Churches of Christ Care Warwick Aged Care Service

Performance Report

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**Commission ID:** 5886

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

**Assessment Contact - Site date:** 16 June 2020 to 19 June 2020

**Date of Performance Report:** 22 July 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** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others (by phone and in person)
* information received by the Commission relating to a consumer on 4, 8 and 15 June 2020
* the provider’s response to the Assessment Contact - Site report received 29 June 2020 that accepted the Assessment Team’s findings.

# STANDARD 1 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

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## 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.*

Consumers and their representatives reported staff are polite, helpful, respectful and value them.

Staff demonstrated an understanding of what was important to each consumer. Staff interviewed were familiar with consumers’ backgrounds, culture and preferences could discuss how these influence the delivery of their care.

Care planning documents reflected the diversity of consumers and included details about each consumer’s life, family history, culture and religious preferences.

The Assessment Team observed staff interacting with consumers in a respectful manner, for example, staff were seated at the same level as the consumer when speaking to the consumer.

The service has recently introduced a new ‘feedback and engagement policy’.

Training records and management and staff interviews identified staff received training in privacy and dignity in November 2019 which covered consumer engagement, respectful communication, managing feedback, and consumer preferences as the basis for care provision.

For the reasons detailed above this requirement is compliant.

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

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

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

Consumers and their representatives reported they are supported to make choices about the delivery of their care and services and to maintain relationships of choice.

Consumers and their representatives are involved in decision-making through case conferences and individual discussions and described choices they had made, including where they eat meals, what activities they attend and how they engage and interact with family and visitors.

Staff interviewed described how they support consumers to make informed choices about their care and services and to maintain relationships. Staff identified married couples in the service and the important people in the lives of individual consumers. Staff reported that during the period of visitor and travel restrictions due to the COVID-19 pandemic, the service implemented the role of ‘Family and Resident liaison worker’ to organise and assist with video and telephone calls between consumers and their friends or family.

The service has recently improved consultation with consumers and/or their representatives by reviewing all care plans and lifestyle documents to ensure each consumer’s needs and preferences are documented and commencing regular case conferences.

The Assessment Team observed consumers being offered choices during meal services and regarding participation in lifestyle activities. A consumer couple were observed sitting together with another friend having morning tea in a private sitting area.

For the reasons detailed above this requirement is compliant.

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

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

Consumers interviewed confirmed they are supported to undertake activities of their choice, including those that involve a degree of risk. Two consumers discussed the activities they enjoy and confirmed the service has talked to them about the risks involved and how to reduce and manage the risks.

Registered staff described the risk assessment process of for activities involving risk, which involves consulting with the consumer and others (such as allied health professionals).

Staff demonstrated an understanding of consumers who undertake activities that include a degree of risk and the relevant strategies in place to reduce and manage the risk. This was consistent with the care documentation reviewed by the Assessment Team, which included risk assessments and strategies agreed to by the consumer.

For the reasons detailed above this requirement is compliant.

# 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

The Assessment Team sampled the experience of consumers – reviewing their care planning documents, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Consumers and/or their representatives confirmed they feel like partners in the initial and ongoing assessment and planning of their care and services. They provided positive feedback about how the service works with them in planning their care and with the information provided to them about the care planning process and outcomes.

The service has systems, processes and tools for assessment and care planning and staff could describe the application of these processes and tools. Staff described how consumers, representatives and health professionals are partners in care planning and contribute to deliver an individualised care plan.

Care planning documents reflect the involvement of consumers, their representatives and other providers of care; are individualised to reflect consumer’s needs, goals and preferences and management of risks; and are reviewed on a regular scheduled basis and when circumstances change.

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 found the service has assessment and planning processes that consider risks to consumers’ health and well-being and inform the delivery of safe and effective care and services.

Registered staff complete initial assessments to identify consumers’ needs, choices, preferences and associated risks. They confirmed appropriate risk assessment tools are available and consistently used.

Clinical documentation sampled by the Assessment Team identified assessments are completed on entry to the service and include risks specific to the individual and strategies to support the consumer and promote their safety and well-being. Consumers, representatives, medical officers, psychogeriatricians, other allied health professionals and lifestyle staff are involved in the assessment and planning process.

Improvements identified by the Assessment Team include:

* increased clinical oversight and monitoring from the clinical manager and regional clinical support teams
* registered nurses received individual coaching and completed online training on the electronic care system relating to assessments
* the provision of education/training and flowcharts to staff on a range of topics including identification and management of clinical risks (such as falls, pain, pressure injury, diabetes, end of life, clinical deterioration).

For the reasons detailed above this requirement is compliant.

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

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

The organisation has a procedure that guides staff practice in undertaking assessment and planning, including consideration of end of life planning.

For the consumers sampled, care documentation detailed consumers’ current needs, goals and preferences. Advance care planning and end of life planning information is discussed with consumers and/or representatives on entry to the service if the consumer wishes and when the consumer’s care needs change. Registered staff interviewed described how they approach these conversations.

The Assessment Team reviewed a consumer’s clinical file that contained a Palliative Agreed Care and Services Plan and found it identified the consumer’s complex health care needs and individualised procedures/strategies to support their needs and preferences.

Consumers and their representatives interviewed confirmed staff involve them in assessment and planning to identify and address what is important to them in terms of how their care is delivered. Overall sampled consumers/representatives stated they felt confident the service will deliver appropriate care when the consumer approaches end of life stage.

Care staff could describe what is important to the individual sampled consumers in terms of delivery of personal and clinical care. For example, two care staff discussed the personal and clinical care provided to a consumer who is approaching end of life based on their assessment and planning (including repositioning, personal hygiene and pain management).

For the reasons detailed above this requirement is compliant.

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

*The organisation demonstrates that assessment and planning:*

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

#### Assessment and planning are based on a partnership with the consumer and includes others the consumer wishes to be involved and others that are involved in the care of the consumer.

#### The Assessment Team reviewed 20 consumer files, including care consultation notes, care plan review records and relevant correspondence, and identified care planning documents reflected that consumers/representatives and other health professionals (medical officers, allied health professionals, specialists) who provide care are involved in assessment, planning and review of the consumer’s care delivery.

Consumers interviewed described how they and the people important to them are regularly involved in assessment and planning on an ongoing basis.

For the consumers sampled, registered staff described how they involve the consumer/representatives and appropriate health professionals in assessment, planning and review process.

The Assessment Team identified the service had implemented recent improvements in relation to partnerships with consumers and others, including:

* in late 2019 and early 2020, registered staff were provided with one on one coaching and mentoring by management in relation to consultation and partnering with consumers/representatives throughout the assessment and care planning process
* all consumers/representatives were contacted by management to explain the partnership in care planning process and invited to attend a family case conference, which will be held on an annual basis (and when significant change occur).

The Commission received information about a consumer regarding a lack of consultation with the consumer’s representatives about the consumer changing rooms and the outcomes of specialist appointments. These matters were also raised directly with the service management who were addressing them. This information has been considered and, in the context of the overall positive feedback provided by consumer and representatives and findings of the Assessment Team, this requirement is compliant.

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

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

The Assessment Team reviewed care planning documents for sampled consumers and found assessment and planning outcomes are effectively communicated. Care planning documents demonstrated:

* regular communication and consultation with consumers and/or their representatives in relation to the outcomes of assessment and planning
* evidence of consumer/representatives’ preferred method of accessing consumer’s care plan.

Consumers and their representatives interviewed by the Assessment Team confirmed:

* staff explained relevant information about their assessment outcomes in plain language they could understand
* the service involves them in care planning/review processes and keeps them informed of any changes identified
* they have been offered or received a copy of the consumer’s care plan and feel confident they can access their care plans when they want to.

Registered staff interviewed confirmed they have recently been provided with relevant coaching and mentoring by management, including on communication about assessment and planning outcomes with consumers/representatives, which is done through telephone calls, face to face discussions and electronic correspondence.

The Assessment Team identified the service had implemented improvements including:

* guidelines/procedures for staff which includes consultation with consumers/representatives in care planning/review and how consumers/representatives can access their care plans
* a formal process to document who the consumer wishes to participate in their assessment, care planning and review activities.

The Assessment Team observed care planning documents were available to staff and visiting health professionals via an electronic care system and a current care plan was placed in consumers’ rooms (as per their preference).

For the reasons detailed above this requirement is compliant.

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

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

#### Care and services are reviewed regularly for effectiveness, when circumstances change and following incidents.

For the consumers sampled, their care and service plans demonstrate evidence of review on both a regular basis and when circumstances change, or incidents occur.

Consumers and representatives interviewed by the Assessment Team confirmed they are regularly involved in care and service reviews and when there are changes. A representative said communication from the service had recently improved.

Registered staff and management advised they have a schedule of consumer care and services plan reviews, which occur every three months, 12 months and when significant changes occur. These are done in consultation with the consumer and their preferred representatives.

The service has implemented improvements to ensure care and services are reviewed, including:

* reviewed (and updated as required) all consumer care plans in late 2019 to ensure all relevant information is captured and appropriately documented
* established a three-monthly schedule for care plan review with consumers and/or representatives, and an annual schedule for face-to-face case conference with consumers/representatives, nursing and lifestyle staff, and other health professionals
* commenced monthly audit processes to monitor review progress.

The Assessment Team interviewed management and reviewed 20 sampled consumer files and identified they were current and reviews had occurred according to the schedule.

For the reasons detailed above this requirement is compliant.

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

The Assessment Team sampled the experience of consumers, their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Assessment Team also examined relevant documents.

Several improvement activities have been implemented since August 2019 to improve the service’s performance.

Consumers and/or their representatives reported they receive the personal care and clinical care they need and that is right for them. Consumers said they have access to medical officers and other health professionals and communication between staff was effective.

The Assessment Team found high impact or high prevalence risks are managed effectively, consumers nearing the end of life receive appropriate care, timely and appropriate referrals are made and infection related risks are minimised.

The service has policies, procedures and education to guide staff practice in providing clinical and personal care. Clinical monitoring occurs.

Staff demonstrated an understanding of consumers’ needs and preferences and reported they have access to relevant clinical information, which is also available to other health professionals involved in consumer care. Registered staff described how key risks and changes in a consumers’ condition are identified, assessed and managed.

Consumers’ care documentation was individualised, reflected assessment and management of key risks, and involvement of the consumer and other health professionals.

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

### Assessment of Standard 3 Requirements

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

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

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

The service has implemented several improvements in both personal and clinical care including, for example, in the use of restraint, wound management and pain management.

The Assessment Team interviewed consumers and representatives and reviewed care planning documentation for sampled consumers, including those consumers subject to environmental, physical and/or chemical restraint, and those with pain, wound, and skin care needs. The Assessment Team identified that care is individualised and reflected consumers’ assessed needs and preferences.

Consumers reported satisfaction with the personal care and clinical care they receive and said staff are attentive, responsive, knowledgeable and consult them.

For the sampled consumers, clinical and care staff could describe consumer’s individual needs, preferences and significant clinical/personal care risks, and how these were being managed or monitored in line with their care plans.

Registered staff have been provided with relevant training and can seek advice from senior clinical staff, medical officers and allied health professionals when they have concerns about the care of a consumer.

The service has written materials (including guidelines and procedures), to support staff in best practice care delivery, including in relation to restraint, skin integrity and pain management. Training records and staff interview confirmed staff receive training in these areas.

The service could demonstrate recent chemical restraint deprescribing and that actions are taken to minimise restraint usage at the service.

The Assessment Team identified three consumers subject to environmental restraint did not have documented representative’s consent for the restraint, however, provided evidence that a processes was in place and being followed. The environmental restrictive practice had been prescribed by a health practitioner and management provided evidence of consultation and emails that had been sent to the representatives requiring signed authorisation for the environmental restraint.

The Assessment Team identified recent improvements made at the service including:

* establishment of a specialised dementia care cottage. Feedback from consumer representatives interviewed by the Assessment Team was consistently positive about the care and services delivered to consumers residing in this cottage
* delivery of education and training for clinical and care staff on a range of topics such as restraint, pain management and skin integrity.

The Commission received information about a consumer regarding preferences for podiatry services and skin and nail care not being documented and delivered, and personal care not being regularly attended. These matters were also raised directly with the service management who were addressing them. This information has been considered and, in the context of the overall positive feedback provided by consumer and representatives and findings of the Assessment Team, this requirement is compliant.

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

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

The Assessment Team found the service has policies and procedures to guide staff in care delivery in relation to high impact or high prevalence risks associated with care of consumers. The organisation has a risk management framework that guides how risk is identified, managed and recorded.

Clinical documentation for sampled consumers demonstrated risks for individual consumers are generally identified and effectively managed, including in relation to diabetes management, falls, medication and specialised nursing requirements (indwelling urinary catheter). However, clinical documentation for one consumer recorded eight incidents of inappropriate behaviour over a three-month period, and no review of the consumer or strategies were identified. The service advised it would arrange for specialist review of the consumer and would update the care plan.

Overall, consumers and their representatives interviewed expressed their satisfaction with the care provided by staff at the service. A consumer’s representative described how the service explained risks of harm associated with a bed rail with them and discussed alternate strategies.

Registered and care staff interviewed described the risks considered high impact and high prevalence in relation to consumers in the service and, for the consumers sampled, individual risks as reflected in the care documentation.

Management identified recent improvements implemented including:

* a diabetes screening and management process
* increased clinical governance through monitoring incidents, review of care planning documentation and attendance at handover
* training and education for clinical staff on a range of topics including diabetes management, clinical communication and deterioration and risk management
* clinical incident escalation process to guide staff in recording and escalating incidents, including to senior managers and clinical governance managers.

The service records high impact, high prevalence clinical risks for consumers through its monthly clinical incident data, which from June 2019 to May 2020 demonstrated a decrease in a number of areas.

The information about the service’s lack of appropriate response to a consumer’s behavioural incidents has been considered, however, in the context of the overall positive feedback provided by consumer and representatives and findings of the Assessment Team, this requirement is compliant.

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

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

For the consumers sampled, care planning documentation includes: advanced care planning; the needs, goals and preferences of consumers for end of life care; and prescribed pain medication to be administered as required. For example, a consumer’s end of life plan identified their preference for no active treatment, arrangements for visitors, treatment of personal items and to be pain free.

A consumer representative interviewed by the Assessment Team stated palliative care was in place and addressed the consumer’s preferences for end of life care.

Management advised improvements have been made since August 2019 to improve end of life care:

* conducted case conferences with all consumers on end of life pathways
* improved communication with the medical officers to increase compliance with end of life discussions and documentation
* implemented a ‘returning from hospital’ checklist to prompt staff to check whether consumers returning from hospital have an advanced care directive and/or require a discussion
* delivered training to staff on palliative care and end of life care planning.

Staff interviewed reported they are informed of a consumer’s end of life care status through care alerts in the electronic information system, care plans and handover.

For the reasons detailed above this requirement is compliant.

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

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

Consumers’ clinical documentation reviewed by the Assessment Team demonstrated deterioration or changes in a consumer’s condition are identified and responded to in a timely manner. For example, responsive actions included:

* escalation of incidents to the registered nurse
* monitoring of the consumer
* referrals to a medical officer, other health professional and/or hospital for further review or intervention
* contact with the consumer’s representative, where appropriate, to advise about the consumer’s change in condition.

Staff interviewed confirmed they had attended recent training in recognising and responding to clinical deterioration.

The service has clinical policies, procedures and forms to support staff to recognise and respond to deterioration or changes in a consumer’s condition, including in relation to diabetes management, falls, pain, delirium and complex behaviours.

Management described recent improvements implemented including a revised clinical governance structure that increased clinical oversight of clinical care to ensure clinical deterioration is identified and treated in a timely manner.

For those consumers and their representatives sampled who experienced a deterioration reported the service recognised and responded to their changes in a timely manner.

For the reasons detailed above this requirement is compliant.

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

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

#### The Assessment Team found care documentation provides adequate information about the consumer’s condition, needs and preferences to guide staff in the delivery of care and services. Documentation reflected information sharing with other health providers including medical officers, geriatricians, hospital and allied health professionals responsible for the consumer’s care. Medical officers can have remote access to consumer files when required.

A consumer’s representative interviewed said they were very satisfied with the care and services, staff know and understand the consumer and inform them when he is reviewed by a medical officer or allied health professional.

Staff described the processes to ensure information about a consumer is documented and communicated to staff and with other external health care providers. Staff also understood how information is shared when changes occur and how changes are documented.

The Assessment Team identified the service has made improvements including by updating the policy and process for transfer of a consumer to hospital, which outlines forms and information to be shared with paramedics and hospital staff.

For the reasons detailed above this requirement is compliant.

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

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

For the consumers sampled, care planning documents demonstrated input of others and referrals where needed, including to geriatric services and allied health professionals.

Consumers and their representatives interviewed reported they are satisfied timely and appropriate referrals occur when needed and that consumers have access to relevant health professionals such as allied health professionals, medical specialists and specialist services.

Management interviewed by the Assessment Team confirmed consumers are regularly referred to specialist services for review of wounds, palliative care, geriatric mental health and for hospital community-based services. Senior managers are responsible for ensuring that when referral occur, appointments are made, and consultations occur.

Registered staff reported referrals are made in consultation with the consumer and/or their representative and described how information is shared with others when referrals are made.

The service has referral processes to ensure consumers are reviewed by external service providers, medical officers and allied health professionals as required. Referrals are initiated by registered staff following an assessment of the consumer or at medical officer or representative’s request. Referral information and alerts are in the electronic documentation system.

For the reasons detailed above this requirement is compliant.

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

*Minimisation of infection related risks through implementing:*

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

The organisation has written policies and procedures relating to infection control, and practices to reduce the risk of resistance to antibiotics. Monitoring processes are in place for clinical indicators (including infections) and influenza vaccinations.

Management reported they have regular discussions with medical officers to minimise the use of antibiotics.

Registered staff interviewed were aware of the requirements for documenting infections as an incident, the processes in place to monitor the use of antimicrobials and provided examples about how they minimise infection-related risks, including through hand hygiene practices, use of appropriate personal protective equipment (PPE), vaccinations and outbreak management processes.

Staff interviewed said they received training in antimicrobial stewardship, infection minimisation strategies, the use of appropriate PPE, and cleaning processes.

For the reasons detailed above this requirement is compliant.

# STANDARD 4 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

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## 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.*

Consumers and their representatives reported they receive the support they need and gave examples about how the service supports them to do the things they want to do. For example:

* a consumer and their representative reported recent improvements in staff providing assistance to support the consumer to be ready for appointments and activities
* another consumer described how maintenance staff made a device to allow them to self-steer their wheelchair, providing them further independence.

Staff demonstrated an understanding of what is important to each consumer and this was consistent with information from consumer interviews and care documents reviewed.

For the consumers sampled, care plans included information about what is important to them.

Management reported an additional lifestyle officer has been recruited which supports planning and completion of assessments, in addition to providing additional individual or group activities.

The Assessment Team observed newsletters, activity calendars and activity evaluations, and consumers being supported with group and individual activities.

For the reasons detailed above this requirement is compliant.

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

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

Consumers and their representatives reported satisfaction with the support available relating to emotional, spiritual and psychological wellbeing. For example, consumers reported there is someone they can talk to if they are feeling low or sad, including staff, the Chaplain and the pastoral care volunteer.

Care planning documents reviewed by the Assessment Team included information about consumers’ spiritual and emotional needs.

#### Staff demonstrated they are familiar with the consumers they provide care to and described how they recognise and respond to a consumer in need of additional emotional support. This included when people are new to the service or when handover information identified a consumer requires additional support.

The Chaplain reported they visit each consumer on the first day of their arrival, on a weekly basis and when requested. The Chaplain stated a weekly church service is being broadcast on television and consumers can access this in their room during social distancing restrictions.

Management reported recent improvements have been made including informing staff about the process to refer consumers to the Chaplain, training staff on managing challenging behaviours and implementing a ‘my life history’ form in the entry pack to be completed by consumers/representatives.

The Assessment Team observed the pastoral care volunteer and the Chaplain interacting with consumers individually and facilitating the Men’s group activity.

For the reasons detailed above this requirement is compliant.

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

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

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

#### Consumers and their representatives reported the service provides and supports their participation in the community and assists them to do things that interest them.

Consumers were satisfied with the lifestyle program at the service and confirmed whilst they have been unable to attend community events during the restrictions in place during the COVID-19 pandemic, staff have provided alternatives such as the establishment of a liaison position to assist them to maintain contact with others via video or telephone calls.

Management reported that all consumers’ lifestyle documentation has been recently reviewed. Lifestyle activities participation records for the sampled consumers confirmed they are attending activities of their choice and maintaining relationships with others.

Staff interviewed demonstrated an understanding of individual consumers and how they participate in the community and keep in touch with the people important to them.

The Assessment Team observed consumers participating in group and individual activities, sharing meals together, going out into the community and receiving visitors. Consumers were utilising different areas of the service, including private sitting areas and outdoors.

For the reasons detailed above this requirement is compliant.

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

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

Consumers interviewed reported the meals and meal service have improved, and they can provide feedback about meals during the meal service and/or in meetings. A survey undertaken in January 2020 also demonstrated improvement in consumer satisfaction with meals.

Consumers reported there are options available if they do not like a meal, there are a variety of meals served and they can access snacks between meals. They confirmed staff were aware of their food likes, dislikes and preferences.

Care planning documents and dietary preference forms reflected individual dietary needs and preferences and were consistent with what consumers told the Assessment Team.

Kitchen staff and care staff could identify specific dietary needs and preferences for individual consumers, and the various ways consumers can provide feedback about the meals.

The Assessment Team identified the service has implemented improvements to the meal service, including:

* established a menu review committee in September 2019
* reviewed all dietary food and preference forms
* established snack food boxes available to consumers
* purchased additional moulds for textured food and increased variety of food available to consumers on textured diets
* provided dedicated servery staff during mealtimes (which staff reported has improved their ability to meet consumers’ needs)
* delivered staff training and information about modified diets, alternate meals, dietary needs and preferences.

The Assessment Team observed:

* the kitchen and servery areas to be clean and tidy and staff were practising appropriate food safety protocols
* a whiteboard in the main kitchen identifying individual preferences and needs of consumers (which were consistent with consumer care documents and interviews with the Assessment Team).

For the reasons detailed above this requirement is compliant.

# STANDARD 5 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

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### 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 service has made improvements to cleaning services, consumer access to external areas and evening lock up procedures.

The Assessment Team observed the internal and external service environment to be safe, clean and well-maintained. Hallways were free from obstacles and high use areas such as kitchenettes and dining rooms were cleaned after each meal. Cleaning staff interviewed said they have sufficient time to complete their tasks and confirmed they have undertaken recent training in a range of topics including cleaning, chemicals and infection control.

While there are security measures in place, the Assessment Team observed consumers moving freely indoors and outdoors, including in the central courtyard, administration and reception areas. Management described the controlled access to the complex and each cottage and how consumers can use the designated systems. Staff follow lock up procedures at night.

#### Consumers and their representatives advised the Assessment Team they are satisfied with the service environment, including safety, cleaning services, provision of equipment and maintenance.

The service has a maintenance program that includes a routine and reactive maintenance schedule. The Area Maintenance Supervisor described the maintenance program and care staff described the process to report damage, hazards or maintenance requests.

For the reasons detailed above this requirement is compliant.

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

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

The Assessment Team identified the service had improved the provision of equipment available to consumers, such as slings and equipment to assist in the treatment of pressure injuries, and its processes to order specific equipment such as a sling for individual consumers.

The Assessment Team observed:

* consumers sitting in comfortable chairs in communal lounge and dining areas
* equipment such as hoists, wheelchairs and fire extinguishers were clean and well maintained
* equipment to assist in the treatment of pressure injuries was in use.

#### Management interviewed by the Assessment Team said the organisation allocates an annual capital expenditure budget to the service for the purchasing of furniture, fittings and equipment. The suitability of equipment to meet an individual consumer’s personal and clinical needs is assessed.

Staff interviewed reported sufficient stocks were available of pressure relieving equipment and transfer equipment.

The service has a regular maintenance program and audit processes to monitor furniture, fittings and equipment and ensure they are safe, clean and well maintained.

Consumers and their representatives are satisfied with the furniture, fittings and equipment. Ongoing consumer satisfaction is monitored through feedback from consumers, regular audits and incident data.

For the reasons detailed above this requirement is compliant.

# STANDARD 6 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

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 6 Requirements

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

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

Consumers and representatives provided positive feedback about the way complaints were managed and were satisfied with the actions taken in response to their feedback or complaints.

The organisation has an open disclosure policy, and complaints and appeals management procedures. Documentation reviewed by the Assessment Team identified feedback is generally recorded, actioned and evaluated.

Staff interviewed understood their role in responding and escalating a complaint, and confirmed they received training on open disclosure and could explain what this meant in relation to complaints.

Management identified the following improvements made at the service:

* staff received training in open disclosure
* the service manager has improved communication with consumers and representatives about complaints
* better tracking and monitoring of feedback by recording complaints and feedback on the electronic database.
  + While one consumer’s clinical documentation identified they had complained about staff, this was not recorded on the electronic database. The Assessment Team spoke with the consumer who said they were satisfied with the service’s response to his complaint and no similar incidents had occurred since he make the initial complaint to staff.

For the reasons detailed above this requirement is compliant.

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

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

Interviews with consumers and their representatives and staff, and review of meeting minutes identified examples of improvements made to care and services at the service as a result of feedback. This included establishing a menu review committee that has improved the meals served.

Management could identify trends in complaints and identified the most common complaints are in relation to care and services or meals and could discuss actions taken in response to these areas.

The Assessment Team reviewed service documentation and identified:

* complaints and compliments are recorded on the electronic database
* the service’s feedback procedure outlines the process for reporting, recording and escalating complaints.

For the reasons detailed above this requirement is compliant.

# STANDARD 7 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

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## 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*

Positive feedback was received from all consumers and representatives interviewed by the Assessment Team about the workforce. Consumers said they are satisfied with staff availability and with their skills and knowledge.

All staff interviewed advised they generally have sufficient time to complete their tasks. Management explained the workforce is planned and based on the number and needs of consumers at the service, and the service layout.

The Assessment Team observed staff responding promptly to requests for assistance from consumers made verbally or via the call bell system; morning/afternoon tea and lunch served on time; and activities occurring as planned.

Management advised the Assessment Team about several changes made to improve the allocation of staff and to adjust the division of duties between care and environmental staff. They said that:

* since November 2019, 33 staff have been recruited and the service now has a more stable staff base with experienced registered nurses
* increased shifts for registered nurses, care staff floats, cleaning and laundry
* established a daily clinical meeting to monitor and ensure all cares are delivered as planned
* call bell data is reviewed daily and follow up occurs if delays are identified.

Recent data reviewed by the Assessment Team demonstrated a continuous downward trend over the three months in call bell response times and staff rosters demonstrated personal care workers are rostered and allocated to specific areas of the service according to consumers’ needs and staff on leave are replaced.

For the reasons detailed above this requirement is compliant.

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

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

Consumers and consumer representatives are satisfied that members of the workforce are competent and have the knowledge to effectively perform their roles.

Procedures and other documents guide the recruitment of staff with the required qualifications and knowledge. There are processes to monitor licensed or registered staff to ensure these qualifications are current. For each role, the organisation has documented a position description. The position description for registered nurses sets out the required qualifications, knowledge, experience and competencies. It also provides a position overview and the responsibilities and accountabilities of the role.

The service has a process to induct and train new staff and has a training program that covers a range of training topics relevant to each role. Training needs are identified through audits, performance appraisals or in response to changes in consumers’ care needs. The competency of staff in certain tasks in assessed, for example medications and manual handling.

The Assessment Team identified the service has delivered training sessions to registered and care staff between November 2019 and March 2020 on a range of topics, including:

* the identification and management of clinical risks (such as falls, diabetes, responsive behaviour, pain, end of life, clinical deterioration, pressure injury and clinical communication), open disclosure, medications, restraint, consumers going to or returning from hospital, wound care, pain charts, person centred dementia, dignified and respectful relationships and cleaning.

Care and service staff said they were satisfied with training. Registered nurses could describe the wound assessment and treatment (in line with the best practice guidelines and organisational procedures) process.

For the reasons detailed above this requirement is compliant.

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

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

#### Consumers and their representatives are satisfied with the performance of members of the workforce.

#### The Assessment Team reviewed documentation and interviewed management and found:

* the service has a performance appraisal and development procedure and program, and the performance of staff is formally assessed at scheduled intervals. Consumer feedback is incorporated into performance review where relevant
* informal performance monitoring occurs on an ongoing basis and action is taken when issues are identified
* the service conducts audits in relation to human resources and improvement opportunities are documented on the improvement plan. The most recent human resources audit conducted in June 2020 reported a satisfactory result.

For the reasons detailed above this requirement is compliant.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Assessment Team spoke with consumers, management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of safe and quality care and services.

Management demonstrated actions had been taken to improve the performance of the service in this Standard.

The organisation has implemented a range of governance systems to monitor the service’s performance, including monthly reports to the Governance committee and the Board. Consumers are engaged in the development, delivery and evaluation of care and services. The organisation promotes a culture of safe and quality care and services. There are effective organisational wide governance systems and effective risk management systems and practices. The organisation has a clinical governance framework.

Consumers and their representatives consider the organisation is well run and that they can partner in improving the delivery of care and services.

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

## Assessment of Standard 8 Requirements

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

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

The organisation has established processes to assist and support consumers to engage in the development, delivery and evaluation of care and services. The organisation includes consumers in projects that effect the delivery of care and services.

Consumers said they feel engaged and management follows up when they raise things with them. Consumers were satisfied with the quality of care and services provided. Consumer representatives interviewed by the Assessment Team said they were consulted when management proposed the transfer of the dementia support unit from Palmerin cottage to Rosenthal cottage.

Managed provided examples about how consumers are engaged, including:

* introduction of the “message in a bottle” program where consumers send messages directly to the Board. The May 2020 Memorandum to the Governance and Risk Committee includes a section for Message in a Bottle comments
* establishment of a menu review committee. The June 2020 meeting minutes recorded 10 consumers on the committee and changes made to the menu.

For the reasons detailed above this requirement is compliant.

### 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 Tea interviewed management and reviewed documents and identified the organisation’s Board of Management promotes a culture of safe, inclusive and quality care and services through documents such as the Strategic Plan, and maintains accountability for the service’s performance through regularly reviewing reports and performance data.

The Board established a governance and risk committee to assist with the promotion of quality care and services and monitoring performance.

A new initiative to ensure organisational accountability has been the introduction of a monthly performance report provided to the governance and risk committee on several performance measures, such as critical/sentinel events and incidents, clinical indicators, complaints, infections, the use of restraint and compliance with the quality standards. While the data is aggregated across the organisation, individual services are identified where relevant.

Consumers and consumer representatives were satisfied with safety, inclusiveness and the quality of care and services delivered at the service.

For the reasons detailed above this requirement is compliant.

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

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

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

There are organisational governance systems in place to improve outcomes for consumers. For example:

* The service’s information systems have been reviewed and gaps in information addressed. Consumers’ care plans have been reviewed and are current. Incidents are reported and document. Consumers and staff have access to relevant information, which supports decision making and ensures staff have access to the information they require for their role. Staff said they knew how to access information.
* The service has a continuous improvement system that records and tracks improvement activities. Audits are conducted and results analysed. A range of improvement activities have been undertaken since August 2019 to improve the performance of the service against the Quality Standards. An example was the installation of glass panels on the railings on ground level verandas to improve safety of the premises while not impeding the consumers’ views of the surrounding countryside.
* The service management were asked how they seek changes to budget or expenditure to support changing needs of consumers. Management said an annual budget has been prepared and approved by the Board. During this period, additional staff have been recruited and equipment purchased.
* The responsibilities and accountabilities of each role are set out in position descriptions. Staff are required to compete a set of training modules that include, but are not limited to, health and safety, infection control, the organisation’s policies, the quality standards, compulsory reporting and manual handling.
* The organisation remains abreast of changes to legislative requirements and these are communicated to staff.
* Feedback and complaints management processes are in place and are effective, and these mechanisms inform continuous improvement.

For the reasons detailed above this requirement is 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.*

The organisation has a documented risk management framework and a care risk register. These documents provide guidance in risk assessment and risk treatment.

In relation to managing high impact or high prevalence risks, management demonstrated:

* there are policies and processes in place to guide staff in the management of high impact risks associated with medications, restraint, blood glucose monitoring, falls, pressure injuries and wounds. Incidents are analysed, strategies to minimise recurrence are implemented and monthly reports are provided to the Governance committee and the Board
* there are policies and processes to guide staff in the management of high prevalence risks associated with infection outbreaks, safety, food safety, fire safety and emergencies
* the clinical manager reviews all progress notes and conducts regular audits to monitor consumer assessment and planning, including risk identification and management.

Consumers and their representatives were satisfied the service consulted them about risks and strategies were in place to minimise identified risks.

For the reasons detailed above this requirement is compliant.

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

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

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

The organisation has a clinical governance framework in place that includes:

* care effectiveness, risk management, open disclosure and effective workforce
* a policy and data collection tool relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint that promotes seeking alternatives to physical and chemical restraint
* an open disclosure policy that covers telling people the facts, explaining why and how something occurred, asking those affected about their feelings and expectation and making an apology.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management said the implementation of the policy on minimising the use of restraint had contributed to a decrease in the use of chemical restraint.

For the reasons detailed above this requirement is compliant.

# Areas for improvement

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