Bowral House Nursing Home

Performance Report

87 - 89 Kangaloon Road
BOWRAL NSW 2576
Phone number: 02 4862 8900

**Commission ID:** 2644

**Provider name:** Thompson Health Care Pty Ltd

**Site Audit date:** 1 March 2022 to 9 March 2022

**Date of Performance Report:** 7 April 2022

# Performance report prepared by

Gill Jones, 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) | 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) | Non-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** | **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** | **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 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 1 April 2022.

# 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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, they can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

Consumers and representatives interviewed said staff are always respectful of their dignity and privacy when speaking to them and while delivering care. It was also stated that they feel staff know them. However, not all consumers were observed being treated with dignity and respect during the Site Audit.

The service demonstrates that care and services are culturally safe. The organisation’s staff and consumers handbooks recognise inclusiveness, dignity, compassion and integrity. Consumer feedback and staff interviews support that care and services provided are culturally safe.

Some consumers confirmed that they are being supported by the service and staff to exercise choice and independence. However, the Assessment Team was advised that information is sometimes provided in a persuasive manner to consumers and their representatives which may influence them to change their preferences.

The service was able to demonstrate it provides consumers and representatives with information that is timely, clear and easy to understand, which helps them exercise choice. Consumers and representatives confirmed the information received helps them make day to day decisions about their care and services.

The service encourages consumers to choose to participate in activities that enables the consumer to live the best life they can, risk is identified and discussed, and strategies are implemented to reduce the risk in the activities chosen by the consumers.

While consumers and representatives interviewed confirmed that staff respect their privacy, the Assessment Team observed consumers’ right to privacy and confidentiality is not always maintained by some staff.

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) Compliant

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

The Assessment Team found consumers and representatives interviewed said they are treated with respect and that their dignity is always maintained. However, the Assessment Team identified instances where consumers dignity or identity is not always respected or maintained or that respect is consistently being shown to consumers. This include language and behaviour by staff and management that was disrespectful of consumers. The behaviour witnessed included staff talking amongst themselves and not focussing on consumers whilst waiting for the lunch service. Disrespectful language included using terminology that was not appropriate to describe a consumer during the entry meeting and reference to ‘feeds’ being ready for staff to collect. In addition, staff had left an unused continence pad on display outside a consumer’s room which was not considered to be respectful.

In their response to the Assessment Team’s report, the approved provider denied that disrespectful language to describe a consumer had been used during the entry meeting and denied that staff used the term ‘feeds’ to alert staff that the morning tea was ready for collection. The provider acknowledged that a continence pad had been left outside a consumer’s room but stated this had been done as the night staff did not want to disturb the consumer during the night. The provider acknowledged this was an error. The provider stated that staff congregating whilst waiting for meals were not being disrespectful of consumers but allowing them to talk to each other as they arrived for lunch.

I have considered the evidence provided by the Assessment Team and the account provided by the approved provider and find it difficult it to establish exactly what occurred in each of the events described as accounts of the same events differ. There is agreement that a continence pad was left outside a consumer’s room and acceptance this should not have happened.

It is difficult to make a decision on compliance due to the conflicting information I have before me. I have considered the feedback from consumers and note that their feedback is positive in relation to being treated with respect. I also note that staff spoke respectfully about consumers. Lastly, the Assessment Team observed most staff interacting with consumers respectfully. On balance I find that consumers are treated with dignity and respect, with their identity, culture and diversity valued.

I find this requirement met.

### 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.*

Consumers and representatives interviewed stated they feel the service supports them to make and communicate decisions that affect their health and well-being, or when these decisions change, consumers report feeling supported to make those changes. However, during discussions with staff it was indicated by one consumer representative that they are sometimes provided with information in a manner which influences a consumer’s opportunity to make informed choices. The particular example provided by the Assessment Team was in relation to the information provided to a married couple about making a decision on whether to choose to share a room or have single rooms. Additionally, the Assessment Team reviewed care plans which were not reflective of consumers’ current relationships.

### In their response to the Assessment Team’s report, the approved provider denied that a married couple who were prospective consumers had been directed to choosing single rooms but stated that, at the time of their admission, a shared room was not available and the single rooms available where too small for two beds. The provider, however, stated that they had purchased a larger single bed in one of the rooms to enable the married couple to spend time together whilst having their own rooms. I note that the Assessment Team spoke to the consumer’s representative and they were satisfied that both consumers had been able to spend quality time together in the service.

The Assessment Team found some care plans had not been updated to reflect consumer’s relationships. The provider acknowledged this and has taken action to address this. I note that, whilst care plans had not been updated for some consumers, there was no impact for them from this omission and that they were able to maintain relationships of their choice.

In making this decision I have considered the information provided by both the Assessment Team and the provider. I have also considered information provided by staff in relation to respecting a consumer’s rights to make connections with others, including intimate relationships. I note also the Assessment team’s observations on site were positive in relation to staff interactions with consumersaround exercising choice and independence. On balance I find that consumers are supported to exercise choice and independence including making connections with othersand maintaining relationships of choice, including intimate relationships.

I find this requirement met.

### 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) Non-compliant

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

Most consumers and representatives provided feedback to the Assessment Team that they feel staff protect their privacy and confidentially. However, the Assessment Team identified though observations that the consumers’ right to privacy and confidentially is not always maintained. The Assessment Team saw signage on a number of consumer’s doors which breached their privacy, medications were being administered in a public space without seeking consumers permission and staff were observed to talk loudly about a consumer’s condition.

In their response to the Assessment Team’s report, the approved provider acknowledged the issues and have taken down some signage or modified it to protect the consumer’s privacy. The provider has also canvassed consumers about where they choose to take their medications and have re-educated staff about maintaining consumer’s privacy and confidentiality.

In making this decision I have also considered information in Requirement 1(3)(a) about a continence pad left outside a consumer’s door which breached their privacy.

I find this requirement not met.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer's experience and how the organization 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 confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example

Most consumers and their representatives expressed satisfaction with communication in relation to care and service assessments and outcomes.

Two consumers interviewed indicated that staff had discussed care with them. Majority of representatives indicated the staff had discussed the consumers care, including advance care directives.

Consumers/representatives confirmed they are informed and updated about clinical changes for the consumer. Consumers/representatives interviewed said they had been offered or received a copy of their care plan, all stated they feel confident that they can have access to their care plans when they want to.

Most consumers said they have no concerns about their care plan and are happy with their care and services.

Consumers sampled who have completed a dignity of risk said staff have discussed risks associated with their personal and clinical needs and preferences.

Care planning documentation demonstrate evidence of assessment and planning for consumers

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 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.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Most consumers/representatives confirmed that they get the care they need, including personal hygiene, meals, medication, wound and skin care, pain management, mobility and exercise and assistance with continence care needs.
* Consumers and representatives interviewed confirmed that they could access a doctor or other health professional when they needed to.
* A representative said they could rest knowing their mother is well looked after at the service.
* While a representative said care staff do an amazing job to ensure the consumer’s safety, wellbeing and health, a review of the consumer’s care documentation showed that her care plans are not regularly updated to ensure she is getting care that is tailored to her needs to ensure safe and effective care is being delivered.

While consumers and representatives mostly gave positive feedback about clinical and personal care provided, a review of care and service records does not support that clinical care provided to some consumers is best practice. The service was unable to demonstrate that safe and effective clinical care was provided to one consumer when a choking episode did not result in referral. Some sampled consumers who have a diagnosis of diabetes do not have appropriately updated management plans. Behaviours were not being charted for one consumer to enable monitoring and management of a new behaviour. The service was unable to demonstrate one consumer was receiving pain monitoring, monitoring post fall of her vital signs or adequate psychological support following her admission to the service. Lastly, eighteen consumers using psychotropic medication had not been reviewed in the last three months.

The service demonstrated effective management of high-impact, high prevalence risks. Identification of risk to consumers occurs through the services monitoring and assessment processes and effective management of those risks was demonstrated.

For consumers sampled, documentation reviewed, care staff interviewed and the Assessment Team's observation indicates that deterioration in a consumer's condition is responded to in a timely manner.

The service has policies and procedures in place to enable staff to provide comfort and maximise the dignity of a consumer receiving palliative care.

Documentation sampled indicates information about the consumer's needs and preferences is effectively communicated and documented.

The service has practices in place to minimise infections and promote appropriate prescribing and usage of antibiotics.

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 service could not demonstrate that consumers always get safe and effective personal or clinical care that is tailored to their needs and preferences or that is best practice. While consumers (or representatives on their behalf) mainly gave positive feedback about care provided, the review of care and service records does not always support that the clinical care provided to consumers sampled is best practice or optimises their health and wellbeing. Some sampled consumers who have a diagnosis of diabetes do not have appropriate updated management plans. A choking incident for one consumer did not result in appropriate referral. Behaviours were not being charted for one consumer to enable monitoring and management of a new behaviour. The service was unable to demonstrate one consumer was receiving pain monitoring, monitoring post fall of her vital signs or adequate psychological support following her admission to the service. Lastly, eighteen consumers using psychotropic medication had not been reviewed in the last three months.

In their response to the Assessment Team’s report, the approved provider acknowledged that one consumer, following a choking incident, was not referred to her GP or speech pathologist. Since the site audit the consumer has undergone further assessment including speech pathology assessment.

In relation to behaviours not being charted for one consumer, the provider stated that behaviour charting is only used to monitor a consumer’s behaviour to develop appropriate strategies to manage and, once this is done, findings are fed into the consumer’s behaviour support plan. Behaviour charting is no longer continued unless new behaviours occur or an existing behaviour escalates. For the consumer sampled in the Assessment Team’s report, the provider argued that the behaviour being displayed was longstanding, the strategies in place were effective and provided the consumer’s behaviour support plan. However, I find that the provider could not demonstrate that a new behaviour documented in the consumer’s progress notes, as described by the Assessment Team, had resulted in further monitoring of the consumer.

In relation to diabetes monitoring the Assessment Team found several consumer’s care plans did not adequately demonstrate how their diabetes was being monitored. In their response, the provider acknowledged this and have reviewed all diabetes management plans to ensure they are current.

In relation to pain management, the Assessment Team found that one consumer’s pain was not being monitored after pain relief was given despite the Registered Nurse noticing the consumer was noted to be ‘stiffer’ on movement. In their response the provider acknowledged this omission but argued that pain charting was not required as this was an existing condition that was being managed. However, I note there was no evidence of review of the effectiveness of S8 medication provided, particularly when the Registered Nurse noticed the consumer was ‘stiffer’ perhaps indicating a deterioration in the consumer’s condition and an increase in their pain levels. This consumer was known to have difficulty settling into aged care and the Assessment Team found her care plan did not adequately address the issue of providing psychological support for her. The approved provider, in their response, argued that the consumer’s behaviour support plan (which they submitted) covered these issues. I have reviewed this document and find it does not fully address this aspect of her care. Furthermore, it is unclear whether the interventions listed in the consumer’s behaviour support plan are consumer driven. After this consumer had a fall, the Assessment Team found her vital signs were not adequately monitored. The provider, in their response, accepted this finding and have reminded staff about the service’s falls management policy.

Lastly, the Assessment Team found that 18 consumers prescribed psychotropic medication had not been reviewed and the authorisations for these medications were not up to date. The approved provider in their response accepted this but noted the difficulties they experienced in getting GP’s to conduct these reviews when due.

I find this requirement is not met.

### 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 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 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.

For example:

Overall consumers stated the service listens to things that they are interested in. The consumers provided feedback that the service will assist them with participating in activities they enjoy and will encourage them to try different things offered in the activities calendar.

Consumers stated they feel supported to be able to continue meeting with friends and family outside of the service and are supported to be able to still attend the social activities they participated in prior to coming to the service. However, only when able to due to the COVID-19 pandemic.

The consumers interviewed advised that they do like the food. That it is good quality and, there is plenty of it. Consumers also stated that if they did have a concern that they know how and will raise their concern and feel confident that the issue will be heard, addressed and resolved quickly.

Consumers and staff were observed to be happy. Having meaningful engagement, with smiles and laughter. Consumers and representatives said “staff really know all of the consumers, their past, their likes and dislikes and as a result this makes the consumer feel valued”

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.

For example:

Consumers and representatives interviewed confirmed they find the environment to be safe and well maintained. All consumers and representatives interviewed when asked said ‘they feel at home’ and their family and friends are made to feel welcomed when they visit.

Consumers said they are very happy with the cleaning of the environment and their rooms. They like that they can decorate their bed room according to their taste with personal items to make their home as comfortable as possible.

Consumers and representatives said the service is a relaxed, welcoming, safe and a comfortable homelike environment. It has well-equipped communal spaces where they can interact with others, including family and friends, and it has adequate spaces for quiet reflection, including small sitting areas and garden courtyards. Consumers stated that they are happy with the décor and the additional onsite facilities available to them. For example, the café, beauty salon, library and the chapel.

The Assessment Team observed that consumers reside on two levels of the service. All consumers are in a single room with an ensuite, providing them with privacy and comfort. There is clear signage throughout the service to support consumers and staff, particularly during the COVID-19 pandemic. There are rails in place to support consumers to mobilise independently indoors and out. There is adequate lighting, temperature control and was observed to be a comfortable atmosphere. The service is generally well maintained.

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.

For example:

Consumers and representatives say they are encouraged to provide feedback and are supported to make a complaint. Staff spoke of encouraging and supporting consumers to do so and records reviewed confirmed this occurs.

Consumers and representatives were aware of advocacy services and some were aware of external complaint mechanisms. Promotion of advocacy services and external complaint mechanisms were observed throughout the service.

Most consumers and representatives sampled said their complaints had been satisfactorily addressed and the staff understood their responsibilities in the open disclosure process. Management were able to demonstrate that complaints had been adequately addressed and an open disclosure process was consistently applied.

The service was able to demonstrate it endeavours to record and review all feedback and uses the information to improve quality of care and services. Review of the service’s system demonstrated that feedback is consistently recorded, monitored and reviewed in an effort to drive continuous improvement.

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 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Majority of consumers interviewed were satisfied with the staff at the service and that they attend to their needs in a respectful and timely manner. Majority of consumers interviewed confirmed that staff are always kind and caring.

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

Consumers and representatives interviewed confirmed that there are adequate staff and spoke positively in regard to the staff at the service. They made statements such as “the staff are excellent”, “nothing is too much for them” and “I feel peace of mind that my mother is well cared for when I am not here”.

The Assessment Team observed staff attending to consumers in a calm and kind manner. Staff interviewed confirmed that they are able to complete their allocated tasks each day and meet consumer’s needs. They also confirmed that they are performance reviewed annually.

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

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

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

For example:

Consumers could provide examples of how they are involved in the development, delivery and evaluation of care and services.

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

The service is part of the organisation wide-governance structure and framework. The executive management team were able to demonstrate the governance systems through which the board ensures and engages in the provision of safe, quality and effective consumer care compliant with legislative requirements and the Quality Standards.

The service has effective organisation wide governance systems in the key areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. It demonstrated that it has sound local governance systems that feed into and are supported by the overall organisational governance framework and accountability structure.

The service has risk management systems in place for high impact high prevalence risk, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can Staff demonstrated they are able to apply the risk framework in their day-to-day practice.

The organisation provided documented risk management policies and procedures as part of its overall governance framework. The governance framework outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety, health and wellbeing of consumers.

The organisation was able to provide a documented clinical governance framework that included a policy for antimicrobial stewardship, minimising the use of restraint and an open disclosure policy.

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.*

### 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)(f)

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

###  Requirement 3(3)(a)

*Ensure 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.*