Carino Care at Oatley

Performance Report

7-11 Mimosa Street   
OATLEY NSW 2223  
Phone number: 02 9580 4953

**Commission ID:** 2163

**Provider name:** Carino Care Pty Ltd

**Site Audit date:** 8 January 2020 to 13 January 2020

# 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** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 on 4 February 2020.

# STANDARD 1 NON-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, most consumers and/or their representatives confirmed consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

* Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Examples of food choices provided being respected by staff, choosing what activities to participate in and choosing to go out when desired were considered important by consumers interviewed.
* Issues were identified regarding consumer privacy not being respected by a representative of another consumer, and around privacy for two consumers with no privacy curtain or screen in place or clarity of the consumers preferences in relation to this matter. Eye drops were observed to be given in a communal area. Issues around documentation were also identified around supporting consumers to take risks.

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.

The Quality Standard is assessed as Non-compliant as one (1) 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.

### 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

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) Non-compliant

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

The organisation was unable to demonstrate that each consumer’s privacy is respected. Insufficient action was taken to address concerns about the actions of a representative of a consumer who was not respecting the privacy of other consumers and to protect the privacy of consumers through use of a curtain or screen. Care staff were observed administering eye drops in a communal area.

In its response the approved provider set out the measures it had or would take in response to these matters, including the provision of training and education to staff, meeting with consumers and representatives and privacy auditing of the service. However the approved provider does not comply with this requirement as the organisation was unable to demonstrate that each consumers privacy was respected.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

All four consumers/representatives interviewed by an Assessment Team member confirmed they were not formally involved in care planning.

Three of four consumers/representatives interviewed confirmed that they are not always informed about the outcomes of assessment and planning. Two representatives interviewed confirmed they have not had access to the care and services plan, one consumer did not know what a care and services plan was.

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

The organisation’s policies and procedures provide staff guidance in relation to assessment and planning. However, the service was unable to demonstrate these policies have been used in practice. The service is in the process of changing their care conference process to ensure they are formally discussing and capturing consumers’ individual needs, goals and preferences.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The approved provider was unable to demonstrate compliance with this requirement. Care planning documents did not consistently evidence comprehensive assessment and planning for the consumers sampled. Also, care plans were not consistently individualised relative to the risks to each consumers health and wellbeing. Concerns were identified in relation to assessment and planning for falls, constipation, diabetes, skin integrity and aspects of wound management and pain.

In its response the service acknowledged that not all care plans have been individualised and set out the measures it had or would take in response to these matters, including updating software, scheduling care conferences, reviewing, changing bowel charting and diabetes flowcharts and reassessing consumers.

However, the approved provider does not comply with this requirement as the organisation does not have an effective process to ensure that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

### Requirement 2(3)(b) Non-compliant

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

The approved provider was unable to demonstrate compliance with this requirement as care planning documents did not consistently details consumer’s needs, goals or preferences in relation to care provision, specifically in relation to assessment and planning for falls, constipation, diabetes, skin integrity, pain and aspects of wound management. Staff were not able to consistently identify the needs, goals and preferences of consumers in relation to some of these matters.

In its response the approved provider set out the measures it had or would take in response to these matters, including the provision of training and education to staff and reassessment of consumers and their care plans.

While no concerns were identified in relation to advance care planning and end of life planning, the approved provider does not comply with this requirement as the organisation does not have an effective process to ensure assessment and planning identifies and addresses consumer’s current needs, goals and preferences, in relation to the matters identified above.

### Requirement 2(3)(c) Non-compliant

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.

The approved provider was unable to demonstrate compliance with this requirement. Care planning documents did not reflect that consumers and others are formally involved in assessment and planning. This was confirmed by consumers and representatives.

In its response the approved provider acknowledged that care plans did not show that consumers and others were formally involved on care planning. It set out the measures it had or would take in response to these matters, including development of a formal case conference schedule, the provision of training and education to staff and reassessment of consumers.

No concerns were identified in relation to the involvement of other organisations, and individuals and providers of other care and services. However, the approved provider does not comply with this requirement as the organisation does not have an effective process to ensure assessment and planning 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

### Requirement 2(3)(d) Non-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.

The approved provider was unable to demonstrate compliance with this requirement. Consumers and their representatives were not always aware of the outcomes of assessment and planning, and care planning documents did not consistently evidence comprehensive assessment and planning for the consumers sampled.

In its response the approved provider set out the measures it had or would take in response to these matters, including case conferences with consumers, reassessing consumers and updating care plans, and providing training and education to staff.

While the approved provider was able to show that both prior to and after the site audit it had advised consumers and representatives how to access care plans, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan.

### Requirement 2(3)(e) Non-compliant

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

The approved provider was unable to demonstrate compliance with this requirement. Although it could show that care plans are reviewed on a regular basis; it was unable to show they were consistently reviewed when circumstances changed or when incidents occurred.

In its response the approved provider acknowledged that not all changes to consumers care has resulted in changes to care plans. It set out the measures it had or would take in response to this matters, including case conferences with consumers, providing training to staff, particularly in relation to identifying deteriorating consumers and managing incidents, and more effective case conferencing.

However, the approved provider does not comply with this requirement as the organisation does not have an effective process to ensure 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-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

Most consumers did not consider that they receive personal care and clinical care that is safe and right for them. For example, three of four consumers/ representatives interviewed confirmed that they do not receive the care they need. Consumers highlighted they need to wait for care to be delivered due to staff availability.

Consumers and representatives interviewed confirmed that they have access to a doctor or other health professional when they need it.

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.

While the organisation has policies and procedures that support outcomes for consumers, the service was unable to demonstrate these are used in practice for each consumer. However, some of the service’s policies did not reflect best practice or provide adequate guidance to staff to ensure they are providing safe and effective care and services. This has impacted consumers, particularly in relation to skin integrity, falls, pain and restraint.

The service was unable to demonstrate appropriate management of a number of clinical areas that reflect best practice. Staff interviewed were unable to demonstrate the correct high risk and high prevalence risks of the consumers sampled. Deterioration and changes to each consumer’s condition have not been consistently recognised or responded to which has poorly impacted on them. Information regarding consumers’ condition, needs and preferences have not consistently been documented or appropriately communicated within the organisation. As a result, care provision has not reflected the needs and preferences of each consumer. The service’s vaccination rates are low however this had not been addressed yet. The Assessment Team made two observations that did not reflect appropriate infection control. Each consumer at risk of developing infections did not have appropriate interventions to manage this.

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

## Assessment of 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 documentation of the consumers sampled did not consistently reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. In particular, concerns were identified in relation to management of falls, skin integrity, diabetes, urinary tract infections, pain, blood pressure monitoring, infection risk and constipation. In addition, the service was unable to demonstrate that the use of physical restraint was properly monitored and, in relation to chemical restraint, was also unable to demonstrate that proper consideration was given to minimisation of its use. Personal care (the administration of eye drops) was seen to be provided in a communal area.

In its response the approved provider was able to demonstrate that some aspects of the wound management of one consumer was adequate, however I have identified the need for improvements in relation to other aspects of wound management and skin integrity generally. I acknowledge that, while the assessment team identified concerns with the management of constipation of three consumers, the approved provider was able to demonstrate that the care of two of those consumers was adequate. However, the constipation care provided to one consumer indicated improvements are required.

In its response identified measures it had or would take in response to the concerns identified, including reassessing consumers and updating care plans, providing training and education to staff, updating policies and procedures, retaining the services of a Nurse Advisor on site to assist clinical and senior staff, updating medical directives and reviewing the use of restraint.

However, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

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

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

The service was unable to demonstrate how it monitors and adjust practice in relation to areas it identifies as high prevalence and high impact across the service and sampled consumers. Staff interviewed were unable to demonstrate the correct high risk and high prevalence risks of the consumers sampled. Concerns were identified in relation to the effective management of management of falls, skin integrity, diabetes, urinary tract infections, pain, blood pressure monitoring, infection risk, constipation and physical and chemical restraint.

In its response the approved provider identified measures it had or would take in response to the concerns identified, including reassessing consumers and updating care plans, providing training and education to staff, updating policies and procedures, updating medical directives, consulting with the physiotherapist, internal auditing and reviewing the use of restraint.

However, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure the 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) Non-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.

Of the consumers sampled, their documentation (care plans/ progress notes) did not consistently reflect the identification of, and response to, deterioration or changes in function/capacity/condition. Deterioration and changes to each consumer’s condition have not been consistently recognised or responded to which has impacted on consumers. In particular, concerns were identified in relation to the effective management of deterioration or change in consumer’s conditions in relation to constipation, pain, skin integrity and behaviours, including the use of chemical restraint.

In its response the approved provider identified measures it had or would take in response to the concerns identified, including reassessing consumers and updating care plans, providing training and education to staff including on dementia and recognising deterioration, internal auditing, case conferences and reviewing the use of restraint.

However, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure 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) Non-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.

Of the consumers sampled, care documents did not consistently provide adequate information to support effective and safe sharing of the consumer’s care, particularly in relation to toileting needs, management of urinary tract infections, blood pressure monitoring and behaviours. Staff interviewed were unaware of a consumer’s hygiene preferences and another consumer’s cultural needs.

In its response the approved provider identified measures it had or would take in response to the concerns identified, including training to staff including cultural training, improvements in communication and reassessment of consumers.

While I note that in its response the approved provider was able to demonstrate that aspects of communication with one consumer were complex and required careful management, I consider that the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure 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) Non-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.

Two consumers were at risk at risk of developing infections however their care plans did not include adequate interventions to manage this. A dressing trolley with clinical waste inside a consumer’s room, as well as faeces on the floor in a communal bathroom. The service has low vaccination rates for consumers however the need to address this was not identified in the service’s continuous improvement plan.

I have not identified any deficiencies in relation to the approved provider’s practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics were appropriate.

In its response the approved provider set out measures it had or would take to address identified issues around standard and transmission based precautions to prevent and control infection, including education and training to staff. The approved provider indicated that a continuous improvement process was in place in relation to low vaccination rates for consumers, however I consider that this will require time to embed improvements.

I consider that the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection.

# 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

Overall most consumers and representatives confirm that they get the services and supports for daily living that are important for my health and well-being and that enable them to do the things I want to do.

This included participation in activities within and outside of the service and developing and maintaining friendships of choice.

Most consumers said they enjoyed meals provided and all said they are asked about their dietary needs, meal preferences and can provide feedback on menu options.

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.

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 services 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 most consumers and representatives indicated that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers did not raise any concerns about the organisation environment, furnishings or equipment. Consumers confirmed the service had previous issues with flooring that had been removed and new flooring installed in December 2019. Consumers confirmed they have a variety of areas to visit other than their room and they choose how they personalised their bedrooms. Most consumers’ rooms were observed to be decorated with memorabilia, photographs and other personal items. The layout of the organisation enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers have ready access to outdoor and communal areas.

Policies and procedures described systems for purchase, organisation and maintenance of furnishing and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed demonstrated an understanding of these systems and processes. Interviews with internal and external contracted staff indicate cleaning, maintenance and laundry services are delivered appropriately. The service is also discussed during resident and family meetings to ensure as much feedback is gathered as possible to work towards continuous improvement.

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.

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

Overall, most consumers and representatives interviewed considered they are encouraged and supported to give feedback and make complaints, are aware they can access advocates and/or language services if required. This included confirmation that information had been provided to consumers and representatives on how to make to make a complaint (internal and external) and provide feedback. Consumers and representatives interviewed expressed an awareness of consumer meetings scheduled including monthly resident and family meetings and ongoing food focus meetings.

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 and/or their representatives, 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.

Management advised of the organisation’s approach to reviewing and acting on feedback and complaints received including escalation of complaints to the Board, managing confidentiality and open disclosure processes acknowledging when something has gone wrong and the organisation’s process for communicating with consumers or their representatives.

The service demonstrated they regularly seek input and feedback from consumers, carers, the workforce and others and have used this feedback to inform continuous improvements. While some consumers and representatives interviewed stated their complaints had not been reviewed and/or used to improve the quality of care and services, information submitted by the approved provider indicated that the nature of some complaints was complex, and that steps were taken to incorporate the outcomes of complaints into its processes.

The Quality Standard is assessed as compliant as all 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.

The assessment team found that complaints lodged by consumers or their representatives had not been reviewed and/or used to improve the quality of care and services.

The approved provider submitted a response which indicated that the nature of some complaints was complex, and that steps were taken to incorporate the outcomes of complaints into its processes.

The approved provider complies with this requirement as there is evidence to show that feedback and complaints are used to improve the quality of care and services.

# STANDARD 7 NON-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

Overall, sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The provider has workforce planning processes in place to ensure that the service maintains a full roster and suitable skill mix of staff.

However, some consumers and representatives indicated the number and skill mix of staff did not enable timely delivery and management of safe and quality care and services. Specifically, response times by staff and the number of staff rostered on shifts.

The Assessment Team observed that staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers confirmed that staff treat them with respect, are kind and caring and gave numerous examples of what this meant to them. The service demonstrated that the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver the best possible outcomes for consumers.

The service demonstrated that the workforce is competent, suitably qualified and supported with initial and ongoing training to effectively perform their roles, however, there were some gaps identified in Standard 3 regarding clinical outcomes for consumers.

The skills and capabilities of staff are regularly assessed, monitored and reviewed,

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.

The Quality Standard is assessed as Non-compliant as one (1) of the five specific requirements has been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

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

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

While generally consumers interviewed responded positively to questions relating to adequacy of staff numbers and wait times, some consumers said that the home could do with more staff, particularly during busy times of the day. Two consumers identified long wait times when they sought toileting assistance via the call bell, and another was observed a consumer calling out for assistance for assistance for fifteen (15) minutes, with staff walking up and down corridors at the time but not attending to the consumer. The consumer appeared distressed and short of breath. Staff stated they are not always able to give consumers the extra time they need and stated that they are not always able to give two-person assistance to consumers who require that.

In its response the approved provider acknowledged the feedback given by consumers, the observations of the consumer seeking assistance and that call bell response times have indicated staff do not always answer call bells in a timely manner. It is reviewing its call bell system and implementing staffing changes.

The approved provider does not comply with this requirement. The organisation does not have an effective process to ensure that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

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

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

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

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

### Requirement 7(3)(d) 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 NON-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

Overall consumers and representatives indicated that the organisation is well run and that they can provide feedback around improving the delivery of care and services.

Consumers and representatives provided examples of giving feedback through resident/family and food focus meetings, through the internal and external complaints process and directly to staff and management.

The service demonstrated that it involves consumers in decision making processes through meetings and other feedback processes including surveys.

Whilst the service demonstrated they had organisational governance systems in place, the Assessment Team identified gaps in the service’s understanding, application, monitoring or review of:

* Consumer engagement in the development, delivery and evaluation of care and services.
* Regulatory compliance, specifically around documentation required for use of physical and chemical restraint in line with legislative requirements, and record keeping requirements for compulsory reporting.
* Risk management systems, including managing high prevalence risks associated with the care of consumers, specifically in relation to consumers sampled.
* Clinical governance and its application at the service. Specifically, for those consumers sampled, around deterioration and changes to their conditions not being consistently recognised or responded to, impacting poorly on them. The clinical information regarding these consumers’ conditions, needs and preferences was not consistently documented or appropriately communicated within the organisation.

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

## Assessment of Standard 8 Requirements:

### Requirement 8(3)(a) Non-compliant

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

Whilst the organisation provides a number of opportunities for consumers to engage in the development around care and services, gaps were identified in relation to consumers’ engagement in and/or understanding of care planning, specifically in relation to Standard 2.

The approved provider has generally acknowledged the need for improvements and is implementing measures designed to improve engagement.

However, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure that 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) Non-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.

Whilst the service demonstrated they had organisational governance systems in place, gaps were identified in the service’s understanding, application, monitoring or review of:

* Regulatory compliance, specifically around documentation required for use of physical and chemical restraint in line with legislative requirements, and record keeping requirements for compulsory reporting.

In its response to this requirement and related requirements the approved provider generally acknowledged the need for improvements and is implementing measures designed to address these matters, including reviewing the use of restraint and updating its related polices, implementing training and improved record keeping for compulsory reporting and improvements to care planning, care delivery and staff training.

However, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure effective organisation wide governance systems relating to the regulatory compliance.

### Requirement 8(3)(d) Non-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.

As identified in Standards 2 and 3 the areas for improvement were identified across Standards 2 and 3 including care planning not reflecting the needs and preferences of each consumer and staff not being able to demonstrate the correct high risk and high prevalence risks of the consumers sampled. This has impacted consumers, particularly in relation to skin integrity, falls, pain and restraint. Further, the service was unable to demonstrate they had undertaken record keeping requirements as per the legislation in response to an allegation of abuse.

In its response to this requirement and related requirements the approved provider generally acknowledged the need for improvements and is implementing measures designed to address these matters.

However, the approved provider does not comply with this requirement. The organisation does not have an effective process to ensure effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers and in with regards to record keeping in relation to identifying and responding to abuse and neglect of consumers.

### Requirement 8(3)(e) Non-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 have been identified in relation to Standard 3 in relation to minimising the use of restraint, particularly in relation to monitoring and managing chemical and physical restraint, that the organisation’s restraint policy did not reflect current legislation and issues in relation to discussing risks on the restraint form.

The approved provider acknowledged these matters and is reviewing its policy and forms.

However, the approved provider does not comply with this requirement as the evidence does not demonstrate the clinical governance framework includes minimising the use of restraint.

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

Ensure each consumer’s privacy is respected.

**Requirement 2(3)(a)** - 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.

Ensure 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)** - 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.

Ensure there are effective process such that assessment and planning identifies and addresses consumer’s current needs, goals and preferences.

## Requirement 2(3)(c) - 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.

Ensure assessment and planning 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

## Requirement 2(3)(d) - 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.

Ensure there is an effective process such that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan.

## Requirement 2(3)(e) - Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

Ensure there is an effective process such that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

## Requirement 3(3)(a) - Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

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

## Ensure there is an effective process such that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that:

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

## Requirement 3(3)(b) - Effective management of high impact or high prevalence risks associated with the care of each consumer.

Ensure there is an effective process such that there is effective management of high impact or high prevalence risks associated with the care of each consumer.

## Requirement 3(3)(d) - 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.

Ensure there is an effective process such that 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) - 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.

Ensure there is an effective process such that 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)(g) - 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.

Ensure there is an effective process such that there is minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection.

## Requirement 7(3)(a) - The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

Ensure there is an effective process such that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

## Requirement 8(3)(a) - Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Ensure there is an effective process to engage consumers in the development, delivery and evaluation of care and services and are supported in that engagement.

## Requirement 8(3)(c) - 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.

Ensure there are effective process organisation wide governance systems relating to the regulatory compliance.

## Requirement 8(3)(d) - 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.

Ensure there are effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers and in with regards to record keeping in relation to identifying and responding to abuse and neglect of consumers.

## Requirement 8(3)(e) - 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.

Ensure the clinical governance framework includes minimising the use of restraint.