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Performance Report

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**Provider name:** Anglican Community Services

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

# Detailed assessment

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

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

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

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

# 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, can maintain their identity, make informed choices about their care and services and live the life they choose. They said staff encourage them to maintain their mobility and independence and that staff know what is important to them and the people that are important to them. They confirmed that their personal privacy is respected.

The service has a culture of inclusion for all consumers including those with special needs. There are specific policies and procedures to guide staff best practice in relation to consumer diversity, cultural safety, privacy and confidentiality. Consumers are supported to exercise choice and take risks to enable them to live the best life they can.

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.*

The Assessment Team interviewed a sample of consumers who stated they felt supported and respected as an individual. They talked about having lengthy discussions with lifestyle staff, pastoral carers, care staff, and management regarding information that is important to them; they state this information is recorded to support them in documents such as an ‘About me’ poster.

Staff interviewed by the Assessment Team consistently spoke about consumers in a way that indicated respect and understanding of their personal circumstances and life journey. They are supported to deliver respectful care by a range of care planning documents that reflect the diversity of consumers including ‘key to me’ forms, ‘about me’ forms, life stories, photo folders, lifestyle assessments and more.

The Assessment Team observed the service has delivered diversity and cultural safety training to ensure staff can accommodate all diverse groups. The privacy of all consumers were also observed to be respected during the assessment.

I find this requirement is Compliant.

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

*Care and services are culturally safe.*

The Assessment Team identified that care and services are culturally safe. This was evident from the consumers and representatives interviewed, where consumers could describe how their culture is recognised and accommodated by staff. The staff interviewed were also able to describe how a consumer’s culture influenced how they deliver care and services, including adjusting meals and foods, using bilingual staff for interpreting, and organising multicultural activities.

I find this requirement is Compliant.

### 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.*

### The Assessment Team interviewed a sample of consumers who stated they felt supported to exercise choice, maintain their independence and relationships of choice. For example, one consumer stated his relationship with his wife is supported and they enjoyed sharing a room together and make their own decisions and choices. A review of the sampled consumers care planning records also document they were consulted in their care planning as independent decision makers or consulted together with their appointed substitute decision makers.

The Assessment Team interviewed a sample of staff who could describe how they support consumers to make choices about their care and services and provide relevant examples. Management staff were also able to demonstrate that they understand consumer decision making arrangements.

### I find this requirement is Compliant.

### 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 identified that each consumer is supported to take risks to enable them to live the best life they can. This is evident by the consumers interviewed who were able to provide examples of them having the opportunity to take risk (if they choose). The staff interviewed also demonstrated their knowledge of consumers currently being supported to take risks. The Assessment Team sighted a support decision making and dignity of risk procedure to guide staff.

### 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.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the 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.

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

For example:

* Review of consumer care planning documentation provided evidence that comprehensive assessment and planning in relation to clinical matters occurs for sampled consumers.
* Most representatives interviewed confirmed that they are actively involved in care planning. The care plan incorporates what is important to the consumer and their representative. Representatives are involved with the agreement of the consumer.

Review of documents, consumer and staff feedback confirms that the outcomes of assessment and planning are readily available and shared with the consumer and/or representatives.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team reviewed assessments and care plans of sampled consumers and identified consumers have assessments for their health and wellbeing which informs the care plans. Consumer’s goals, needs and preferences are identified across all areas of the care plan. Each consumer’s care plan identifies individualised risk to their health and well-being.

The Assessment Team interviewed staff who could describe how they use assessment and planning documents to inform the delivery of safe and effective care.

I find this requirement 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.*

The Assessment team reviewed care documents that demonstrated the service undertakes assessment and planning and records the consumer’s current needs, goals and preferences. The service was able to demonstrate that advance care planning and end of life planning is completed for consumers who wished to have the discussion and provided an example of an end-of-life pathway being activated for a consumer when his conditions continued to deteriorate.   
  
The Assessment Team also observed guidance on advance care and end-of-life planning to support staff and consumers in having discussion and completing these plans.

I find this requirement Compliant.

### 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 identified that the service demonstrates assessment and planning is based on an ongoing partnership with the consumer and other individuals/providers that the consumers wishes to involve. This is evident from consumers interviewed that described how they were involved with assessment and planning on an ongoing basis. A review of their consumer care planning documentation confirms the partnership between the service and the consumers, and evidences case conferences being held.

I find this requirement Compliant.

### 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 identified that outcomes of assessments and planning are effectively communicated and documented. This is evident from consumers interviewed whom confirmed they are regularly kept informed of the care and services provided by staff and are offered copies of their care plan. A review of the care plans indicate information is recorded that is individualised to a consumer’s care needs, goals, and preferences. Staff interviewed could explain the process of discussing care preferences and care needs with consumers, and that they were able to easily this information on the care plans electronically.

I find this requirement Compliant.

### 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.*

The Assessment team identified that care and services are reviewed regularly for effectiveness and when circumstances change. For the consumers sampled, a review of their care plans show evidence of review when circumstances change for example, following falls and specialist needs. The care plans also indicate a regular review every six months. The Care Manager interviewed confirmed the six monthly schedule for care plan reviews, and that they have all been completed on schedule.

The Assessment Team observed incident data collated on a monthly basis and discussed at the multi-disciplinary team meetings, and the organisation has written procedures review of consumer care plans.

I find this requirement Compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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 Assessment Team also examined relevant documents.

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

For example:

* Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.
* Overall consumers and their representatives said consumers get the care they need, and this care is in line with their preferences.
* Representatives interviewed said they were advised of any referrals made and discussions were had if consumers were to be transferred to hospital.

Care provided is tailored to the consumers preferences. Clinical deterioration is usually recognised early and interventions are put in place in a timely manner. Appropriate referrals occur in a timely manner.

Staff were able to demonstrate understanding of the importance of infection control and could describe infection control processes in their work.

Overall consumer care documentation shows evidence of updates about consumer’s condition and staff could describe how information is shared with relevant parties.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team identified that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimised to their health and wellbeing. This is evident in the progress notes and other documents that reflect individualised care that is safe, effective, timely and tailored; inclusive of care in delivered in relation to pain, skin integrity and behaviour management. The effective care is supported by consumers interviewed whom I stated that they get the care they need in line with their preferences. Staff were also able to describe how they follow the care plan and directions from the registered nurse to deliver care, and how they are supported by mandatory training and internal guidelines.

I find this requirement Compliant.

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

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

The Assessment Team identified that high impact or high prevalence risks associated with each consumer is effectively managed. For the consumers sampled, a review of their care planning documentation indicated that their high impact or high prevalence risk were identified. The team identified two examples of interventions being implemented to minimise these risks, including the successful management of weight loss for a consumer, and falls for another consumer. Staff interviewed were able to identify the three main high impact high prevalence risks in the organisation as being falls, polypharmacy and weight loss; they could also adequately describe the methods they use to effectively manage these risks, such as the use of a clinical risk register, and routine checks from a registered nurse to prevent medication incidents.

I find this requirement 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 identified that care planning documents and observations confirmed that the service recognised deterioration or change in consumers’ condition and responded in a timely manner. This team described one example where the service successfully made a timely and rapid response to a consumer that deteriorated with suspected delirium or possible cerebral bleed. The staff interviewed were able to explain how the service’s written procedures supports them in recognising and responding to deteriorating or change of a consumer’s mental health, cognitive or physical capacity or condition and responded to in a timely manner.

I find this requirement Compliant.

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

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

The Assessment Team identified that consumer care documentation shows evidence of updates about consumer’s condition and staff interviewed could describe how this information is shared. Staff interviewed were also able to demonstrate knowledge about specific care needs and preferences for consumers which are documented and communicated within the organisation.

I find this requirement 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 sighted the service’s comprehensive policies and procedures for infection control related issues. The team were able to see these policies and procedures implemented in practice through a review of consumer documents and staff observations. For example, one consumer developed fever in September 2020, and her documents indicate that staff took the appropriate precautions to manage her and monitor her symptoms for signs of COVID-19. The team also observed staff to be regularly washing their hands and using hand sanitising gels after attending to consumers’ needs. Staff were also able to demonstrate understanding of the importance of infection control and could describe infection control processes in their work.

I find this requirement Compliant.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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 receive 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.

Consumers and representatives sampled confirmed they are supported by the service to do the things they like to do, to keep in touch with people who are important to them and are provided with a variety of good quality food. They can participate in planning for scheduled activities and the seasonal meal menus which are displayed at the service.

The service has an experienced lifestyle team with high level skills in assessing and recording care planning documentation to enable consumers to meet their lifestyle goals, needs and preferences. To assist them to provide quality lifestyle services, staff can access individual and group activity evaluations for consumers, key to me forms, about me forms, life stories, photo folders, lifestyle assessments and consumers’ social, cultural and spiritual care plans.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

The Assessment Team identified that each consumer gets safe and effective services and supports for daily living. This is evident from consumers interviewed, who generally expressed high level satisfaction with services and supports including laundry services which enable consumers to live the best life they can. Staff interviewed were able to say what was important to consumers, the activities they prefer to do and the assistance, support and encouragement they needed to provide consumers to enable them to participate in these activities. A review of care planning and other documents for consumers sampled contained comprehensive information about activities of interest to them and how staff are to support or encourage them to participate in individual or group activities. Documents include key to me forms, about me forms, life stories, photo folders, life style assessments and the social, cultural and spiritual domain in the care plan.

With reference to the service’s previous audit, issues raised in this requirement have been resolved or addressed. The Assessment Team particularly notes that consumer had positive feedback about laundry at the service, and their observations of the laundry on each day of this performance assessment evidenced there was no backlog of laundry.

I find this requirement Compliant.

### 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.*

The Assessment Team identified that where meals are provided, they are varied and of suitable quality and quantity. This is evident from consumers interviewed who expressed a general high level of satisfaction with meals provided. They confirmed they have input into menu either directly to the catering staff, management or by attending the consumer and representative meetings. There were no complaints about food and many positive comments about meals and food provided. Staff interviewed were also able to articulate several improvements that have occurred to improve the food at the service.

The Assessment Team observed the kitchen areas and equipment were clean and tidy, staff were wearing appropriate personal protective equipment including hair nets and that the food authority licence on display was current. The snack buffet was observed to be well stocked with fresh fruit, fruit juice, snacks, yoghurts and puddings throughout this performance assessment. Informal short-term observations during meals demonstrated all staff interactions with consumers were positive, kind and caring.

With reference to the service’s previous audit, the issues raised have since been resolved or addressed. The recent consumer meeting minutes that consumers have had input into the food in the service. Cleaning schedules for the kitchen were reviewed by the Assessment Team and were appropriately completed. The hospitality manager confirmed all consumers’ nutrition and hydrations needs are assessed on the first day when they enter the service. The hospitality manager receives the consumers’ assessments and records all special requirements, preferences and allergies. The hospitality manager informs staff of new consumers dietary requirements or changes to existing consumers requirements. There are processes in place to remind staff of special dietary requirements and allergies such as laminated signs with relevant information displayed on consumers trays. Staff may also refer to individual consumer assessments and plans if required. The Assessment Team observed meals for people on pureed diets with servings in food shapes displayed on the plate to improve their dining experience.

I find this requirement Compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel safe, comfortable and at home in the service environment.

Consumers and representatives interviewed confirmed consumers feel safe at the service, they feel at home and their visitors are welcomed by staff. They confirmed that the service is clean and well maintained and expressed high level satisfaction with the new internal and external refurbishments, new equipment and new lifestyle resources.

The service environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. There are several internal lounge/dining areas and more external settings providing multiple options for consumers, families and other visitors to commune, participate in activities, meet privately or feel at home in. The outdoor areas are expansive for consumers to exercise or take a leisurely walk and have landscaped gardens and established large trees for consumer enjoyment.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

The Assessment Team’s observations of the environment confirmed it is it safe, clean and well-maintained. Cleaning staff were also observed frequently cleaning areas, including high touch areas in accordance with current best practice COVID-19 infection control requirements.

Consumers and representatives sampled confirmed high satisfaction with the environment, that it is clean and well maintained. If they identify any maintenance work to be carried out they let any staff member know who will complete a maintenance request for them.

With reference to the service’s previous audit, issues raised in this requirement have been resolved or addressed. Most have been addressed or better outcomes achieved because of the significant refurbishment activities, new fixtures, fittings and new equipment undertaken by the service. Other issues have been addressed through effective maintenance and cleaning systems implemented by competent staff.

* Ebenezer community: loose rocks, a park bench and other hazards have been removed from the garden area. Thick yellow lines have been painted on pathway edges for consumers with cognitive decline to easily distinguish pathways versus garden or lawn areas. New safe outdoor furniture has been placed in different settings to allow consumers to be seen but also to be separate from others allowing privacy. The fencing has not been changed and the large area for consumers to use and walk around has been retained. A CCTV has been installed for staff to monitor consumers when they are outside.
* All emergency exits throughout the service were observed to be clear and free from obstruction
* The utility rooms and cleaning storage rooms were observed to be clean and locked.
* There were no sharps or other hazardous articles stores in cupboards that were not locked.
* All rubbish bins have been replaced with new bins which can be opened using a foot peddle.
* Wall heaters in bathrooms have been assessed as being safe. The Assessment Team sighted relevant documentation.
* All handrails have been sanded and varnished.
* A six-month work health and safety inspection was completed in November 2020 with no hazards or other issues identified.
* The last deep clean at the service occurred a week before the performance assessment, is included in the cleaning schedule and is monitored by the maintenance officer and management.
* The storage rooms for lifters, wheelchairs have been extended and refurbished and were observed to be clean. All lifters and wheelchairs stored in the rooms were observed to be clean.

I find this requirement Compliant.

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

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

The Assessment Team’s observations of the furniture, fittings and equipment confirmed they safe, clean and well-maintained. Consumers and representatives sampled confirmed furniture, fittings and equipment are safe, clean, well maintained and suitable for them. Staff interviewed described how they know the equipment used for moving and handling consumers is safe and shared equipment such as lifters are to be cleaned after each use. Each consumer has their own sling which is stored in their cupboards in their rooms. Staff said there are signs in each storage room reminding staff about cleaning procedures and accessible cleaning equipment such as cleaning wipes throughout the service.

The Assessment Team also note that there have been significant refurbishment activities, new fixtures, fittings and new equipment. Other issues have been addressed through effective maintenance and cleaning systems implemented by competent staff.

I find this requirement Compliant.

# 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:

* All consumers interviewed reported they know how to provide feedback or make a complaint and felt comfortable in doing so saying they are not fearful of being treated in a negative way.
* Consumers interviewed felt that changes have been made at the service in response to complaints and feedback.

Management and staff were able to describe how they respond to any complaints, which are maintained in a register, and how these were used to improve the quality of care and services for individuals across the service. It was demonstrated that complaints are actioned appropriately and any significant issues escalated as needed and reports passed on to the board.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

The Assessment Team identified that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. This is evident in the consumers interviewed who did not have any significant complaints and were happy with actions taken for the issues they had raised. Staff were able to describe the complaint handling system in place including the concept of open disclosure and provide examples of when this process has been used. The Assessment Team also reviewed the complaints register and note that all complaints had been resolved in an appropriate timeframe and evaluated.

I find this requirement compliant.

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

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

The Assessment Team identified that feedback and complaints are reviewed and used to improve the quality of care and services. This is evident in the consumers interviewed who did not have any significant complaints and described that a few issues they had raised to the facility manager were dealt with quickly and easily. The complaints register also indicate that feedback has been appropriately actioned and followed up with the complainant, and major complaints are escalated to leadership/executive team and the Board for review.

I find this requirement Compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

For example:

* Consumers and representatives confirmed that staff are kind and caring and respect their privacy and dignity.
* Consumers and representatives are confident that staff know what they are doing and were very positive about the care and support given to consumers including in rational to providing a culturally safe environment.
* Consumers and representatives said that there are enough staff to meet the care and support needs of consumers. They said that staff know the consumers’ routines and are quick to respond to consumers’ needs. There were no complaints concerning the length taken for a response to a call bell nor any complaints about staff attitude or knowledge.
* Consumers spoke highly about the standard of care and support provided to them by staff. They said there are enough staff and their routine care needs are reliably supported. A review of documents showed that staff are replaced as needed so that shifts are not worked short-staffed.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team identified the workforce is planned to enable the delivery and management of safe and quality care and services. Consumers and representatives interviewed provided positive feedback about the sufficiency of staff. Since the service’s previous audit, the service has also increased their levels of staffing, and staff interviewed stated they have time to attend to consumers needs and preferences. The service has also updated their rosters to reduce the use of agency staff, and a review of their rosters over the past fortnight indicated all shifts were filled by appropriately qualified staff.

I find this requirement Compliant.

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

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

The Assessment Team identified that workforce interactions with consumers are kind, caring and respectful of each consumer. This is evident in consumers interviewed who have complimented their interactions with staff. The Assessment Team have also observed the staffs’ respectful interactions with consumers, and their acknowledgement of the consumer’s background and cultural needs.

I find this requirement Compliant.

### 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.*

The Assessment Team identified that the workforce is competent and have qualifications and knowledge to effectively perform their roles. This is evident from consumers interviewed who feel confident that staff are skilled to meet their needs. Staff interviewed were also confident in their ability and could evidence a wide range of training undertaken since the service’s last assessment, including for competencies that staff were found to previously lack competency. The service also notes practices to ensure that the staff remains competent, such as identifying needs for staff training from audit results, incidents, staff meetings, and new needs of consumers.

### Requirement 7(3)(d) Compliant

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

### The Assessment Team identified that the workforce is competent and is recruited, trained, equipped and supported to deliver outcomes required by these standards. This is evident from consumers interviewed who feel confident that staff are skilled to meet their needs. Staff interviewed said they have training in relation to the new Quality Standards, and this is reflected in their training records. The service has also demonstrated the prompt delivery of training when required to meet the standards, for example, staff training to manage the COVID 19 pandemic.

I find this requirement Compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment team identified that management monitor and review staff performance regularly at performance appraisals, and on an ongoing basis by observation and any consumer feedback received. The service also stated that supervision and monitoring of staff has been ongoing from Registered Nurses and workplace trainers to ensure infection control procedures and use of PPE is followed during the COVID pandemic.

I find this requirement Compliant.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

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

For example:

* Consumers and representatives were complimentary of the facility manager, RNs and all the staff. They confirmed the service has improved significantly over recent months and now is always well run. One representative said the service operates much better now and she has much more confidence in current staff at all levels.
* Consumers provided examples of how they are involved in the development of delivery and evaluation of care and services such as attending resident meetings, being on the food and activities resident committee, being involved in changes in the menu and activities offered and choices in personal and clinical care.

The organisation demonstrated there has been a significant development of governance systems and processes, which is continuing, particularly in relation to risk over the second half of 2020. There is ongoing review and updates and these are aligned to the present Quality Standards. The organisation has effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and compliance. Effective risk management processes are in place and there is a clinical governance framework in operation.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

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

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team identified the service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. I have outlined findings in each section below.

**Information Management**

* Staff stated they can readily access the information they need and have on-going education in relation to changes and updates. They said communication with management and other staff was open and they are supported in their work. They said they attend meetings regularly and the Assessment Team observed interactive and informative handovers and reviewed a range of meeting minutes.
* The new and updated policy and procedure roll out is continuing with high risk areas for example diabetes management, warfarin management, bed devices, choking and the deteriorating resident completed and introduced first. An essential part of the roll out is ensuring staff are notified of changes including via a new introduced RAC Compliance/Policy and procedure bulletin and ongoing education and discussion of the policies and procedures. One hard copy of the policy and procedure manual is held at the service so anyone, such as agency staff, who may not have easy access to the online version can read them. This hard copy is updated as changes occur.
* The Assessment Team observed staff using the electronic care management program. Staff have position descriptions and the facility manger has recently completed writing duty statements for clinical staff as these were not previously available. All care plans reviewed have recently been updated with input from consumers and/or representatives.
* To improve and better integrate information management and communication a new residential meeting structure is being rolled out across the organisation from the start of next year. It will include a care and clinical governance committee, a policy and procedure review committee, an infection control and prevention committee, a RAC compliance committee, a Service Development and Practice Governance (SDPG) RAC review committee, a clinical and services development meeting, a Rhythm of Life and Presidents meeting, a Rhythm of Life enrichment and advocacy meeting, a leadership committee, clinical care review, residents family and friends forum, MAC, RN, and general staff meetings.

**Continuous improvement**

* There is an overarching organisational continuous plan. The service has its own plan for continuous improvement that includes improvements completed to address the issues raised in their previous audit.
* Opportunities for continuous improvement include meetings, verbal feedback, external and internal audits, surveys, feedback forms, incidents email correspondence and observations.
* The Board satisfies itself that the Quality Standards are being met from a variety of reports presented to them at regular Board meetings. Additionally, there are audit results from external organisations, for example, Food Safety Authority audits, fire systems audits, external maintenance audits and Aged Care Quality and Safety Commission audits.
* There are specific examples of continuous improvement across the Standards implemented since the service’s previous audit on the organisational level and service level.

**Financial governance**

* The service demonstrates financial governance. On an annual basis the facility manager puts in a base roster and budget for minor capital and larger items. If they need anything outside the budget it is requested.
* Since the service’s previous audit, the facility manager requested the following items which are now at the service: new lifters, 32 new beds, new shower chairs, new flooring, new painting, internal and external furniture, curtains, protective skirting boards, new pergolas, new crockery and cutlery, “down memory lane stationary pedal bike and DVD, new puzzles and games.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

* The Assessment Team identified the workforce is planned to enable the delivery and management of safe and quality care and services. There is a system in place to train staff and monitor their performance to ensure they remain well equipped to deliver their duties and care to consumers.

**Regulatory compliance**

* The organisation is a member of an industry peak body and receives regulatory updates from the industry body and the government. Weekly COVID-19 meetings are held with the facility managers and emergency response manager. Weekly regional managers’ meetings and monthly residential managers’ meeting are held which discuss updates and the facility manager then passes on alerts to staff via messages, toolbox talks and handovers.
* When the new restraint requirements took effect in July 2019 these were discussed at meetings at the executive and service level and the use of restraints was reviewed at each service. Staff have been provided with education on minimisation of restraint use. The restraint procedure has been revised and restraint use reduced. Documentation relating to physical, environmental and chemical restraint was reviewed by the Assessment Team. Please see Standard 3(3)(a).
* All reportable assaults are passed onto the SPDG as they are classified as Severity Assessment Code1 (SAC1). The SDPG maintains a register of serious complaints, reportable assaults missing residents, coroner with actions and outcomes reported. These are reported on monthly and passed onto the care quality and compliance committee who discuss the results, analyse any trends and escalate information to the Board clinical committee.

**Feedback and Complaints**

* The Assessment Team identified that the service has systems for feedback and complaints to be recorded, actioned and used to improve the quality of care and services.

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### The Assessment team identified the service has a documented risk management framework, including suite of policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed
* the abuse and neglect of consumers is identified and responded to
* consumers are supported to live the best life they can.

### Staff interviewed had been educated about the policies and were able to provide examples of their relevance to their work.

A new Identification and Management of Abuse of an Older Person policy and procedure has been introduced which includes compliance elements and also identification and management of abuse. The service maintains a register of compulsory reporting. Staff have mandatory education on elder abuse and mandatory reporting and could describe what they would do in the case of suspected elder abuse. The Assessment Team reviewed a number of examples of compulsory reporting since the service’s previous audit and found they had been dealt with appropriately.

I find this requirement 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 sighted a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy.

Staff interviewed stated they have been educated about the policies and were able to provide examples of their relevance to their work.

Management were asked 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. Management were able to provide examples such as reducing physical and chemical restraint and the use of open disclosure which is included on incident forms. Open disclosure is also part of the organisation’s response to external complaints to the Commission and management described how they apologise to consumers when complaints arise and explained what is being done to try to prevent a reoccurrence of the event.

A clinical governance systems procedure has been developed utilising data from external benchmarking data, facility audits, the clinical risk monitoring tool and psychotropic monitoring tool, complaints and feedback register, regulatory updates and research. Information collated on consumers from these tools is used to identify high risk areas for individual consumers that is then used in ensuring their care needs are meet. These high impact, high prevalence risks are monitored at the weekly clinical care meetings at each service.

I find this requirement Compliant.

# Areas for improvement

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