Bolton Clarke Westhaven

Performance Report

55 Arabian Street   
TOOWOOMBA QLD 4350  
Phone number: 07 4637 2400

**Commission ID:** 5324

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 28 June 2021 to 22 July 2021

**Date of Performance Report:** 3 September 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 16 August 2021.
* other information and intelligence held by the Commission regarding the service.

# 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

Overall, consumers and representatives considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices and live the life they choose. Consumers reported they were provided with information to help them in making choices about their care and daily activities; this included an organisation information pack on entry, detailing the services available such as meal selections and service events.

Consumers and representatives said staff treat consumers with respect, staff know consumers as individuals and understand what is of importance to individual consumers. The service encouraged and supported consumer independence, and consumers and representatives described how consumers are supported to maintain relationships and connections with people of importance.

Consumers and representatives provided examples of where consumers had chosen to take risks and been supported by the service to live the life they choose. Consumers and representatives confirmed that consumers’ personal privacy is respected and reported staff respect their confidentiality and that of other consumers residing at the service.

Staff demonstrated knowledge, awareness and understanding of consumers, including individual choices and preferences. Staff described how each consumer is supported to make informed decisions about their care and services, for example, on occasion, two named consumer preferred exercising in the gymnasium and are supported by allied health staff who supervise these sessions. Care staff described how the care they deliver individualised care to consumers, including how consumer backgrounds and personal preferences influenced daily care and services. For example, one named consumer who preferred personal cares to be provided by a female care staff member.

Consumer care planning documents reflected assessments and care plans that referred to supporting each consumer’s cultural safety; including the consumer’s religious and spiritual preferences; and personal care and service preferences. Care documentation reflected areas in which consumers are supported to take risks to live a life of their choosing, and included risk assessments and strategies for managing identified risks in care directives for staff to follow. Care plans included information and details of representatives and those the consumer wished to be involved in their care and services.

Staff consistently spoke of consumers in a way that demonstrated respect and understanding of their personal circumstances. Staff were observed interacting with consumers respectfully and offering assistance to consumers as required. The Assessment Team observed staff practices that demonstrated consumer privacy is respected including closing of doors, providing care discreetly and storing personal information securely.

Organisational policies, including staff code of conduct, outlined the organisation’s commitment to consumer’s right to be treated with respect and their religious and cultural identity valued. The organisation provided staff education and training that includes consumer respect, choice and diversity.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall, consumers and representatives considered that they are partners in the initial and ongoing assessment and planning of the consumer’s care and services, and expressed satisfaction with the assessment and care planning processes. Consumers and representatives said consumer’s care and services are regularly reviewed when the consumer’s circumstances have changed, including when incidents have occurred.

Consumers and representatives described what was important in terms of how consumers care is delivered, including end of life care, and advised the service understood consumers care needs, goals and preferences.

Consumers and representatives said they are provided with relevant information about the consumer’s assessed care needs, and said that they have received a copy of the consumer’s care plan or could access one if they wished.

The Care Manager and Registered Nurses described the service’s assessment and care plan review processes which included assessment of consumer risks, review of care plans every three months, and a copy of the consumers care plan emailed to representatives. Registered Nurses advised consumer care plans are also updated prior to scheduled care plan review in response to any changes in the consumers’ needs, preferences or goals.

Staff demonstrated an awareness of how consumers, representatives and health professionals contribute to care planning information to deliver a tailored care and services plan.

Review of consumer care planning documentation demonstrated that consumers’ care and services are generally reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The service had policies and procedures to guide staff in the assessment and care planning process, including assessment of risk, consumer engagement and care plan review.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives considered that consumers receive personal and clinical care that is right for them, meets their individual needs and preferences, and they felt safe. They gave examples of how staff ensured the care provided to consumers was right for them, such as, one named consumer who required the use of a continuous positive airway pressure machine overnight advised staff monitor to ensure the facemask and machine are working appropriately. Consumers and representatives said consumers had access to a Medical Officer or other health professional when needed; and expressed satisfaction that their needs and preferences are communicated effectively between staff and other providers of care and services.

Staff demonstrated knowledge of consumers’ personal and clinical needs and provided examples of individualised strategies for managing high-impact and high-prevalence risk, such as skin integrity, falls, pain and behaviours. Registered staff are on site 24 hours per day to support staff and monitor consumer care delivery, and the Clinical Manager and Medical Officer are available to provide advice after hours. Staff demonstrated an understanding of precautions to prevent and control infection, including a potential outbreak of COVID-19 and the steps they could take to minimise the need for antibiotics.

Care planning documentation reflected referrals to other health professionals and the identification of, and response to consumer deterioration or a change in consumer’s condition and/or health status including end of life care. However, the Assessment Team provided information which identified consumers requiring restrictive practices including chemical and physical restraint did not consistently have a documented risk assessment for the use of the restraint, in their care documentation.

Policies and procedures relevant to this standard guide staff practice and include antimicrobial stewardship, infection control management; referrals; recognising and responding to clinical deterioration; and palliative and end of life care.

The service collected clinical outcome data and analysed clinical risks such as falls, medication incidents, wounds, infections, pressure injuries, weight loss and serious incidents through incident entry and monthly reports. The analysis of clinical outcome data and evaluation of implemented strategies informed clinical indicator reporting and the service’s plan for continuous improvement.

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 provided information to evidence the service did not adequately demonstrate the application of best practice to minimise risks in relation to restraint, including:

* Management and staff did not adequately demonstrate an understanding of the legislative requirements for environmental restraint.
* Restraint authorisation forms identified the service did not document risk assessments for consumers prior to the implementation of restrictive practices.
* The organisation’s policy does not include the requirement for a risk assessment to be completed for a consumer prior to the implementation of or ongoing use of a restrictive practice.

Staff working in the service’s secure living environment informed the Assessment Team that occasionally consumers from other areas of the service are transferred to the secure living unit when wandering behaviours are unable to be managed. Staff said this usually occurred at night, and consumers returned to their own rooms before breakfast the following day. When in the secure living environment, the Assessment Team observed a bed in a treatment room and staff confirmed this was used by consumers who had been temporarily transferred to the unit.

Review of one named consumer’s care documentation identified the consumer had previously been temporarily transferred to the secure living environment; however, the consumer’s environmental restraint authorisation was not sighted by the Assessment Team. At the time of the Site Audit, the Assessment Team provided feedback to Management who said this practice had not occurred for a long time and some consumers were only temporarily transferred to the secure living environment after consultation with the representative and Medical Officer. Relation to the named consumer, immediate actions were undertaken by Management at the time of the Site Audit including consultation with the consumer representative and review of the named consumer’s behaviour management plan. Management advised staff would be provided with a written directive and communicated at meetings that temporary transfer of consumers to the secure living environment would no longer occur.

The Approved Provider in its response dated 16 August 2021, has provided information evidencing:

* The organisation’s Minimising Restraint and Minimising Restrictive Practice Guidelines which assert the organisation’s commitment to a restraint free environment. The guidelines describe the processes for consumer risk assessment, informed consent and authorisation and the monitoring and review of restrictive practices.
* Documentation for named consumer evidenced an environmental authorisation was in place for the occasions when a secure living environment was temporarily utilised.
* The Approved Provider in its response, clarified the service Restrictive Practice Assessment and Authorisation Form enables the recording of risks related to and reason for the restrictive practice. The electronic form does not allow for this currently, however the organisation is working with the software provider.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, and the written response from the Approved Provider, under this requirement and other requirements within this Standard. While at the time of the Site Audit, the Assessment Team identified lack of evidence in relation to the authorisation for the use of restrictive practices. I am satisfied that the Approved Provider in its response has provided this information. I am satisfied that the service is providing safe and effective personal and/or clinical care and services for consumers. For the reasons detailed, 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.*

### 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 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

Consumers and representatives expressed satisfaction that services and supports for daily living assist each consumer to participate in their community, have social and personal relationships and do things of interest to them. They said consumer's condition, needs and preferences are effectively communicated within the organisation and with others where responsibility for care is shared.

The service engages with other external organisations for consumers daily living supports such as hairdressing services, pastoral supports and community visitors.

Staff interviewed described how information is shared both inside and outside of the service in relation to individual consumers condition, needs and preferences for daily living supports.

Staff confirmed they had sufficient equipment available when they need to use it. The service conducted regular inspections of equipment, and the Assessment Team observed equipment to be clean and stored appropriately.

Review of care documentation reflected information about individual consumers activities of interest and information about personal relationships of importance.

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 provided information in relation to three consumers who advised they were not satisfied with lifestyle activities at the service including no variety in activities, activities often being cancelled, and activities not meeting the individual needs of consumers. For example, one name consumer said due to COVID-19 activities at the service had been almost non-existent; a second named consumer said most time activities are cancelled and expressed boredom as there was nothing to do; a third name consumer who is visually impaired said activities at the service did not met their current needs.

Management said the service did not have lifestyle staff available on weekends and the service relies on consumers’ families to keep them engaged. The service utilises consumer meetings, surveys, feedback forms and verbal feedback to monitor satisfaction with lifestyle services and the service’s recent consumer experience survey for June 2021 indicated a 95% positive satisfaction rating in relation to activities.

The Diversional therapist said the service’s lifestyle calendar had been impacted by extended staff leave and COVID-19 lockdown restrictions. In addition, the service had a number of consumers who utilised wheelchairs and the service’s bus only accommodated one wheelchair at a time. The Diversional Therapist advised books and other lifestyle resources such as cards and jigsaw puzzles had been removed due to the organisation’s infection control measures since the onset of COVID-19.

The Assessment Team observed a lack of lifestyle resources, including bookshelves covered with a sheet; and following feedback to management, bookshelves were covered with a clear plastic sheet with signs requesting consumers seek assistance before accessing the books and to place used books in a covered container next to the bookshelf after reading. During the Site Audit, the Assessment Team observed consumers participating in group activities.

Review of assessment and care planning documentation identified consumer care plans were not individualised and/or reflective of their needs, interests and preferences; and lifestyle participation records did not reflect consumers’ participation in various activities.

The Assessment Team provided feedback to Management who confirmed the service did not have contemporary consumer documentation in relation to some consumer lifestyle documentation, and advised the service would implement a process of updating consumer records following attendance at each activity. Management acknowledged the lack of resourcing in relation to lifestyle staff and said the organisation has employed a Lifestyle Manager at the corporate level responsible for providing support to all sites. The service would also be recruiting to lifestyle positions in the coming weeks.

Review of documentation provided to the Assessment Team identified lifestyle calendars for the period April to June 2021 reflected minimal activities at the service. Across the Site Audit the Assessment Team observed consumers participating in group activities.

In their response the Approved Provider acknowledged that activities at the service had been interrupted since the restrictions associated with the COVID-19 pandemic. The Approved Provider in its response provided information to evidence:

* Lifestyle profiles for named consumers identified individualised needs, interests and preferences. The Approved Provider acknowledgement that some Lifestyle participation records are not consistently completed and had implemented actions to ensure contemporaneous recording of all lifestyle activities.
* The service commenced using message boards in each wing and announcements made via the service’s public address system.
* While consumers may not have specifically been involved in the design of the activities calendar, feedback is sought at the consumer and representatives meeting, informal feedback and via questionnaires.
* Two bus trips for consumers are provided weekly, however due to COVID restrictions there has been some interruptions to the schedule.
* Lifestyle staff are rostered at the service across seven days of the week, including on weekends when a staff member is rostered on 3.5 hours each day. Activity boxes, books and other lifestyle resources are available across the service.
* Clarified that the service encourages families to provide daily living supports for consumers, however this is supported by clinical and care staff.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, the written response from the Approved Provider, under this requirement and other requirements. I note that the Assessment Team interviewed 18 consumers and/or representatives who overall expressed satisfaction with the services and supports for daily living at the service. I acknowledge the Approved Provider’s response to the findings at the site audit and the actions they have taken and are planning on taking to address the deficiencies identified. I am satisfied that the service is providing supports for daily living which meet the consumer’s needs, goals and preferences and optimise independence. For the reasons detailed, this requirement is Compliant.

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

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

Consumers and representatives said staff are kind and caring to consumers. Consumers and representatives said if consumers were feeling low, consumers are supported by their family and/or friends or attend church. For example, one named consumer advised they are visited by a volunteer from the local church each month, however, did express they would like to have more frequent church services.

Three named consumers said they would like to have one-on-one engagement to support their emotional and psychological well-being. For example, one named consumer said if they are not feeling well sometimes staff are too busy to talk; and second named consumer expressed they would enjoy having someone to talk to.

Review of care planning documentation identified a lack of information in relation to how consumers wish to maintain their religious and spiritual beliefs and practices and strategies to support their emotional and psychological well-being. For example, for one named consumer, care planning documentation did not include information on regular visits from a church-based volunteer; and consumer’s lifestyle participation records have not been updated to evidence one-on-one engagement provided to consumers.

Management and the Diversional Therapist said the service did not provide regular church service during recent periods of service lockdown due to COVID-19 pandemic and most consumers depend on their families and friends to take them to church. The service did engage volunteers from external church services, including weekly visits to consumers who wish to receive communion and a volunteer who sings hymns. However, Management advised the service was experiencing some difficulty in engaging volunteer based pastoral support for consumers; and pet therapy had been limited due to lockdown and visitor restrictions.

Management said lifestyle staff are not available on weekends and the service relies on consumers’ families to keep them engaged; and care staff said they do not often have time to chat with consumers and rely on consumers’ family and friends to keep them engaged.

The Approved Provider in its response provided information to evidence the service supported consumers spiritual and emotional wellbeing including second monthly church services, weekly communion and other pastoral visits. The Approved Provider in its response said the service had electronic devices to enable consumers to remain connected to people who support them spiritually and emotionally. In relation to the Assessment Team’s information that families are relied upon to support consumers who are receiving end of life care, the Approved Provider clarified that the service encourages families to provide daily living supports for consumers, however this is supported by clinical and care staff.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, and the written response from the Approved Provider, under this requirement and other requirements within this Standard. While at the time of the Site Audit, the Assessment Team identified three consumers who would like more one-on-one engagement I have considered this under Requirement 4(3)(a). One named consumer expressed they would like more frequent church services however it is my decision this has not reflected that consumers are not supported spiritually, emotionally and/or psychologically. For the reasons detailed, this requirement is Compliant.

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

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

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

### 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.*

Some consumers and representatives were not satisfied with meals provided at the service, including not receiving meals and requesting changes to the breakfast service. The Assessment Team provided information from eight consumers and/or representatives, including:

* One named consumer who is vegetarian and lactose intolerant said a specialised menu had been developed to meet these dietary requirements; however, the consumer expressed dissatisfaction with the variety and quality of the meals provided.
* A second named consumer said they had provided feedback to the service in relation to food, however no changes had been made.
* Three consumers expressed dissatisfaction with the recent changes in breakfast service, as some breakfast items were no longer presented on the tables and consumers had to wait for staff to order.

Individual consumer’s dietary needs and preferences were reflected in care documentation.

Hospitality staff described the service’s daily menu form which consumers complete with meal selections. For consumers who are unable to complete the form, staff discussed the meal options with them and support them to make their meal choice. Hospitality staff described how consumers’ dietary needs and preferences including their likes, dislikes and allergies is communicated via a dietary profile folder and communication diary located in the kitchen.

The service had a new Team Leader for Hotel Services who commenced in June 2021. The Team Leader described the meal services processes, including:

* Meals are prepared and sourced from an external supplier and regenerated on site.
* The organisation’s corporate office coordinates the development of a dietician-approved menu for all services within the organisation; and service menus are reviewed twice annually in consultation with consumers and representatives via survey’s and through feedback from each service’s Chef Manager. Consumers provide feedback about the meals and dining experience by speaking directly to the TLHS and hospitality staff, through feedback and complaints forms, and via consumer/representative and food focus meetings that are conducted bi-monthly.
* A new menu had been implemented at the service this month. The service provides a weekly menu with two hot meal choices offered for lunch and one for dinner together with soups and dessert.
* Consumers who do not like any meal choices on offer are provide alternate options such as soups, sandwiches and salads.
* Individualised menus are developed in consultation with consumers who have specific dietary requirements.

Following feedback by the Assessment Team at the time of the Site Audit, Management advised the service had met with the name consumer who required a specialised meal and further investigation would continue. The Team Leader for Hotel Services committed to ensuring the correct meals are provided to the consumer.

During the Site Audit, the Assessment Team observed displayed menus, consumers being offered meal and beverage choices and care staff assisting consumers if required. The kitchen and dining areas where observed to be clean and tidy and staff demonstrated appropriate infection control and food safety practices.

Review of information provided to the Assessment Team identified the service’s Plan for Continuous Improvement and minutes of the service’s food focus meetings reflection consumer feedback received and actions to address concerns raised.

The Approved Provider in their response has provided information evidencing documentation for named consumers including:

* Information to evidence that actions had been taken by the service to address the feedback from consumers prior to the Site Audit. For example:
  + For the named consumer requiring a specialised diet the Team Leader for Hotel Services meets since July 2021 with the consumer three times a week, evidence the consumers preference had been incorporated into menus was additionally provided. The Approved Provider in its response asserted that the and the consumer has not raised any further concerns since the Site Audit.
  + For the named consumer who provided feedback on the changed breakfast menu, information was provided to evidence the service actioned this feedback in July 2021 and breakfast items are now left on the table for the consumer.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, the written response from the Approved Provider. I am satisfied that meals provided at the service were varied and of suitable quality and quantity. Therefore, it is my decision this requirement is Compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall consumers and representatives considered consumers feel a sense of belonging in the service; and feel safe and comfortable in the service environment. Consumers and representatives expressed satisfaction that the service environment was clean, well maintained and supported consumers individual needs.

Consumer and representatives said the service environment supports consumer independence by enabling consumers to move freely inside and outside of the service; and consumer had access to call bells if assistance is needed.

Management described features of the service that supported consumers sense of belonging, and to enhanced consumers’ independence, interaction and function. For example, large screen televisions, reading magnifier devices, reading aids and audio books.

The Maintenance Team Leader described the process to support a safe and well-mainted service environment including preventative and reactive maintenance schedules. Staff demonstrated an understanding of the processes followed when they identify a potential safety hazard or equipment failure, including the completion of electronic maintenance requests. Staff advised maintenance issues are responded to in a timely manner.

The Assessment Team reviewed maintenance registers that identified maintenance issues are addressed in a timely manner, and regular maintenance of the service environment is completed.

The service environment was observed to be welcoming, including signage to direct consumers and visitors to various areas of the service. Consumer rooms were personalised and decorated to reflect their individuality. Communal areas within the service included outdoor gardens and seating areas, a gymnasium, hair salon, and a piano and activity hall for consumers use.

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

Consumers and representatives considered that consumers are encouraged and supported to provide feedback and make complaints, and demonstrated an understanding of the various avenues to raise concerns or complaints and felt safe and supported to do so. Consumers and representatives expressed satisfaction with improvements made at the service as a result of feedback they had provided. Consumers and representatives demonstrated an understanding of the internal and external feedback and complaints mechanisms.

Care staff said, they if can, they resolve complaints within the scope of their role, however, if the issue could not be resolved, they would inform Management and support consumers to complete feedback forms. Staff demonstrated an understanding of open disclosure and the complaints management process and described how they have applied open disclosure with consumers and/or representatives in the event things go wrong.

The Assessment Team observed information on display for consumers on how to make a complaint or provide feedback displayed in the service; including information for external advocacy services.

The service had policies related to complaints management and open disclosure; and the Assessment Team identified from the service’s training register that staff received education regarding open disclosure practices.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team provided information that some consumers expressed dissatisfaction with the actions taken to address their complaints, for example:

One named consumer made a complaint in July 2021 regarding change of key personnel at the service, medication management and not receiving meal choices. Review of information provided to the Assessment Team identified that the complaint had been resolved, however both the consumer and their representative advised the complaint had not be resolved appropriately.

A second named consumer advised they had raised a complaint in relation to an observed staff member’s interaction with another consumer. Review of information identified the complaint had been entered in the electronic complaints management system with the outcome documented as resolved. The Assessment Team identified the incident between the staff member and consumer had not been documented under the service’s incident management system; and a Serious Incident Response Scheme Priority 1 report had not been completed. I have considered this information under other Requirements in Standard 8.

A third named consumer had raised a complaint in relation to meals at the service and advised the service had not resolved these to his satisfaction.

The Care Manager described the services processes for complaints management including acknowledgement, investigation and offering an apology. Complaints at the service are recorded on the electronic system and reported to the organisations governing board as required. Staff demonstrated an understanding of open disclosure and the complaints management process and confirmed they have received training.

The Approved Provider in its written response provided information which evidenced actions were undertaken by the service in response to the three named consumers complaints. Additional information was provided by the Approved Provider which evidenced continuing follow up with named consumers to ensure any feedback is actioned.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, the written response from the Approved Provider. I am satisfied that the service takes appropriate action in response to complaints, and evidence that an open disclosure process is applied as part of the feedback process. Therefore, it is my decision this requirement is Compliant.

### 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

Consumers and representatives considered that consumers’ received quality care and services when they need them and from people who are knowledgeable, capable and caring. They said staff are kind, caring and respectful of consumer’s identity, culture and diversity. Consumers and representatives expressed confidence that staff are adequately trained and are competent and capable in their roles.

Most consumers and representatives said there is sufficient staff to support and deliver consumers care and services in a timely manner.

Management described the service’s processes for filling of emergent leave including replacing staff by shift extensions and ongoing recruitment. In determining whether staff are competent and capable in their role, the service includes minimum qualifications for respective roles, orientation on commencement of employment, mandatory training and core competency programs. The service monitors staffs records in relation to national criminal history checks and professional registration requirements. Staff performance is monitored through regular performance assessments, surveys, review of clinical documentation and care delivery; and feedback from consumers and representatives.

Staff expressed satisfaction that there is sufficient staff to provide care and services in accordance with the consumers’ needs and preferences. They described how the service supports their professional development during orientation to the service and ongoing.

The service demonstrated strong policies, processes and systems in place to implement the effective recruitment, training and performance management of staff across all areas of service delivery.

Staff receive education and training relevant to the Aged Care Quality Standards including sessions on the Serious Incident Response Scheme, COVID-19 and elder abuse.

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.*

### 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

Consumers and representatives expressed satisfaction that consumers are supported to engage in the development, delivery and evaluation of care and services.

The service demonstrated that consumers are supported to be engaged in the development and evaluation of care and services, providing examples such as consumer surveys and consumer meetings; and consumers were engaged in feedback on the organisation’s consumer handbook.

The organisation had a care and clinical governance framework and leadership structure, with the Clinical Governance Committee holding responsibility for oversight of compliance and the Board holding overall accountability for consumer safety, care delivery and system wide governance. The organisation, through policies, processes and training promotes a culture of safe and quality care and services. Reporting systems provide the organisation’s governing body with timely information about the performance of the service to enable accountability.

The organisation had policies related to high impact or high prevalence risks associated with the care of consumers such as falls prevention, minimising the use of restraint and skin integrity and wound management. Staff described various risk minimisation strategies in place to prevent falls; to provide skin care and wound management and to reduce and monitor the use of restraint; and demonstrated an understanding of what constitutes elder abuse and neglect and supporting dignity of risk.

The service had a Plan for Continuous Improvement which identified the service actively engages consumer feedback in new developments to initiate improvements in care and service delivery.

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 service demonstrated effective governance processes relating to financial governance, information management, continuous improvement, and workforce governance. However, the Assessment Team provided information that evidenced ineffective organisation wide governance systems in relation to regulatory compliance and feedback and complaints.

The organisation had governance processes to monitor changes to Aged Care Law, and these are overseen by the service’s clinical governance and quality teams. The service demonstrated that consumers and representatives had been informed of the Serious Incident Response Scheme; and information and training provided to staff. However, at the time of the Site Audit the Assessment Team provided information that there was not consistent understanding of the Serious Incident Response Scheme by staff; and the organisation’s policy had not been updated to reflect the Serious Incident Response Scheme reporting requirements.

Review of information provided to the Assessment Team identified a complaint had been made by a named consumer in relation to an observation of a staff members interaction with another consumer. I have considered the management of the complaint under Requirement 6(3)(c). The Assessment Team identified that the incident had not been reported in the service’s incident management system or report under the Serious Incident Response Scheme. Feedback to Management at the time of the Site Audit identified the service did not consider the incident meet the criteria for a Priority 1; however, the service would complete a notification.

The Approved Provider in its written response acknowledges the incident was not recorded on an incident form. Information was provided which evidenced actions were undertaken by the service in response to the named consumers complaint. In relation to the notification of the incident under the Serious Incident Response Scheme, the Approved Provider’s information evidenced an investigation was undertaken at the time of the incident; and statements provided by the named consumer evidenced the consumer did not express psychological injury either at the time or ongoing from the incident. The service has a Serious Incident Response Scheme Guidelines to guide staff in the notification of a reportable incident. In relation to staff understanding of the Serious Incident Response Scheme, the Approved Provider provided evidence that a component of the mandatory training required staff to complete a knowledge component test. I note, the Assessment Team identified 98% of staff had completed the training.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, the written response from the Approved Provider and information under other requirements. I am satisfied that the service has effective governance processes relating to financial governance, information management, continuous improvement, and workforce governance. Therefore, it is my decision this requirement is 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team provided information the service was unable to demonstrate effective risk management systems and practices in relation to managing and preventing incidents, including the use of an incident management system. Including:

* Organisational policies to guided staff in the mandatory reporting requirements and processes under the Serious Incident Response Scheme were in draft and awaiting approval.
* The Assessment Team reviewed the services policy on Reportable incidents to regulatory departments – Serious Incident Response Scheme policy and identified wording of instructions would prevent staff from reporting incidents that could reasonably have been expected to cause physical or psychological injury or discomfort to a consumer.
* Staff did not consistently describe the new reporting requirements introduced under the Serious Incident Response Scheme, such as the difference between Priority 1 and Priority 2 reportable incidents.
* The Assessment Team reviewed the service’s complaints register and identified one incident of a complaint by a consumer in relation to allegations of elder abuse had not been documented under the service’s incident management system; and a Serious Incident Response Scheme Priority 1 report had not been completed

The Approved Provider in its written response provided information which evidenced the organisational policies and guidelines had been in draft at the time of the Site Audit and have since been approved and are available for staff on the organisation’s intranet. The organisation’s Reportable Incidents Workflow has been updated to provide clear guidance for staff in reporting incidents including those expected to cause physical or psychological injury or discomfort to a consumer.

In relation to the notification of the incident under the Serious Incident Response Scheme, the Approved Provider acknowledges the incident was not recorded on an incident form; however information provided in the Approved Provider’s response evidenced an investigation was undertaken at the time of the incident; and statements provided by the named consumer evidenced the consumer did not express psychological injury either at the time or ongoing from the incident. In relation to staff understanding of the Serious Incident Response Scheme, the Approved Provider provided evidence that a component of the mandatory training required staff to complete a knowledge component test. I note, the Assessment Team identified 98% of staff had completed the training.

In coming to a decision on compliance for this requirement, I have considered the information brought forward by the Assessment Team, the written response from the Approved Provider and information under other requirements. I am satisfied that the service has effective risk management systems, including the management and minimisation of high impact and high prevalence risks for consumers. Therefore, it is my decision this requirement is 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

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.