Catholic Healthcare St James Villa

Performance Report

60 Lawson Street
MATRAVILLE NSW 2036
Phone number: 02 9694 9700

**Commission ID:** 0111

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 27 January 2021 to 29 January 2021

**Date of Performance Report:** 10 March 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** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-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** | **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 and others
* The Assessment Team’s infection control monitoring checklist completed during the site audit on 27 January 2021
* The provider’s response to the Site Audit report received 25 February 2021 which consists of a letter of response, a plan for continuous improvement, a register of attachments and supporting documentation.

# 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 most sampled consumers considered that they are treated with dignity and respect, with their identity, culture and diversity valued and privacy maintained. All consumers confirmed that they are encouraged to make decisions about their own care and the way care and services are delivered, they are provided with choice and staff know them well and what is important to them.

Staff interviewed spoke about culturally safe care and were able to describe each consumer’s individual preferences and how consumers are supported to take risks to enable them to live the best life they can.

The Assessment Team observed that confidential information is stored in secure areas with consumers interviewed describing how their privacy is respected by the staff.

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’s report provided information that while some consumers considered staff treat the consumer with respect, some provided information considered the consumer’s dignity is not being upheld or the consumer is not being treated with respect.

At the time of the performance assessment some consumers sampled considered they were not always treated with dignity and respect, for example:

* One consumer gave an example of a time when a staff member spoke to them in an unfriendly manner when they were enquiring about a cancelled service.
* One consumer stated he sometimes could not understand what staff were saying.

The Assessment Team report included noting a progress note entry for a sampled consumer which did not demonstrate respectful or inclusive language in an entry documented.

The staff interviewed were respectful when discussing consumers and gave examples of how they spend time with consumers and engage them in activities of their choice. Staff were able to outline the various preferences some consumers have and how they accommodate those consumers’ needs. Review of education records showed that most staff attended an education session on consumer dignity and choice in 2020.

The approved provider in providing a response to the Assessment Team’s findings considers the service treats each consumer with dignity and respect, with consumers identity, culture and diversity valued. The approved provider’s written response includes they refute the team’s findings.

The approved provider provided further clarifying information for the named consumer who raised a concern on a staff’s demeanour when an activity was cancelled. Documentation provided outlined the complaint was addressed through the services feedback system. The approved providers response includes evidence of the consumer being satisfied with the management of the complaint.

The letter of response also included further clarifying information for the named consumer who has difficulty understanding staff. The named consumer plan of care documents strategies to support the consumers communication needs.

I note the approved provider response considers the progress note entry for the named consumer on an occasion does not demonstrate lack of respectful or inclusive language and in reading the progress note in its entirety I note the entry is grammatically poor and not intentionally disrespectful.

I have considered the Assessment Teams report and the approved provider response and I find on balance of the information provided by the approved provider consumers are generally treated with dignity and respect, with their identity, culture and diversity valued.

Based on the information provided I find this requirement met.

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 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.

Overall sampled consumers considered they feel like partners in the ongoing assessment and planning of their care and services. Consumers interviewed confirmed they are involved in assessment and care planning at the service. Consumers advised they are regularly informed regarding the outcomes of assessment and planning.

Consumers interviewed confirmed they have a choice regarding the completion of advance care directives and advance care plans.

On review of care planning documentation, the Assessment Team found registered nurses review care planning documentation routinely and as needed in accordance to the service’s protocol. Sampled plans of care identify and addresses the consumer’s current needs, goals and preferences and are reviewed and updated regularly or when a change occurs. The service provides assessment templates and checklists to staff to ensure relevant information is collected and recorded in the plan of care on admission and ongoing.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers and examined relevant documents – 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.

Overall sampled consumers considered they receive personal care and clinical care that is safe and right for them. The consumers interviewed considered they have access to doctors, specialists and other health professionals when needed however sampled files did not always reflect timely referrals occur for some consumers.

Potential risks associated with the care of consumers in relation to high impact or high prevalence risks are considered and managed. The service recognises the needs, goals and preferences of consumers who are nearing the end of their life with a focus to maximise the consumer’s comfort and maintain their dignity in line with their end of life guidelines.

The service has policies and procedures to provide guidance to staff for the provision of safe and effective personal and clinical care which is evidence based. However, gaps were identified in following best practice guidelines, for example sampled consumer were not always provided pain management that follows guidelines or that is effectively tailored to enable optimal health and well-being.

Deterioration or change of consumer’s health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner in line with the services policy.

The service has implemented precautions to manage an outbreak and minimise infection related risks. Practices promote appropriate prescribing and usage of antibiotics. The Assessment Team did observe a lack of accessible handwashing basins in corridors. The service has acknowledged the issue raised and plans are underway to increase the provision of hand hygiene.

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

### Assessment of Standard 3 Requirements*.*

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

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

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

The Assessment Team provided information that personal and clinical care delivered at the service is safe, effective and tailored for some of the consumers sampled. However, gaps were identified in best practice guidelines, for example consumers receiving pain management were not always provided clinical care effectively tailored to enable optimal health and well-being.

Review of personal and clinical care progress notes (and other documents) for the consumers sampled reflected most care plans sighted by the Assessment Team were reviewed and updated in the electronic care systems to reflect the changing care needs and preference for consumers.

Consumers sampled said they receive good personal and clinical care and are happy with the care service provided. The staff were observed to be respectful and engaged when speaking to and caring for consumers ensuring consumers their dignity.

The Assessment Team provided information that identified that staff use the abbey pain scale to assess and monitor levels of pain after administration of pain-relieving medications, however sampled consumers’ pain management is not always best practice or optimal in the consumers sampled. For example:

* Whilst the nursing staff are supporting one consumer with prescribed analgesia, the consumer’s pain is not well controlled with limited documentation in the progress notes to indicate that the consumer has been referred to a medical officer for timely assessment or review.
* A second consumer described how they self-medicate their medication including analgesia with gaps identified in staff’s awareness of the timing of medications self-administered.
* For another consumer the administration time of the prescribed analgesia is not always consistent with the scheduled time.

The approved provider in providing a response to the Assessment Team’s findings considers each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. The approved provider’s written response includes they refute the team’s findings at the time of the performance contact.

In relation to one consumer with prescribed analgesia for pain control the approved provider acknowledges the consumer has pain and continues to be managed with analgesia and massage, however the documentation provided shows the consumer experienced moderate to severe pain for several days without timely referral to a medical officer.

In relation to one consumer with analgesia administered later than the prescribing time the approved provider acknowledged that the consumer is managed through regular pain assessment however a review of the ward register notes there were occasions where analgesia was administered later than the prescribed time.

For another consumer who self-medicates the consumer is exercising their choice in relation to the wish to administer their own medicines as part of maintaining their independence with self-medication assessments completed and medications stored securely.

The approved provider provided a copy of the services plan for continuous improvement (PCI) updated 9 February 2021. The plan includes a focus on pain management and the service plans to complete pain assessment for all residents to ensure that pain is identified with appropriate and timely management. Pain management education sessions are scheduled for registered nurses and a focus pain audit is planned for February 20201.

I have considered the Assessment Teams report and the approved provider response and I find at the time of the performance assessment the consumers sampled were not always receiving safe and effective clinical care.

I find this requirement non-compliant.

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

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

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

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

The Assessment Team provided information that whilst the service was able to demonstrate how they would provide care and service at the end of life at the service for one consumer end of life has not been appropriately identified and addressed as required.

The Assessment Team identified the service has a palliative care procedure that includes a focus on maximising the comfort and dignity of consumers and an advance care directive form. The team observed the service has a palliative care box containing all the equipment necessary for the consumer’s needs such as mouth care and pressure area care.

The approved provider in providing a response to the Assessment Team’s findings considers the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

The approved provider’s written response includes they refute the team’s findings at the time of the performance assessment and provided clarifying information for the identified consumer including routine palliative care is provided to meet the needs, goals and preferences of the consumer including ongoing services provided by the geriatrician, pastoral care and dietician.

I have considered the Assessment Teams report and the approved provider response and I find that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved.

I find this requirement compliant.

### 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 provided information that deterioration or change of consumer’s health, cognitive or physical function, capacity or condition is not always recognised and responded to in a timely manner. Care planning documents and progress notes for the consumers sampled do not always reflect the identification and response to deterioration or changes in consumers condition.

For some consumers care planning documents and progress notes did not always reflect identification of, and response to, deterioration or change in function, capacity or condition. For example:

* There was no observed follow up for one consumer with a diagnosis including depression who had documented death ideation.
* A review of another consumer’s care and service plan showed actions taken in response to documented behaviours did not align with the plan of care prior to an incident occurring.

The Assessment Team observed the service has procedures for supporting staff to recognise and respond to deterioration or changes in a consumer’s condition. These include recognising a deteriorating resident, resident adverse events procedures and incident response management.

The approved provider in providing a response to the Assessment Team’s findings considers 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 approved provider’s written response includes they refute the team’s findings at the time of the performance assessment.

For one consumer with a diagnosis including depression who had documented death ideation the approved provider provided clarifying information that the service recognised the change of the consumer’s mental health and responded in a timely manner including referrals the Older Persons Mental Health Team and supportive pastoral care.

In relation to the consumer with increasing behaviours the documentation provided included a geriatrician report used to inform care planning and staff were following some strategies from the geriatrician report.

I have considered the Assessment Teams report and the approved provider response and I find 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.

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.*

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

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

The Assessment Team provided information that care, and service records of some consumers sampled showed referrals had not been made where a need was indicated or recommended. This related to pain management and palliative care services.

The Assessment Team’s report documents for one consumer referral to the medical officer for pain management did not occur in a timely manner.

For another consumer the Assessment Team stated the service was unable to demonstrate that staff had identified a mental health concern and shared and acted upon it with referral to the appropriate professionals.

Consumers sampled stated they have access to doctors and other health professionals when needed, including pastoral care. Registered nurses said they have access to general practitioners on a frequent basis regarding consumers’ care and services.

The approved provider in providing a response to the Assessment Team’s findings considers timely and appropriate referrals to individuals, other organisations and providers of other care and services routinely occurs. The approved provider’s written response includes they refute the team’s findings at the time of the performance assessment.

The approved provider’s letter of response includes the recommendations of external allied health specialists are always undertaken. The approved provider gave clarifying information in relation to one consumer with a diagnosis of depression, however for the other consumer experiencing pain the approved provider response does not demonstrate there was timely and appropriate referral to the medical officer or other providers of care and services for a period where the consumers pain was documented in the consumers file as moderate to severe.

I have considered the Assessment Teams report and the approved provider response and I find that at the time of the performance assessment timely and appropriate referrals to individuals, other organisations and providers of other care and services had not been made for the sampled consumers.

I find this requirement non-compliant.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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 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 approved provider, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

While the service has a lifestyle program that provides consumers with support for daily living that meet some consumer’s needs, goals and preference, it does not optimise independence, well-being and quality of life for some consumers sampled. Not all sampled consumers had their needs met or their goals supported by staff at the service with the options available through the lifestyle program diminished because of COVID-19 restrictions.

The sampled consumers’ care and services planning documentation contains individualised lifestyle care plans, including spiritual and emotional needs and supports. The service was able to demonstrate they have a good understanding of the services and support for daily living to assist consumer to participate in the community and outside the service environment.

The service has system in place ensure those with responsibility for care of consumers can access information that will assist them in providing effective care and services.

Most consumers said they enjoy the food at the service. Some consumers said they do not always like the food, however they do get enough to eat, and they described how they have access to snacks in their room or on request from the kitchen.

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

## Assessment of Standard 4 Requirements

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

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

The Assessment Team provided information that most consumers expressed the daily living services and supports provided were safe and effective, however for some consumers these did not meet the consumer needs, goals or preferences to optimise their independence, well-being and quality of life. There is limited evidence to show that lifestyle activities are evaluated to meet the consumer’s needs, goals and preferences.

Some consumers sampled said their quality of life was impacted by the limited range of lifestyle activities on offer, particularly following the onset of the COVID-19 pandemic and the lack of staff available at the service over the last 12 months. Consumers said that whilst they get safe and effective services and supports for daily living, these do not always meet their needs, goals and preferences. For example:

* One consumer said they enjoyed regularly going out for a walk however, during COVID-19 restriction these walks were ceased due to restrictions in place and she felt claustrophobic by this change in routine.
* One consumer stated they often feel bored and the activities scheduled are of no interest to them.

Staff interviewed were generally able to provide examples of how they support consumers, meet their needs of some consumers and optimise their independence, health, well-being and quality of life. However, for some consumers this was not demonstrated for example:

* Staff were not able to describe a range of strategies to assist a consumer with a cognitive impairment.
* Staff said a one consumer had an interest in building however, the service has not attempted to explore strategies to assist the consumer to develop the interest further through activities.

Lifestyle staff who were interviewed said they consult with consumers on activities through the resident meeting and evaluations of some of the activities. When asked how they know if activities meet the consumers varying level of functionality they said that activities are schedule based on popularity. The Assessment Team reviewed the activities schedule and noted that not all activities are evaluated.

The manager stated the service was reviewing their staff numbers to ensure that consumers are provided with the support they need which included the lifestyle program.

The approved provider’s written response to the Assessment Teams findings includes they refute the team’s findings and at the time of the performance contact. I note in the approved providers response for the consumer with cognitive impairment the service provides a plan of care that outlines things that are important to them.

The approved provider’s letter of response includes acknowledgement of changes to outdoor use during the COVID-19 pandemic as it was appropriate to change resident routines to ensure resident safety and to comply with the public health orders. The approved provided further information in their response for the named consumer who stated they no longer were supported with walking outside the home. The approved provider’s letter of response includes the minutes of the October 2020 resident and relative meeting which outlines consumers can go for their walks around the villa and driveway.

In relation to the consumer who described how they often felt bored and there were no activities of interest to them the approved provider in their response acknowledges that the interest was captured in the consumers life history and leisure care however at the time of performance contact these activities had not been implemented. Further information provided by the approved provider describes how since the performance assessment actions have been taken for the consumer to meet the consumer’s needs, goals and preferences and optimise their independence and quality of life.

I have considered the Assessment Teams report and the approved provider response and I find that while at the time of the performance assessment the consumers sampled were receiving safe and effective daily living services and supports these were not always evaluated and did not always meet the individual consumer’s needs, goals and preferences to optimise their independence, health, well-being and quality of life.

I find this requirement 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 identified the service was unable to demonstrate the services and supports for daily living promoted each consumer’s emotional, spiritual and psychological well-being.

The report includes some consumers who said the activities provided at the service were not suited to their cognitive levels and provided no psychological stimuli or meet their interest. For example:

* One consumer said the service did not provide any activities that were of interest and activities were “childish” and not cognitively stimulating.
* Another consumer said they leave the service every day and spent time with family and at the beach as the service does not provide any activities that are of interest to him or are not cognitively stimulating.

The Assessment Team reviewed sampled consumers’ care and services planning documentation and noted they all had individualised lifestyle care plans that included spiritual and emotional needs and supports. However, the care and service plans for some consumers did identify things of interest them which have not been considered when developing or review of activities for these consumers. This information has been considered under requirement 4(3)(a).

Progress notes reviewed by the Assessment Team showed that emotional support is provided to consumers when they are feeling unwell and when they have had an incident, spiritual preferences are documented as provided for consumers when they need them or request them. There are spiritual services provided for consumers weekly for the different denominations at the service.

Staff interviewed could describe how they provide emotional support for consumers when they are feeling unwell or have had an incident and could provide examples of this.

The approved provider in providing a response to the Assessment Team’s findings refute the team’s findings at the time of the performance assessment and provided further clarifying information on the consumers who were interviewed by the Assessment Team who described the service and supports for daily living as not cognitively stimulating.

The approved provider was able to provide further evidence for the consumers who felt the activities did not promote psychological well-being.

I have considered the Assessment Teams report and the approved provider response and I find the approved provider is providing services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being.

I find this requirement 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.

Most consumers interviewed considered the service to be home like, they belong in the service and feel safe and comfortable in the environment. Furniture, fittings and equipment were observed to be clean, well maintained and suitable for consumer needs.

The service was observed to be welcoming with individual rooms decorated with personal items including the consumers name, or other identifying features on the wall next to their room door to assist with way finding. The service’s environment demonstrates various dementia design principles.

Consumers were observed to move freely through the service, both indoors and outdoors with the doors to the central courtyard being unlocked to allow free access throughout the day.

The Assessment Team observed the building requires ongoing maintenance with management advising they are addressing some issues of peeling and chipped paintwork with the installation of corner protectors.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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 consumers sampled are aware of complaints and feedback opportunities and most indicated they are encouraged and supported to give feedback and make complaints. Consumers sampled were satisfied that appropriate action is taken, for example a consumer who raised a complaint regarding a staff member was satisfied with the management of the complaint including the follow up and outcome for the complaint raised.

The service demonstrated they encourage and support consumers and their family, friends, carers and others to provide feedback or complain about the care and services they receive. The service manager described an open-door policy and welcomed any feedback from anyone that lives in or frequents the service. There is an open disclosure process appropriately utilised when things go wrong.

Staff have sound understanding of the principles of open disclosure and complaints management. The management of the service are committed to ensuring feedback is the driver for continuous improvement and change.

The service has information available for consumers regarding aged care advocates, language services and other modes of complaints to external organisations. Overall consumers sampled know how to access advocates and are aware of how advocates can help them raise and resolve complaints.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-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 requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most consumers said they feel there is not enough staff to provide adequate care and services. Some consumers expressed concerns regarding the length of time they were waiting for staff for assistance. Staff interviewed said they did not have enough time to complete tasks assigned to them during their shift.

The service demonstrated the workforce completes education and competencies to ensure they have the knowledge and skills to perform their roles effectively. Review of the service education document demonstrated the service conducts orientation to the service, there is skill assessments, mandatory training and role specific competencies.

Overall the majority of consumers confirmed and observations by the Assessment Team demonstrated that most staff are kind and caring and respectful of each consumer’s identity, culture and diversity.

While the service has systems in place to ensure staff are recruited trained and performance is regularly reviewed, the service was not able to demonstrate it provides a workforce that is planned to enable appropriate care and services for consumers with staff mix and numbers not appropriate to meet the acuity of consumers.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team reported consumers interviewed provided feedback there was insufficient staff to meet the needs of consumers and the consumers’ needs were not being met. Consumers sampled said they experience long call bell responses times and there is not enough staff to provide care and activities of interest to them. Staff interviewed said they did not have enough time to complete tasks assigned to them during their shift.

Review of the staffing roster showed all shifts are filled prior to the shift starting and the service rarely used agency staff. However, the Assessment Team observed issues with the planned workforce enabling safe and quality care to meet the current care needs of consumers in the service.

The approved provider in providing a response to the Assessment Team’s findings considers 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 approved provider’s written response includes they refute the team’s findings including clarifying information on call bell response times. For a consumer who said they experienced long call bell wait times however the documentation provided showed some call bell response times were lengthy.

I have considered the Assessments Teams report and the approved provider response and I find the workforce is not consistently 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.

I find this requirement non-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’s report includes most consumers interviewed stated the staff were kind, caring and respectful towards them, with most staff able to describe their understanding of consumers’ identities, culture and diversity and how the respect of these is important to them. However, some staff lack understanding of the importance of respect regarding identity.

The Assessment Team report stated some sampled consumers described that staff did not use respectful language when speaking to them, refer to Standard 1 Requirement 1(3)(a) regarding consumer feedback on dignity and respect for consumers.

The Assessment Team stated most staff at the service were able to describe how they are proactive about cultural diversity. They were also able to describe how they respond to the diversity of consumer’s needs, background and identities.

The Assessment Team said most observations of staff interactions with consumers were caring and of a respectful approach in the delivery of services.

The approved provider in providing a response to the Assessment Team’s findings considers workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. The approved provider’s written response includes they refute the team’s findings. Refer to Standard 1 Requirement 1(3)(a) regarding the approved providers response to individual issues raised on dignity and respect for some consumers.

I have considered the Assessment Teams report and the approved provider response and I find on balance with the information the approved providers workforce interactions with consumers are generally kind, caring and respectful of their identity, culture and diversity.

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.*

### 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 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 the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, 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.

The service demonstrated it has governance systems and described how the governing body actively promotes a culture of safe, inclusive care and serves this includes the executive leadership team routinely visiting the service and consulting with consumers on issues raised and strategies that are being developed at a service level.

The service was able to demonstrate they have effective organisation wide systems which they can access and adopt to ensure information management, continuous improvement, finance, workforce governance, regulatory compliance and feedback are adequately implemented to enable quality care and services to consumers with positive outcomes.

The service was able to demonstrate how to effectively identify and respond to elder abuse or neglect and support consumers to live the best life they can. They were able to demonstrate effective management of high impact and high prevalence risks such as falls and the use of psychotropic medication.

The organisation has an effective clinical governance framework and polices in place in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Implement all interventions in the services plan for continuous improvement (PCI) for pain management to ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Ensure timely and appropriate referrals to medical officers occurs.

Accreditation Standard 4: Services and supports for daily living

* Review the current lifestyle program to ensure each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preference and optimises their independence, health, well-being and quality of life.

Accreditation Standard 7: Human resources

* Review the workforce allocation to ensure it 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.