found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team found that the service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. Consumers and staff provided examples of how this support was provided in areas such as dietary preferences and independently travelling to and attending social engagements outside the service. In addition, care plans included the areas in which consumers are supported to live the life they wish, and staff were able to describe how the risks are discussed with consumers, including problem solving, and consent process undertaken in the discussion to minimise them.

For the consumers sampled, care planning documents described areas in which they are supported to take risks to live the life they wish.

This requirement was found to be non-compliant in a previous review audit, as the service did not demonstrate that there was support for consumers to take risks and support shared decision making, care planning and assessment. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team found the service demonstrated that the 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. Consumers confirmed they receive weekly lifestyle activity schedules and they can select their meals from menus provided in advance. Care staff described how consumers who are cognitively impaired, and their representatives are provided with timely information and are supported to make their choices.

Overall consumers interviewed confirmed they get current, timely and accurate information to help them make decisions and exercise choice. All said that they are provided with food menus containing choices in advance and they are given a weekly activities newsletter as well. Consumers also said that if they did not like the menu options they were able to ask for something else.

For consumers who are cognitively impaired or unable to communicate, there is evidence that information and updates are provided and accessible to the consumer’s representative.

This requirement was found to be non-compliant in a previous review audit, as consumers felt that communication was not always accurate or communicated in a way that was easy to understand, however the Assessment Team have found and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers/representatives interviewed confirmed they are involved in assessment and care planning.
* Consumers/ representatives interviewed confirmed they are informed about the outcomes of assessment and planning. They said they have had the opportunity to make choices regarding advanced care wishes.
* The service has systems and processes to ensure assessment, reassessment and planning occurs and includes consideration of risks. Assessment and planning are reviewed through monitoring systems and informs the delivery of safe and effective services.

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.*

The Assessment Team found that the service has systems and processes to ensure assessment and planning occurs and includes consideration of risks. Assessment and planning inform the delivery of safe and effective services.

The Assessment Team reviewed nine consumers files and observed all consumers have been assessed on entry to the service, using the services assessment tools within the computerised documentation system. Assessments are completed resulting in the development of a care plan. Consumers who have recently entered the service are noted to have assessments and care plans completed in line with the services assessment and care planning timing and new admissions checklist.

Review of assessment records show all consumers medical and health history information is obtained as part of the initial assessment process. Identified risks such as allergies are clearly and consistently documented within assessments, care plans, medication charts and handover sheets.

Assessment documentation shows consumers, or their representatives participate in the completion of assessments and provide information about the consumers health needs, goals and preferences.

This requirement was found to be non-compliant in a previous review audit, as consumers with identified risks were not consistently being identified and reported, however the Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team found that all the consumers sampled care plans identify the consumer’s goals needs and preferences, and recorded strategies to assist staff in meeting these preferences.

Advanced care choices are documented and planning of end of life care occurs. The Assessment Team saw examples of advance care directives in all care files reviewed.

Consumers/representatives said they are consulted regarding needs, preferences and goals and they are satisfied with way staff deliver their care needs.

Consumer/representatives said they had been involved in discussions with staff about advanced care choices, they said they have been offered forms to complete describing their wishes regarding being transferred to hospital or staying at the service if the consumers condition should deteriorate.

This requirement was found to be non-compliant in a previous review audit, as consumers end of life pathway documentation was not conducted in a timely manner or consistently documented. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant

### 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.*

The Assessment Team found that consumers have a care and services plan that is discussed with them and is accessible to them. Staff have access to current care information. All consumers reviewed have a care plan that is accessible within their care files.

Consumers and representatives said they have had discussions with the registered nurses and the care manager in relation to their care plans. Consumers and representatives were aware they can access the consumers care plans at any time.

The care manager said a hard copy of the care plan is given to the consumer/representative at care conferences. The care manager advised if the consumer/representative does not want a copy of the plan, they acknowledge this in the notes. The care manager said the consumers and their representatives can access the care plan whenever they want.

The care manager said the staff hold care conferencing meetings and care plans are discussed with consumers and/or their representatives providing an opportunity to give those present access to the care plan and to incorporate their feedback.

The registered nurses said care conferencing and general conversations occur when consumers or families have concerns, when incidents occur or if there have been changes in a consumer’s care and condition.

This requirement was found to be non-compliant in a previous review audit as consumers were not aware that they could access their care plans or feel that they had sufficient information about their assessment and planning. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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

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.

The Assessment Team reported that overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers/representatives interviewed confirmed that they 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 have access to a doctor or other health professional when they need it.

The Assessment Team observed that the service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to the consumer’s 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 can share this information with allied and medical health specialists. Palliative care and end of life care is provided with consideration to consumers wishes. Referrals occur in a timely manner and consumers with changing conditions are recognised and responded to in a timely manner.

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.*

The Assessment Team found that consumers are receiving personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing.

For the consumers sampled the service was able to demonstrate consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences. The service was able to demonstrate consumers receive safe and effective clinical and personal care in the areas of managing blood glucose levels (BGL); unintended weight loss; medication management; oral hygiene; bowel management; skin integrity and behaviour management.

This requirement was found to be non-compliant in a previous review audit, as consumers did not feel that they received timely hygiene care and their preferences were not always considered and did not feel that the staff have time to listen. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

The Assessment Team found that the service was able to demonstrate effective management of high-impact, high prevalence risks. Identification of risk to consumers occurs through the services monitoring and assessment processes.

The service’s management advised the Assessment Team that they monitor key performance indicators related to incidents and this includes but is not limited to aggression, falls, medication errors, infections, weight loss. The care manager said the statistics show downward trends in incidents of aggression, bruises, pressure injuries, medication incidents and falls, they provided data to support this view. The care manager said they have had an increasing trend in weight loss and infections. These trends have been analysed and strategies have been put in place regarding the weight loss. The care manager said the increasing trend in infections was related to the increased surveillance associated with COVID-19 for example in in September 2020 they have 29 recorded infections, but 13 of these were related to consumers with flu like symptoms who were all tested for COVID-19 and were negative.

This requirement was found to be non-compliant in a previous review audit, as it was identified that the management of high-risk consumers and processes were not effectively reviewed. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

The Assessment Team found that consumers needs goals and preferences regarding end of life care are recognised and respected, care is provided to maximise their comfort and dignity.

For the consumers sampled care documents reviewed, show that consumers are given opportunities to express their wishes, these are documented, and planning occurs to ensure their comfort is maximised and their dignity is preserved.

One palliative consumer advised the Assessment Team, that the staff are very good, and they are always there when she needs them. She said the staff manage her pain as well as they can.

Staff were able to describe to the Assessment team, the way they deliver comfort care to consumers who are approaching the end of their lives. They said they provide regular care including turning the consumer to relieve the effect of pressure and changing any soiled bed linen. They spoke of non-verbal signs of pain such as grimacing or being resistive and said they report this to the registered nurse immediately.

The registered nurses said they develop close communication with the consumers next of kin/nominated representative to keep them informed and offer support, they said they manage the administration of pain relieving and palliative care medications and notify the medical officer if there is a need for review.

This requirement was found to be non-compliant in a previous review audit, as it was identified that the management of end of life care and palliative care was not effectively managed, and processes should be reviewed. The Assessment Team have found, and I affirm on this occasion the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team found that consumers who experience a change of condition or who are deteriorating have their needs recognised and responded to in a timely manner.

Consumers and representatives said they are kept informed if there are changes in a consumer’s condition.

Care staff interviewed were able to describe incidents where consumers have had a change/deterioration in their condition. They said they always contact the registered nurses, who respond very quickly.

Registered nurses advised the Assessment Team, that they have regular care huddles with care staff to become aware if a consumer is unwell. They said they also do rounds, provide wound care and administer medications and they use this time to monitor consumers wellbeing.

The registered nurses and the managers said they always discuss any changes in condition with the consumer’s person responsible and any decision made to transfer to hospital is done in consultation where possible.

This requirement was found to be non-compliant in a previous review audit, as it was identified that the follow up processes following a fall, the RN assessment of falls for fracture and the identification of consumer deterioration were not effectively managed. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be 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.*

The Assessment Team identified that consumer information is communicated within the organisation and with others involved in their care.

The service has a handover system between shifts and communication is shared with staff verbally and in written formats.

The service has policies and procedures for staff around information management including but not limited to admission procedures, assessments and care planning, and care review procedures. Policies and procedures also include privacy and confidentiality requirements with information on consent to share information sighted in care documentation.

The service has a computerised system, care notes, monitoring charts and observations are documented and these notes are maintained by all levels of staff and these are password protected.

Visiting medical officers, specialist and/or allied health have access to the care documentation system and are supported by registered nurses to access consumer information.

This requirement was found to be non-compliant in a previous review audit, as it was identified that documentation and communication in relation to consumer’s needs was not always effectively managed or current. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

The Assessment Team found that consumers are referred to other providers of care in an appropriate and timely manner.

For the consumers sampled, care planning documents demonstrate the input of others such as medical officers, allied health professionals and others. Referrals were made when required.

Consumers who are transferred to hospital or for appointments are provided with a health summary, so the treating medical professional is aware of the latest care information.

This requirement was found to be non-compliant in a previous review audit, as it was identified that the process for identifying consumers who required referrals to other services required strengthening and reviewing. The Assessment Team have found, and I affirm that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service has systems and process to minimise infection related risks including standard precautions and a clinical governance framework that includes antimicrobial stewardship.

Consumers/representatives demonstrated awareness of COVID-19 and provided information about staff supporting them to follow infection control protocols, if needed. For example, hand washing, applying hand sanitiser and observing 1.5-metre social distancing.

Staff said they had received education about donning and doffing of personal protective equipment (PPE).

Management said staff have been provided with education about infection control and COVID-19 with some having completed the Department of Health COVID-19 modules. All staff have had their handwashing competency reassessed, and staff have had small group demonstrations about donning and doffing PPE but not individual competency assessments.

When asked if they have received information or training about antimicrobial stewardship, two registered nurses confirmed they had.

When asked about their understanding of antimicrobial stewardship and what this means for their day to day practice, both registered nurses provided an explanation consistent with best practice and described how they work with the staff to prevent infection in consumers and work with the doctors for appropriate antibiotic prescribing.

This requirement was found to be non-compliant in a previous review audit, as it was identified that there were insufficient resources relating to infection control and a poor uptake of immunisation. A review of outbreak management, handwashing competency, infection control processes and practice and food safety audit were also improvements identified. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

# 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.

The Assessment Team found that most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers interviewed confirmed that they are supported by the service to do the things they like to do. They stated that the restrictions with COVID-19 have made things challenging but that the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers.

Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them. During the restrictions regarding COVID-19 visiting has been limited but the service has procedures in place to enable consumers to have visitors. Zoom calls are also arranged for consumers to stay in touch with their family.

All consumers interviewed advised that they like the food. Some said at times they do not always like what is on the menu; however, the chef will always arrange an alternative meal.

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.*

#### Upon the Assessment Team speaking with consumers the consumers confirmed that they are satisfied with services and supports provided to them that allows them to live the life they choose. Consumers interviewed said they feel they can live their life independently and call for assistance when needed.

The activities schedule is developed by incorporating individuals’ activities into the calendar. Activities are conducted in a way that consumers with varying levels of functional ability can participate with activity evaluations conducted after most of the activities.

When a new consumer enters the service a lifestyle history and interests, cultural background and religion is determined. Consumers with common interests are introduced to the new consumer and encouraged to engage in meaningful activities. During the ‘lifestyle and food committee’ meetings consumers feedback is actively encouraged. ‘Resident and relative’ meetings are also held monthly which includes feedback from the lifestyle team.

A consumer survey is also conducted annually and includes questions regarding consumers lifestyle preferences.

This requirement was found to be non-compliant in a previous review audit, as it was identified that not all consumers were receiving services that support daily living conducted in a timely manner. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

The Assessment Team found that the approved provider demonstrates that it effectively provides services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being. Consumers and staff were able to describe how the service effectively meet consumers’ needs in this regard.

For the consumers sampled, care plans included information about emotional, spiritual or psychological well-being in alignment with consumer feedback and staff interviews detailed in this requirement.

The organisation undertakes a range of assessments for consumers on entry and on an on-going basis. These assessments include gathering information on personal preferences and how to manage risks related to those choices.

The assessments undertaken by registered nurse and the physiotherapist identify levels of independence and necessary supports to maximise independence. This information is used throughout related assessments and care plans. The physiotherapy team support provision of exercise classes and individual exercise programs. The physiotherapist is available to consumers five days a week.

This requirement was found to be non-compliant in a previous review audit, as consumers spiritual and religious preferences had not been identified and a review of the cultural and spiritual program was to be conducted. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

### The Assessment Team found that the approved provider provides services to manage consumers health and wellbeing and enables them to do the things they want to do. The approved provider optimises consumers’ health and well-being by respecting their spirituality, providing emotional support when needed, being involved in the community and living the life they choose. Consumers expressed their satisfaction with the manner in which these are provided.

Consumers sampled, provided feedback about how they do things within and outside the service and how they keep in touch with people important to them.

This requirement was found to be non-compliant in a previous review audit, as the Assessment Team found that the programs were not consumer specific and there were limited evaluations of the lifestyle program. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be 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.*

The organisation was able to demonstrate to the Assessment Team how they effectively communicate consumer’s condition, needs and preferences within the organisation, and with others where responsibility for care is shared. Documentation across different services provided was found to be current and consistent.

The Assessment Team found that where responsibility for services and supports for care is shared, consumers feel that their condition, needs and preferences are effectively communicated within and between organisations.

For the consumers sampled, the care documents provide adequate information to support effective and safe care, as it relates to services and supports for daily living, including where responsibility for care is shared. For example; consumers dietary requirements were found to be consistent with dieticians’ instructions, care plans and documentation in the kitchen.

This requirement was found to be non-compliant in a previous review audit, as it was identified that staff are sometimes unaware of consumer’s needs and preferences. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team found that the organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity. All consumers interviewed expressed satisfaction with the meals and catering provided by the service. They said that there is plenty of variety and the quality is satisfactory. Catering staff described how they cater to individual preferences and dietary requirements.

The Assessment Team’s report stated that the chef and catering staff act on consumer feedback about whether they like the food on the menu. They said that they can always ask staff for more food if they need it between meals but that there is always plenty of food provided throughout the day.

This requirement was found to be non-compliant in a previous review audit, as it was advised that the food was not of a suitable quantity, temperature or quality. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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 consumers 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.

The Assessment Team found that overall, sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers interviewed confirmed they feel safe at the service. Some consumers stated that the COVID-19 restrictions had impacted their daily lives and they miss having their visitors but that they appreciate what management and the staff are doing to keep them safe during a pandemic.

Consumers interviewed confirmed that they feel at home and that their visitors feel welcome. Consumers stated that the service is always kept clean and that staff are always available to help them make their rooms homely. Two married consumers expressed their appreciation to the staff for putting up their Christmas decorations during the visit, a tradition they enjoy every year.

Consumers interviewed confirmed that the service is clean and well maintained. They said that the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The service environment was observed to clean and maintained to a high standard. There are effective preventative and corrective maintenance systems in place to ensure that equipment is safe and clean at all times.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment team found the service environment was observed to be safe, clean, well maintained and consumers confirmed that it is a comfortable living environment. Consumers rooms are observed to be homely and clutter free. There are ample communal areas for consumers to interact and socialise with each other. The cleaning and maintenance systems are effective. Consumers are able to move freely indoors and outdoors.

Consumers provided positive feedback about the environment and confirmed that they find it safe, clean and well maintained. Two consumers said that their room and the whole building are kept very clean. They said, “nothing is too much for the staff”.

Consumers confirmed that they enjoy going outdoors when the weather is favourable, and they sometimes have meals outside.

Consumers with limited mobility are supported to move freely around the service. Staff assist them to walk and there is ample mobility equipment and storage space to support consumers to be mobile. Consumers were observed being supported to attend meals and activities during the visit.

The maintenance log was reviewed and no outstanding items requiring immediate attention were found. Maintenance logged was observed to be attended to in a timely manner.

There is a WHS committee at the service. They conduct monthly environmental audits and meet once every three months. Any ongoing projects, hazards identified, incident reporting and corrective actions, work inspections, risk assessments reviewed, WHS training, legislative updates and equipment purchases are discussed.

Call bells are checked monthly and any call bells requiring maintenance are attended to as a matter of urgency.

This requirement was found to be non-compliant in a previous review audit, as it was found that the call bell/wandering alert system and staff alert systems was not functioning consistently. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be 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.

The Assessment Team found that overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers interviewed felt they could make complaints and felt safe to do so.
* Consumers interviewed generally felt that changes were made at the service in response to complaints and feedback, most indicating that considerable improvements had been made at the service in the last six months. They were also able to describe different ways they could provide feedback and complaints.

The service provided comprehensive documentation, such as complaint logs and reports and minutes of resident relative meetings that showed consumer feedback and complaints are captured, analysed, and resolved.

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.*

The Assessment Team found that the service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The complaints log and resident relative meeting minutes documented action taken to resolve complaints and outcomes including complainant satisfaction; and staff were able to describe how open disclosure is used as part of the complaints handling process.

This requirement was found to be non-compliant in a previous review audit, as it was found that complaints were not always followed up in a timely manner and many were noted to be unresolved, it was also identified that transparency and open disclosure processes were not clearly apparent in complaints received. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

The Assessment Team found that the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Many consumers interviewed pointed to considerable improvements in the service and staff were able to explain how they had reduced consumer falls risk and improved call bell reliability in response to consumer feedback.

A number of consumers commented that there has been significant improvement in the service. One consumer said that “things have improved a lot since the new General Manager has been there”.

This requirement was found to be non-compliant in a previous review audit, as it was found that complaint/feedback data was not being utilised to improve the service delivery or outcomes of care. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

# 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 consumers 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.

The Assessment Team identified that most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Most consumers interviewed confirmed that staff are kind and caring. All consumers interviewed were very satisfied with the staff during the day. However, two consumers were not satisfied with one of the night staff demeanour and explained that they did not attend to their needs in a kind and timely manner.

Consumers interviewed confirmed that staff know what they are doing and felt confident that they had the skills and knowledge to meet their care and lifestyle needs.

Consumers interviewed mostly confirmed that they think there are adequate staff. One consumer who struggles to walk independently due to pain in her legs said that the staff are always there when she needs them.

The Assessment Team observed staff attending to consumers in a calm and kind manner. Many of the staff interviewed confirmed that they can complete their tasks each day.

The Quality Standard is assessed as Non-compliant as four of the five specific requirements have been assessed as Compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

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

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

#### The Assessment Team found that the organisation demonstrates that the workforce is planned, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Management explained how they have recently amended the roster to ensure there is a mix of experienced and skilled staff in each area of the service. Since the current service manager commenced employment at the service, he has recruited new skilled staff and conducted disciplinary action for staff that he deemed not conducting themselves to a satisfactory level.

Throughout the visit, consumers did not identify any issues regarding the adequacy of staff numbers during the day and noted that the call bell was answered quickly. However, in the evenings two consumers interviewed said that they sometimes have to wait unacceptable periods of time to receive support from staff.

The majority of consumers were very complimentary of the staff.

The Assessment Team noted that the roster has been amended within the last six months. There are now three RN’s rostered on the morning shift seven days per week and are allocated to the three different areas. This is providing the care team with more support and giving better oversight to the care needs of consumers.

There have also been seven additional AIN’s recruited as part of the casual pool of staff. The use of agency staff is minimal. Three staff members at the service have recently graduated as registered nurses. They are still on staff at the service and are available to take on RN duties when other RN’s are on leave.

This requirement was found to be non-compliant in a previous review audit, as it was found that there were deficits in recruitment, retainment and agency usage. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

Work force interaction with consumers are not always kind caring and respectful of each consumer.

The Assessment Team found that while a number of consumers spoke very positively regarding the staff at the service and said things like ‘they are always here when I need them’, and ‘I couldn’t ask for better staff’. Two consumers raised issues and concerns about the way some night staff treat them including the attitude of some night staff when called, and the timeliness of their response. One consumer advised the demeanour of one of the night staff in particular was unpleasant and in fact they had “been in a fight one evening this week”. Another consumer has made two written complaints regarding the night staff in April and May 2020.

One staff member who did not wish to be identified also raised concerns about the attitude of some night staff.

Management said they were aware of poor performance of one staff member on night shift and they are currently working through those issues with the organisation’s performance management tools.

Although the Assessment Team observed kind, caring and respectful interactions between staff and consumers during the site audit and a number of consumers gave feedback that staff are kind, caring and respectful, there are still some staff who do not act in a kind, caring and respectful manner.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. The approved provider stated that the staff member identified by one consumer had been stood down pending investigation and this occurred the week prior to the Assessment Team’s site audit. The approved provider also advised that they had commenced night shift spot inspections in November 2020, where the General Manager and Care Manager arrive at random times during the night to observe staff practices and during each of these visits, the evidence is such that staff members are attending rounds and there are no call bells ringing.

While I am satisfied that the approved provider is actively working to rectify the issues raised and has initiated a formal performance management process with the identified staff member and substantially reduced the incidence of inappropriate staff behaviours through formal performance management from the previous site audit. I have considered the approved provider’s response; however, I am not satisfied with the approved providers ability to return to compliance with this requirement and in my view, it does not demonstrate compliance at the time of the site audit.

I am therefore of the view that the approved provider does not comply with this requirement as it does not demonstrate that the workforce interactions with consumers are always 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.*

The Assessment team found that the service demonstrates that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. The organisation has a comprehensive recruitment process which includes value-based questions during interview, reference checks and police checks. The organisation has a comprehensive orientation process which includes buddy shifts, code of conduct training and performance reviews.

The Assessment Team observed a consumer with a cognitive deficit and wandering behaviours to be well supported by staff including the administration staff who kept him engaged with tasks.

There are annual competency assessments required of staff to complete each year as well as an extensive education program. Feedback from consumers is actively sought at meetings and on other occasions regarding staff competency.

The organisation has documented core competencies/capabilities for different roles at the service. Staff qualifications and competency documentation are obtained at recruitment and during the orientation process. Staff have access to position descriptions across all roles at the service. These were observed to be in orientation packages and personnel files.

This requirement was found to be non-compliant in a previous review audit, as it was found that there were gaps in the workforce knowledge and skills and competence, performance management and monitoring. The Assessment Team have found, and I affirm that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

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

The Assessment Team reviewed documentation which provided evidence that all staff have completed mandatory training modules, including the Department of Health nine COVID-19 modules.

The Assessment Team also noted in their report that all RN’s have been provided with training this year to ensure that they are proficient in life support. This training included; identification of a consumer that has stopped breathing, observation and then CPR. AIN’s are also going to be encouraged to be trained in basic life support before emergency services arrive.

Mandatory training modules are completed annually, these include the organisation’s values and culture, manual handling (interactive and competency assessed), fire safety, COVID-19 department of health training, including the 9 modules (all staff have completed these modules), occupational violence and aggression, reporting incidents and elder abuse, media policy, workplace bullying and harassment and workplace health and safety. This was shown to the Assessment team in an easy to access system to identify who is due to complete the training. The manual handling competency program is conducted by the service’s physiotherapist.

All staff are also all required to complete an annual personal hygiene competency and handwashing competency. These competencies are assessed by the organisation’s regional clinical nurse educator.

Documentation reviewed demonstrates that training has been undertaken in relation to the new Quality Standards.

The Care Manager and RN’s conduct six-minute intensive training (SMIT) sessions at each 10.30am huddle meetings. They choose key topics that are relevant to the consumers they are caring for or following any incidents or consumer feedback

This requirement was found to be non-compliant in a previous review audit, as it was found that there were gaps in the workforce knowledge and skills and competence, performance management and monitoring. The Assessment Team have found, and I affirm that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant

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

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

The Assessment Team found that the service demonstrates that there are systems in place for the regular assessment, monitoring and review of the performance of each member of the workforce. There is a performance feedback review conducted annually or when identified as staff requiring a review of their performance.

Staff confirmed that they have had their performance reviewed by senior RN’s or management at the service and that this is conducted annually. They confirmed that it is an interactive process where management and staff have input into the review. Part of the review includes a development evaluation where staff are asked “what coaching or training do you require to achieve the required future behaviours”. Staff confirmed that they receive training when requested.

The Service Manager described how staff are monitored and reviewed and that feedback from consumers about staff is followed up. The organisation has a staff performance framework, which is referred to as a ‘performance feedback worksheet’. All RN’s and AIN’s are performance reviewed annually in September and October. The performance review involves a review of core values, staff are initially asked to score themselves on the core values. The core values include; Allity values, customer focus, person focussed care, team work and empathy. Expected “future behaviours” are then documented, staff are asked “with the above competencies in mind, what would be the actions required to either improve performance or maintain good performance”. The last section focusses on development and training to achieve future behaviours.

This requirement was found to be non-compliant in a previous review audit, as it was found that there were gaps in the workforce knowledge and skills and competence, performance management and monitoring. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

# 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).

The Assessment Team identified that overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services as representatives on various committees, attending food and lifestyle and resident relative meetings.

Management described the comprehensive range of consumer feedback and engagement strategies used by the service, and consumers also discussed these with the Assessment Team.

The service is part of Allity’s organisation wide-governance structure and framework. Both the Board representative and the general manager were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards.

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.*

The Assessment Team found that the service demonstrated that consumers are supported to engaged in the development, delivery and evaluation of care and services and are supported to do so through broad range of consultative strategies.

Management described the following forms of consumer engagement implemented by the service:

* A suggestion box in the foyer.
* Monthly resident and representative meetings.
* Monthly lifestyle meetings with staff and resident relative meetings.
* Monthly food services meetings with staff and resident representatives.
* Open door policy of the general manager.
* Daily round by the general manager and clinical care manager to check in with residents.
* Open disclosure policy and practice.
* Weekly walk around by the head chef to obtain feedback regarding food quality and suggested improvements.

### Consumers were able to describe how they engaged in the development delivery and evaluation of services using the strategies described above.

### This requirement was found to be non-compliant in a previous review audit, as it was found that there were limited systems in place for consumer engagement at the service. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team described examples in their report of how the organisation’s governing body demonstrated that it promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery by its engagement in and the changes it has made as a result of consumer feedback, experience and significant safety incidents; how it ensures the service is meeting Quality Standards; and its communications to consumers and staff regarding the Quality Standards and what it means to them.

The Chief Operating Officer (and Board member) were interviewed by the Assessment Team. Several Board driven changes that have been made in the last six months as a result of consumer feedback, experience and incidents were discussed. These have included a decrease in the use of agency staff to improve consistency and knowledge of consumers, changes to leadership team to improve consistency of clinical and consumer outcomes and an organisational review regarding management of weight loss with the introduction of high calorie snacks.

The General Manager stated the board was heavily engaged and involved in supporting the service’s response to the COVID-19 pandemic, with board members taking phone calls from residents and representatives regarding issues about visits and lockdown.

The Chief Operating Officer described the ways in which the Board tracks that the Quality Standards are being met within the service, including the monthly tracking of risk indicators, high level trends in consumer feedback and complaints and the management dashboard. This information informs the monthly risk meeting that addresses lead and lag indicators, consumer experience and clinical indicators such as rates of falls and fractures, incidents of aggressive behaviour, and weight loss.

This requirement was found to be non-compliant in a previous site audit, as it was found that the risk, safety and governance processes were not consistently applied at the service and not effectively managing risk. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Team described examples in their report of how the service has demonstrated effective organisation-wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. It demonstrated that it has sound local governance systems that feed into and are supported by Allity’s overall organisational governance framework and accountability structure.

This requirement was found to be non-compliant in a previous review audit, as it was found that new policies were not effectively demonstrated in practice and deficits were identified in the clinical documentation system, care and services through the quality systems and in the feedback and complaints systems impacting on care and services. The Assessment Team have found, and I affirm that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

### 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.*

The Assessment Teams report described examples of how the service demonstrates that it has effective risk management systems in the areas of high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can, and staff demonstrated they are able to apply the framework in their day-to-day practice.

The organisation provided documented risk management framework as part of its overall governance framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed, how abuse and neglect of consumers is identified and responded to and how consumers are supported to live the best life they can.

This requirement was found to be non-compliant in a previous review audit, as it was found that there were deficits in risk management systems impacting on care and services. The Assessment Team have found, and I affirm that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

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

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

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

The Assessment Team found that the service demonstrated that it has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety health and wellbeing of residents.

The organisation was able to provide a documented clinical governance framework that included:

1. a policy relating to antimicrobial stewardship
2. a policy relating to minimising the use of restraint
3. an open disclosure policy.

Care staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff confirmed they had been educated about the policies and were able to provide examples to the Assessment Team of their relevance to their work.

This requirement was found to be non-compliant in a previous review audit, as it was found that there were deficits in clinical governance systems impacting on care and services. The Assessment Team have found, and I affirm on this occasion that the approved provider has demonstrated compliance with their PCI and initiated sufficient improvements to the service for this requirement to be compliant.

# Area for improvement

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

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

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

Work force interaction with consumers are not always kind caring and respectful of each consumer.

Required improvements

The Approved Provider must demonstrate that:

* Staff continue to undertake education for Elder Abuse and Employee Behaviour Standards;
* continue to encourage consumers to provide feedback of the care provided to them, and follow up concerns raised in an efficient manner through the organisation’s performance management processes; and
* encourage staff to openly disclose any issues or concerns of care concerning consumers.

# Other relevant matters

It has been noted that significant improvement has been made to return to compliance with the Quality Standards since the last review audit in November 2019. The provider is however, required to actively pursue continuous improvement to remain compliant with the Quality Standards.