Carino Care at Oatley

Performance Report

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**Commission ID:** 2163

**Provider name:** Carino Care Pty Ltd

**Site Audit date:** 9 December 2020 to 11 December 2020

**Date of Performance Report:** 15March 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Site Audit report received 5 March 2021 .

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

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

For example:

* Most consumers interviewed said they are treated with respect by staff and they are able to make choices regarding the way care and services are delivered. One consumer said, ‘the staff are lovely and respectful they always knock before entering the room’.
* All consumers sampled said they are satisfied with the information updates provided to them and their representatives and to whom this information is accessible to. They felt confident their personal information is kept private and confidential.
* Consumers also said they are supported in activities they choose to participate in and are provided information and advice regarding any risks that may be present. They were satisfied that staff know what is important to them and are encouraged to live the best life they can.

The service was able to demonstrate they have the systems in place to ensure consumers are confident in the way they manage their information, choices and support them to live the best life they can. Staff provide examples of where consumers have exercised choice in the way care and services are delivered in a respectful and adequate manner.

The Assessment Team reviewed care planning documents which support the appropriate delivery of care and services. Review of organisational documentation showed the service has the support to ensure consumer information and choices are maintain private and confidential.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

The Assessment Team found that Management and staff were able to demonstrate how they ensure consumers’ privacy and personal information is kept confidential. The service has a system in place to maintain privacy of information and disposal of consumer information is done safely. Consumers and their representatives provided positive feedback on their experience regarding the use of their personal information and described the ways staff respect their privacy.

I am of the view that the Approved Provider complies with this requirement as they have demonstrated in practical ways how consumers privacy is respected and personal information is kept confidential.

# 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

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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers/representatives interviewed confirmed that they are involved in care planning to some extent.
* Seven consumers interviewed said they were aware of having a care plan and of these sampled consumers they said that their family usually take care of their affairs and that they were not concerned with not having a copy of their care plan. They each said staff explained aspects of their care to them while providing care and services and one consumer said staff kept them informed of progress and any other changes.
* Each of the consumers sampled thought they get the care and services they need.

The Assessment Team found evidence of adequacy of care planning and assessment documentation in relation to consumers clinical needs. This information is utilised in the re-evaluation of the consumer’s care planning.

However, the Assessment Team noted that the clinical indicator information was not always reflective of the consumers clinically identified conditions and that pressure injuries were not always identified within the consumers care plans.

The Quality Standard is assessed as Non-compliant as two 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 Assessment Team found that the service was unable to demonstrate that the risk to the consumer’s health and wellbeing informs the delivery of safe and effective care. This was evident in the discrepancies in care planning and assessment of the sampled consumers, and examples were described in their report specifically relating to wound management and medication management.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider in its response to the Assessment Team’s report has committed to a review of all care plans of consumers named in the report. They have accepted the findings of the Assessment Team and have submitted a plan for continuous improvement. Support is being provided to registered staff to develop their skills through a nurse advisor training program. This process is yet to be completed and has not been evaluated for its effectiveness.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated how they effectively consider the risks to consumers health and well-being when undertaking assessment and planning.

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

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

The Assessment Team found that most of the staff interviewed are knowledgeable about the needs, goals and preferences of consumers and they knew their consumers well. This aligned with examples of consumer feedback and care planning documents, described in the Assessment Team’s report. Care and service plans reviewed showed individual discussions of advanced care planning and end of life planning have occurred. These plans are discussed during case conferencing and provided to the consumer and or their representative.

I am of the view that the approved provider complies with this requirement as they have demonstrated in practical ways that their assessment and planning addresses consumers current needs, goals and preferences, including advance care planning and end of life planning.

### 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.*

The Assessment Team found that consumers, representatives and others such as geriatricians, speech pathologists, dieticians and the palliative care team are involved in care planning for the sampled consumers. There were examples described in the Assessment Team’s report which show that consumers are satisfied with the case conferencing process and how their representatives are involved. Staff were able to describe how consumers and their representatives are involved in their assessment and planning.

I am of the view that the approved provider complies with this requirement as they have demonstrated in practical ways how they have created an ongoing partnership with consumers and others in their assessment and planning.

### 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.*

The Assessment Team found that consumers are satisfied that they understand the outcomes of their assessments and planning and are always advised when changes occur. Consumers have been provided copies of their care plan if they wish. There are electronic care plans which have appropriate needs, goals and preferences documented for the sampled consumers. Staff could describe how they communicate the outcomes of assessment and planning for consumers. There is a comprehensive handover process to ensure staff are aware of contemporary consumer needs.

I am of the view that the approved provider complies with this requirement as they have demonstrated that outcomes of assessment and planning are appropriately communicated to the sampled consumers.

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

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

The Assessment Team found that the service was not always able to demonstrate that the care plans were being updated or effectively evaluated for the sampled consumers. This has had poor health outcomes for consumers. The Assessment Team identified that whilst care plans were complete the information in them at times did not correlate with assessments and progress notes.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider in its response to the Assessment Team’s report has committed to a review of all care plans of consumers named in the report. The approved provider has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated that care and services are reviewed regularly, particularly when circumstances change or when incidents impact on the needs, goals or preferences for the sampled consumers.

# 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

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 and representatives considered that consumers receive personal care and clinical care that is safe and right for them. However, some consumers expressed concern in relation to the level of skill of the care staff, specifically around the monitoring of their skin integrity and catheter care management.

The Assessment Team identified that wound care, pressure injury care, medication management and restraint management were not effectively being evaluated and assessments and care planning were not always completed as per the service’s policy and procedures.

For example:

* One consumer representative said the nurses try very “hard” however they believe that many of the care staff do not consistently demonstrate the clinical expertise required and that changes in skin integrity were not monitored and conveyed to the registered nurse.
* Another representative said that they had concerns about the timely and effective continence management provided to their relative.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that despite positive consumer feedback, the service was unable to demonstrate that all consumers are provided with safe and effective care specifically in those consumers with wound care needs. Care planning is not adequately evaluated resulting in ongoing pressure injuries and wounds. The service did not identify two consumers pressure injuries until they had deteriorated significantly. The service also demonstrated a poor understanding of chemical restraint and did not identify consumers who were chemically restrained. The Assessment Team were satisfied that pain management is effectively managed at the service.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider in its response to the Assessment Team’s report has committed to a review of all care plans of consumers named in the report. They have accepted the findings of the Assessment Team and have submitted a plan for continuous improvement. Support is being provided to registered staff to develop their skills through a nurse advisor training program. This process is yet to be completed and has not been evaluated for its effectiveness.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated that each consumer gets safe and effective personal 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 Assessment Team found that the service was not able to demonstrate that all consumers are being adequately monitored for high impact risks associated with the consumer’s health status. Specifically, the monitoring and reassessment of skin integrity management and the medication management of medications in line with the services policies and procedure. The Memory Unit has several consumers identified as vulnerable and at risk of wandering. Of these none had a completed “Persons identified at risk of wandering” assessment completed. The Assessment Team reviewed sampled consumers continence management plans. Whilst most were appropriate to the consumers identified needs it was noted that assessments and care planning was not always updated when changes occur. Falls prevention and management is adequately implemented at the service.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider has accepted the feedback and used it to commence improvements at the service. Improvements include identifying additional training for care staff, the review and updating of care plans with the consumers/representatives and other stakeholders. The approved provider has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they have not demonstrated effective management of high impact risks associated with consumers care, such as wound and skin integrity management, wandering and continence management.

### 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.*

The Assessment Team found that the service was not always able to demonstrate that deterioration is recognised, and intervention and referrals made that would maximise the consumer’s wellbeing. Specifically, in the domain of skin integrity and wound management. While staff were able to describe an appropriate escalation process, care files did not demonstrate that this is occurring in practice.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider has accepted the feedback and used it to commence improvements at the service. Improvements include identifying additional training for care staff, the review and updating of care plans with the consumers/representatives and other stakeholders. The approved provider has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that they recognise and respond to deterioration or change in capacity or condition when it relates to wound management.

### 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.*

The Assessment Team found that the service was not able to demonstrate that all relevant information about the consumer’s condition is communicated within the service. While care plans show evidence of review on both a regular basis and when circumstances change, or incidents occur, the information was not always up to date, and the Assessment Team described instances of consumers having their catheter bag and wound management not being managed as per their specified need and goals. The service has not adequately demonstrated that identification and wound management is in line with best practice.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider has updated the relevant care plans and issued a memorandum that described the consumers preferences. Duty lists have been updated, and additional training has been organised in stoma care and wounds management. The approved provider has supplied a plan for continuous improvement and has not refuted the Assessment Team’s findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that they adequately communicate information about consumers condition, needs and preferences within the service.

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

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

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

*Minimisation of infection related risks through implementing:*

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

The Assessment Team found that the service has policy and procedures for infection control practices and staff were able to demonstrate an understanding of anti-microbial stewardship. However, the service environment was not observed to be clean which may impact infection control.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. Cleaning of the environment has been approached with a new cleaning company employed with an expanded responsibility, to ensure all areas of the service is kept clean. Staff have also received additional education and their duties lists expanded to include specific cleaning tasks, to ensure compliance.

I am of the view that the approved provider does demonstrate that they are effective in minimising infection related risks at the service. The concerns from the Assessment Team concerning cleaning have bene reviewed under standard 5.

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

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. However, for some consumers with complex needs, the Assessment Team found they did not always receive supports that were effective nor did they optimise quality of life.

For example:

* Overall consumers interviewed did consider they are able to do things they like to do and are supported by the service to do this, most consumers said there is not enough to do at the service in terms of the lifestyle program.
* Consumers identified the people who are important to them and described the ways they are supported to keep in touch with these people.
* Most consumers said they did enjoy the food at the service and felt there was sufficient variety of food available.
* Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff and the information documented in consumers’ care plans.
* Consumers with varying levels of mobility were observed moving about the service, with staff providing support as required, and some consumers were observed to be engaged in activities of their choosing.

While most consumer are able to receive adequate activities through the lifestyle program, some consumers with complex needs were identified to not be provided with adequate activities to optimise quality of life. In addition, the Assessment Team found equipment provided was not always clean or stored according to safely at the service.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

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

The Assessment Team found that while the service has systems in place to record, and supports that meets consumer needs, goals and preferences, consumers with complex needs do not always received effective care and support for daily living. Review of the care and service plans and Assessment Team observations showed not all consumers received effective service that optimise independence, well-being and quality of life. Staff interviewed said they do not always have time to provide consumers with effective one on one activities.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved provider has implemented a range of improvements including increasing lifestyle hours, and the engagement of a lifestyle coordinator. They have also reviewed the lifestyle program and instigated a memory support unit. They have also designed several aids to assist staff in communicating more efficiently with a few of their consumers. While the approved provider has agreed with most of the Assessment Team’s findings, they also refute some of them, and have provided evidence that has clarified the efforts of staff. I note that these improvements have occurred after the performance review, and the approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that each consumer gets safe and effective services and supports for daily living which optimise 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) Non-compliant

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

The Assessment Team found that the service has processes in place to ensure equipment is safe, suitable, clean and well maintained. This includes staff competency assessments in the use of equipment, as part of mandatory manual handling which staff complete annually. The service has processes in place for the reporting and resolution of maintenance issues and the completion of regular maintenance tasks each month. Consumers mostly said they felt safe when using the equipment available at the service, although some noted that the equipment provided was not always clean and suitable for use. However, observations noted the storage of equipment is not accordance to best practice and cleaning of equipment is not always adequately nor suitable for consumer use. For example, the service was not able to demonstrate an understanding of the risks involved when medical equipment are not stored in accordance to best practice, such as the improper storage of their oxygen cylinders as observed by the Assessment Team.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. The approved has removed excess cylinders, and ensured they are stored in accordance with standards. The approved provider has included in their response evidence that demonstrates they have a clear understanding of these requirements. The approved provider has agreed with most of the findings of the Assessment Team at the time of the audit, and their improvements can be evaluated over a period of time to ensure its now sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that equipment is safe, suitable, clean and well maintained.

# STANDARD 5 NON-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.

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

For example:

* In general consumers interviewed said they feel safe and at home and their visitors feel welcome at the service. For example, one consumer said she felt at home and so comfortable at the service. She said her visitors feel welcome and she enjoys going out to the courtyard with her daughter and having a glass of wine.
* Some consumers raised concerns about the cleanliness of the service, such as one Consumer who said he had to ask staff three times before the floor around his bed where his catheter bag had leaked was cleaned. Other consumers raised concerns about the cleanliness of toilets and faeces on bed pans they were given.

The service has many welcoming features, and there has been significant refurbishment of the memory support unit. However, the unit currently lacks a number of key dementia design principles required to maximise and promote the independence, function and enjoyment of its consumers. The strong odour in a section of the service negatively impacts both consumer and visitors’ enjoyment.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Non-compliant

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

The Assessment Team’s report describes how overall, the service environment has a number of welcoming features, and the recent and ongoing refurbishment of the memory support unit demonstrates a number of dementia enabling features. However, as it stands, the unit lacks several key dementia design principles aligned to current best practice care for people living with dementia, that are required to maximise their understanding, sense of belonging, independence, interaction and function.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that the service environment is easy to understand and optimises consumers sense of belonging, independence, interaction and function.

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team found that the service environment is not sufficiently safe, clean, well maintained and comfortable. However, it does enable consumers to move freely indoors and outdoors and its maintenance program is effective overall.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that the service environment is sufficiently safe, clean, well maintained and comfortable.

### Requirement 5(3)(c) Non-compliant

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

The service’s furniture, fittings and equipment were not sufficiently safe and clean to ensure the comfort, safety and wellbeing of and suitability for consumers.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that the furniture, fittings and equipment are safe, clean and well maintained.

# 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 representative interviewed said that they felt comfortable making complaints at the service through the complaints form or to staff. They also felt that their concerns are actioned and followed up appropriately. For example, one consumer said they have approached the facility manager directly to raise their concerns and they have apologies and resolved the issue.
* Consumers interviewed were able to describe how and where they could raise their concerns. Some said that they can see the changes made after an issue was raised. For example, one consumer complaint that there was no sanitiser dispenser in the smoking area. A dispenser was promptly located on the wall at the entry of the building.

The service was able to demonstrate they have a good understanding of how to manage feedback from consumers and their representatives. They have systems in place that ensure the principles of open disclosure are met within the area of comment and complaints and use the information for their continual improvement on care and services. Consumer satisfaction is sought through surveys and personal contacts with information used for staff training and service development. The organisation monitors information received through the feedback systems to ensure a coordinated approach to care and services across all facilities.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-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 consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, there were exceptions.   
For example:

* A consumer indicated that only some staff know what they are doing when she pointed to a significant and painful area of excoriation under her breast.
* Some consumers mentioned incidents where they had waited a significant amount of time for their call bells to be answered and for assistance with changing of catheter bags, that negatively impacted on their wellbeing.
* Despite this, overall consumers felt the service has enough staff.

The service has a large program of mandatory training and toolbox talks. However, in some areas such as wound management and care, insufficient care staff have completed recent training and only just over half the registered nurses have completed the Wound Management Policy training, placing consistently quality of would care for consumers at risk.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The majority of consumer feedback was positive about the number of staff however some reported delays with the call bell response times. Staff interviews, and review of documentation confirms that overall the service demonstrated that its workforce is adequately 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) Non-compliant

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

The service did not demonstrate that staff are sufficiently competent and/or have the qualifications and knowledge to effectively perform their roles, particularly in the areas of complex behaviour management and skin integrity and wound care.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. Training of staff has commenced, with specialised training also started in dementia. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that staff are competent to perform their roles in the areas of complex behaviour management, skin integrity and wound care.

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

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

The service did not adequately demonstrate its workforce is equipped and supported and trained to deliver the outcomes required by these standards. Although it has an extensive education and training program, there was insufficient training provided and completed by care staff in the area of wound care and only just over half of the registered nurses completed the Wound Management Policy Toolbox session, posing significant risk to consumers health and wellbeing.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted the Assessment Teams findings of the service at the time of the audit. A nurse advisor commences in March to conduct specialised nursing courses for the Registered Nurses and other clinical staff. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that the workforce is appropriately recruited, trained, equipped and supported to deliver the outcomes required by the 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

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).

Most sampled consumers considered that the organisation is well run but they were less clear on how they can partner in improving the delivery of care and services, although the provider has demonstrated that they have engaged the consumers in numerous ways to develop, deliver, and evaluate care and services.

The service demonstrated that its governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. However, in relation to effective information and risk management, the service demonstrated it was not able to correctly identify and stage pressure injuries, nor to correctly identify chemical restraint in the quality indicators provided to the Assessment Team; which means that that both management and the board are not receiving a correct profile of the service’s clinical risks for which they are accountable.

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

The Assessment Team described in their report how the service did not adequately demonstrate that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The service conducted some consumer/representative surveys in 2020 such as consumer feedback on their experience during COVID-19. However, there were no resident-representative meetings between January and the end of November 2020, significantly limiting the opportunity for consumers and their representatives to provide direct input and feedback regarding service quality and required improvements, throughout the COVID pandemic.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted some of the Assessment Teams findings of the service at the time of the audit. While there were no group meetings scheduled during the pandemic, the service demonstrated numerous ways consumers were engaged in the development, delivery and evaluation of care and services. This included determining their own plans of care through individual and representative consultation and using web-based services to communicate and provide information outside the service. While the approved provider has provided a plan for continuous improvement, these minor improvements do not detract from the service meeting this requirement.

I am of the view that the approved provider does comply with this requirement as they do demonstrate that consumers are adequately engaged in the development, deliver and evaluation of care and services.

### 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.*

The Assessment Team’s report described how the organisation has governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. However, the team identified that the Service was unable to adequately demonstrate effective information management in relation to the accuracy of quality indicators provided to the board resulting in management and the board not having a complete picture of the service’s clinical risks.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted all of the Assessment Teams findings of the service at the time of the audit.

I have considered the Assessment Team’s report and the approved providers response and accept the recommendations of the Assessment Team. While I have accepted the approved providers evidence in response to continuous improvement, there is still improvements required in information management and workforce governance. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate that it has effective organisation wide governance systems.

### 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.*

The Assessment Team found that the service did not sufficiently demonstrate effective risk management systems and practices. It has a risk management policy and care staff and registered nurses interviewed confirmed relevant policies had been discussed with them. However, when care staff described a consumer with high impact high prevalence risk they only identified one of her two pressure areas. In relation to effective risk management, the service demonstrated it was not able to correctly identify and stage pressure injuries in the quality indicators provided to the Assessment Team.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted all of the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I am of the view that the approved provider does not comply with this requirement as they do not demonstrate effective risk management systems and practices.

### 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.*

The Assessment Team found that the service has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. However, it was unable to demonstrate effective open disclosure in the area of chemical restraint, nor the capacity to accurately identify when consumers are being chemically restrained.

The approved provider in their response, acknowledged their responsibilities for this requirement. The approved provider has also supplied a plan for continuous improvement and has not refuted all of the Assessment Teams findings of the service at the time of the audit. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

I have considered the Assessment Team’s report and the approved providers response and accept the evidence provided that demonstrates the approved provider has an effective clinical framework. While the approved provider was not previously able to identify fully their chemical restraint, they have processes in place, and will be dealt with under Requirement 3(3)(b).

I am of the view that the approved provider does comply with this requirement as they do demonstrate an effective clinical governance framework.

# 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 2(3)(a)

*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.*

Demonstrate that assessment and planning considers all relevant information in relation to consumers and is incorporated into care processes to inform delivery of safe and effective care and services.

### 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.*

Demonstrate 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, including when clinical deterioration is noted or indicated or when strategies implemented are no longer effective.

### 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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice in pain and skin/wound management and relevant treatments and strategies are effectively documented.

### Requirement 3(3)(b)

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

Demonstrate that high impact and high prevalence risks are identified and monitored with staff equipped and supported in best practice in relation to pain management, pressure area care and wound care, and behaviour management.

### 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.*

Demonstrate 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 staff are able to identify and respond to deterioration or changes in consumers in relation to wound and behaviour management.

### 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.*

Demonstrate 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 4(3)(a)

*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.*

Demonstrate that 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)(g)

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

Demonstrate equipment is safe, suitable, clean and well maintained.

### Requirement 5(3)(a)

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

Demonstrate 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)

*The service environment:*

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

Demonstrate the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

### Requirement 5(3)(c)

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

Demonstrate that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Requirement 7(3)(c)

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

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

### Requirement 7(3)(d)

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

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

### 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.*

The Assessment Team found that the service did not demonstrate they have effective organisation wide governance systems relating information management.

**Information management**

Demonstrate effective governance systems relating to information management to ensure all relevant stakeholders have access to the right information to allow effective management of clinical risks.

**Workforce governance**

Demonstrate effective governance systems relating to human resource management including the assignment of clear responsibilities and accountabilities, and staff are supported with correct and effective training.

### 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.*

Demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, and supporting consumers to live the best life they can.