Chamberlain Gardens Aged Care

Performance Report

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WYOMING NSW 2250  
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**Commission ID:** 0723

**Provider name:** Christadelphian Homes Limited

**Site Audit date:** 16 September 2020 to 21 September 2020

**Date of Performance Report:** 12 November 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** | **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) | 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) | Non-Compliant |
| **Standard 4 Services and supports for daily living** | **Non-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) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-Compliant |
| Requirement 6(3)(d) | Non-Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-Compliant |
| Requirement 7(3)(b) | Non-Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-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 19 October 2020.
* The site audit report of 26-29 November 2019.

# 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 the 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.

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 reported overall the service demonstrated that its consumers are treated with dignity and respect, and their identity culture and diversity are valued. The majority of consumers interviewed said staff treat them with respect, value their individuality, and were able to provide positive examples of this. Overall, staff were seen to demonstrate their respect, understanding of and sensitivity towards consumers’ circumstances and personal life journey. Including being observed by the Assessment Team to interact with consumers respectfully in common areas and in their rooms throughout the visit. Care planning documents reviewed reflected the diversity of consumers with detailed spiritual and cultural assessments and management plans. The organisation showed the Assessment Team a comprehensive policy outlining what it means to treat consumers with respect and dignity.

Some issues were raised regarding staff engagement and practices with consumers that are considered later in this report under Standards 7 and 8.

I find that the approved provider is compliant with this requirement.

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

*Care and services are culturally safe.*

The Assessment Team reported the service demonstrated that the care and services it provides to consumers is culturally safe. The service has a small number of consumers who are culturally and linguistically diverse (CALD). Care staff, leisure and lifestyle and pastoral care team interviewed, consistently described culturally specific supports, activities and demonstrated their overall understanding of consumers’ cultural needs and preferences. A number of consumers interviewed provided examples of how they are enabled to express their values and diversity in how they decorate their rooms. In addition, care planning documents included detailed descriptions of the specific cultural needs of consumers, and the service has a range of comprehensive policy and procedural documents and guidelines that outline what is means to provide care to consumers in a culturally safe way.

I find that the approved provider is compliant with this requirement.

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

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

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

The Assessment Team reported the service demonstrated that each consumer is supported to exercise choice and independence. They reported overall, consumers and staff interviewed provided positive examples of how consumers are able to make decisions about their own care and how services are delivered, when family, friends, carers and others should be involved in their care and connect with others and maintain relationships of choice. Staff were also able to describe the care planning and assessment process including the involvement of consumers and/or their representatives four monthly and annual care plan reviews. Further to this care staff described how they assisted consumers during the COVID-19 lockdown stay in contact with their families and friends including through the use of Skype video calls and Facetime, telephone calls and window visits.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the service was able to demonstrate that consumers are supported to take risks to enable them to live the best life they can. Staff interviewed were able to describe areas in which consumers want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving solutions to reduce risk where possible.

I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team reported the service was able to demonstrate that information provided to each consumer is current, accurate and timely. It is communicated in a way that is clear, easy to understand and enables the consumer to exercise choice*.* Overall, consumers told the Assessment Team that they receive information they need to help make decisions about the things they would like to do and they are supported to understand that information.

Staff described the different ways and formats in which information is provided to consumers, in line with their communication needs and preferences. For those consumers who do not have the cognitive capacity to comprehend the information communicated to them, staff informed the Assessment Team that they communicate with representatives who respond on the consumers’ behalf. The service provided documents showing choices offered to consumers, including menus and the activities program for each of the three sections of the home, customised to meets the needs of consumers in each area. There is a large variety of scheduled leisure and lifestyle activities for each section of the service including for the dementia specific areas.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the service demonstrated that each consumer’s privacy is respected, and their personal information is kept confidential. The service has an organisation-wide policy on respecting the privacy, dignity and diversity of residents that includes the protection of consumers’ personal information. Consumers said that their personal privacy is respected by staff. Staff were observed during the accreditation audit knocking on doors before entering consumer rooms and speaking with respect to consumers. The Assessment team did report on an observation where a consumer’s privacy and dignity was seen to be compromised. This is addressed further under Standard 7.

I find that the approved provider is compliant with this requirement.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers. This included 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 whether these are reviewed on an ongoing basis.

Overall consumers and/or representatives sampled said they felt they were partners in the assessment and planning of their consumer care and services.

The service has a process of assessment and planning for consumers to inform the delivery of safe and effective care for consumers. Assessments are conducted for 28 days after entry to the service. Relevant risk assessments are evidenced in the electronic information management system for consumers sampled. Consumers recently admitted to the service said there were various meetings they were involved in with their representative of choice in planning for their care. Most consumers said the staff informed them of everything they needed to know about their care and services. Consumers who wished to always have a copy of their care plan receive the document. Case consultation records are in place for sampled consumers. Consumers said they discussed their medical care options with their medical officer.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team reported the service has an overall process of assessment and planning for consumers to inform the delivery of safe and effective care for consumers.

A 28-day process of assessment occurs for all consumers on entry to the service. A schedule of assessment guides registered staff over the first month.

There is a nurse resource folder in all nurse stations that support registered nurses in assessment and planning for consumers care and services. They include guidance in the assessment of head injury, falls, decreased consciousness, skin tissue injury, neurological deficit, death, chest pain, breathing difficulty, high blood pressure, low blood pressure, bleed and haemorrhage, fever, circulation reduced, abdominal pain, urine output reduced, high blood sugar, low blood sugar, mental health risk behaviours, medication poisoning, constipation.

Risk assessments were documented for sampled consumers, such as for example, those with swallowing issues, mobility issues and non-compliance with a diabetic diet. Falls risks are calculated for consumers using falls risk assessment tools and these were seen to be documented under risk assessments. Strategies are planned and documented to minimise the risk. Registered nurses were able to describe consumer care where risk was present or likely.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported care planning documents detail current needs, goals and preferences for consumers. Care plans were seen to be individualised, demonstrating personal preferences.

Care planning documents were seen to detail current needs, goals and preferences. Care plans were seen to be individualised demonstrating personal preferences such as how and when the consumer preferred their personal care.

All consumers sampled had hard copy advance care plans that were uploaded into the consumer electronic file. End of life wishes were seen to be documented in some consumer care plans. Palliative assessments were documented for those on a palliative trajectory.

An information booklet called ‘making an advance care directive’ was seen to be utilised to assist staff and consumers and representatives to support this requirement. The clinical manager told the Assessment Team the review of care plans was ongoing and end of life wishes were added to consumer care plans when consumers and/or representatives were happy to discuss these matters.

I find that the approved provider is compliant with this requirement.

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

*The organisation demonstrates that assessment and planning:*

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

The Assessment Team reported consumers overall, said their wishes are respected and they are consulted about their care and services. Consumers said the medical officer visits regularly and assesses concerns. Follow up with specialist services occur through face to face and/or telehealth consultations. Case consultation records sampled confirmed consumers and representatives are involved in assessment and planning.

Consumers told the Assessment Team they are happy with the medical care they receive. Care planning documentation showed consumers have access to wound specialists, medical specialists involved in their care, podiatry, behavioural specialist services, mental health services, optometry, psychogeriatrician, geriatricians, dieticians, speech pathologists, palliative care teams, disability services and hearing services.

Registered nurses said they attend rounds with the medical officers and clinical managers arrange appointments that are recorded in progress notes and diaries at the nurse station. The service utilises an electronic medication administration system and communications occurred daily with the pharmacy in relation to consumer medications.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported education records show registered nurses have attended education in planning, documenting and recording case conference meetings with consumers and representatives.

Most consumers told the Assessment Team they are satisfied with the input they have into care and services. Care plans were seen to be populated with the outcomes of assessments and made available to consumers. A case conference is held 28 days after entry into the service with the consumer and representative of choice. At case conference the consumer and their representative are offered a copy of their care plan.

However, some consumers said they did not recall being offered a copy of their care plan as part of the case conferencing meeting. The clinical manager said sometimes consumers forget they have been offered their care plan. But they acknowledged when this happens it is not recorded in notes. They will amend this to make sure this information is recorded.

I find that the approved provider is compliant with this requirement.

### 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 reported consumer care plans are reviewed every four months at the service or when there are changes. Service management provided a report showing that all consumer care plan reviews were up to date The Assessment Team review of documentation found assessments, care plans and progress notes showed there is regular and effective review of consumers care and services. This includes when there is a change or impact on the consumer’s condition or circumstances.

Consumers said there is discussion about their care on return from hospital and they feel informed of changes in care. Most consumers are aware they could ask for a meeting to discuss their care needs if they wished.

Registered nurses said assessments are updated for all consumers when there are changes, such as a deterioration, a fall or return from hospital. Policies and procedures to support this requirement were seen on the organisation’s electronic information drive.

I find that the approved provider is compliant with this requirement.

# 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, most consumers told the Assessment Team they receive personal care and clinical care that is safe and right for them. Overall, the service was able to demonstrate it delivers safe and effective personal and clinical care in line with the consumer’s needs, goals and preferences.

However, the Assessment Team identified issues with the service’s preparedness for COVID-19, in particular the lack of a site-specific plan and their observation of staff practices being inadequate to maintain the required, effective infection control procedures.

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) 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.*

Care planning documents sampled for consumers reflect that most care provided is individualised, safe and effective. Most consumers interviewed said they were satisfied with the care provided. Care staff said they report all concerns about consumers to the registered nurse. Registered nurses said if they had any concerns in relation to the clinical care of consumers, they contact the medical officer involved in the consumer’s care and also report this to the clinical manager.

Policies and procedures are available on an electronic drive for staff to access and are referenced to best practice guidelines. Resources are available for staff to guide clinical practice in relation to effective pain management strategies for consumers. A review of consumers’ pain management identified pain assessments were completed and reviewed as and when required. Pain is evaluated for consumers. The progress note entries confirm medical officers are notified in a timely manner for review of consumers experiencing increased levels or unexplained pain. All consumers were observed to be comfortable and pain free by the Assessment Team.

The service was able to demonstrate it was reducing the use of psychotropic medications and minimising the use of physical restraint (bed-rails). Correct authorisations for the use of restraint were seen to be in place. The service has a restraint management policy stating that restraint free strategies must be exhausted before restraint is considered.

A review of skin and wound management confirmed wound assessments and dressings are reviewed and completed according to frequency. Wounds are photographed regularly for comparison. Issues regarding skin integrity were raised by the Assessment Team with service management for consideration of improvements in this area of care.

An issue with medication management was identified by the Assessment Team and addressed by the service’s management during the Accreditation Audit.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the service understands high impact and high prevalence risks in consumer care. Care is regularly reviewed and specialist input is sought and recommendations implemented, then evaluated. High impact and high prevalence risk are assessed and documented in consumer assessments and care plans with specific interventions.

Registered nurses identified the clinical high risks for consumers at the service were falls, wounds and behaviours. Care staff could describe the risks for consumers. Staff were aware of those consumers who had behaviours such as aggression. Catering staff could describe those consumers who had modified diets due to risk of choking.

The service has a falls management flow chart to guide clinicians and a falls prevention strategy for prevention that includes strategies for risk categories. Additional bed sensors were being put in place for consumers to prevent falls overnight. The dementia specific area staffing was also increased across all shifts.

The Assessment Team reported the service had systems in place to manage and monitor risk in clinical care. These include, regular management meetings to discuss the consumers who are at high risk. Incidents are recorded in an electronic system and reviewed daily and addressed with specific strategies to prevent reoccurrence. The service accesses a range of specialist services to support the management of clinical risk. Diabetic management clinical flow charts are available to guide registered staff.

Monthly clinical indicators are collected, trended, and analysed. Strategies are then developed and implemented to prevent reoccurrence. A monthly quality and safety meeting monitors and evaluate clinical indicators at the service. The service has an internal audit schedule in place.

However, The Assessment Team did report some inconsistencies with data seen to be missing from clinical indicator reports. This was raised with the management team for their consideration. (See Standard 8 for further information regarding the organisation’s monitoring of clinical data).

Overall, I am satisfied the service has demonstrated it understands and applies this requirement.

I find that the approved provider is compliant with this requirement.

### 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 reported the service has policies and procedures relating to end of life care that include a focus on maximising comfort and preserving dignity. The clinical manager and registered nurse said case consultations and many other conversations occurred as consumers approached end of life, providing relevant information and emotional support to the consumer and family. A spiritual assessment is also attended on admission for all consumers.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found the service identifies where there is a deterioration or change in condition of a consumer and ensures an appropriate response and escalation of care in a timely manner.

Most consumers said they were satisfied with the medical care that was provided when they were ill. Many spoke about their confidence in their medical officer who visits them regularly at the service. Others talked about the comfort they received from consultation with their specialists.

Registered nursing staff could describe recent deterioration of consumers and subsequent interventions and treatment. When care staff were asked about the deterioration of consumers, they said they immediately reported this to their supervisor. They said they reported consumers they found in pain or when they had fallen for immediate assessment by the registered nurse.

Education records evidence staff have received training in the identification of the deteriorating consumer. Care staff have been educated in guidelines called ‘stop and watch’ to assist the identification of deterioration in consumers. Delirium education has occurred for staff in relation to preventing urinary tract infection in consumers.

One representative raised issues regarding the care of their consumer when this consumer’s health deteriorated. This was raised as a complaint and seen by the Assessment Team to have been addressed by the service.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the condition, needs and preferences of consumers are documented in assessments, progress notes and care plans in an electronic information management system. Advanced care plans are uploaded electronically into the consumer file. Podiatry notes are stored in a hard copy folder separately. All are available to those who share responsibility for the consumer’s care. Handover folders communicate current changes for consumers. Diaries communicate relevant consumer appointments.

Most consumers told the Assessment Team they felt their needs and preferences are generally communicated well amongst the staff.

The Assessment Team observed the registered nurses providing a comprehensive handover of all consumers in their area to other registered nurses and team leader on the next shift. The information was written for consumers into a folder for all staff to access. The acting clinical manager said letters with recommendations from specialists are uploaded into ‘the consumers electronic file. The registered nurses said all changes are documented in the progress notes, so all care providers are aware. Changes for consumers are also verbally handed over to the registered nurse and team leader and documented in folder in the nurse station. All referrals required are communicated to the clinical managers who arrange the appointments. Appointments for consumers are recorded in the nurses’ diary for easy reference. The team leader communicates relevant changes to the rest of the care team.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the service demonstrated timely referral to other providers of care and services was occurring. Consumers with high impact behaviours are referred to specialist behaviour services such as Dementia Support Australia (DSA) and geriatricians. Referrals from specialists and/or their recommendations were noted to be followed by the staff and documented in consumer care plans. The organisation has access to external wound specialist review, and registered staff have received recent education in wound management.

I find that the approved provider is compliant with this requirement.

### Requirement 3(3)(g) Non-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 the service has systems in place for minimising risks of infections and for reducing antibiotic prescribing.

However, they reported that although the organisation has a COVID-19 pandemic management plan in place it is not site-specific and does not support adequate preparedness for a COVID-19 outbreak. The assessment team observed a range of poor infection control practices by staff when assisting consumers and that staff were not socially distancing.

The Assessment Team reported the service added further site-specific information to its COVID-19 preparedness plan during the site audit and enhanced some signage in relation to COVID-19 throughout the service. Service management also provided a response to some of the concerns around their infection control practices issues during the site audit.

In their response the approved provider submitted a comprehensive submission to the Assessment Team’s findings. I acknowledge this includes a site specific COVID-19 preparedness plan. I am satisfied this addresses many of the planning concerns raised by the Assessment Team. Staff, since the site audit, were sent a memo to remind them to assist consumers with hand hygiene and appropriate social distancing. Information on hot spots is being maintained, is current and advised to staff and visitors. Other information has since been posted around the service to inform consumers, staff and visitors on how to maintain COVID-19 preparedness. Catering staff have undergone further training around expectations on their role should there be an outbreak or COVID-19 infection within the service.

However, I accept the findings of the Assessment Team, that during the site audit these things were not in place and had not been identified by the service’s monitoring and auditing systems. Likewise the Assessment Team observed staff practices which were contrary to best practice in regards to infection control management. The approved provider has acknowledged these findings and stated staff have been provided further training in the areas such as applying social distancing. It is my view the service needs to demonstrate education and training have been effective and safe practices can be maintained, including in the staff designated areas.

I find that the approved provider is Non-compliant with this requirement.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Most sampled consumers said 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: being supported to keep in touch with people who are important to them by using the new technology for visual and audio contact with family and friends. Particularly during the COVID-19 restrictions, this access had improved their contact with family and friends that live a long distance away.

However, two consumers and members of staff provided feedback that not all staff demonstrated they supported consumer choices/preferences and that this had negatively affected the consumers independence and quality of life over a significant period of time.

Most consumers interviewed advised that they like the quality, quantity and variety of food provided and that they are able to choose what they want to eat.

The Assessment Team observed that equipment used to support lifestyle services appeared generally safe, suitable, clean and well maintained.

However, care staff reported difficulty or delays in accessing some equipment such as bed (trolley) baths and about batteries for lifter machines frequently running out of charge and not being recharged overnight. The Assessment Team said staff identified this could be a risk to the safety and wellbeing of consumers.

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) Compliant

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

The Assessment Team found overall the service could demonstrate most consumers receive 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. Most consumers were able to provide the Assessment Team with examples of how they are supported to do what they want to do.

However, two consumers provided feedback that staff had not supported their choices or preferences which had negatively affected their independence and quality of life over a period of time. One told the Assessment Team they had requested that the night staff get them up from bed early in the morning because they don’t like lying in bed awake at that time. The other was concerned about access to shopping arrangements of their choice.

However, the Assessment Team identified significant improvements in response to findings identified in the November 2019 site audit regarding ineffective laundry services impacting consumers’ quality of life. These included improved laundry systems such as ensuring clothing is returned to the appropriate consumer, a complimentary labelling service, the purchase of two more washing machines, extended laundry staff hours and a better supply of good quality linen. Most consumers said their clothing was now laundered and returned quickly and their clothes weren’t getting lost. A review of the consumer meeting minutes for 2020 did not identify consumers raising any complaints about the laundry services. However, two consumers interviewed did say that white clothing can be returned from the laundry grey in colour.

In response the approved provider stated the issues raised by the Assessment Team were addressed. Night shift had been instructed to assist a consumer to rise early, as is their preference and another consumer was satisfied their shopping needs were being met. The approved provider also outlined how they have managed the greying of white clothing for two consumers and the actions taken over a period of time to address this. I am satisfied that the service will continue to follow-up with these consumers on this matter.

Whereas I am satisfied by the issue around shopping arrangements has been resolved, I am of the view the issue around the consumer being assisted in rising early was not adequately addressed by the response. I am satisfied this concern was raised with the Assessment Team in the manner reported. The service should continue to monitor that this consumer’s preferences are being addressed by the night staff.

Although the Assessment Team recommended this requirement was not compliant, I am satisfied, overall, with the actions taken by the service the issues have been adequately addressed enough to achieve compliance.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found the service was able to demonstrate that supports and services for daily living promote each consumer’s emotional, spiritual and psychological well-being. The care plans were seen to include information on individual consumer emotional, spiritual and psychological wellbeing. For example, documentation included requested church denomination visits and access to mental health services.

Consumers were able to describe what happens when they are feeling low, and confirmed that their emotional, spiritual and psychological well-being needs, goals and preferences are appropriately supported. Staff were able to explain and provide examples of how they know when a consumer is feeling low and what they do to support them. Staff were able to explain the nature of the emotional, spiritual and/or psychological support provided to consumers. The leisure and lifestyle and pastoral support staff were also able to explain the nature of the emotional, spiritual or psychological support provided to consumers.

I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found the service was able to demonstrate it has services and supports which assist daily living for each consumer. Allowing them to participate in their community within and outside the service environment; to have social and personal relationships; and do the things of interest to them.

Consumers provided positive feedback on how they do things within and outside the service and how they keep in touch with people important to them. Care planning documents include details of relationships and contacts they have with friends, relatives and volunteers significant to them.

I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team found the service demonstrated that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Documents reviewed demonstrated adequate information to support effective and safe care, as it relates to services and supports for daily living, including where responsibility for care is shared.

Staff were able to explain how they are updated on the changing condition, needs or preferences of each consumer. Such as for example, through handover or through progress notes and other records.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services. Lifestyle and spiritual care plans for consumers reflect the involvement of other in the provision of lifestyle supports. The leisure and lifestyle team leader was able to describe how they work with external organisations and how they use volunteers to help supplement the activities offered within the service. Volunteer services include pet therapy. The pastoral care coordinator works with ministers from local churches to arrange on site church services for consumers. External lifestyle service providers such as a manicurist and hairdresser are also organised to attend the service.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the majority of consumers interviewed stated they enjoyed the food provided and that the meals were of suitable quality and quantity.

A diet assessment is conducted on each consumer when they enter the service and when their dietary needs change. A copy of this assessment is provided and stored in the kitchen. The assessment includes key information including preferences, type of diet and allergies.

In response to the issues identified during the site audit from 26-29 November 2019 the contracted catering company has undertaken several initiatives to improve the meal provision provided. This includes surveys, an individualised menu to meet the specific preferences of their consumers; resulting in a new menu and more meal options. Interviews with management identified the new menu was reviewed and identified improved satisfaction from consumers about meals and food service. The chef meets weekly with consumers to take feedback on meals and food quality. Education has been provided to catering staff on food presentation, garnishing and taste.

The Assessment Team’s observations of the lunchtime meal service identified that staff were aware of each consumers’ preferences including their preferred drinks and preferred condiments, which were provided on each table. They also observed the kitchen and the servery areas. Areas were clean and well maintained. A whiteboard which listed consumers allergies was sighted. Folders with consumers dietary assessments and daily special meal requests were seen to be easily accessible for catering staff.

Examples of concerns raised about meals were reviewed and showed overall, the service was addressing the matters raised in a timely fashion and using these as a means to make improvements.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found the service was not able to demonstrate that all equipment provided is safe, or suitable for purpose or adequately maintained.

They did observe that equipment used to support consumer lifestyle services such as wheel chairs, walkers and water chairs appeared to be generally safe, suitable clean and well maintained and care staff reported that broken equipment was quickly repaired by the maintenance team.

However, there were multiple reports by care staff about using lifting equipment with uncharged batteries. In particular that this poses a risk to consumers as lifters can unexpectedly lose power during use.

The Assessment Team reported management said sometimes staff do not connect the batteries correctly and then they do not charge properly. They said staff had been told about this, but another reminder would be provided.

Staff also raised with the Assessment Team the service only has one bed bath available and this is located in the downstairs area and difficult to access for use in other areas.

In their response the approved provider wrote they had audited all the lifting equipment and batteries at the service. They identified there were sufficient for the needs of consumers requiring the use of lifters. However additional batteries have since been purchased. The service also had the supplier attend the service and provide clear instructions for staff to follow to ensure batteries were being charged correctly. Staff have received tool-box training in the correct procedures in changing batteries.

The approved provider acknowledged it would be concerning for consumers if a lifter lost power during use but stated this was not a safety issue. However, they also acknowledged it would be unacceptable.

The approved provider said there are two bed (trolley) baths in the service and this is sufficient for the consumers requiring use of this equipment. They have reminded staff to plan for use to ensure consumers can access this equipment when needed. However, the service identified they have 13 consumers using the two bed (trolley) baths and times for the use of this equipment is spread throughout the week. The response identifies staff need to liaise time for use for the one consumer in the upstairs area requiring use of this equipment.

I have considered the information provided. I am of the view it is unacceptable for a consumer to be held up in a lifter should the batteries go flat. This may not be a risk in terms of consumer physical safety but is a significant risk to emotional well being. Although the approved provider has purchased additionally batteries and provided further training for staff in charging these, it was identified as a significant issue during the site audit and one that had not then been addressed by the service management sufficient to resolve the matter. I am also of the view the service should continue to monitor the use of bed (trolley) baths to ensure this meets consumer preferences.

I find that the approved provider is Non-compliant with this requirement.

# 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.

Most sampled consumers informed the Assessment Team that they feel they belong in the service and feel safe and comfortable within the service environment. Consumers said the environment is welcoming and they are able to personalise their room to meet their preferences.

The Assessment Team observed the service is decorated with warm colours and there are comfortable sitting areas and well-maintained gardens that consumers can access.

Consumers were complimentary of the cleaning service and said the service is well maintained. The service was observed to be clean and safe. There are systems in place to maintain the environment including a cleaning program and a preventative and reactive maintenance program.

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.*

Overall the Assessment Team found the service demonstrated its environment is welcoming and supports consumers in their sense of belonging, independence, interaction and function. Consumers interviewed stated the service is warm and inviting and that they feel at home at the service. The living space includes communal spaces to support group activities/interaction and also small sitting areas for consumers to meet their preferences. The organisation has commenced a re-development of the memory support unit to improve comfort, belonging and independence of consumers living in this area.

I find that the approved provider is compliant with this requirement.

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

*The service environment:*

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

The Assessment Team reported that their observations and feedback from consumers demonstrated that the service is safe, clean, well maintained and comfortable. Consumers were observed accessing both indoor and outdoor areas. Consumers said they were satisfied with their ability to move freely throughout the service.

The Assessment Team observed the cleaners cleaning the environment throughout the visit. The maintenance officer was also observed undertaking maintenance tasks.

The living area was observed to be well lit, air-conditioned throughout and walkways were wide, uncluttered with handrails to support consumers to mobilise. Consumers’ rooms were observed to be personalised to suit their preferences.

Areas identified as not adequately cleaned during the site audit in November 2019 were observed as clean and well maintained. The vinyl flooring in Coastal wing and carpet in Horizon wing were in good condition and not observed to be marked. The utility rooms were observed to be clean and uncluttered. Care staff confirmed they were responsible for cleaning the utility rooms. Tea and coffee making stations were observed to be clean, including the fridge and microwave.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team observed the furniture, fittings and equipment used at the home is clean safe and well maintained. Consumers said overall, they felt safe using the equipment at the service and are satisfied with the maintenance and cleanliness of the equipment used. Staff interviewed said the maintenance officer monitors and maintains equipment and reports any hazards with equipment. Staff said equipment shared between consumers such as walking belts are cleaned with sanitiser wipes between consumers.

The organisation has systems in place to ensure equipment is maintained and cleaned. A review of the online maintenance program identified there is regular maintenance of equipment.

The Assessment Team observed the call bell system working effectively and this was confirmed by staff and consumers. However, issues were raised about the timeliness of call bell response times. This is addressed under Standard 7 later in this report.

Issues identified at the previous site visit in November 2019 were followed up and reviewed by the Assessment Team. Management provided records that confirmed a program of touch-up painting was completed. The maintenance officer provided monthly audits for the inspection of soft furnishings, previously these were completed six-monthly. The maintenance officer is now using a high-pressure water hose to clean equipment including the footstools on lifters each month and this is included on the maintenance schedule.

I find that the approved provider is compliant with this requirement.

# STANDARD 6 NON-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

Consumers predominately commented that when they make a verbal or written complaint the clinical manager or director of consumer care and services comes to discuss and resolve the complaint almost immediately or shortly afterwards.

However, some consumers provided feedback to the Assessment Team regarding multiple complaints they had about access to Wi-Fi and internet connectivity had not been addressed over a period of time. This had negatively impacted their quality of life and their capacity to maintain contact and maintain relationships with family, respectively.

The Assessment Team reported in general, staff were unable to define open disclosure or outline how they would implement this in their interactions with consumers and representatives. Staff referred to upcoming online training they have been directed to complete on this topic.

The service provided the Assessment Team with documentation to show how consumers and their representatives can and are encouraged to provide feedback. However, the Assessment Team also reported documentation showed complaints were not consistently being followed-up. The actions taken were not consistently reviewed and it was not always evident whether the complainants were satisfied with the outcome achieved.

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

The Assessment Team reported overall, the service could demonstrate that consumers, their family, friends, carers and others are encouraged and supported to raise concerns, provide feedback and make complaints. Most consumers interviewed said that they had not needed to raise recent concerns about their care, and those that did confirmed they felt safe to do so and were confident their concerns would be addressed. The organisation has a resident’s handbook which explains the process for making complaints. There are also explanatory brochures in multiple languages distributed throughout the service. There is a standing agenda item at the ‘Resident Relative’ monthly meeting for consumer feedback on services.

Two consumer experience surveys were completed in February and June 2020.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found the service was able to demonstrate that consumers are made aware of and have access to advocates, language services (including interpreters) and other methods for raising and resolving complaints. Staff were able to describe how consumers who have difficulty communicating or cognitive impairments are helped to provide feedback or make complaints such as language and pictorial cue cards. The service has staff who are bi-lingual. The Assessment Team observed complaint forms in multiple languages accessible and available that in the reception area.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team found the service was unable to consistently demonstrate appropriate action is taken in response to complaints or that an open disclosure process is consistently used when things go wrong.

Although most consumers informed the Assessment Team they were comfortable about making complaints to the service, a small number indicated complaints they had made were long standing and not resolved to their satisfaction. Management told the Assessment Team they were aware of these issues however, they believed these had been addressed and in one instance concluded.

Most staff interviewed told the Assessment Team they were unaware of the term “open disclosure” and its relevance to complaints. The service has a feedback management policy and procedure that includes open disclosure in relation to responding to complaints. Management informed staff during the site audit they were required to complete on line training in open disclosure by the end of they would be completing by the end of September 2020.

In their response the approved provider submitted information to show in their view complaints in the Assessment Team’s report had been appropriately and adequately addressed. In particular they provided information to show a complaint raised with the Commission had been resolved prior to the site audit. This included issues around wound care, dignity of clothing, the consumer’s right to make choices and decisions contrary to those of their family. However, I am not satisfied this compliant addressed an understanding of or the requirements of open disclosure.

I acknowledge the approved provider’s response in that all staff (including contracted staff) have completed training/education on the principles of open disclosure. I have also considered the approved provider’s response that it is senior staff who are involved in formal complaints processes and they were familiar with open disclosure principles. However, I am of the view the approved provider has not sufficiently demonstrated this is consistently occurring within the service.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 6(3)(d) Non-compliant

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

The Assessment Team reported the service currently uses a spreadsheet to enter, track and record complaints received, actions taken to address complaints, outcomes of actions and feedback provided by complainant. The feedback spreadsheet showed that in many cases, the service’s complaints policy and procedure is followed.

However, in some instances, there was no records in the feedback spreadsheet to show whether the complainant had been followed up by the service. Likewise, the Assessment Team said they did not see an adequate review, monitoring or analysis of the complaints system being applied. Particularly to review the effectiveness of the actions taken and/or the complainant’s satisfaction with the outcome, prior to closure of the complaint. Review of the feedback spreadsheet for the year to date, also showed that there were inconsistencies in the listing of categories where complaints were logged which could impact on the accuracy in identifying trends and patterns. For example, staffing issues logged under clinical care.

The management team modified the spreadsheet during the assessment visit to include dropdown box with definitions of feedback categories to improve accuracy and consistency in categorising complaints.

The Assessment team also identified the service had a long-standing concern that had not been adequately addressed. The site has poor Wi-Fi and internet access. This had been raised in meetings and through individual complaints from consumers, representatives and staff. The service’s management team acknowledged that given the high level of concern expressed at the resident/relative meeting over a long period of time on this issue, there should have been more regular updates and clarification regarding progress towards resolution. The management team committed to sending an update on this issue to consumers and relatives.

The approved provider, in their response, said Wi-Fi and internet access is outside of their ability to change and are waiting for broadband connection. They also stated Wi-Fi and the intranet are free services they provide to consumers. They also confirmed the changes have been made to the complaints spreadsheet to track and analyse complaints.

I acknowledge the actions taken to address some of the issues raised by the Assessment Team during the site audit. However, I acknowledge the findings of the Assessment Team in that the gaps identified in the complaint’s spreadsheet would have an impact on tracking, evaluating and reporting trends and patters in the complaints received.

Likewise, I am not satisfied with the response regarding consumer concerns about the Wi-Fi system available at Chamberlain Gardens. I acknowledge the approved provider’s viewpoint this is a free service and not a specified service. However, it is the issue of how the organisation and service has addressed these matters as a complaint and kept consumers informed to their satisfaction, which has not been satisfactorily addressed. I am not persuaded this complaint was effectively managed, reviewed and addressed to the satisfaction of the consumers who had for a considerable period of time been raising this at meetings and in other forums.

I find that the approved provider is Non-compliant with this requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most sampled consumers told the Assessment Team that they get quality care and services when they need them and from people who are knowledgeable, capable and generally caring. Consumers interviewed said staff know their roles and said overall staff do a good job.

However, the Assessment Team received mixed feedback from consumers and representatives in relation to staff being kind, caring and respectful. Whilst some consumers said staff were kind and caring, there was feedback of instances where staff were not. This included concerns about rough handling during care, interactions which were not seen as respectful; language barriers in communication and staff not being kind in their communication.

The Assessment Team also received mixed feedback about the adequacy of staff in the service. Some consumers said their requests for assistance were answered quickly. Other consumers said they waited too long for their call belIs to be answered. Documentation showed there were sudden absences resulting in unfilled shifts. Staff provided feedback on working short and the impact this was having on consumer care and services.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 feedback from some consumers was that staff do not respond to their requests for assistance in a timely manner. This has resulted in instances where consumers said they were not being assisted to use the toilet when required. Another consumer said due to staffing issues, there is a delay in them getting their hot breakfast, which is then served cold.

Most registered nurses and care staff interviewed said they were able to complete their workload. However, care staff in Horizon wing said they often worked short staffed and consumers had to wait to have their call bells answered. A medication administration nurse in Horizon advised she often had to help care staff with showers and this resulted in her having not enough time to do her own duties including wound care.

Organisation management advised that the service is fully staffed for registered nurses and all registered nursing shifts except two are allocated. A recruitment drive for all levels of staff was undertaken mid-year and the service permanently advertises for care staff. Management said they are considering employing an additional morning floater shift in Horizon wing. The service said they have a preferred nursing agency to contact to fill a shift with internal staff.

Management also stated sick leave has increased due to COVID-19. The service has 10 vacant beds and if they are unable to replace sick leave with either their staff or agency staff, a float staff may be redeployed to replace the sick leave.

Management advised that they regularly review the call bell report to identify delays and to monitor staff practices. A review of the call bell response for the week prior to the site visit identified overall call bells are answered in a timely manner. However, a review of the call bell response report from 9-16 September did identify there was a delay in staff responding to call bells in Horizon wing in the morning. Specifically, it was noted from 6:00 am to 8:00am there were a total of 35 occasions when calls bells answer times were over 10 minutes including 17 occasions when care recipients waited greater than 20 minutes to have their call bells answered. An individual consumer also raised a separate issue regarding timely response of staff in their area to call bells.

The organisation provided the Assessment Team with a master roster from 7 to 13 September 2020 and further information on staff absenteeism or/and agency usage. This identified multiple occasions when staff had not been replaced on shifts.

In their response the approved provider said since March 2020 they have been reporting on staffing levels to the Commission (Compliance) on a fortnightly basis. No concerns about staff adequacy have been raised through this contact. The service’s director of consumer care and services reviews and monitors the service’s roster daily to determine there are sufficient staff. This is based on assessed care needs, acuity and occupancy. The approved provider included data in their response to show their staffing levels, based on the aged care funding instrument, are well above the industry benchmark. In particular, based on current occupancy.

The approved provider wrote that the extended call bell waiting times in the Horizon area are a recent trend. They believe it is to do with consumers being assisted prior to breakfast. The approved provider said the service is in the process of addressing this through adjusting staffing levels in that area.

They also acknowledged there has been an increase in staff sick leave due to COVID-19 requirements and difficulties in getting replacements from their own staff or through agency staffing cover. They are seeking to increase their casual staff pool to address this. However, it is their view they have sufficient staff to provide appropriate levels of care to consumers.

I have carefully considered the information provided and I am not persuaded that the service has demonstrated there is a sufficiency of staff consistently deployed at the service. Although the approved provider is of the view that the concerns raised by consumers are few, I have taken these into account. In particular, because consumers described the impact of staff shortages and the delays in answering call bells. I have also taken into account matters raised by staff about working short or not being able to complete their work tasks due to such shortages. I have also given consideration to the Assessment Team’s reporting of staff absenteeism, as well as the approved provider’s response to this. It is my view, taking this into account, there were shifts in the home working short and this was corroborated by staff interview.

I acknowledge the approved provider has taken steps to address these matters. It is my view the service needs to time to demonstrate these changes are implemented, can be maintained and have been effective in addressing the identified staffing issues.

I find that the approved provider is Non-compliant with this requirement.

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

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

The Assessment Team found most consumers and representatives interviewed provided positive feedback on their interactions with staff. Stating staff were mostly kind, caring and respectful of consumer identify, culture and diversity.

However, some consumers raised issues which showed staff not interacting with consumers in a respectful manner. This included language barriers in communication, staff talking amongst themselves in their own language while providing care and services to consumers. One consumer identified a staff member’s personal behaviour was disrespectful. One consumer and a representative provided feedback alleging staff were rough when providing care such as when repositioning a consumer. Another representative said their consumer complained of being bruised by staff during care. Another consumer said they had been shouted at by a member of staff. A representative said a staff member’s response to their concerns was dismissive. Consumers also provided the Assessment Team with feedback that staff sometimes did not communicate in a manner that was kind.

The Assessment Team observed an incident where staff were not respectful of a consumer’s dignity while providing care.

Management provided feedback that they were not aware of instances of staff talking in another language when attending consumers and they would undertake a review of this issue. I am satisfied from the information provided by the Assessment Team that actions were taken to address the matters of rough handling identified and in line with mandatory reporting requirements.

In their response to the findings the approved provider said they believe the issues raised were single events and not systemic of staff practices. I acknowledge the Assessment Team reported most staff interactions with consumers were kind caring and respectful of consumer’s culture, but the examples provided demonstrated this is not always the case. The approved provider included training records showing staff had completed customer service education between January and May 2020. They also included memorandum sent to staff following the site audit reminding them to greet and acknowledge consumers and to be respectful in their behaviours. This included when providing care and services not speaking in languages not understood by consumers.

One consumer interviewed by the approved provider after giving feedback to the Assessment Team about rough handling, told the approved provider they did not think this was intentional. It was still, however, in my view unacceptable care.

I acknowledge the approved provider identified one incident raised by a representative occurred in 2019 and was addressed then by the service. They provided documentation to show this. However, I have also taken into account the representative still raised this incident, of a urine stained pillow and a staff member’s attitude to this with the Assessment Team during the site audit. It was one amongst a number of concerns the representative had concerning respectful and kind staff practices over a period of time. The approved provider said they will continue to follow-up on these concerns with the representative.

Overall, I am not persuaded these are single events but are part of a pattern of concerns raised by consumers and representatives during the site audit and including an observation by the Assessment Team. This includes issues raised after staff had completed customer service training.

Whereas some matters were followed-up I am not persuaded these were sufficient to ensure the service can demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

I find that the approved provider is Non-compliant with this requirement.

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

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

The Assessment Team reported the organisation has a system in place to ensure staff have appropriate qualifications and knowledge to effectively perform their roles and meet consumers’ needs. The organisation requires staff to be assessed in key competencies when they commence employment at the service and then annually. The organisation monitors staff competencies. The organisation has developed an education program that includes mandatory education and education specific to the needs of staff at the service. Overall consumers reported they were satisfied the workforce is competent, knowledgeable, qualified and effective in their work.

Staff stated they completed online annual mandatory training and annual competencies were undertaken. Staff provided positive feedback on the mandatory education program and described it as very comprehensive. Staff said there has been an increase in tool box talks in response to issues identified from the site visit in November 2019. Staff interviewed said they get sufficient education to complete their roles and they are aware they can request additional education if needed. A review of documentation by the Assessment Team confirmed mandatory education and competencies have been completed for staff.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported the organisation has systems in place to recruit staff and provide them with education to support them in their roles. All staff undergo a targeted orientation program following their commencement of work. Staff are monitored through their probationary period. Then an ongoing performance appraisal program is used to ensure staff are performing their roles. Consumers interviewed were complimentary on staff knowledge and understanding of their needs. All staff interviewed said they had been provided education on the current Quality Standards and this training had been mandatory.

Some gaps were identified by the Assessment Team in regard to monitoring that the relevant staff attend training. Management said they will follow-up on this.

The management team told the Assessment Team all agency staff are required to complete orientation when first commencing work at the service. The Assessment Team observed a large stack of completed agency orientation records but identified there was no system in place to capture this information to ensure all agency staff had undertaken orientation. The management team stated they would review their agency orientation records.

Although the Assessment Team identified some gaps under this requirement. I am satisfied the service has taken steps to address the matters raised.

I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported that management and staff confirmed they have undertaken a recent performance appraisal. A review of documentation confirmed this. Management said their performance appraisal system has been reviewed. Setting up a system where appropriate staff conduct the appraisals. Completion of performance appraisals are electronically tracked to ensure there are attended. All staff have completed their annual appraisal. New staff were seen to have completed a commencement appraisal within three months of commencing in their roles.

However, the Assessment Team identified that the contract cleaners do not have formal appraisals with their manager and company. This was discussed with the contracted company who will introduce more formalised performance appraisals for their staff in the service.

I find that the approved provider is compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

Although some consumers were satisfied with the organisation and service the Assessment Team reported some consumers were not. Some consumers said they did not consider the organisation to be well run and did not feel they can partner in improving the delivery of care and services. Including that meetings where they provided feedback were ineffective in resolving their concerns.

The Assessment Team found consumers are not consistently engaged in the development and delivery of care and services. For example, they identified there is not a designated consumer representative at the service acting as an advocate for other consumers. Consumers are not involved in the recruitment process. Consumers do not have input into policy, strategy and staff training. There is no current process operating where consumers are engaged and help shape the organisation’s governance.

Safe, inclusive quality care and services is promoted by the organisation and there are structures in place for the accountability of the delivery of care and services across the organisation. However, this does not always translate to timely and effective responses that ensure compliance in relation to the Quality Standards at the service.

The organisation demonstrated the board and various sub committees meet regularly and enhancements in technology are, and will, continue to capture data more effectively across the organisation. However, this is not consistent in how it is monitored, reviewed and analysed.

Not all staff had been educated on the use of open disclosure. The organisation was unable to demonstrate disclosure principles were effective and being consistently applied. The Assessment Team received feedback from consumers in relation to staff not being kind or respectful that have had an impact on the wellbeing of consumers. The organisation’s auditing and surveying systems did not identify any such concerns.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The Assessment Team reported that whilst the organisation is working towards the engagement of consumers in the development and delivery of care and services some consumers did not feel engaged at the time of the site audit. They found the service had an informal consumer acting as an advocate and representative for other consumers. The consumer said this was an informal role they took on because they saw a need for it.

Overall, consumers were not seen being involved in the development, delivery and evaluation of care and services at governance level nor actively supported to do so. For example, the Assessment Team reported consumers are not involved in the recruitment process, they do not have input into policy, strategy and staff training. There is no current process operating where consumers are directly engaged and help shape the organisation’s governance.

However, the Assessment Team provided an example where representatives have been invited and consulted in the plans for renovation to the dementia specific area in relation to colours and furniture selection. Consumers are given opportunities to provide feedback about their evaluation of care and services, including by surveys conducted three times a year and consumer/representative meetings. Food focus groups occur weekly.

The chief executive officer (CEO) informed the Assessment Team that historically, consumers at the service have not wanted to be involved in consumer committees. The CEO advised there has been a new role commenced called the head of mission specifically for the engagement of consumers and representatives. This is to ensure consumer satisfaction with services and to manage pastoral care. A new mission integrity alignment committee is now being developed that will include consumers and board representation with a purpose for consumers to have input into major change and decisions within the organisation.

The approved provider in their response outlined the use of a consumer representative. They acknowledged they would provide follow-up to consider greater involvement of consumersin areas such as recruitment and organisational strategic planning.

However, I am not satisfied this has fully addressed the issues raised under this requirement. The service has not demonstrated that consumers are actively supported to engage in the development, delivery and review of care and services. Although steps are being taken these were not in place and effective at the time of the site audit. The consumer acting as a consumer representative took on this role because they saw a need for it.

It is my view the service requires further time to demonstrate the planned actions are effective and demonstrate they support consumers under this requirement at Chamberlain Gardens.

I find that the approved provider is Non-compliant with this requirement.

### 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.*

The Assessment Team reported the organisation promotes safe, inclusive quality care and services. There are structures in place for the accountability of the delivery of care and services across the organisation. However, the Assessment Team reported on a range of issues that indicated the structures in place to ensure accountability for the delivery of services was not always effective. It was their finding this had a direct impact on consumer satisfaction around the care they were receiving.

The organisations management informed the Assessment Team that there has been a restructure of the organisation’s management positions over the past two years. This included some structural changes to meeting formats and committees supporting governance. They also receive peak body oversight and support including clinical governance training. The CEO informed the Assessment Team that changes driven by the board included tabling identification and management of risk/high prevalence at all services.

I have also considered whether the organisation has sufficiently addressed the issues of accountability in ensuring they can demonstrate the systems in place are effective in promoting a culture that is safe and inclusive and supports the delivery of care and services.

In their response, I am satisfied the approved provider has overall, addressed the specific issues raised under this requirement by the assessment team regarding issues of safe care and services.

The Assessment Team found this requirement was not met. I am of the view the changes outlined by the organisation, although still developing, demonstrate the organisation is promoting this requirement. However, I believe the organisation should continue to monitor this to ensure it remains effective and can be sustained.

I find that the approved provider is compliant with this requirement.

### Requirement 8(3)(c) Non-compliant

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

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

The Assessment Team found the organisation demonstrated the board and various sub committees meet regularly and following enhancements in technology are capturing data more effectively across the organisation. However, they found the organisation could not demonstrate its governance systems under this requirement are effective. For example, gaps were identified across a range of Standards that showed the organisation’s monitoring systems were not consistently effective.

The approved provider acknowledged the service has had long term issues with internet and Wi-Fi connectivity. Concerns regarding this were continuously raised by consumers, representatives and staff at meetings and through representation. Although recorded, these concerns were not sufficiently addressed to achieve resolution and consumers in particular were not kept updated or informed of the outcome of the actions taken. This identified gaps in monitoring information management and feedback and complaints. In response the approved provider saw a range of concerns raised by consumer/representatives interviewed by the Assessment Team as single events. However, I am mindful these were all issues raised with the Assessment Team by consumers, representatives and staff during the site audit and many had not been identified by the organisation prior to this visit.

The Assessment Team also identified the service’s continuous improvement system although overall effective, did not identify any improvements in its plan that had come directly from consumer input. They also reported that clinical indicators had data missing and showed a lack of of comprehensive analysis (See Requirement 8(3) (d) below for further information on this).

Staff raised issues regarding the use and availability of equipment including the bed(trolley) bath and issues around battery maintenance for lifters. Staff said these issues impacted on consumer care.

Issues were raised regarding the sufficiency of staff and whether the service could demonstrate that staff treated consumers with kindness, respect and ensure their dignity was supported.

The organisation did not identify the service’s COVID-19 preparedness plan was not site specific. Nor that some staff practices at the service were not in line with required practices in this area.

Although the approved provider disagreed with the Assessment Team’s findings, I have taken these findings into account. It is my view the Assessment Team’s findings demonstrate the governance system under this requirement is not wholly effective. In particular in auditing, monitoring and reviewing these areas in order to ensure they are effectively supporting the delivery of care and services.

I find that the approved provider is Non-compliant with this requirement.

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

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

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

The organisation provided the Assessment Team with documentation showing a risk management framework, including policies and procedures. These described how high impact or high prevalence risks associated with the care of consumers is managed. It also includes how the abuse and neglect of consumers is identified and responded to. And how consumers are supported to live the best life they can.

The service has identified monthly clinical indicators that are high impact high prevalence risks for consumers. These are collated and analysed and reported at an organisational level. However, the Assessment Team reported that these indicators had data missing and showed a lack of comprehensive analysis.

Whereas the approved provider in their response identified relevant staff had training and education in high risk management; they did not provide a response to the gaps the Assessment Team identified in the use of clinical indicators. However, I believe this has been addressed in the previous requirement under the effective monitoring of information management systems.

Overall, I am satisfied with the approved provider’s response in addressing the aspects of this requirement. For example, demonstrating the services identification and response to abuse and neglect of consumers. That staff sufficiently understand management of high impact and risk in providing care and services to consumers. That the organisation is supporting consumers to live the best life they can.

I find that the approved provider is compliant with this requirement.

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

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

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

The Assessment Team found the organisation has a clinical governance framework in place and which is documented. Policies in antimicrobial stewardship, restraint minimisation and open disclosure are also in place. Registered staff are aware what they must do to adhere to antimicrobial stewardship at the service and all staff understand they must minimise the use of restraint for consumers.

However, the Assessment Team found that a range of staff at the service were not familiar with the principles of open disclosure and how to apply these in their work setting. Management have required to complete training in this by the end of September 2020.

In response the approved provider stated it is only senior, designated staff who manage complaints and would do applying an open disclosure framework to do so. The Approved provider stated staff at Chamberlain Gardens have since the site audit, completed training to help them better understand the principles of open disclosure.

However, I am not satisfied the organisation has monitored that the application of open-disclosure principles are being used effectively at the service. Complaints raised by the Assessment Team do not indicate these principles are being effectively applied or understood as core to the complaints process.

I find that the approved provider is Non-compliant with this requirement.

# 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 3(3)(g)**

*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.*

* That the service can demonstrate its COVID-19 preparedness plan is maintained and in particular, in the ongoing monitoring of staff practices and infection control requirements.

### Requirement 4(3)(g)

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

* That the service demonstrates equipment is suitable for purpose, functioning and meets the needs and preferences of consumers.

### Requirement 6(3)(c)

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

* That the service can demonstrate the principles of open disclosure are consistently applied in the management of complaints.

**Requirement 6(3)(d)**

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

* That the service can demonstrate an effective system is working to review complaints to improve the quality of care and services.

**Requirement 7(3)(a)**

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

* That the service can demonstrate a consistent sufficiency of staff and responsiveness in addressing call bell waiting times to improve consumer satisfaction in the timely delivery of care.

**Requirement 7(3)(b)**

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

* That the service can demonstrate that staff consistently engage with consumers and representatives in a way which is kind, caring and respectful of consumer dignity.

**Requirement 8(3)(a)**

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

* That the organisation can demonstrate consumers are actively engaged, and supported to be engaged with governance and the development, delivery and evaluation of care and services.

**Requirement 8(3)(c)**

*Effective organisation wide governance systems relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and feedback and complaints.*

* That the organisation can demonstrate that its overarching governance systems are effective, monitored and reviewed.

### Requirement 8(3)(e)

*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.*

* That the organisation can demonstrate the service understands and applies the principles of open disclosure and this supports staff practices in the management of complaints and concerns.