Bentleys Aged Care

Performance Report

47 Harpin Street   
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**Commission ID:** 3987

**Provider name:** Violet Town Bush Nursing Centre Inc

**Site Audit date:** 24 November 2020 to 26 November 2020

**Date of Performance Report:** 23 December 2020

# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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** | **Compliant** |
| Requirement 7(3)(a) | 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; 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 14 December 2020

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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.

All consumers interviewed expressed satisfaction they are treated with dignity and respect. One consumer sampled advised that staff always treated him very well and with respect. Another consumer advised that staff always ask if there is more they can do for them and that they are happy with the level of knowledge that staff have about them and their background.

Care plan documentation reflects consumers individual history, needs, goals and preferences. Care plan documentation for sampled consumers specifically outlined cultural, religious and spiritual needs and preferences for consumers and holidays celebrated by the consumer. Both the summary and extensive care plans available provide notes on individualised care preferences and needs for each consumer.

Consumers explained in various ways how they are supported to exercise choice and independence and maintain relationships of choice. This included relationships both within and outside of the service environment, relationships with family members and meal choices. Staff were able to provide examples of how consumers are supported with decision making and maintaining social interaction.

Consumers advised they felt comfortable and confident that their personal privacy including personal information is respected. Consumers gave examples of how their room is a private area and all staff knock, await permission to enter and respect the consumers private area and private possessions.

Consumers interviewed expressed satisfaction their individual needs and preferences are respected, and staff interviewed provided examples of how they support and respect a consumer’s individual needs and the information is available for staff in the care planning documents. The Assessment Team noted that some staff were not aware of the background information of some consumers however this did not seem to affect the level of care provided the consumers or the consumer experience.

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.*

Consumer feedback and staff knowledge and observed interactions demonstrate that each consumer is treated with dignity and respect and their identify, culture and diversity is valued.

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

*Care and services are culturally safe.*

Consumers interviewed expressed satisfaction their cultural and individual needs and preferences are respected, and staff interviewed provided examples of how they support and respect a consumer’s individual needs.

### 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.*

Consumer feedback demonstrates that consumers feel supported to exercise choice and independence around making care decisions, making connections and maintaining relationships. Staff were able to provide examples of how consumers are supported with decision making and maintaining social interaction.

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

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

#### Consumer information including feedback and care documentation demonstrate how the service supports consumers to take risks 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.*

Consumers interviewed expressed satisfaction that the information they receive is current and up to date and gave examples of how choice is supported as part of their daily life with the information provided by the service.

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

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

#### Feedback from consumers and staff, supported by documentation and observations made by the Assessment Team demonstrate how the service respects consumers’ privacy including consumers’ personal information and private space.

# STANDARD 2 NON-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.

Most sampled consumers said that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives provided positive feedback about their involvement in the care planning process.

Staff described the assessment process for new consumers and how this contributes to a plan of care. An initial care plan is developed within 24 hours of admission and a full range of assessments completed over a 28-day period. Consumers received a resident of the day review and a care review every three months which was completed by a registered nurse.

While all consumers have a care plan in place, with evidence of regular reviews, the sampled care plans did not always reflect the outcomes of specialist assessments or the current needs of the consumer.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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 service did not demonstrate that assessment and care planning is appropriate for all consumers. Potential risks were not always identified and considered in care planning. While all consumers have a care plan which is reviewed regularly, care plans do not always outline the current needs of the consumer.

The assessment team identified consumers with current and chronic wounds for whom specialist directives had not been recorded on wound charts or the handover sheet.

The approved provider responded that the facility had not been developing chronic wound care plans. Following the audit, this has been addressed and there is a chronic wound management plan in place for all chronic wounds.

The approved provider further responded that management have identified that staff require further education and support in utilising the electronic documentation system to ensure care needs and provision are better documented. A competency has been developed and all staff, particularly the nursing staff are being supported and coached in the requirements for documentation.

While the approved provider has initiated improvements to address the deficits identified during the audit, these have yet to be fully implemented or evaluated for effectiveness.

The service does not comply with this requirement.

### 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.*

Consumers were able to describe to the Assessment Team what was important to them and this was evidenced within care plan documentation. All care plans viewed contained details regarding the current needs, goals and preferences of consumers for each area of care, including advanced care planning where the consumer wished these to be included in their plans. Care staff were able to identify care needs for individual consumers when interviewed.

### 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.*

Consumers and their representatives provided positive feedback about their involvement in care planning. Clinical staff stated that they involve consumers and their representatives as much as possible in care planning. All consumer files sampled found documented evidence of representatives being contacted for consumer updates and care issues in the previous month.

### 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.*

Consumers and their representatives interviewed confirmed that the outcomes of assessments and planning are effectively communicated to them and/or their preferred representative. Consumers and representatives confirmed that they felt comfortable requesting a copy of their care plan should they request it.

### 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.*

Consumer feedback overall expressed satisfaction in the care plan review program. Clinical staff provided feedback and examples of how they review services regularly for effectiveness with a resident of the day review every three months and a care review every three months. Consumer files sampled include evidence that care and services are reviewed regularly for effectiveness and when circumstances or incidents impact on the care of the consumer.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them, however this was not always evidenced within the documentation review. For example:

* Wound documentation indicated that wound dressings for two consumers with pressure injuries were not completed as per wound directives.
* Catheter management documentation indicated that catheter bag changes for two consumers were not being completed as per directives. One consumer who had directives to monitor fluid output from their catheter had no documentation to evidence this was occurring.
* Falls management for one consumer did not align with best practice principles following a head injury and two unwitnessed falls.
* There were inconsistencies in the management of a consumer with diabetes medication, with no evidence that all directives within their diabetes management plan were being followed.

The Assessment Team found that five of seven specific requirements were met.

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

### Assessment of Standard 3 Requirements

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

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

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

The service was unable to demonstrate that each consumer receives safe and effective personal and clinical care that is tailored to their individual needs, is best practice and optimises their health and well-being.

Consumers and their representatives were generally satisfied with their clinical care. When asked specifically about pain management, consumers expressed satisfaction their pain is appropriately managed.

The Assessment Team reviewed a sample of files and identified two consumers with pressure injuries for whom wound charts were incomplete, and for whom care did not appear to be consistent with wound care directives. Both consumers had a history of pressure injuries, but neither had a chronic would plan in place.

The Assessment Team identified two consumers with long term indwelling catheters, for whom compliance with general practitioner directives in relation to frequency of bag changes and fluid output monitoring were not documented.

All consumer files sampled had evidence of regular review of medication, including psychotropic medications, by medical practitioner and/or geriatrician or other health professional. All consumers sampled had clear evidence of consultation with the consumer or nominated representative. Clinical staff and care staff can describe alternative strategies that they use to reduce the use of pharmaceutical therapy for pain management and behaviour management.

The approved provider responded that staff are being supported to improve their use of the electronic documentation system and to ensure that scheduled tasks are completed and then marked off in the system. Staff are being provided with education and mentoring in relation to documentation of wounds including measurements after each dressing check or change. The Catheter Management policy has been reviewed and staff education rolled out to all clinical staff.

While the approved provider has taken steps to address the deficits, these improvements are yet to be fully implemented or evaluated for effectiveness.

The service does not comply with this requirement.

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

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

The service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team identified consumers who have been placed at heightened risk of harm as a result of unsafe diabetes management, wound management and falls management practices.

The Assessment Team found that while clinical staff were able to describe the service’s policies and procedures for completing neurological observations following a fall with a head injury or an unwitnessed fall these are not consistently followed.

The Assessment Team found that while there are assessments and care plans developed in conjunction with a diabetes educator and a general practitioner in place for a consumer with a diagnosis of Type 2 diabetes mellitus, the directives are not consistently followed. Clinical staff were not aware of the directives, and had not advised the consumer’s general practitioner when the blood glucose levels (BGL) were outside their reportable range, nor were they recording BGLs following administration of insulin as directed.

The service records high impact and high prevalence clinical and personal risks via their electronic documentation system. Spreadsheets for infections and adverse events can be grouped by event types and consumers. General observations, including weight and blood glucose levels can be printed as per a selected date range as required. However, these systems are not properly understood or used by care staff.

The approved provider acknowledged that staff had failed to follow systems and the service’s instruction in relation to monitoring post fall observation for a consumer who had sustained several falls. Staff education and competencies have been rolled out to support staff to improve in the areas of documentation of falls and diabetes. Currently 15/16 nursing staff have completed the competencies and it is anticipated that 100% of staff will be competent by 31 December 2020.

In addition the physiotherapist is providing toolbox sessions with care and nursing staff in relation to falls prevention. It is planned to have additional group education sessions by the physiotherapist early in 2021.

While the approved provider has taken steps to address the deficits, these improvements are yet to be fully implemented or evaluated for effectiveness.

The service does not comply with this requirement.

### 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 service has an end of life care policy which includes assessing the physical, spiritual, and cultural considerations of the consumer. End of life care and advanced care planning is discussed with consumers and/or their representatives when they are comfortable to discuss end of life wishes. This may be prior to entry to the service, on admission or during consumer care reviews. Most consumer care plans, had documented needs, goals, and preferences for care toward end of life, or reference of their choice not to discuss at this time.

### 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 service was able to demonstrate that staff are able to identify and respond to deterioration in a timely manner. Consumers and representatives expressed confidence that staff would know what to do in the event their health needs changed. Interventions within care plans were individualised to each consumer’s specific care needs and showed reviews and adjustments in line with the changing needs of the consumer.

### 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 service has an effective process to document and communicate information about consumers’ condition, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need.

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

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

Consumers/representatives confirmed they have access to their medical practitioner and/or other health professionals when needed. Clinical staff were able to describe how they refer consumers to appropriate specialist services. Documentation for consumers reflected timely and appropriate referrals. Specialist recommendations were reflected in consumers care documentation.

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

*Minimisation of infection related risks through implementing:*

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

#### The service has an infection control policy and an outbreak management plan to support the service in practicing transmission-based precautions and preparing for a possible infectious outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate prescribing of antibiotics.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Overall 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 confirmed that they are offered a range of activities within the service which meet their needs. This includes both one on one activities and group activities organised by the lifestyle team. Staff interviewed were aware of the preferences of the consumers and what activities they liked to take part in.

Consumers explained how they do things inside and outside of the service and how they keep in touch with people who are important to them. Consumers advised that they “don’t feel confined to the service” and although there were restrictions on visitation during the COVID-19 pandemic they were allowed sufficient visitation.

Feedback surrounding the variety and quality of the food provided by the service was overall positive. For example, a consumer advised that the food is reasonable with good variety, it is well presented and most of the time it is tasty.

For the consumers sampled, the care planning documents reflect the involvement of others in provision of lifestyle supports. The lifestyle manager described how they work with external organisations to help supplement the lifestyle activities offered within the service.

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.*

Each consumer had a lifestyle and well-being care plan with in-depth information about the consumer’s history, and listed the consumers lifestyle needs, preferences, interests, behaviours, and religious information. Staff were able to explain what was important to individual consumers, including what they liked to do and what activities they liked to engage in. This aligned with what consumers indicated was important to them and the care planning documents and during interviews. The Assessment Team observed group activities being conducted throughout the visit.

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

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

Consumers advised that they get emotional, spiritual, and psychological support at the service. Care planning documents reviewed included information about emotional, spiritual, and psychological well-being.The activities calendar demonstrated examples of spiritual activities including church services and one on one activities.

### 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.*

Consumers explained how they do things inside and outside of the service and how they keep in touch with people who are important to them. Consumers advised that they “don’t feel confined to the service” and although there were restrictions on visitation during the COVID-19 pandemic they were allowed visitors.

### 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.*

Consumers advised that most of the time their condition, needs and preferences are effectively communicated within and between organisations, with some feedback indicating that agency staff do not have the same knowledge as the regular staff.

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

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

#### For the consumers sampled, the care planning documents reflect the involvement of others in provision of lifestyle supports. The lifestyle manager described how they work with external organisations to help supplement the lifestyle activities offered within the service.

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

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

#### Most consumers were happy with the food provided by the service. Care planning documentation reflects the particular dietary needs and preferences of consumers. The chef was able to describe how menus are changed based on consumer feedback and how changes to a consumer’s dietary needs are communicated to the kitchen. Consumers were observed to be enjoying the meals provided.

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

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

#### The Assessment Team observed a range of equipment used to provide and support lifestyle services. These include televisions, board games, musical instruments, books and decorations. These were observed to be suitable, clean and well maintained.

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The service environment was safe, clean and well-maintained. Consumers move freely move around the service, including to the outdoor areas, and some are able to leave the service to do walking laps around the perimeter of the service.

Consumers provided positive feedback about the environment and all consumers interviewed stated that the service felt like home. Consumers sampled used statements such as “this is home” and, “it’s beautiful here, we really like the atmosphere”.

Staff were able to describe how requests for maintenance are submitted and actioned. Staff explained how equipment is cleaned between use, however the Assessment Team observed that there was no signage to remind staff to do this where the common equipment is stored.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team observed the environment as welcoming with multiple shared indoor and outdoor areas for consumers to interact. The service contained a number of activity areas, lounges and dining areas and courtyards and gardens were accessible to consumers. Each wing had a dining area and smaller areas for consumers to sit throughout the day. Names of the consumers were available outside each of the consumer rooms with some plaques being personally decorated. The Assessment Team observed that consumer’s rooms were personalised, with their own furniture and decorations.

### 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 service environment was safe, clean and well-maintained. Consumers move freely around the service, including to the outdoor areas, and some were able to leave the service to do walking laps around the perimeter of the service. The maintenance at the service is managed on-site and any requests are actioned in accordance with risk assessment and internal policies.

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

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

#### The furniture, fittings and equipment at the service are safe, clean and well-maintained. Staff were able to describe how requests for maintenance are submitted and actioned.

# 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 and gauged staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. The majority of consumers and representatives interviewed, who had not made formal complaints, stated they were comfortable raising concerns about care and services and felt confident action would be taken. Consumers and representatives interviewed who had raised concerns with management stated they were satisfied with the response from management.

The organisation has a complaint policy and maintains a register of all complaints to assist actioning and follow up with consumers. Management demonstrated and described appropriate action is taken in response to complaints and when things go wrong. The organisation has a ‘open disclosure’ policy and procedure which includes a system to record, track and manage feedback and this in turn is used to improve the quality of care and services.

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.*

Consumers and representatives are satisfied with the feedback and complaints process and feel encouraged and supported to speak up when they have concerns. Consumers said they were comfortable to speak to the “lady in charge”, raise issues or suggestions during residents’ meetings and how responsive management are in rectifying the matter. Staff described how they support consumers to raise any concerns and documentation reviewed identified the feedback and complaints process and action taken.

### 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.*

Consumers are satisfied they have been made aware and have access to advocates and language services if they wish to raise a concern. Consumers and representatives are comfortable in raising concerns with staff or management and those who have raised concerns in the past were satisfied with the process which took place and the outcome.

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

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

Consumers and representatives are satisfied with action taken in relation to complaints and how staff and management acknowledge mistakes made and apologise if things go wrong. Staff were able to describe the process of open disclosure and have received education in relation to this. Policies and procedures reviewed in relation to open disclosure reflected this process.

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

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

Consumers and representatives described in various ways how feedback and complaints had resulted in improving the quality of care and services. Management described how complaints data is reviewed and how action is taken to improve the quality of care and services. Complaints’ documentation reviewed identified prompt action taken by management and how this is improved through the continuous improvement plan.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Of the consumers interviewed, all confirmed that staff are very good, kind and caring. Consumers confirmed that the majority of staff know what they are doing in relation to their personal care needs, and that there are adequate staff rostered to meet their needs.

The service demonstrated recruitment processes to ensure quality and experienced staff have the qualifications, skills, and knowledge to successfully complete their job. The service monitors and reviews staff performance in relation to these requirements.

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

## Assessment of Standard 7 Requirements

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

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

### Consumers and representatives expressed satisfaction there are sufficient staff to meet their care needs. Consumers said they generally do not wait long for call bell response.

The roster is reviewed regularly by management to ensure skill mix and sufficiency of staff to each wing. Management described rostering takes into consideration the acuity of consumers, their preference for female carers and skill mix of staff allocated for each shift.

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

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

Of the consumers and representatives sampled, all said that staff are kind and caring, “they attend to what needs to be done. And will ask if there is anything else they can do.” Some consumers, who would like to continue to be independent, said staff acknowledge their wishes and will be patient to wait to help when the need arise.

The Assessment Team observed staff interacting with consumers in kind, caring and respectful ways and being responsive to needs and taking time to listen to consumers.

### 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.*

Consumers and representatives reflected positively on staff competency and knowledge. Staff are supported by senior clinical staff to effectively perform their roles. Registered nurses oversee specialised nursing care and are onsite in the morning and afternoon shifts. Staff are required to hold minimum qualifications for each position in the service and this is outlined in position descriptions.

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

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

#### Consumers and representatives are confident that staff are trained and supported to provide their care. Staff expressed satisfaction with the quality of training provided both face to face and on-line modules available through the organisation’s education programme.

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

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

The service uses a range of processes to monitor staff performance including observation, monitoring incidents and feedback and a 360 degree review process undertaken annually, and three months after commencement at the service.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Of the consumers interviewed, all said they are able to express freely what is working and what is not during the residents’ meetings.

The service management provides monthly reports in relation to incidents, complaints, mandatory reporting and quality indicators. These are discussed at Board level to ensure appropriate care is being delivered.

The Board communicated to staff the requirements and expectation of quality service delivery to meet the new Quality Standards. Staff were provided education on the new Quality Standard to ensure safe care processes and delivery according to the new standards.

The service has systems to manage high impact high prevalence risks associated with the care of consumers. The service identified steps towards relaxation of visitors restrictions to support the physical and emotional well-being of consumers.

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

## Assessment of Standard 8 Requirements

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

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

Consumers and representatives described their involvement during residents’ and representatives’ meetings and how they express themselves freely. Management described how consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement. There are regular residents’ meetings .

### 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.*

Consumers expressed satisfaction of feeling safe living in an inclusive environment with provision of quality care and services. The organisation promotes safe and inclusive care through equal opportunity and diversity policy to guide staff practice.

### 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 organisation demonstrated that it has effective governance systems in place for managing all aspects of care and services. Records show that the governing body is provided with information to make informed decisions. The service was able to demonstrate evidence of continuous improvement across the service.

### 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 organisation has an overarching risk management framework. Risks are reported, escalated and reviewed by management at service level and the organisations senior management including the Board. The service demonstrated components of the risk management system which includes ‘incident and clinical governance reporting’, incident reports, hazard forms, use of risk authorisation forms, monthly audits, meetings with consumers, representatives, and staff. Feedback is communicated through service and corporate meeting cycles and leads to improvements to care and services for consumers.

### 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 organisation demonstrated use of a clinical governance framework. The framework is based on best practice guidelines from Safer Care Victoria and the Aged Care Quality Standards. The framework integrates existing clinical governance and includes systems of quality and risk management, antimicrobial stewardship, restraint minimisation, open disclosure, feedback, incidents management, continuous improvement and includes partnering with consumers.

# 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.

*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 service must demonstrate that chronic wound plans are in place for all chronic wounds.
* The service must ensure that staff receive education in the electronic care system and supervision to ensure that care needs and provision are properly documented.
* The service must ensure that staff receive education and mentoring in relation to documentation of wounds including measurements after each dressing check or change.
* The service must ensure that staff receive education and mentoring in relation to the recently developed Catheter Management policy.
* The service must complete its program of staff education and competencies in the areas of falls and diabetes.