Churches of Christ Care Fair Haven Aged Care Service Maryborough

Performance Report

15 Morning Street   
MARYBOROUGH QLD 4650  
Phone number: 07 4122 5600

**Commission ID:** 5059

**Provider name:** Churches of Christ in Queensland

**Site Audit date:** 13 September 2021 to 16 September 2021

**Date of Performance Report:** 25 October 2021

# Performance report prepared by

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# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 13 October 2021.
* other relevant information held by the Commission including internal referrals received.

# 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**

Overall consumers and representatives considered staff knew the consumers as individuals and provided examples such as one named had received an Order of Australia Medal and this meant so much to them. Consumer and representatives considered consumer are treated respectfully and with dignity, are supported to maintain their independence and making decisions about their care and service.

Consumers said they are supported to take risks and engage in activities of choice, providing examples such as driving mobility scooters or using public transport when engaging in activities in the community. Consumers advised they are provided with information to assist them in making choices about their daily care and lifestyle choices, such as activity calendars, announcements, noticeboards, meetings and by visits from staff.

Staff talked about consumers in a respectful manner and described how the consumer’s culture influenced how care and services are delivered on a day to day basis. Staff described ways that consumers are supported to make informed choices such as through participation in case conferences, at consumer meetings, receipt of information from the service and through discussion with staff regarding day to day choices. Staff demonstrated awareness of the named consumers choices to live their best life and that the service supports consumers to remain independent in their decision making.

Care documentation demonstrated, consultation with consumers to support and understand consumers personal preferences in relation to care and services and what is important to them. Care documentation included designated contact information for consumer’s’ representative, Enduring Power of Attorney, family and friends as well as their preferred contact method.

The organisation’s strategic plan, diversity policy, procedures and systems are underpinned by the organisations philosophy and values and the consumer handbook provides information and contact details for advocacy organisations.

The service utilises a range of assessments which demonstrates choices offered to consumers regarding their lifestyle preferences, covering both clinical and non-clinical provision of care and services. Review of documentation identified the implementation of these assessments which reflects consumers’ choices and decisions regarding their individual needs and preferences; however, documentation for consumers who choose to take risks, does not demonstrate the service has comprehensively assessed the risks to the consumer’s health and well-being while undertaking those activities. I have considered this under Requirement 2(3)(a).

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

**Assessment of Standard 2**

Overall, consumers consider that they feel like partners in the ongoing assessment and planning of their care and services and most consumers/representatives sampled said the assessment and care planning processes result in consumer’s receiving the care they need, such as with safe mobility transfers and staff assistance with personal cares. Consumers/representatives described what was important to them in terms of how their care is delivered, including end of life preferences, and said the service understood their care needs, goals and preferences.

Staff demonstrated understanding of the assessment and care planning processes, for example, Registered staff described the service’s assessment and care planning processes including initial assessments to identify risk/s to enable the development of individualised consumers care and services; the three monthly review process; and referral to other health professionals as needed. The outcomes of assessments are documented in care and service and discussed with the consumer and their representative and summary care plans were available in consumers rooms. Staff described how they are guided by individual consumers preferences, and consumer assessment, planning and handover information to inform the delivery of safe and effective care.

Staff said they receive information about new consumers and updates in relation to changes in consumer needs or risks identified, during handover, through updates and reviews recorded within consumer care documentation and by discussions with registered staff and senior clinicians.

Generally, the service’s assessment processes identify clinical risk, care documentation is individualised and includes risks specific to the consumer. Care documentation includes risk management strategies and interventions agreed upon by the consumer/representative and with involvement of other health professionals.

Review of consumer assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences; and identified regular review of care in consultation with the consumer and/or representative. Consumers’ care and services were reviewed when circumstances changed, or incidents occurred.

The organisation has a documented suite of policies, procedures and assessment tools that guide and support staff to undertake assessments and planning.

The service’s electronic care documentation system evidences staff can view a comprehensive and/or summary of individual consumers’ care documentation. Staff were able to demonstrate how they find relevant information to the consumer’s care and service’s needs within the electronic care documentation system.

Staff could describe the current needs and what is important to the sampled consumers in terms of how their personal and clinical care is delivered, and this information aligned with what was in care planning documents and feedback from consumers/representatives.

The service’s plan for continuous improvement provided information which evidenced the service had implemented improvement to consumer assessment and care planning process.

The service has policies and processes to guide staff on partnering with consumers in care planning and appropriate involvement of others in consumer care including referral processes for other health professionals.

However, the service was unable to adequately demonstrate assessment and planning consideration of risks to the consumer’s health and wellbeing, for the delivery of safe and effective care and services for consumers who undertake risk activities and for consumers subject to environmental restraint.

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

## Assessment of Standard 2 Requirements

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

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

The service was not able to adequately demonstrate assessment and planning processes include the consideration of risks to the consumer’s health and wellbeing, specifically in relation to who undertake risk activities and for consumers subject to environmental restrictive practices.

The Site Audit report provided information which evidenced some consumers, individual risks are not identified by the service, and risk and harm minimisation strategies are not available for consumers and to guide staff in care and service delivery. For consumers who are supported to take risks to enable them to live the best life they can, care documentation does not reflect the service has considered the risks to the consumer’s health and well-being while undertaking those activities. For example, for the safe operation of mobility scooters; assessment for the safety for the consumers who choose to smoke; and consumers whose choice is to travel on public transport alone.

In relation to restrictive practise, consumers who are environmentally restrained have not been identified by the service and have not been risk assessed for the implementation of the restraint. The Site Audit report provided information which evidenced the external doors of the service had key coded locking mechanisms and some consumers were unable to exit the service due to their cognitive impairment. When raised with management at the time of the Site Audit, the service had not identified theses consumers as being environmentally restrained however, confirmed the consumers would be at risk if they left the service unaccompanied. The service acknowledged they had not considered assessments for consumers in relation to environmental restraint and advised the service would commence the assessment, consent, and authorisations for fourteen consumers who were identified as subject to environmental restraint.

The Approved Provider in its written response received 13 October 2021, acknowledged the information provided in the Site Audit report in relation to the two named consumers and provided information which evidenced actions had been taken by the service to address these deficiencies. Including, review and assessment of the two named consumers which resulted in the first named consumer having an assessment of risk in relation to smoking and use of the mobility scooter; and the second named consumer’s risk in relation to fluid overload and use of public transport has been assessed.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate the assessment and care planning processes included the consideration of consumer risk/s; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-Compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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

Consumers/representatives said they feel consumers care is safe and right for them and staff respond promptly to any changes in their condition. Overall care documentation for the consumers generally demonstrated consumers receive effective personal and clinical care.

Review of consumer care documentation reflected key clinical risks are identified including for pain, skin integrity, pressure injury, falls, behaviours, nutrition/hydration, infection and specialised nursing requirements and are well managed by the service.

The service demonstrated improvements in consumer clinical and/or personal care including, appointment of a trained wound Registered Nurse; daily review of consumers wounds; wound charting including assessment and wound management plans; staff training in wound management; and referral to an external wound consultant for consumers with chronic wounds.

Staff demonstrated an understanding of consumer’s individual needs and preferences and how they ensure these are met; including consideration of individual consumers risks. For example, for consumers who are at risk of falling staff explained strategies implemented to minimise this risk such as sensor mats and frequent visual observations.

Staff demonstrated awareness of the process for end of life care and consumer/representative preferences. Staff reported they have access to specialist palliative care services who provide education and advice if required.

Staff said the communication of changes in consumers’ needs and preferences is communicated at shift handover, documented handover sheets and via the service’s electronic care documentation system. Care staff described their responsibility to escalate any changes or deterioration in a consumer's condition to the registered staff, and the service is supported by a Registered Nurse on site 24 hours per day, 7 days per week and on-call clinical management.

Review of care planning documents detailed consumers’ advance care planning information and end of life preferences. Consumers/representatives said end of life and palliative care preferences had been discussed with them by the staff at the service.

The service has policies and processes related to recognising and responding to clinical deterioration, referrals, palliative care and consumer information management which includes privacy requirements and documentation guidelines for health practitioners and care staff.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff confirmed they have received training in infection minimisation strategies including infection control and COVID-19. Practices were in place that demonstrated that the service has planned and is prepared for a potential outbreak.

Review of consumer care planning documentation identified consumers who are subject to chemical and mechanical restrictive practice/s had appropriate assessment, authorisations and consents completed; behaviour support plans identified alternative strategies to be used prior to the implementation of the restrictive practice; and regular restraint usage monitoring and evaluation is completed.

However, the service was unable to adequately demonstrate an understanding of environmental restraint, including identifying consumers who are subject to environmental restraint.

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

### Assessment of Standard 3 Requirements

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

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

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

The Site Audit report provided information which evidenced the service was not able to demonstrate clinical care delivery is best practice, tailored to consumers' needs and optimises health and well-being, in relation to environmental restraint management. For example:

* Staff demonstrated knowledge of consumers who should not leave the building unaccompanied due to poor cognition; however, they did not identify this as being environmental restraint.
  + Consumers, who were unable to leave the service independently due to their cognitive impairment and locking mechanisms on exit doors were not identified as subject to environment restraint. Therefore, assessment authorisation and consent were not in place. At the time of the Site Audit, Management acknowledged the deficiencies in relation to environmental restrictive practice. In response to the feedback, the service implemented immediate actions including conducting an audit of all consumers and identifying fourteen consumers who would be subject to environmental restraint. The service commenced an action plan which included:
    - * a review of all exits to ensure exit mechanisms are visually appropriate for consumers and codes for key pads are displayed where appropriate.
      * Assess all consumers to determine consumers ability to move freely within and externally of the service.
      * Complete risk assessments on identified consumers, commence discussions with consumer/representative and the Medical Officer in relation to risks associated with the restraint and consent to use the restraint.

The Approved Provider in its written response, acknowledged the information provided in the Site Audit report in relation to environmental restraint and provided information which evidenced actions had been taken by the service to address these deficiencies. Including, environmental audits and assessment of consumers which resulted in the service identifying five consumers requiring environmental restrictive practise authorisations and consents.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response. While I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate the safe and effective personal and clinical care in relation to environmental restrictive practice; and improvements will require time to be implemented and evaluated for effectiveness. Therefore, it is my decision this requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports 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

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers advised they are supported by the service to undertake lifestyle activities of interest to them and maintain social and emotional connections with those people who are important to them. There are sufficient activities and choices available at the service which allows consumers to engage in activities at a level they feel comfortable with. Consumers said they enjoy the food offered and it is of suitable variety, quality and quantity.

The service was able to demonstrate services and supports for daily living to promote each consumer’s emotional, spiritual and psychological well-being. Lifestyle staff described how assessments and a ‘My story’ are completed with the consumer/representative upon and after entry to the service. They advised they develop an understanding of the consumer’s likes and dislikes, their past working life, interests and history and incorporate that into the lifestyle program.

Review of the lifestyle activity calendars and discussion with staff demonstrated there are a variety of activities offered to meet the different needs and preferences of consumers.

Care planning documentation included information about consumers life history, activities of interest and information about relationships consumers wish to maintain. Individual consumer’s dietary needs and preferences were reflected in care documentation.

Consumers were observed to be engaged in a variety of group and individual activities.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers/representatives said they feel they belong in the service and feel safe and comfortable in the service environment. They said the service is safe, clean and well maintained and consumers can decorate and individualise their rooms as they wish.

Consumers described and were observed accessing activities in different areas of the service, including outdoor, undercover areas and said the service environment is welcoming and visitors are encouraged to participate in the lifestyle at the service.

The service environment was observed to be welcoming, including a reception area, indoor courtyard areas, activity rooms and external garden areas including a designated smoking area. Consumer rooms were personalised and decorated with artwork, photographs and furnishings.

Staff described the process of reporting maintenance requests, including when a hazard had been identified. Staff documented maintenance issues via a documented logbook and verbally informing the maintenance staff. Cleaning staff said that they follow a schedule for cleaning and could describe infection control processes and extra cleaning requirements in relation to COVID-19.

The service had a maintenance schedule and review of documentation confirmed maintenance was conducted as scheduled and maintenance issues were addressed in a timely manner.

The Assessment Team advised equipment was observed to be clean, well maintained, and appropriate to consumer needs.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers/representatives said they are encouraged to provide feedback and raise any concerns with management or staff and feel safe in doing so. For consumers and representatives who had raised a concern, they said their feedback was addressed in a timely manner, and expressed satisfaction with the outcome of their feedback and the response provided by the service.

Consumers and representatives demonstrated awareness of ways they could safely raise their concerns including speaking directly to staff or management. The service also provided information for consumers and representatives in relation to external advocacy support services.

Staff were able to describe appropriate actions taken on receipt of a complaint and confirmed all complaints are entered into the plan for continuous improvement and are investigated and a response provided. The service’s plan for continuous improvement evidenced reflection of feedback provided to the service through complaints, audit results, surveys, and consumer meetings.

Management confirmed the outcomes of complaints, audits and feedback from consumers/representatives influence the services plan for continuous improvement and said they communicate with consumers/representatives in an open and transparent way, apologise and reassure consumers/representatives that actions have been taken to prevent a recurrence.

The service has a complaints policy which sets out the feedback and complaints procedure which includes open communication and open disclosure with the complainant.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers/representatives confirmed there are sufficient staff are prompt to attend when they call for assistance and were confident that members of the workforce are competent and have the qualifications and knowledge to provide care and services that meet their needs.

Staff advised they have adequate staff rostered and adequate time to attend to consumers’ personal preference and care needs and confirmed vacant shifts are filled when unplanned leave occurs.

Clinical staff provided examples of training to ensure they are aware of best practice including wound care management, falls management, antimicrobial stewardship, restrictive practices, serious incident response scheme, end of life planning and clinical deterioration.

The Service conducts analysis of call bell response times and investigates any call bell response times which are outside of the outlined timeframes of 10 minutes. Review of documentation at the time of the Site Audit identified the service reviews call bell and sensor mat response times, which demonstrated that response times are consistently monitored, and results indicate generally prompt responses from staff to consumers requests for assistance.

The service is currently recruiting a Service Manager and a newly created position of Care Manager to support clinical staff.

The service has a training program that includes mandatory training and identifies training needs of staff through various methods including feedback from consumers/representatives, audit results, performance reviews, clinical indicators, and changes in industry legislation.

All staff have received training on the service’s incident management system and can access the system as required within their scope.

The service has systems in place to monitor staff qualifications and competencies to ensure they remain up to date.

The organisation has a staff performance framework that includes annual performance appraisals and opportunities for professional development.

Review of education records identified role specific training is provided and monitored for attendance.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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

Consumers/representatives advised they are confident the service is well run and are satisfied with their level of engagement in the development, delivery and evaluation of care and services.

The Service was able to provide examples of recent planned changes to the service which involved the input of consumers/representatives.

The organisation’s governance framework includes roles and responsibilities for the Board and senior management personnel, including accountability for maintaining standards of quality and oversight of care and services provision.

Staff said they can readily access the information they need to provide the care and services necessary to meet consumer needs, goals and preferences through access to the electronic care documentation system and to policies and procedures on the organisation’s intranet.

Opportunities for continuous improvement are identified through, surveys, audits, complaints and feedback mechanisms, incidents, meetings, and governance reports. Improvement activities are documented and monitored using a plan for continuous improvement .

The organisation has a documented risk management framework including policies and procedures regarding the management of and the consumer’s right to take risks.

Staff described strategies to minimise infection risks including strict adherence to hand hygiene practices, appropriate donning and doffing of personal protective equipment and prompt identification of infection related symptoms. The service has an appropriately trained infection prevention lead within their clinical workforce.

Reportable incidents are recorded in the organisation’s incident management system and escalated to the clinical governance executive group for monitoring and to ensure the service is meeting reporting responsibilities. Incident data is analysed and used to inform continuous improvement activity, contributing to the prevention of further incidents. Incident data also informs risk management practice, policy and procedures.

Consumers/representatives were informed the Commission was onsite undertaking a re-accreditation audit when the audit commenced.

Staff were able to describe strategies for use of alternatives to chemical and physical restraint and described the non-pharmaceutical strategies in place to support and care for individual consumers within the service, however, overall, staff demonstrated a limited understanding of the legislative requirements regarding the use of restrictive practices in relation to what constitutes an environmental restraint (including changes made to the legislation which came into effect on 1 July 2021 under the *Aged Care Act 1997* and the *Quality of Care Principles 2014*). For example:

* The service did not adequately demonstrate effective organisation wide governance systems in relation to regulatory compliance for restraint management. Whilst the organisation has updated its restrictive practice policy following changes in legislation, it has not ensured that effective and consistent monitoring at a service level is occurring in accordance with the organisation’s governance framework.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The Site Audit report provided information that the service did not demonstrate effective organisational wide governance systems in relation to regulatory compliance.

The site audit report provided information that the service was not able to demonstrate understanding of the legislative requirements regarding the use of restrictive practices. Specifically, in relation to what constitutes an environmental restraint.

While the service demonstrated an update of policy and procedures in relation to changes to legislation, the implementation of these at a service level was unable to be consistently demonstrated. Staff had a limited understanding of the legislative requirements regarding the use of restrictive practices in relation to environmental restraint; and as a result, at the time of the Site Audit fourteen consumers at the service had not been identified as subject to restrictive practices.

The Approved Provider in its written response, acknowledged the information provided in the Site Audit report in relation to environmental restraint and provided information which evidenced actions had been taken by the service to address these deficiencies.

In coming to my decision of Compliance in this Requirement, I have considered the information included in the Site Audit report alongside the Approved Provider’s response, under this and other Requirements. While I acknowledge the actions taken by the service to address the deficiencies identified at the time of the Site Audit, the service did not adequately demonstrate effective organisational wide systems for regulatory compliance. Therefore, it is my decision this requirement is Non-compliant.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

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

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

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

# Areas for improvement

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

* Requirement 2(3)(a) – The approved provider ensures that assessment and care planning processes consistently include consideration of all relevant risks to individual consumer’s health and wellbeing, particularly in relation to risk consideration and/or assessment for falls, medication, behaviour and skin integrity.
* Requirement 3(3)(a) – The approved provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with complex or specialised care needs.
* Requirement 8(3)(c) – The approved provider ensures that effective organisation wide governance systems specifically in relation to regulatory compliance associated with environmental restrictive practise.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.