Blue Hills Manor

Performance Report

25 Tulich Avenue
PRESTONS NSW 2170
Phone number: 02 8784 2472

**Commission ID:** 0578

**Provider name:** Blue Hills Village Management (Liverpool) Pty Limited

**Site Audit date:** 15 December 2020 to 17 December 2020

**Date of Performance Report:** 8 February 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **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** | **Non-Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-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 27 January 2021. Further information was also submitted by the provider on 3 February 2021.

# 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 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:

* The consumers and representatives interviewed stated their personal privacy is respected, that staff treat them with respect and provide personal care with dignity and respect to suit their individual care needs.
* Two consumers who are married, recently entered the service and said they have always been treated with respect and are able to decorate and personalise their rooms with personal belongings, photographs, furniture and artwork, allowing their identity to exist in their new environment.
* Staff interviewed spoke in a way that indicated respected and understanding of a consumers circumstances, cultural background, preferences, and life journey.

Care planning documents contain information about the consumers cultural, religious and spiritual preferences. The lifestyle profile information includes information about individual consumer likes, dislikes, interests, religion, community and social supports and choices, although some information appeared to be outdated.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

The Assessment Team identified that care and services delivered are culturally safe. This is evident from the sampled consumers, who stated staff respect their backgrounds values and diversity. Staff interviewed were also able to describe how they support consumers from non-English speaking backgrounds to celebrate their cultural days, and how they tailored meals for consumers from different cultures.

I find this requirement 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.*

### 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 interviewed a sample of consumers and representatives whom stated that information provided to them is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Staff interviews similarly reflected the consumers feedback, and they were able to describe a few methods of communicating information to consumers such as using text messaging services and distributing newsletters. Some documentation was found to be outdated or incomplete by the assessors, although it has not led to any significant impact on the consumers; the service amended some of this documentation during the assessment period, and stated that they will further update the remaining care plans and lifestyle assessments.

I find this requirement Compliant.

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

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

The Assessment team interviewed a sample of consumers who were able to provide examples of staff respecting their privacy. Staff interviewed were able to demonstrate awareness of individuals consumers privacy needs. The Assessment Team sighted the service’s policies and procedures relating to consumers privacy and protection of personal information, and observed that staff interactions were inclusive, kind and respectful of consumers privacy during the assessment.

I find this requirement Compliant.

# 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 service 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 considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers and representatives interviewed said they were happy with the communication they receive from staff about their care and services. It was noted however that care plans were not provided to all consumers and/or their representatives routinely, although the consumers generally do not see this is as an issue as knew they are accessible via a request to staff.
* There is a process for assessment and planning for consumers at the service including the consideration, assessment and mitigation of risk. Relevant risk assessments and dignity of risk forms were found in the consumer file for all consumers sampled.
* Care planning documents include the documentation of current needs, goals and preferences for the consumers sampled. However, in some cases there were discrepancies noted between care needs summaries, care plans and risk assessments because these documents were updated at different times.
* Consumers reported their care and services are reviewed when a change in condition occurs. All care and service plans reviewed by the Assessment Team had been regularly evaluated.
* The service seeks input from various health professionals to ensure the consumer receives comprehensive assessment of their needs.
* The service begins discussion about end of life planning and provides advanced care planning information on pre-admission to the service. Management and registered nursing staff recognise that not all consumers are prepared to make these decisions on entry and respect and support the consumer in the process of decision making. Mechanisms are in place to monitor and review this. This information is held in the consumer file for easy reference.

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 identified that most consumers interviewed are satisfied with their care and services and had no complaints in relation to assessment and planning. The team also sighted a process and policy for assessment and planning for consumers at the service. A review of the consumer’s care planning documents indicated the discussion of potential risks are documented and dignity of risk forms are completed.

I find this requirement 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 identified that care planning documents were individualised and included the documentation of current needs, goals, and preferences for the consumers sampled. However, the team notes there were some discrepancies noted between documents due to being updated at different times. Management interviewed stated not all consumers are prepared to make decisions about advanced care planning on entry and they respect this decision; the service has implemented mechanisms place to monitor and review this such as care conference meetings, review on transfer to hospital, or at the time of other changes in condition.

I find this requirement 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.*

### 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.*

The Assessment Team interviewed a sample of consumers that reported their care and services are reviewed when a change in condition occurs. For example, they describe having discussions with staff about their care when the consumer falls or returns for hospitals. The team also reviewed care and service plans and note they are regularly evaluated on a regular basis, when circumstances change, or when incidents occur.

I find this requirement Compliant.

# 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 service’s approach to assessment and planning is comprehensive. Most of the sampled care and service files indicate assessment and planning has had a positive impact on consumers.

Most consumers and/or their representatives interviewed consider that they receive personal care and clinical care that is safe and right for them.

For example:

* Most consumers and/or their representatives interviewed confirmed they are satisfied with the care provided and have no complaints. The representatives stated they often receive updates of care from the clinical care coordinator, who discusses the plan of care with them.
* A review of care planning documents for sampled consumers evidence appropriate referral to a medical officer, specialists, and other health practitioners where required
* A review of care planning documents for sampled consumers evidence that deterioration or change in condition for most consumers is responded with appropriate action and escalation

However, the Assessment Team noted some deficiencies in clinical or personal care for a few consumers that is not best practice. The provider has since responded to these findings and demonstrated that personal and clinical care has been adequately delivered.

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 identified that most consumers gets safe and effective personal and clinical care. This is evidenced from a review of a sample progress notes and other documents that identify consumer care is individualised, best practice and optimises their health and wellbeing. For example, the team identified that wound management was managed to best practice, and most consumers had their pain adequately managed.

However, the Assessment Team had recommended this requirement as not met as they review one consumer’s clinical notes and identified that it did not record that her pain was measured or evaluated every time she was administered an opioid. They also note that restraint was not adequately documented for consumers who were chemically restrained, environmentally restrained or physically restrained (when using bed rails). For example, there were no risk assessments completed for consumers who use bedrails or have beds against the wall, or for cognitively impaired consumers who are cannot freely access the outdoors due to a locked front door.

The provider has since responded to this finding and provided further evidence to demonstrate that the above have been documented.

For the consumer receiving opioids, the service has responded that her pain was charted shortly after each occasion that an opioid was administered, which helped evaluate their effectiveness. As evidence, the service has supplied the consumer’s paper base pain charts which have entries that match the timing of when she was administered opioids

In regards to the documentation of restraints, the service notes that physical restraints have been noted in the consumers mobility care plan, chemical restraints have been noted in medication care plan, and further information about restraints are also recorded on other documents. As examples, they have submitted a consumer’s medication care plan, and risk assessments that have been complete for consumers who use bedrails or have beds against the wall. In regards to the risk assessments for the cognitively impaired consumers that are prevented from freely accessing the outdoors, the provider disputes the locked front door is an environmental restraint and therefore this assessment isn’t required; this is as the service had historically had the front door open allowing consumers to freely enter and leave the service, however, they had only locked it due to the local COVID-19 outbreak to better monitor and screen visitors. Even during this locked period, there is a dedicated receptionist and COVID marshal who assists consumers in freely accessing the outdoors.

I find this requirement is 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 interviewed management staff whom stated that all risk for consumers are reported and discussed at the clinical governance meeting. Risks are discussed weekly at management meetings with managers, and risks were compiled weekly into a report and made available for all staff to review before their sheet. Care staff interviewed confirmed they go to the nurse station to review the form before commencing duty each shift to ensure they have the most recent updates on consumers.

The Assessment Team observed that staff have a range of policies and procedures to assist them to manage high impact and high prevalence risks, such as falls prevention and post fall management flow charts, promoting a restraint free environment policy, and behaviour management policies.

However, the Assessment Team recommended this requirement not met as they identified one consumer receiving opioids did not have her pain monitored and evaluated. They also identified that physical, chemical, and environmental restraints are not adequately documented, and there are no warfarin management plans for consumers. Furthermore, they felt that interventions in place to manage high impact risks are not adequate; as an example, they identified a consumer who had repeated falls and note his interventions were ‘encouragement’, ‘assistance’, a discussion at a managers meeting to discuss falls, and sighting the consumer every 30 minutes.

The provider has since responded to this finding and provided further evidence to demonstrate their effective management of high prevalent and high impact risks.

For the consumer receiving opioids, the service has responded that her pain was charted shortly after each occasion that an opioid was administered, which helped evaluate their effectiveness. As evidence, the service has supplied the consumer’s paper base pain charts which have entries that match the timing of when she was administered opioids.

In regard to the documentation of restraints, the service notes these have been noted in the consumers mobility care plan, medication care plan and other documents. The service has submitted documents to evidence these records. The service has also submitted an example warfarin management plans for a consumer to demonstrate it had been recorded.

Additionally, the service has provided the minutes of their fall meeting which mention interventions for the consumer with repeated falls referenced by the Team. Aside from the interventions noted by the Assessment Team, the service notes that there were further interventions beyond those identified, including assessing the consumer’s footwear, ensuring delirium screening and behaviour management plans are in place, and further actions.

I find this requirement 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.*

### 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 reviewed a sample of consumers care planning documentation and note their deterioration were actioned with an appropriate response and escalation in a timely manner. Consumers interviewed also confirmed they are satisfied with the follow up they receive in the form of care when they feel unwell. Staff interviewed demonstrated knowledge about recent changes for consumers, and described the procedures to help them recognise and respond to deterioration.

I find this requirement Compliant.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team interviewed staff who could demonstrate their understanding of antimicrobial stewardship and the principles of standard and transmission based precautions to prevent and control infection. The team also observed documents that indicate the minimisation of infection related risks, such as relevant completed training records for staff (for example, in PPE) and also risk assessments for consumers whom are at risk of infection. The service has also assigned a COVID-19 Marshal on every shift to provide further education and staff monitoring to assist with minimising related risks.

I find this requirement 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.

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.

For example:

* Most consumers interviewed confirmed that they are supported by the service to do the things they like to do. They said staff are kind and supportive and provide individual emotional support as needed.
* There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs. However, some consumers said the activities are non-existent and/or boring and do not provide them with meaningful purpose. The service started a walking group for consumers, which commenced during the Performance Assessment on day three.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them and confirmed the service has been excellent at communicating with representatives and families during the COVID-19 pandemic.
* Visitors are welcome at the service, the management organised and facilitated safe areas within the service for consumers to sit with their visitors and engage in meaningful communication.

However, the Assessment Team noted that two consumers stated they were not interested in activities at the service. For many consumers, their lifestyle profiles were also outdated. The provider has since responded to these findings by submitting further evidence.

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.*

The Assessment Team interviewed a sample of consumers and most confirmed they are getting safe and effective support for daily living that meet their needs, goals, preferences and wellbeing. For example, one consumer could describe how staff have arranged for Portuguese radio and Portuguese’s television to be available in his room, which ‘brings him happiness’.

The team also received some negative feedback from a few consumers and/or their representatives regarding activities at the service. One consumer reported she was ‘bored’ at the service and a second consumer reported she was not interested in activities at the service. A third consumer stated she would like to participate in more daily activities but has seen a reduction in her preferred daily activities of Bingo, crafts and knitting - although, I note the Assessment Team observed knitting and bingo sessions during the assessment, with craft and other activities scheduled on the activities calendar. A representative for another consumer stated that her mother was choosing to stay in her room more as of late; however, staff stated they have recognised this change in this consumer and note her withdrawal from activities may be due to the pain from a wound that is currently being managed and which is preventing her to walk comfortably. The service has organised an assessment for this consumer to better recognise her needs.

The Assessment team reviewed the care planning documents and noted that the consumers ‘lifestyle profiles’ were outdated. One consumer’s file did not note her allergies. A review of the activities calendar showed the service has a variety of group activities seven days per week (exercise, bus trips, bingo (occurring on four out of seven days a week), movie, crafts, and more), and the team observed some of these activities being undertaken such as bingo, a knitting session, and a music concert video (although the same one was played the whole day) during the assessment.

Based on the above evidence, the Assessment Team has recommended this requirement to be not met. The provider has since provided further information to evidence that they meet this requirement.

For the consumers, the service acknowledges there is room for improvement. The service plans to carry out a survey for all consumers to better understand what consumers would like to see and incorporate in current activities, develop a consumer committee who will assist in creating and developing the activities program, and other initiatives which they have incorporated into their Continuous Improvement Plan.

In regard to the consumer that did not have her allergies recorded, the service notes the consumer does not have any allergies although she is gluten intolerant. The service has updated her identification profile page with this information, although they note this intolerance was already reflected in her clinical record. For the remaining issue in regard to outdated lifestyle profiles, the service notes that these were outdated as these profiles are only meant to be completed on a consumer’s entry to the service to capture their life history. Instead, the ‘Social and Human needs care plan’ for consumers is the document that outlines their needs, goals, and preferences, and the service has since submitted a number of these plans to demonstrate they capture the needs, preferences, goals and other information to support consumers.

I have considered the above information, and on balance, I have found most consumers interviewed were satisfied with that the service and support they received supported their daily living, except for a few notable consumers whom stated they were not interested in the activities available. However, the service can demonstrate they have a wide range of activities to suit most consumers, and they have recognised their need to further tailor and improve their lifestyle activities for consumers as noted in their continuous improvement plan. Future action is expected to be taken by the service which will help improve the consumer’s experience with lifestyle activities. I am also satisfied with the provider’s response in regard to their documentation and that consumers needs, goals and preferences are documented.

I find this requirement 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 interviewed a sample of consumers that indicated their emotional, spiritual and psychological needs are being met. For example, consumers receive visits from pastoral care (where appropriate), and staff were able to describe how they recognise and provide attention to consumers who were showing signs of self-isolating or difficulties with their emotional wellbeing. Staff were also observed by the Assessment Team to take their time to sit and talk to consumers thorough the day.

I find this requirement complaint.

### 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 interviewed a sample of consumers who mostly said they are supported to participate in community within and outside the organisations service environment if available to them and when they choose to. They generally state they are supported to do things of interest of them within or outside the service. For example, one consumer stated they would like to go shopping with friends and visit their local Westfield shopping centre, and staff are offering support accordingly. However, I note that two consumers did say they are not interested in the activities at the service.

The consumers interviewed also state they are assisted to have social and personal relationships. For example, three married couples at the service provided positive feedback about the service and generally state they can make their own decisions to maintain their relationship. Another consumer said that she is freely enabled to make friends in the service and from the people that live at the residential village adjacent to the service. Staff interviewed could also describe how they provide an environment that promotes independence and freedom for consumers to do as they please.

The Assessment Team observed the consumers to participate in small group activities like knitting and larger group activities like bingo throughout the assessment. Individual consumers were observed to have their own resources for individual activities such as their own televisions, radios, DVDs, books to read, and large print books are available from the bookshelf library on level two.

The Assessment Team also identified the service supports individuals to go out of the service and participate in bus trips, although a review of the consumers lifestyle plans do not record how consumers participate in the community and maintain their relationships or do things of interest to them. The provider has since responded to this finding and submitted the consumers ‘Social and Human Needs’ care plans, which provide most of the information that the Assessment Team have determined to be missing, although I do note these plans can be improved in their individualisation to consumers.

Based on the evidence at the time of assessment, the Assessment Team finds that this requirement is not met. However, I am satisfied with the further information provided from the service.

I find this requirement 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 Assessment Team sighted processes in place for identifying and recording consumer’s condition, needs and preferences. Staff interviewed confirmed they have access to the information they need. The Assessment team noted the information about a consumer’s needs and preferences in the lifestyle profiles were limited, and some information was missing, for example, it did not reflect two consumers’ interest in the Portuguese club.

Based on the above gaps in the lifestyle profiles, the Assessment Team had recommended that this requirement is not met.

However, the provider has since submitted further information to demonstrate that a consumer’s needs and preferences are regularly recorded on their ‘Social and Human Needs care plan’ and not their lifestyle profile. It was explained the lifestyle profile is only used on a consumer’s entry to the service to capture their lifestyle history. The service has submitted examples of ‘Social and Human Needs care plan’s as evidence. In regards to the two consumers interest in the Portuguese club, the service explained it was not noted in their profiles as the consumer’s representative informed the service that the consumers no longer had interest in the club once entered into the service.

I find this requirement 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 interviewed a sample of consumers that generally state their dining experience is comfortable and not rushed. Most consumers note the food they receive is varied and of suitable quality and quantity, and that they were aware of the feedback process if they expressed dissatisfaction with the food. Staff interviewed can describe how they create an engaging mealtime experience that encourages consumers to eat and drink, and they note that records reflect their menus are reviewed for nutritional balance.

I find this requirement Complaint.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

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

For example:

* Most consumers interviewed stated they felt they belong in the service. They describe being able to decorate their rooms with their personal belongings, including their own furniture, paintings and decorative items.
* Consumers and representatives interviewed reported the service is clean and well maintained, and they are freely able to move as they choose.
* Consumers and representatives interviewed stated that they are confident staff know how to safely operate the equipment they use to support their health and wellbeing.
* The Assessment Team also observed the environment to be welcoming, clean, well-maintained and easy to move around, both inside and outside. Consumers are provided with single ensuite rooms. Companion rooms with ensuite are also provided. Equipment was observed to be clean, well maintained and appropriate to consumer needs.

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

## Assessment of Standard 5 Requirements*.*

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 NON-COMPLIANTFeedback 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.

Most sampled consumers said they felt comfortable to give feedback and make complaints. They stated that when they gave feedback or a complaint, staff and management always listened, took appropriate action and changes were made.

However, some consumers did not seem to be well informed in relation to how to make a complaint about the service externally, and staff similarly did not know how to support these consumers.

For example:

* Some consumers sampled were not aware of how to lodge an anonymous or external complaint.
* Staff, consumers and representatives sampled were not aware of advocacy groups, language services, ATSI, CALD organisations and other special needs agencies and could not provide an example as to when they have accessed these.

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

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

The Assessment Team interviewed consumers and their representatives who stated they would speak to the staff if they need to make a complaint, and none of them stated they were uncomfortable in doing so. However, the consumer and their representative generally did not know about advocacy services to assist them to raise or resolve complaints. Similarly, staff could not describe advocacy or language services available to consumers and representatives; they could only state that consumers with difficulty making a complaint are assisted by their representatives, and all consumers and/or representatives could speak English to communicate their complaint.

The Assessment Team reviewed the consumer handbook and saw there are various agencies noted that can assist with making a complaint, although they don’t include CALD organisations or special needs advocacy groups. They also noted posters and brochures for the Aged Care Quality and Safety Commission, Older Person’s advocacy network, and the senior rights service at reception.

The provider has responded to the findings and updated the consumer handbook and provided training to staff. They have also added advocacy as a standard agenda item to the consumer/representative meeting agenda. The service also wishes to highlight that consumers have consistently demonstrated to the service they have no problems escalating their concerns to management.

I have considered the above information and whether this requirement was met at the time of assessment. Although I acknowledge that consumers interviewed were presently comfortable in raising complaints to staff, the service had not been able to demonstrate that a consumer would receive adequate support if they currently (or in the future) did feel uncomfortable raising a complaint and had not made this known to staff. Consumers would not be aware of the advocacy avenues available to, nor could staff demonstrate they know how to help consumers access these avenues if required.

I find this requirement Non-Compliant.

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

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

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

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

# STANDARD 7 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.

 For example:

* All consumers sampled said staff are kind and caring and felt there was adequate staffing at the service. Most consumers also felt staff knew what they were doing.
* Most staff stated they have enough time to complete their roles, have received relevant training, and have received performance assessments throughout the year

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.*

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

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

### Requirement 7(3)(c) Compliant

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

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

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

The Assessment Team interviewed a sample of consumers and/or representatives whom state that staff are trained and equipped to deliver their care and services. Staff interviewed provided examples of training they had completed. The Assessment Team reviewed training documents and identified that training is up to date, and the service is responsive to training needs following feedback and areas of potential risk.

I find this requirement Compliant.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Most consumers and representatives sampled said they felt the service is well run.
* All consumers interviewed felt comfortable to be involved in their care and services and were engaged in how care was delivered by the care team.

However, whilst the organisation has effective risk management systems and practices in place, the Assessment Team was found this had not been implemented effectively at the service. They identified various occasions where medication was not evaluated or managed, risk assessments were not completed correctly, and restraints were not documented correctly. The provider has since responded to these findings with further evidence to support that these identified issues have already been well managed at the service.

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

## Assessment of Standard 8 Requirements

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

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

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### The Assessment Team identified that the service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Since the services’ prior assessment, the service has demonstrated improvements in their information management and continuous improvement systems.

In regard to information management, staff said they do not encounter problems accessing the information or equipment they need to provide care and services for consumers. Management advised the service will be moving to use an electronic information management system in the new year, to facilitate better access to information. Staff, consumers and representatives all confirmed they have received regular electronic communications from the board in relation to the pandemic and still receive updates regularly.

In regard to continuous improvement, the service has a methodical approach to ongoing monitoring, review and service improvement. The service has commenced the implementation of an electronic risk, compliance and policy management system. Learning for staff will soon be linked to policy and procedure to ensure staff understanding of requirements. The continuous improvement plan for the service was sighted by the Assessment Team, and management staff stated have since submitted further improvements post assessment. The service demonstrated immediate responsiveness to issues raised.

I find this requirement 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 team identified the service has a high risk register that is communicated to all staff and the board every week. The risk for consumers are discussed at the management meeting weekly on Mondays and include mandatory and discretionary reports, falls, physical and verbal behaviours, wounds, unintentional weight loss and deterioration and transfer to hospital. A summary of consumer care needs is circulated to the care team weekly.

The team also reviewed the service’s documented risk management framework, including policies describing how:

* High impact or high prevalence risks associated with the care of consumers is managed.
* The abuse and neglect of consumers is identified and responded to.
* Consumers are supported to live the best life they can.

Staff interviewed confirmed they had been educated about the policies and were able to provide examples of their relevance to their work. For example, they knew that non-pharmacological interventions were always tried first, and the need to support consumers in their choices.

However, the Assessment Team identified gaps for the service in managing some high impact or high prevalence risks. Documentary evidence indicated opioid medication doses administered to one consumer have not been evaluated by the registered nurses administering the medication. Risk assessments are not completed for consumers who use bedrails or have beds against the wall. There are no risk assessments, authorisations or consent for consumers with cognitive impairment who cannot freely access the outdoors downstairs. Care plan reviews demonstrate restraint is not documented for consumers who are chemically restrained, environmentally restrained or physically restrained when using bed rails. There are no warfarin management plans for consumers who receive anticoagulants. Lifestyle and leisure activities and documentation showed a lack of up to date information that did not adequately reflect the current needs, goals and preferences for the individual consumer.

Based on the above, the Assessment Team had recommended that this requirement as not met. However, the provider has since responded to these findings with further information to demonstrate that the consumer receiving opioids had her pain monitored which helped evaluate the medication, that risk assessments are completed for consumers where required, restraints are documented, the consumers have warfarin management plans, and needs, goals and preferences for an individual consumer are recorded.

I find this requirement 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.*

# Areas for improvement

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

### Requirement 6(3)(b)

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

Provider to continue with their improvement actions contained in their response to the Assessment Team findings. The service should ensure are consumers are aware of their access to advocates, language services, and other methods for raising and resolving complaints, and that staff are adequately trained to assist them access these avenues if required.