Boandik St Mary's

Performance Report

71 Boandik Terrace
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Phone number: 08 8724 1200

**Commission ID:** 6234

**Provider name:** Boandik Lodge Inc

**Site Audit date:** 28 September 2021 to 30 September 2021

**Date of Performance Report:** 17 November 2021

# Performance report prepared by

Samantha Hicks, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-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) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-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 Commissioner’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 25 October 2021.

# STANDARD 1 NON-COMPLIANTConsumer 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 Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall most 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. Consumers reported staff know what is important to them and felt their identity, culture and diversity was valued. In addition, consumers confirmed they are encouraged to maintain their independence and live the life they choose including making decisions about their care, who is involved and maintain relationships of choice.

The Assessment Team sighted evidence consumers are supported to exercise choice and independence in relation to their own care and service delivery, communicate their decisions, make connections with others and maintain relationships of choice.

With regards to supporting consumers to take risks, the service demonstrated consumers had been able to engage in risk taking activities, such as smoking and leaving independently and had the necessary risk assessments and supports in place.

In contrast, some consumers considered staff do not consistently treat them with dignity and respect and relayed examples. In addition, the Assessment Team observed staff deliver personal care that was not optimal or respectful for consumers.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found the service did not demonstrate each consumer is treated with dignity and respect. Three consumers relayed examples whereby staff had not demonstrated care or respect, which they felt had contributed to feelings of embarrassment and frustration. The Assessment Team observed staff interactions with consumers were not consistently kind and respectful, and two staff members expressed concern that consumers’ dignity and privacy had not been respected during an internal audit by the organisation.

The service has organisational documents to guide staff practice in the care and treatment of consumers and is promoted during the onboarding process, this includes the Charter of Aged Care Rights, staff duty statements and the code of conduct, all of which reflect the organisation's key principles and values, including to respect the individual and enable dignity. The Assessment Team found, however, such values had not been consistently applied.

Management stated they ensure compliance with this requirement by gathering feedback from consumers informally, at resident meetings and regular consumer surveys, in addition to observations of staff practice, including the internal audit schedule. In addition, management advised each consumer’s personal characteristics, experiences, values and beliefs are captured in assessment and care documentation to inform staff understanding and practice.

The Approved Provider submitted information relating to the findings of the Assessment Team. It is acknowledged that the findings of the Assessment Team were contrary to the culture of the service and this was shown in both the information the Approved Provider supplied and some of the findings of the Assessment Team. However, the uniformity of staff interactions corroborated, in part, by consumer feedback does not demonstrate consistently that consumers are treated with dignity and respect.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

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

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. Most consumers interviewed confirmed that they or a person of their choosing, were involved in care planning and had a say in the delivery of care and services. This included staff being aware of their needs and preferences.

Representatives confirmed they were informed about incidents and provided frequent updates regarding outcomes of assessment and planning.

Staff interviewed were knowledgeable about care planning and assessment processes, including re-assessment, and confirmed care planning and assessment documents were readily accessible on the electronic system and provided enough information to guide individualised care and services.

In contrast, whilst care documentation viewed demonstrated assessment and planning had identified and addressed sampled consumers’ needs, goals and preferences, including end of life planning, care plans did not consistently contain clear information to identify risk or risk management strategies. Risk assessments did not consistently outline risks of the activity and a smoking risk assessment for one consumer was not reflective of current practice. In addition, the service could not demonstrate all consumers’ care plans had been reviewed every six months as per organisational policy, nor were care and services consistently reviewed in a timely manner for consumers following incidents.

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) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found the service was unable to demonstrate assessment and planning, including consideration of risks to consumer’s health and well-being informs the delivery of safe and effective care. Specifically, the Assessment Team identified care plans did not consistently contain clear information to identify risk or risk management strategies, risk assessments did not consistently outline risks of the activity.

In contrast, the Assessment Team observed a range of accredited clinical risk assessment tools had been utilised relative to each consumers’ needs and perceived risks. Individualised management strategies to minimise impact of risks were documented in care plans including falls and pain. In addition, most consumers and all representatives interviewed considered the service had identified risks to their health and well-being, such as pain, continence and falls risk, and initiated management strategies.

The Approved Provider submitted information and additional documentation relating to the findings of the Assessment Team. This documentation satisfactorily showed that assessment and planning is used effectively to provide consumer care and services. Although the Assessment Team found that some risks associated with consumer actions had not been explained to some consumers the Approved Provider was able to provide documentation to show where this had occurred to dispel the Assessment Team concerns. In addition, with the Assessment Team found that consumers/representatives felt that the risk to their well being was managed well by the service. All this combined shows that assessment and planning is used effectively to mitigate risk and provide quality care and services.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Non-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 found that the service was unable to demonstrate care and services are reviewed regularly for effectiveness in accordance with policy requirements, or for each consumer following incidents which impact on consumers’ needs, goals and preferences. Specifically, the service could not demonstrate all consumers’ care plans had been reviewed every six months as per organisational policy, nor were care and services consistently reviewed in a timely manner for consumers following absconding and falls incidents.

According to the Support Plan Management procedure (dated 14 December 2020), care plans are to be routinely reviewed every six months at a minimum. The Assessment Team found that 13 consumers had not had a formal care plan review in the previous six months. Of 13 consumers, eight consumers’ care plans had been evaluated within the six-month period. Five consumers had not had care and services reviewed at all, with care plans overdue by between 11 and 29 days. In addition, the service did not demonstrate care and services had consistently been reviewed in a timely manner for consumers following absconding and falls incidents.

The Approved Provider submitted information relating to the findings of the Assessment Team. Whilst the Approved Provider did submit information to try to clarify some of the findings of the Assessment Team it does not provide suitable explanation to demonstrate the effectiveness of care planning including responses after incidents. The Approved Provider was unable to substantiate that it is following its own procedures in care plan reviewing and response to some forms of consumer incidents.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Overall, most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed confirmed they get the care they need and were satisfied with the personal and clinical care provided. In addition, all consumers and representatives confirmed they have access to Medical Officers and/or Allied Health professionals as and when they need it.

Staff demonstrated knowledge of the sampled consumers’ personal and clinical needs and could relay individualised strategies for managing some high-impact and high-prevalence risks, such as wounds, falls and pain.

In contrast, care documentation viewed demonstrated staff were not consistently adhering to best practice, legislation, medical directives or organisational policies and procedures. Some members of staff expressed concern consumers were not receiving adequate personal care due to staff shortages and training, consumers and representatives expressed satisfaction with care and services.

The Quality Standard is assessed as Non-compliant as one 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 Assessment Team found that whilst consumers and representatives interviewed were satisfied with the clinical and personal care provided, some members of staff expressed concern personal care is not consistently provided due to a lack of staff numbers and staff knowledge. Care documentation viewed demonstrated staff were not consistently adhering to best practice, legislation, medical directives or organisational policies and procedures. In some instances, the care practices were not following medical professional directives. However, management advised the service has monitoring processes to ensure consumers receive clinical care in accordance with medical directives.

Wound care, care documentation for the sampled consumers demonstrated staff were not consistently utilising and completing wound assessment and management documentation in accordance with best practice or the organisational procedure.

Review of the service’s chemical restrictive practices shows they are not fully compliant with their responsibilities under the amended Quality of Care Principles (2014) in relation to documentation and support plan requirements. Care documentation for two sampled consumers did, however, demonstrate psychotropic medication had been used as a last resort following unsuccessful use of non-pharmacological interventions and where used, consumers had been monitored and the effectiveness documented.

Lastly, some care staff told the Assessment Team that they felt consumers do not consistently receive adequate personal care that is best practice, tailored to their needs or which optimises health and well-being. One further care staff member and one clinical staff member confirmed consumers cannot consistently be supported due to workload and staff shortages.

In contrast, the Assessment Team found all consumers and representatives interviewed confirmed they receive the personal and clinical care they need, and services are tailored to their needs. For example, consumers said staff will assist with showering or dressing at their preferred time and enable them to be as independent as possible. Two consumers who experience intermittent and ongoing pain confirmed staff are responsive to reports of pain and had initiated medical reviews and trialled alternative strategies. This was reflective in care documentation.

Management further advised best practice is promoted and discussed at staff meetings, including RN/EN meetings and at training sessions. In addition, the service utilises monitoring processes, such as clinical audits and 72-hour progress note reviews to ensure care is safe and effective.

The Approved Provider submitted information relating to the findings of the Assessment Team. It is acknowledged that some of this documentation did provide additional context to some of the sampled consumers. It has also been noted that the Approved Provider has made improvements in relation to this requirement since the last site audit. However, based on the evidence as seen by the Assessment Team there is still some improvements required to meet this requirement, particularly in relation to wound care. In addition, although some of the other findings of the Assessment Team were also disputed by the Approved Provider suitable evidence was not provided.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

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

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

The Assessment Team found the service was unable to demonstrate effective management of high impact risks for each consumer, specifically in relation to wound management. Care documentation showed that there were shortfalls of wound care for a specific consumer that was not managed in accordance with best practice, and at times the associated pain management was ineffective.

In contrast, the Assessment Team spoke to management in relation to the plan for continuous improvement and were informed improvements have been implemented. One of which was effective behaviour management strategies that resulted in improved daily life for a consumer. In addition, sampled consumer files viewed, and information provided to the Assessment Team by consumers/representatives and staff demonstrated high impact and high prevalence risks associated with the care of other consumers are identified, assessed and monitored. Consumers interviewed confirmed they received the care they need and were satisfied with how the service was managing their individual risks.

Care and clinical staff interviewed were knowledgeable about sampled consumers’ high impact and high prevalence risks and could detail how they identify, assess and manage such risks. Staff interviewed could name consumers with a high falls risk and recite strategies for minimising the prevalence of falls and risk of harm.

Care and clinical staff confirmed new, emerging and existing high impact and high prevalence risk are highlighted at verbal handovers each shift. Staff also reported they can utilise messaging services on the electronic system to alert staff to risks and care requirements. In addition, the service has monitoring and review processes in place, such as daily progress note reviews, and clinical audits to ensure consumers clinical and personal risks are identified and effectively managed.

The Approved Provider submitted information relating to the findings of the Assessment Team. This information did provide some context to the specific consumer case sampled by the Assessment Team. However, although the consumer example provided by the Assessment Team did show that the service was challenged by the pain management and wound care for a consumer with a complex condition and needs, there is no other evidence to establish that this was a systemic issue at the service. In fact, the improvements made by the service as identified by the Assessment Team noted significant improvements in relation to the effective management of high prevalence and high impact risks to the satisfaction of consumers/representatives. Staff also demonstrated they had confident knowledge of the various risks associated with the consumers in their care. In addition, the Approved Provider has also demonstrated a commitment to ongoing mitigation of high prevent and high impact risks through training, policies and procedures.

I am of the view that the Approved Provider complies with this requirement as it has demonstrated that effective management of high impact or high prevalence risks associated with the care of each consumer.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports 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 Assessment 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 interviewed confirmed staff and volunteers support them to do things which are socially, spiritually and emotionally important to them. In addition, consumers also said they maintain social connections outside the service by attending local church services, going to the local shops and having coffee with their friends.

Feedback and inputs into activities and meals are provided by consumers through feedback forms, satisfaction surveys, meal appreciation committee meetings, one on one discussions with staff and at resident meetings. Most consumers interviewed were happy with the meals provided and said if they do not like what is offered on the menu another option is provided to them.

Dining areas observed at lunchtime showed the environment was calm and staff were attentive to consumers when assisting with their comfort and meals. It was observed that staff were familiar with consumers’ food likes, needs and dislikes and were prompted by the lids on each consumers meal. Consumers appeared to be enjoying their meal experience.

Equipment used by consumers during lifestyle activities is regularly maintained and cleaned in line with cleaning tasks and infection control procedures. Staff said all equipment is well maintained and the Lifestyle Coordinator said they ensure all lifestyle equipment used is cleaned between use in line with infection control procedures.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

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

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

### Requirement 4(3)(c) Compliant

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers interviewed said they all felt safe at the service, were able to personalise their rooms and had access to the outside through doors located throughout the service and could contribute to the maintenance of the garden area. In addition, consumers and representatives said the service was clean and well maintained, this included equipment used in their rooms.

Staff described how they ensure the service environment, equipment and consumers rooms are safe and maintained. Staff said they are provided with suitable and safe equipment and could demonstrate how they raise issues regarding maintenance requests. Cleaning staff described how they ensure the facility and consumers’ rooms are cleaned, including additional COVID-19 requirements.

Management demonstrated how they identified equipment requiring replacement and actions taken and demonstrated how they manage an emergency and were able to purchase equipment to continue to service their consumers. Documents and electronic system viewed by the Assessment Team showed the service was effectively responding to, managing and preventing maintenance issues.

The Assessment Team observed the service environment to be clean and well maintained, including consumers’ rooms. Most consumers’ rooms were highly personalised with furniture and decorations.

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 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers and representatives said they are aware of and have been supported to utilise verbal and written feedback mechanisms to raise concerns. In addition, consumers said staff are responsive to their concerns when raised and had acted in a timely and appropriate manner.

Staff were able to describe how they support consumers and other stakeholders to provide feedback and the Assessment Team observed pamphlets and posters promoting feedback displayed around the service environment.

The Complaints Register and consumer meeting minutes viewed by the Assessment Team reflected consumer and representative engagement with feedback mechanisms and demonstrated feedback had been used to drive continuous improvement.

The service has policies and procedures which guide staff in complaints and open disclosure processes and the service demonstrated open disclosure is used where gaps in care or service delivery are identified.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The Assessment Team also observed most staff interacting in a kind, caring and respectful manner, ensuring privacy.

Whilst most consumers said staff were kind and caring and do their best, they are, however, not satisfied with staffing levels and the Assessment Team found this impacted on their care and services.

The service could not demonstrate care staff have enough training to attend to complex care needs or that the service provided training in response to staff feedback. Staff said they are not always provided with additional training when requested. In addition, care staff expressed concern newer staff have not been sufficiently trained to effectively identify and manage skin integrity and behaviours of concern.

Management ensures adequate assessment, monitoring and review of the performance of each member of the workforce is consistently undertaken. The Assessment Team observed this was reflected in staff performance appraisals and performance management processes.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team found during the site audit, that the service was unable to demonstrate that the workforce is planned to enable the workforce to the deliver safe quality care and services. Nine of the 16 consumers and representatives interviewed by the Assessment Team said there was not enough staff and had observed staff were rushed off their feet but doing best they can. Five consumers said there was not enough staff impacting on call bell waiting times. Call wait times were viewed by the Assessment Team and did show some delays at times to responding to consumer calls for assistance. In addition, some consumers are not assisted in a timely manner or in a manner which optimises health and well-being.

Staff interviewed confirmed Management had made changes to staffing, however five of 13 clinical and care staff interviewed said there was still insufficient staff. Staff advised shifts are frequently unfilled which results in not enough staff to adequately monitor consumers.

The Assessment Team viewed allocation sheets and rosters from the previous two weeks showed most shifts were covered, however, some shifts or parts of shifts have been covered by return to work staff who are on limited duties. This has impacted on other staff covering the duties not able to be performed.

The Assessment Team did note that that there were recruitment and ongoing problems with staff living across the border in Victoria, being able to consistently fill their shifts is an issue. They often had difficulty crossing the border in a timely manner, often had to wait up to four hours to obtain their weekly COVID test and had to self-isolate due to other family members having flu like symptoms.

Management did relay their intent to consult with staff to ascertain when more time was required to ensure staff were involved in the planning for the increases to hours. The Assessment Team viewed the staff survey and suggestions which included times staff felt at most pressure. These were taken into consideration when changes were made to shifts and hours.

The Approved Provider submitted information relating to the findings of the Assessment Team. Whilst the information provided gave some insight into the steps taken by the Approved Provider to improve staffing levels it is clear that some issues have yet to be resolved.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that 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) Non-compliant

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

The Assessment Team found that the service did not demonstrate members of the workforce are sufficiently trained, equipped and supported to deliver the outcomes required by these standards. Care staff advised they had been required to attend to complex care needs without adequate training and expressed concern newer members of the workforce have not been sufficiently trained to effectively identify and manage consumer care concerns. In addition, the service did not demonstrate training had been provided in response to staff feedback.

In contrast, all consumers and representatives interviewed confirmed they have confidence in the ability of staff to effectively deliver care and services and were satisfied that the organisation adequately trains, supports and prepares the workforce. In addition, care and nursing staff interviewed confirmed they had received training in a range of topics and regularly undergo competency assessments. This included SIRS, abuse and missing persons, competency, restrictive practices, assessments in medication management and infection control. Hospitality staff have all had training in the use of chemicals and food safety.

Management said they have identified training through audits, file reviews and requests from staff. There is a residential training plan, and the HR system maintains training records for all staff. If staff have not completed required training, they will receive prompts. The annual training day takes place in October and is run for a week, so all staff can attend. This is a mandatory training day and covers all staff mandatory training requirements plus any identified training needs.

The Approved Provider submitted information relating to the findings of the Assessment Team. Whilst the information provided did provide some insight into the steps taken by the Approved Provider to improve staff knowledge and expertise there is still evidence that staff do not feel equipped to support and care for consumers in line with these standards.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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. Consumers said the service was well run and they could provide information about being involved in the development of their care plan and participating in co-design groups, resident meetings and food appreciation groups.

While the service has an incident management system and policies and procedures to guide staff, this was not consistency followed. The service did, however, demonstrate behavioural incidents resulting in injuries had been appropriately reported and actioned, and staff were complying with SIRS incident requirements.

The organisation has effective organisation wide governance systems in relation to information management, continuous improvement, workforce governance, financial governance and feedback and complaints.

The service has policies and procedures in relation to effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found that the service has an incident management system and policies and procedures to guide staff in its use. The Assessment Team were advised all staff are responsible for reporting incidents using the incident report forms and RNs responsible for completing all fields in the form and ensuring appropriate follow up and action is taken. Staff interviewed demonstrated knowledge of their responsibilities in relation to incident reporting, however, the Assessment Team noted some incident reports had not consistently been completed as per their policy.

In contrast, the service had made improvements to their incident management processes. This included staff now being able to demonstrate knowledge of the incident management system and confirmed they know how and when to complete an incident report. Staff had also provided further training and education on the incident management system including SIRS reporting and elder abuse training. In addition, the Assessment Team noted the service had been effectively complying with SIRS incident reporting.

The service has policies and procedures in relation to high impact and/or prevalence risks associated with the care of consumers through both the electronic risk management system and the consumer information management system. Staff were able to demonstrate their ability and usage of this system. In addition, the organisation has reviewed its clinical governance framework and strengthened it to include high impact risk, clinical governance monitoring requirement and reporting of incidents.

The organisation has developed a policy and operational procedures for staff to understand and follow in response to the SIRS. The organisation’s risk management system has been updated to include all the requirements for SIRS reporting. Staff are required to use this when reporting any incidents not just SIRS. Training modules been developed for staff, as well as the comprehensive operational procedure which include requirement definitions and flow charts. This information identifies the reporting requirements for each incident.

Management advised where consumers wish to take risks, the service, in consultation with the consumer, completes a risk assessment around the activity of risk, and initiates ways to mitigate those risks to make the activity as safe as possible for the consumers. Management said the organisation’s Clinical Governance Framework supports the delivery of care and ensures the safety, health and well-being of all consumers and contains risk mitigation statements regarding clinical risk management and clinical safety.

Consumers are supported to life the best live they can through the lifestyle program and the organisation’s strategic objectives to partner with consumers including in decision making.

The Approved Provider submitted information relating to the findings of the Assessment Team. This information did provide some context to the consumers sampled by the Assessment Team at the site audit. On reflection of this information and the evidence seen by the Assessment Team there is not enough supporting evidence to show that there are systemic issues with the Approved Providers incident management systems. This combined with the fact that all the other sub requirements were seen to be at a compliant level of operation demonstrates that the Approved Provider does have functional and effective management systems.

I am of the view that the Approved Provider does not comply with this requirement as it has not demonstrated that there are effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.

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

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

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

# Areas for improvement

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

### Requirement 1(3)(a)

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

* Review and improve staff training regime to ensure culture is maintained consistently across the service in relation to respect and dignity for consumers.
* Ensure staff are all aware of the expectations of preserving dignity and respect and the standards they must uphold.
* Ensure consumers and staff feel safe to provide feedback in relation to dignity and respect.

### Requirement 2(3)(e)

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.

* Ensure that all consumer care plans are up to date, and each consumer has a care plan in place as per the policies of the service.
* Ensure all staff are aware and familiar with the care planning systems in place and the role they play in the effectiveness of the care for consumers particularly after incidents occur.

### Requirement 3(3)(a)

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

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

### Requirement 7(3)(a)

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

* Continue with planned recruitment changes and trial new options/strategies to improve staffing levels especially at identified peak times.
* Ensure that consumers are receiving delivery and management of safe and quality care and services from a workforce that is supported to enable them to do so.
* Continue to monitor and trend monthly call wait times and look to reduce these.

### Requirement 7(3)(d)

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

* Ensure that focus is given to improving and supporting quality staff.
* Continue to focus on seeking and acting on staff feedback on their training needs to improve confidence and expertise.