Catholic Healthcare St Peter's Lane Cove North

Performance Report

3 Felton Avenue   
Lane Cove North NSW 2066  
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**Commission ID:** 0893

**Provider name:** Catholic Healthcare Limited

**Site Audit date:** 27 October 2020 to 29 October 2020

**Date of Performance Report:** 27 December 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-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) | 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.
* the provider’s response to the Site Audit report received 27 November 2020.

# 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.

For example:

* All consumers interviewed confirmed they are pleased with the way staff treat them. They feel respected and appreciate the warmth and caring with which staff interact with them and the generally consultative nature of these interactions.
* Consumers interviewed feel they have a say in what they do and are encouraged to do as much as possible for themselves, which assists in maintaining their independence. Consumers stated the information they are given by staff helps them to make decisions about the things they would like to do, to plan their time and influence what they eat. Consumers also said that staff listen to them and understand what is important to them without judgment.
* Consumers were observed to be generally positive and relaxed in their exchanges with staff. Although they were not always aware of the detail of their rights and responsibilities, they felt comfortable about expressing their concerns to management, often directly. Consumers said that the staff are knowledgeable and skilled and they have confidence in their ability to provide care and services in a way that assists them to live as they wish to live.
* The Assessment Team interviewed staff, who confirmed how they value and respect individual consumers and their needs, preferences and choices. They spoke about consumers sampled with respect and described how they contribute to consumers being able to live the life they choose. They also provided examples of how they encouraged consumers to maintain relationships of their choice. Documentation detailing evidence of the care provided to consumers was congruent with the information consumers shared with the Assessment Team.
* The service demonstrated they have a good understanding of the requirements of this Standard. Staff showed an understanding of the consumers’ care preferences and changing needs. For example, staff members were able to articulate examples of where consumers were treated with respect and dignity, were provided with culturally safe care, and were provided with information in a timely manner with full support for the dignity of risk.
* The care plans reviewed were detailed and up-to-date, and consistent with staff and consumer accounts of the care and services provided. Care plans are reviewed regularly and accurately reflect the care provided. Documentation detailing evidence of the care provided to consumers was congruent with the information consumers shared with the Assessment Team.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

For example:

Representatives interviewed confirmed they are involved in care planning to some extent. This includes via updates regarding their consumer’s condition and after care plan review or during case conferences.

Representatives interviewed advised they are kept regularly informed about the outcomes of assessment and planning. However, they do not feel they have ready access to their consumer’s care plan.

Representatives acknowledge regular participation in case conferences. The case manager advised care plans are reviewed during this process.

Care plans were found to be detailed and contain information regarding the assessed needs of consumers at the service. Where consultation was sought from allied health or specialised providers, the recommendations were found to be incorporated into the care plans.

The Assessment Team found that two of five specific requirements were met.

Conflicting information regarding mobility and transfer needs as well as nutrition and dietary prescription were found across multiple domains. This indicates assessment and planning does not routinely address consumer’s current needs. Care plans are not made readily available to consumers without the presence of staff. The organisation must first review a request for the records to be released and provide prior approval. It was found a consumer’s care plan was updated while in hospital. These updates were based on information provided by the family and with assessments done prior to her transfer.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found some care plans were found to not always be updated to reflect the consumer’s current condition or needs. They provided examples in their report of conflicting information regarding mobility and transfer needs as well as nutrition and dietary prescription, which were found across multiple domains of one consumer’s care plan. Advance care planning and end of life planning however, is conducted in consultation with consumers and representatives when they are ready and reviewed at annual case conferences.

In their response, the Approved Provider submitted information to address some of the issues identified by the Assessment Team. I acknowledge that the Approved Provider responded positively to feedback provided by the Assessment Team at the time of the audit and has made changes since the visit to address gaps identified by the team with increased monitoring of care plans, undertaken by management. I acknowledge also, the work that the Approved Provider proposes to take in relation to education of all Registered Nurses regarding management of care plan and clinical deterioration. I am however, not persuaded that the Approved Provider had identified these gaps through their governance systems, nor were they compliant with this requirement at the time of the site audit. They also require further time to monitor the effectiveness of recent changes.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate adequate assessment and planning which addresses the consumers needs, goals and preferences.

### 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) Non-compliant

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

The Assessment Team found that care plans are not made readily available to consumers without the presence of staff. Registered nurses advised they are not able to release a copy of the care plan to consumers or their representatives if they request it. They said if they received a request they would refer the person to the care manager to complete the necessary paper work.

All representatives interviewed advised they had not accessed copies of their consumer’s care plans. However, they acknowledged attendance at case conference within the previous year where care delivery and needs were discussed. Representatives did not understand they had reviewed their consumer’s care plan as part of the case conference process.

In their response, the Approved Provider submitted information to partially address the issues identified by the Assessment Team. While the Catholic HealthCare RAC Procedure Case Conference states that consumers may have a printed copy of their care plan on request, I’m not satisfied that this is readily available to the consumer. Consumer feedback confirms that care plans have not been provided and staff confirm that any request must be in writing to the care manager. While I accept that the Approved Provider discussed the process of case conferencing and requesting a care plan at the Resident meeting on 8 July and included it in the June 2020 newsletter, it appears this isn’t well understood by consumers representatives. I acknowledge actions taken by the Approved Provider since the date of the site audit to educate staff on the correct process. I also accept that brochures have been developed to explain what a care plan is and how to access them. I am however not persuaded that the Approved Provider was compliant with this requirement at the time of the site audit and I am of the view they need further time to demonstrate that the new processes have been implemented effectively and that representatives understand case conferencing and how to access care plans.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that the outcomes of assessment and planning are effectively communicated to consumers.

### 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 found that in reviewing sampled care plans, a plan was being updated while a consumer was in hospital and as staff are not able to assess their current needs, this is inappropriate. These updates were based on information provided by the family and assessments done prior to her transfer.

In their response, the Approved Provider submitted information to address the issues identified by the Assessment Team. The Approved Provider stated that the care plan was updated in response to information provided by clinical staff at the hospital and that the consumer was reassessed, and care plans were again updated on the consumers return to the Service. However, information to verify this was not provided by the Approved Provider.

The Assessment Team also found that generally, sampled consumers were found to have been reviewed on a regular four monthly basis according to organisation protocols. Where circumstances or preferences change, care plans were found to have been updated. When incidents occur, care plans are also reviewed and updated to ensure correct information is contained in the plan. All representatives interviewed advised they are regularly consulted regarding required updates to their consumer’s care plans.

On balance, when I consider all information before me, I am satisfied that there was an isolated occurrence relating to inconsistent review of care plans for a consumer who was in hospital. I am persuaded by the information provided in the Assessment Team’s report, which confirms that there is unlikely to be a systemic issue relating to the regular review of care and services.

I am of the view that the Approved Provider does comply with this requirement as they do demonstrate that care and services are reviewed regularly for effectiveness or when circumstances change.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

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

For example:

All representatives interviewed confirmed their consumers get the care they need when they need it. Representatives advised they appreciate regular access to their chosen medical providers, Dementia Support Australia, physiotherapist and other allied health professionals.

Representatives confirmed they have access to a doctor or other health professional when they need it. Specific examples include referrals to wound specialist, Dementia Support Australia and speech pathologist.

One representative stated “My mother put herself in there nine years ago and she wouldn’t have stayed if she didn’t like it. Mum can’t do anything for herself now and I am really happy with the staff and the way they take care of her”.

The service's approach to assessment was found to be inclusive of consumers and their representatives. When consumers’ needs or preferences change, their health deteriorates or incidents occur, there are procedures in place to assist staff in their recognition and management. Together these maximise consumer well-being including notification of family and medical officers. Observations made reflect compassionate and respectful approach to care and service delivery by all care staff at the service.

Wound care documentation and photography was found to not be in alignment with organisation policy and procedure or best practice guidelines. Administration of restraint, particularly bedrails, was found to conflict with organisation protocol as representatives were found to have requested the rails and sign the authorising consent form. Observations of mask etiquette at the service across three days indicate care staff, registered nurses and management alike are not aware of correct use of personal protective equipment. Daily attention to frequently touched points such as hand rails, light switches and door handles is not attended to as per department of health guidelines.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found that documentation of wound care and wound photography was not according to best practice or organisation protocols. There were discrepancies found in the service’s psychotropic medication spreadsheet regarding sedative medications which were not included on the spreadsheet but found in the service’s pharmacy generated report. Administration of restraint, particularly bedrails, was found to conflict with organisation protocol as representatives were found to have requested the rails and sign the authorising consent form.

In their response, the Approved Provider submitted information to address the issues identified by the Assessment Team. The Approved Provider states that there was a continuous improvement plan in place at the time of the site audit which identified that documentation of wound care and wound photography was not best practice or consistent with the organisation’s protocols. However, they did not provide this plan to verify this. I am satisfied however, that the Registered Nurse meeting minutes from October 2020 confirm that the Service was aware of improvements which are needed in wound management and was undertaking actions to address this. While I accept that the Service was aware of the issue and was working to addressing this, the minutes confirm that this is an ongoing issue and not yet resolved. For this reason, I support the finding of the Assessment Team, that further improvement is needed, to verify compliance with this requirement. I acknowledge the education activities planned by the Approved Provider for December.

Concerning chemical restraint and monitoring of psychotropic medication, the Approved Provider confirmed the Assessment Teams findings that not all sedative medications are included in the psychotropic register. The Approved Provider states that these are monitored through discussion at the MAC meeting however, they did not provide information to verify this. The information provided by the Approved Provider in relation to monitoring of psychotropic medication confirms that they do not have a central place to record consent. It also confirms that several consumers had exceeded the three-month review period. The impact on daily activities, effectiveness in managing the condition, or attempts to cease have also not been recorded centrally. I am of the view that the Approved Provider could make improvements to better manage the effectiveness of the monitoring of psychotropic medication and chemical restraint. I accept the information provided by the Approved Provider relating to the application of their physical restraint policy.

I am of the view that the Approved Provider does not comply with this requirement as they do not demonstrate that each consumer gets safe and effective personal and or clinical care relating to wound management and monitoring of psychotropic medication.

### 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.*

### 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.*

### 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) Compliant

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

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

*Minimisation of infection related risks through implementing:*

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

#### The Assessment Team found that observations of mask etiquette at the service across three days indicate care staff, registered nurses and management alike are not aware of correct use of personal protective equipment. While the service appears clean, daily attention to frequently touched points such as hand rails, light switches and door handles are not attended to as per department of Health guidelines. Cleaning contractors advised they have been provided with duty lists to follow regarding cleaning of consumer rooms and common areas at the service. This does not include cleaning of frequently touched points such as hand rails, door handles, bedrails and light switches on a frequency of at least daily.

The Service has an adequate outbreak management plan with floor plans and don/doff stations and a location to isolate COVID positive consumers, though this was not in line with best practice guidance.

The Assessment Team asked staff about strategies to minimise the need for or use of antibiotics and ensure they are used appropriately. Registered nurses were aware of the need to confirm the presence of infection and if possible to isolate an organism by pathological testing. Care staff, with prompting were able to state consumers with suspected infections require samples to be sent to pathology service to determine the type of infection. The organisation has written policies and procedures related to infection control. The organisation has purchased the infection control policy from an external expert provider and management advised all recent updates has been purchased.

In their response, the Approved Provider submitted information to address the issues identified by the Assessment Team. This includes a plan for continuous improvement in relation to this requirement which has been developed and closed, during the site audit.

I have considered all information before me and I am of the view that while there were opportunities for improvement in relation to mask etiquette and cleaning high touch areas, these have been addressed while the team were on site and on balance, these do not meet the threshold for non-compliance with the requirement.

# 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 get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

Consumers interviewed confirmed they are supported to do the things they want to do and are encouraged to maintain their independence. They said staff are kind and supportive and provide individual emotional support as needed.

Consumers confirmed they are supported to participate in their community within and outside the organisation’s service environment, to have social and personal relationships and to do things of interest to them. They said they are supported to keep in touch with people who are important to them. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.

Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The Assessment Team found that seven of seven specific requirements were met.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s 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 and representatives considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

Consumers and representatives interviewed confirmed they feel safe and welcome at the service. Including when using assistive equipment and navigating their way through the facility.

Consumers and representatives confirmed that they feel at home at the service. Specifically, two consumer representatives advised their mother had been there six and nine years and they would not have stayed had not considered it home.

All consumers and representatives interviewed advised the service is clean and well maintained. One representative advised if a request is made for repairs it is done immediately, another stated the cleaners can’t do enough to keep their mother’s room clean.

Each level of the service has ample open common areas with adequate furniture that is clean, comfortable and appropriate for consumers with limited mobility. Consumer rooms were observed to be well appointed, each with ensuite, adequate storage and consumers are encouraged to personalise their space. Court yards are easily accessible including from the service’s ground floor “McGovern” secure memory support unit. Equipment on each floor was observed to be clean and easily accessible.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

### Consumer outcome

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers said that they are encouraged and supported to provide feedback. Although some were unclear about the formal complaints management process, this could be attributed to their reliance on verbal information due to written English language issues and cognitive issues. All consumers interviewed demonstrated that they knew how to make a complaint and that management and staff were approachable, also that they felt comfortable and safe to raise any concerns, issues or complaints.
* Most consumers said that they would prefer to go straight to the staff or directly to the RM with problems or complaints as a measure of the positive communications they routinely enjoy with staff and management. Most consumers said that any concerns or complaints are dealt with promptly and responsibly. Some commented that they found the RM to be very decisive in her responses.
* Consumers interviewed recognised improvements had been made at the service in response to their complaints and feedback, although most were unclear as to what is meant by the term open disclosure. For example, one consumer was aware that his feedback about TV screens had not only led to his having a much better monitor installed, but that the idea gained momentum and he very shortly after found that new monitors were being installed in other rooms and in the common viewing areas.
* When another consumer requested that additional cleaning be carried out in a well-used, large common area, the request was promptly acted on to the benefit of the consumers as a whole.
* One consumer representative confirmed that regular issues involving complex care needs were raised and diligently attended to by the management team and staff who used an open disclosure process.

The service provides information regarding the complaints process through resident and relative meetings and the provision of written materials, such as the ‘Resident Handbook’, brochures and residency agreements which detail how consumers and representatives can make complaints both internally and externally. Details for advocacy and language services are provided to consumers. The Assessment team also examined the complaints register with trends analysis, continuous improvement logs and care planning documentation which demonstrated the organisation’s approach to reviewing and acting on complaints.

Management and staff were able to describe how they respond to any complaints and how this is used to improve the quality of care and services for consumers throughout the service. It was demonstrated that complaints are dealt with in a reasonable manner and in a reasonable timeframe.

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 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 considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

Consumers/representatives interviewed confirmed the staff are kind, caring and treat them with respect. They were satisfied staff are meeting consumers’ needs and said staff are responsive when answering the call bell. They said the staff know what they are doing and indicated the staff have the skills to meet their care needs

The Assessment Team observed the staff interacting with the consumers in a kind, caring and respectful manner. There were observed to be adequate staff to care for the needs of consumers and respond to call bells in a timely manner.

The service plans its staffing according to consumer needs and feedback from consumers and staff. There are position descriptions and a recruitment process to ensure new employees have the qualifications and knowledge to effectively perform their roles. Staff are trained and equipped to provide safe and quality care and services and there are processes for the ongoing assessment, monitoring and review of the performance of all staff.

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.*

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

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

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

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

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

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

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

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

# STANDARD 8 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 indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers interviewed stated they think the service is well run. Consumers confirmed they have the opportunity to attend consumer meetings, focus groups, and provide feedback and suggestions by other means. They said they feel comfortable talking with management and they are open to suggestions.

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

The organisation also demonstrated it has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services.

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.

### Requirement 2(3)(b)

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

The Approved Provider must demonstrate that:

* care plans are always be updated to reflect the consumer’s current condition or needs.
* Information about mobility and transfer needs as well as nutrition and dietary prescription, is consistent across multiple domains of consumer’s care plan’s.

### Requirement 2(3)(d)

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

The Approved Provider must demonstrate that:

* care plans are made readily available to consumers without the presence of staff if they prefer.
* representatives confirm they had not accessed copies of their consumer’s care plans if and when required.
* Representatives understand that they are also reviewing their consumer’s care plan as part of the case conference process.

### Requirement 3(3)(a)

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

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

The Approved Provider must demonstrate that:

* that documentation of wound care and wound photography is consistent with best practice and organisation protocols.
* The discrepancies found in the service’s psychotropic medication spreadsheet regarding sedative medications which were not included on the spreadsheet but found in the service’s pharmacy generated report are resolved.
* Administration of restraint, particularly bedrails, is found to be consistent with organisation protocol and legislation.