Carino Care at Sylvania

Performance Report

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SYLVANIA NSW 2224
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**Commission ID:** 2513

**Provider name:** Carino Care Pty Ltd

**Site Audit date:** 3 November 2020 to 6 November 2020

**Date of Performance Report:** 16 February 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

|  |  |
| --- | --- |
| **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) | 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) | 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) | 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) | 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 2 December 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

Overall sampled consumers confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Overall, consumers, representatives and staff were able to provide examples of where consumer independence is supported and managed.

Although there is room for improvement in the documentation of risks, the approved provider was able to demonstrate that consumers were being supported to take risks to enable them to live the best life they can.

The Quality Standard is assessed as Compliant as all 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.*

The Assessment Team found that whilst the service supported consumers to take risks, they could not demonstrate a consistent approach in their risk assessment processes. Consumers who choose to take risks, were not seen to have all risk assessments or dignity of risk forms completed to support their care. The Assessment Team also found that the service did not demonstrate it has a system in place sufficient to ensure where risk assessments may be required, they were being completed. When risk assessments were in place these were updated in line with service requirements. For example, it was not evident that the risk assessed was being discussed with the consumer and key points from the discussion recorded to support the consumer’s understanding of risk.

In response the approved provider challenged the findings, identifying that a system is in place to monitor potential risks. This includes risk assessments and a structure to ensure regular review and a risk report. I consider that the approved provider was able to demonstrate that consumers were being supported to take risks to enable them to live the best life they can. I have considered issues in relation to care planning under Standard 2 requirement (3)(a).

I find this requirement is Compliant.

### 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.*

I find this requirement is Compliant.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives advised they have do have involvement in the care plan process. However, the Assessment Team found whilst the service has been working through care conferences with consumers or their representative, they identified a gap in this process and that personal preferences were not always captured.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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, in a review of documentation, found the service’s assessments and care planning system although comprehensive, was not consistently effective. They found when consumer care needs changed, their care plan was not consistently reviewed and updated or, if updated, it was not always timely or reflective of the changes. For example, the Assessment Team identified that, for a consumer with complex behaviours, behaviour charts were not monitored for the full recommended days, and the behaviour chart was noted to have minimal information around the triggers, and or documented monitoring or review of the strategies used. The information in most cases was generic. In addition, for another consumer, the service could not demonstrate, as part of its risk assessment process, that they had sufficiently recorded that they had discussed the risks of a consumer’s ongoing choices and behaviour and that this was understood by the consumer.

In their response the approved provider submitted a spreadsheet showing the service’s care planning matrix and review process. The approved provider said care plans of the identified consumers were updated to include relevant information. They provided copies of these in support of this. The approved provider submitted information which it stated showed key information regarding a possible significant trigger for the identified consumer with complex behaviours was known, recorded and used by staff in managing this consumer’s care and services.

I am satisfied that the approved provider had recorded and discussed the risks of a consumer’s ongoing choices and behaviour and that this was understood by the consumer. I am not satisfied that, for the consumer with complex behaviours, that the behaviour charting was adequately completed. In addition, the Assessment Team reported that the Facility Manager identified that the schedule for case conferencing had not been followed or completed. In its response the approved provider acknowledged that currently the service has to complete 42% of the care plan and assessments with 16% of the case conferences still to be completed. The approved provider also agreed that the collection of personal privacy preferences has not been formalised and stated it had instigated a process to address this.

Based on the information provided I find this requirement is non-compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Generally, they have access to a doctor or other allied health professional who visit the service.

However, a review of clinical documentation demonstrated some deficiencies in regard to the clinical oversight at the organisation by registered staff members in relation to with wound care. In addition, issues were identified in relation to the monitoring and review of a consumer with challenging behaviours, and some alerts in the electronic care data base system were not current or relevant and had not been updated or removed.

The Quality Standard is assessed as non-compliant as three of the seven specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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 the service was unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. Staff practices were not always reflective of the organisation’s policies and procedures regarding best practice. A review of documentation demonstrates that consumers care needs are not tailored to their needs and optimising their health and well-being. The Assessment Team identified deficits in the delivery of wound care and wound management.

In their response the approved provider disagreed with aspects of the Assessment Team’s findings. Overall, I accept the information provided that demonstrates the actions taken to address some of the individual consumer needs and care requirements. However, I am satisfied that the service was unable to demonstrate it was delivering best practice wound care. In its response the approved provider acknowledged they had previously identified deficiencies in the service’s ongoing wound management processes and outlined the actions it had and stated it will take to address the issues as identified.

I acknowledge the improvements identified and the approved provider’s engagement with the issues. However, I consider that the service requires further time to address these issues and demonstrate the improvements have been embedded and are sustained.

I find this requirement is non-compliant.

### 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 the service was unable to demonstrate there is effective management of high impact or high prevalence risks associated with the care of each consumer, particularly in relation to behaviour management. They identified documentation supporting behavioural management for one consumer was not sufficient to ensure best practice in providing care for that consumer. Although they reported specialist recommendations were in place for this consumer, they did not see evidence in the documentation these were being sufficiently monitored or reviewed to identify specific triggers to ensure a consistent approach and an effective outcome. The Assessment Team recorded that care staff spoken to could not describe the interventions for that consumer.

In their response the approved provider outlined the range of actions taken to support this consumer’s care and to address potential triggers such as delirium, continence and the management of urinary tract infection. They identified this consumer has had significant, ongoing medical review including specialist review. In particular, they note the consumer was reviewed by a specialist service just prior to the site audit and the report, with further recommendations, was provided shortly thereafter. The approved provider said the consumer’s care plan has been further updated to ensure the recommendations are current and support staff practices in managing this consumer’s increased behaviours. They are also considering further specialist referral and review to assist staff further to care for the consumer and indicated, as a that a continuous improvement exercise has been implemented to review all consumers with behavioural challenges.

I acknowledge the improvements implemented and the approved provider’s engagement with the issues. I also acknowledge the service has taken action to provide ongoing care and address the issues raised to ensure the consumer receives ongoing best practice care and that there are significant challenges associated in delivering this care. However, I consider that the service still needs to demonstrate that its monitoring and review of this consumer is effective and showing that staff follow the recommendations, and the interventions applied are appropriately documented.

I find this requirement is non-compliant.

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

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

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

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

The Assessment Team found the service was not always able to demonstrate that deterioration of a consumer is recognised, nor interventions and referrals made in an appropriate and timely manner. For example, not demonstrating referrals to specialist services were timely. The Assessment Team also reported on a consumer requiring specialist emotional support; saying they did not see evidence this had been provided.

In response the approved provider wrote that one of the consumer’s identified with a significant deterioration in their health had been referred to a specialist service just prior to the site audit and since then this consumer’s care plan has been updated with specialist recommendations. They also provided evidence that another identified consumer’s emotional needs were recognised and managed and provided progress notes to show this.

I find this requirement is compliant.

### 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 identified inconsistencies in consumers documentation. They found documentation was not always current and reflective of the consumers care needs to guide staff care practices. They noted some alerts in the electronic care data base system were not current or relevant and had not been updated or removed.

In their response the approved provider showed how they have addressed issues with the electronic data base care records and I am satisfied this has adequately addressed some of the issues raised. It stated that it had implemented a continuous improvement exercise to review alerts for currency and remove any outdated comments. It also stated it had already identified issues with wound care documentation management, and outlined the actions taken to address this, including reviewing and updating wound charts. They note the involvement of a wound-care consultant in this and further education for appropriate staff in maintaining accurate and current records.

I acknowledge the actions taken by the approved provider to address the matters raised. However, I find the service was unable to demonstrate overall that during this site audit its documentation system is consistently effective in providing information within the organisation and with others where the responsibility for care is shared. It is my view the service requires further time to demonstrate changes made in this area are effective and can be sustained.

I find this requirement is non-compliant.

### 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 observed that overall, standard transmission-based precautions were in place to prevent and control infection. However, they identified some deficits in the service’s infection control program including not immediately following procedures for isolating a consumer on their return from hospital, staff wearing masks not using them properly and that consumers requiring lifter-slings did not have individualised slings and the slings were observed to be stored in a way which did not enforce good infection control practices. The Assessment Team also reported that not all registered nurses interviewed understood the need to minimise the use of antibiotic therapy to avoid antibiotic resistance.

In their response the approved provider said the consumer had only just returned that morning from hospital and the appropriate steps were taking to isolate them and set up personal protective equipment (PPE) outside their room. They also added the consumer was immediately tested for COVID-19. It stated that slings were audited for sufficiency in September 2020, and they have a regular cleaning schedule to manage their use. It strongly refuted that Registered Nurses did not understand purpose of minimising the use of antibiotic therapy and provided meeting minutes showing registered nursing staff had training in antimicrobial stewardship. It stated that mask use was not compulsory for staff at the time of this visit.

Although observations were made about use of masks, overall, I am satisfied that the approved provider has demonstrated compliance with this requirement.

I find this requirement is compliant.

# STANDARD 4 NON-COMPLIANTServices 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 Assessment Team also examined relevant documents.

The Assessment Team found most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enables them to do the things they want to do. However, consumers raised a common concern regarding the adequacy, diversity and frequency of activities provided within the service. Several consumers interviewed said they do not attend activities because they do not have interest in them.

Most consumers interviewed enjoy the food and believe there is plenty of it. Staff, consumers/ representatives have noticed an improvement in the menu and consumer satisfaction with meals and meal service.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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 most consumers said they enjoyed the activities provided by the service but did not believe there were enough. Several consumers said they do not attend activities as they do not have any interest in them. The Assessment Team observed consumers in the dining/activity area or in their rooms for long periods of time and not engaged in activities. The Lifestyle staff told the Assessment Team they regularly review the activities program. Consumers who do not want to attend what is on the activities schedule will receive a visit from the lifestyle team who offer them other activities such as music, movies, hand massage, cross words or colouring books. A review of documentation by the Assessment Team showed lifestyle staff regularly review the activities program with consumers.

In their response the approved provider noted the consumers identified in the report were recorded as choosing not to attend activities. They provided progress notes showing consumers with regular one-on-one activities. They believe there is sufficient activities and engagement offered and support consumer choice should they wish not to participate. They also noted, due to adverse weather conditions during the audit, use of outside areas was restricted. Likewise that COVID-19 has curtailed some of their activities program.

Although I acknowledge the approved provider’s response, I am not satisfied this has addressed the issue that, overall, consumers expressed their dissatisfaction with the activities and engagement available at the service. It was the Assessment Team’s observation that there were significant times when they saw consumers unengaged. While I accept the service’s lifestyle staff regularly review the program and range of activities to accommodate consumer preferences, it is my view the service has not demonstrated this is sufficient to meet consumer needs and preferences or support them with an appropriate quality of life.

I find this requirement is non-compliant.

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

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

The Assessment Team found the service does not have a formal process for providing emotional support for consumers who require this. Staff interviewed said that is attended by checking in on the consumer, but this does not always occur as they do not have enough time. Service management said they are aware that they need a more formalised process to be in place and are working on developing this. The Assessment Team provided examples of consumers they identified as requiring emotional and psychological support and who they believe were not receiving such support.

In response the approved provider acknowledged there is not a formal structure in place to provide emotional support but could demonstrate that emotional support is being provided by a range of staff and that this is documented, including for named consumers requiring significant support.

I find this requirement is compliant.

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall the Assessment Team found consumers considered they belong in the service and feel at home and safe and comfortable in its environment. They also believe overall, the service is well maintained and kept clean.

The facility is approximately 30 years old and has a mixture of single and double rooms all with shared bathrooms. The facility is divided into two wings (East and West Wings). The service environment was found to be clean, welcoming and easy to understand for consumers and furniture, fittings and equipment for purpose. No concerns were identified about all consumers being given access to all areas of the service.

The Quality Standard is assessed as compliant as all 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.*

The Assessment Team observed some maintenance and cleanliness issues and noted that consumers rooms have their names by their doors but are not at eye level and very few had any personalised signage to assist them in finding their rooms. The Assessment Team observed consumers wandering in corridors including when staff were not present to supervise and assist them. It noted that an external courtyard was locked with key code access and that most consumers cannot access the courtyard without asking staff for support to do so. Staff advised that some consumers had codes, but most did not and would need to seek staff support to access the courtyard.

In response the approved provider submitted information to show this service has undergone renovation and is planning further improvements. This includes repair work and replacement of machinery. The approved provider also stated the outdoor area was locked due to the significant wet weather conditions at the time and identified how it was enabling consumers to move around the service and otherwise supporting them. It also stated that the external courtyard was locked to manage the flow of visitors due to COVID concerns.

I have taken this response into consideration and am satisfied that the service is maintaining the environment to ensure it is safe, clean, well-maintained and comfortable and assisting consumers. In relation to the external courtyard, I note there were no direct concerns raised regarding whether consumers requiring assistance could access this area, and the approved provider is encouraged to monitor access to that area on an ongoing basis.

I find this requirement is compliant.

### Requirement 5(3)(c) Compliant

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

# STANDARD 6 COMPLIANTFeedback 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, the Assessment team found consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. Consumers/representatives interviewed said they know how to raise any concerns or make a complaint or provide feedback. Consumers were able to describe feeling safe to take concerns to staff or the manager. Consumers interviewed were able to identify a change or improvements made at the service because of feedback or complaints.

Although some issues were raised regarding the making of confidential complaints and staff understanding of open disclosure; these were sufficiently addressed through the approved provider’s response.

The Quality Standard is assessed as compliant as all 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.*

The Assessment Team found whilst consumers and their representatives were comfortable to raise a complaint or feedback directly to the service, they were unaware how to make a confidential complaint. They were also not aware of the various advocacy services available to them. Staff did not identify external advocacy nor language services that would be available to support consumers. The Assessment Team did not observe advocacy brochures or information to be readily visible.

I have considered the approved providers response and am satisfied that material for advocacy services is available and that the service has a process to engage interpreters and materials in other languages should these be required. No concerns were raised by consumers or representatives regarding the actual lodging of confidential complaints.

I find this requirement is compliant.

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found most consumers and representatives interviewed indicated that the consumer gets quality care and services when they need them and from staff who are knowledgeable, capable and caring. However, a number of consumers, representatives and staff provided feedback that staff numbers are inadequate, and that staff tend to be rushed when providing services. This was also an observation made by the Assessment Team during this site audit.

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 7 Requirements

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

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

The Assessment Team reported that while consumers and representatives interviewed were positive regarding the quality of staff, issues were raised concerning the sufficiency of staff. Several consumers and representatives stated that there were not enough staff and the impact this has on consumer care and services. Some staff said they are not always able to complete all of their duties due to the high needs of consumers in their care. The Assessment Team observed on numerous occasions staff were not present to observe consumers who are living with dementia/cognitive impairment, and on one occasion the Assessment Team observed 16 consumers in the dining area eight of whom were asleep. Service management noted there had been a high turn-over of staff but that this was stabilising and stated there is minimal use of agency staff and further recruitment is in process.

In response the approved provider provided information to show staffing at the service is above the industry benchmark. They acknowledged there has been a significant turn-over of staff but that currently staff numbers are stable. They note there has been a decrease in sick leave and there has been no decrease in staffing levels. The approved provider gave some context on why consumers may be seen to be not actively engaged. In addition, the approved provider stated that concerns about staffing levels were not reflected in the information it had received from consumers, representatives and staff, and indicated some feedback is not reflective of the care provided.

I acknowledge the approved providers response and have taken this into consideration. However, I have given weight to the feedback provided by consumers, representatives and staff during this site audit. While the approved provider has engaged with the issues and in its response stated it would undertake a review of staffing, workload and care and services to consumers, in my view the service requires further time to demonstrate sufficiency of staff is reflected in care and service practices.

I find this requirement is non-compliant.

### 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-COMPLIANTOrganisational 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).

The Assessment Team found most sampled consumers considered that the organisation is reasonably well run. Overall, consumers said that they can partner in improving the delivery of care and services.

However, whilst the organisation could demonstrate that there are organisation wide governance systems in place, these were not seen to be effective in relation to workforce governance. The Assessment Team identified gaps in the organisation’s system for care planning and capturing personal preferences and in managing some risks.

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.*

### 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 reported on access to an external courtyard be key coded and some consumers requiring assistance from staff. I have considered this issue in relation to Standard 5 requirement (3)(b) and have not identified any concerns in relation to that matter.

The Assessment Team also found that the service has organisation wide governance systems in place, it was not demonstrated these are effective at the service level in relation to workforce governance. For examples relevant to workforce governance see my consideration under Standard 7 Requirement (3) (a). With regards to workforce governance, the approved provider submitted their response as outlined under Standard 7. As noted there, the approved provider stated the service staffing levels are above the industry bench mark. They stated issues on staffing sufficiency identified through staff, consumer and representative interviews were not consistent with their own auditing and review processes and it committed to take action to review staffing and consumer and representative satisfaction with staff sufficiency.

However, I have given weight to the feedback provided by consumers, representatives and staff during this site audit regarding sufficiency of staff, and I consider this indicates improvements are required in relation to the service’s workforce governance systems.

I find this requirement is non-compliant.

### 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 the organisation has an effective system and processes to identify and manage the service’s response to abuse and neglect of consumers. The organisation also demonstrated it has a risk management framework and systems to manage organisational risk which are reflected in the organisation’s various policies and procedures. The service provides regular clinical governance reports on clinical risks, and the organisation’s electronic risk management system assists in identifying, assessing, managing and reviewing some risks. The organisation could demonstrate overall, it supports its consumers to live the best life they can.

However, the Assessment Team identified gaps in the organisation’s system for care planning and capturing personal preferences, and in managing some risks. This information is considered in Standard 2 Requirement (3)(a) and Standard 3 Requirement (3)(b).

In their response the approved provider did not agree with the Assessment Team’s findings regarding supporting consumers to manage risk, the documentation and management of high impact or high-prevalence risk. They provided a matrix showing consumers with identified risk and the review process applied. They provided documentation to show overall, the delivery of care and services manages consumer high impact or high-prevalence risk.

I acknowledge the risk report outlining this in the approved provider’s submission. Likewise, the service’s care planning matrix and review process. This demonstrates the organisation has processes in place to manage this. However, the service was not able to demonstrate consistent care planning to inform risk or sufficient management of risk. It is my view that the organisation requires further time to show its risk management systems and practices are effective.

I find this requirement is non-compliant.

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

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

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

The Assessment Team found the clinical governance framework provided by the service was not comprehensive. Documentation reviewed indicated that a clinical governance framework was in draft format. Staff were asked whether these policies under this requirement had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide some examples of their relevance to their work. Management were able to provide examples of what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies.

Although the Assessment Team found some staff did not demonstrate a consistent knowledge of or understanding of open disclosure, staff were able to describe how they support consumers to raise concerns and complaints and management showed how these are managed, including the process of using open disclosure.

In their response the approved provider submitted the organisation’s ratified clinical governance framework and submitted that that staff had demonstrated knowledge and practice in applying open disclosure.

Overall, I am satisfied the organisation has a governance framework and staff in the service have an understanding of how this applies in their practices. I also acknowledge the organisation provided sufficient information to show how clinical governance is monitored at the service.

I find this requirement is compliant.

# 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 planning and consultation is undertaken in a timely and effective manner and captures and documents all information to support the safe and effective delivery of care.

### 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 each consumer gets safe and effective personal care that is best practice and optimises health and well-being, including but not limited to the management of wounds.

### Requirement 3(3)(b)

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

Ensure that each consumer has effective management of high-impact or high prevalence risk and that this is monitored to ensure it is effective and can be sustained, including but not limited to management of challenging behaviours.

### 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.*

That the service can demonstrate consumer needs and preferences are documented sufficiently to support care delivery and where there is shared responsibility of care.

### 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.*

Ensure that consumers are satisfied with the level and nature of activities and engagement available at the service.

### 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.*

That the service can demonstrate sufficiency of staff to meet consumer preferences and manage the safe delivery of care.

### 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.*

That the organisation and service can demonstrate effective governance systems in the management of the service’s workforce.

### 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.*

That the organisation and service can demonstrate effective systems and practices are in place and being applied in managing high prevalence risks associated with the care of consumers.