Cooinda Court Hostel

Performance Report

24-28 Commins Street   
JUNEE NSW 2663  
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**Commission ID:** 0315

**Provider name:** Junee Hostel for the Aged Inc

**Site Audit date:** 29 March 2021 to 1 April 2021

**Date of Performance Report:** 6 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-Compliant |
| Requirement 6(3)(d) | Non-Compliant |
| **Standard 7 Human resources** | **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) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 30 April 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* All consumers interviewed felt they were supported by staff to live the ‘best life they can’ and treated with dignity and respect, providing examples of what respect means to them.
* Consumers felt that they are able to make choices and are provided with adequate information to make informed decisions.

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.*

The Assessment Team identified that consumers and staff were unable to describe how consumers are supported to take risks, and there were no documentation found to support risks being taken by consumers.

However, consumers’ interviewed did not identify any activities they wanted to do but were unable to due to a lack of support or an adverse approach to risk from staff. The consumers interviewed also said they feel they are supported by staff to live the best life they can in the activities they choose, and they can generally make decisions on the delivery of their individual care. Staff interviewed were also able to describe how they support consumer choices, and they were able to describe an instance on how they discussed alternate solutions to minimise risks to a consumer while meeting them and their family’s expectations.

I am therefore of the view that if a consumer in the service chooses to take risk, it is likely that the service would support them in this choice. The Assessment Team’s findings related to the inadequate documentation of risk will be considered in Standard 2 Requirement 2(3)(a).

The approved provider has responded that all risks associated with a consumer’s activities and care is documented in their care plan and have provided the risk assessment template that they use, although they have not submitted further evidence to confirm these have been completed for consumers. While not considered in making the compliance finding for this requirement I note the approved provider also stated staff are receiving further training in risk in everyday care, and that they have reviewed all risk management documents to ensure they include consumer and representative input.

On balance, I find this requirement compliant.

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumer representatives said they felt satisfied in relation to the ongoing assessment and planning of consumer care and services. However, they said they have not been offered a copy of the care plan and were not always involved in discussion around its review.

The Assessment Team also identified some gaps in consumer care plans, including the lack of assessment and documentation of some risks, end of life planning and consumer goals.

The Quality Standard is assessed as Non-Compliant as three 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 Assessment Team interviewed a sample of consumers and representatives whom said they were satisfied with the care provided by the service.

However, the team reviewed a sample of care plans and identified that significant risks are not always effectively assessed, considered or documented at the service. For example, one consumer who recently entered the service on respite had an interim care plan in place, but did not have assessments completed to consider their risks and to assist with planning for their care and services. The team also identified gaps in assessment and planning for consumers in the service for respite. For example, the same consumer (mentioned prior) did not have a falls risk assessment completed on entering the service, nor after they experienced two falls while in the service.

Not all staff interviewed were able to describe the risk assessment process to the Assessment Team, particularly in relation to assessing risk after a fall.

The provider has since responded that risk assessment documents have now been included in the admission information for all residents entering the service, including the aforementioned consumer. The provider has also made education on falls and risks available to staff.

Based on the information available at the time of assessment, I find this requirement Non-compliant.

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

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

The Assessment Team reviewed a sample of consumer care plan documents and identified that they had gaps relating to consumer goals and advanced care planning. The team identified that the documented goals for the consumers sampled did not always address the needs and preferences of the consumer in specific domains but were statements about what the consumer or representative hopes will happen while at the service. For example, some consumers had goals related to how they would like to spend their afternoon or have their meal but did not have goals reflecting their clinical needs.

Furthermore, the Assessment Team did not identify that discussions around advanced care planning occurred for consumers. The team noted that the service does not provide palliative care, that staff interviewed stated that they inform the consumer that they will be transferred to the local hospital if the circumstance arises, and some consumers also had advanced care directives in place in relation to not for resuscitation orders. However, it is unclear if the service has offered the option to every consumer to discuss their end of life wishes or advance care planning (if they wished), which would assist their care if they ever entered a near end of life stage in the service and were awaiting transfer to hospital.

The provider has since responded that care plan documents now contains an area to include end of life wishes/plans, and also notes not for resuscitation directives.

I find this requirement Non-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.*

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

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

The Assessment Team interviewed a sample of consumers and representatives who said they receive communication on their consumers care, when the consumer has fallen or have had changes. However, neither the consumers or representatives stated they have a documented copy of the care plan, nor have they been offered one. One consumer stated they did not know they could ask for a copy of the care plan.

Staff interviewed said that they have a resident of the day assessment process which involves a care staff member reviewing the consumers progress notes and assessment, which informs any changes to the care plan. The Assessment Team reviewed the process and identified that consumers or representatives are not involved in this review process and are not offered an updated care plan if changes are made.

The provider has not responded to these findings.

### As consumers do not have a documented care plan that is offered or readily available to them, I find this requirement Non-complaint.

### 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

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

Consumers said they felt at home and most representatives are satisfied with the care and services they receive.

For example:

* All consumers and representatives sampled said the staff were kind, caring and they had no complaints.
* All sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

However, the Assessment Team found management at the service are not aware of the definition of chemical restraint and demonstrated compliance gaps in relation to psychotropic medication.

Clinical policies and procedures provided also did not reference best practice guidelines, relevant legislation and did not inform staff practice.

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

### Assessment of Standard 3 Requirements*.*

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

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

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

The Assessment Team interviewed a sample of consumers who felt their care and services optimised their health and wellbeing. Staff interviewed could describe how they manage personal and clinical care for consumers.

However, the Assessment Team reviewed care documents and identified that care documents did not consistently reflect care that is safe, effective, best practice, tailored to consumer specific needs, and optimised to a consumer’s health and well-being. For example, the Assessment Team identified that best practice regarding skin integrity was not followed, and there were documented wounds without classifications or measurements. Similarly, best practice regarding falls were not followed, and assessments were not always completed for a consumer on entry to a service or after a fall has occurred.

The service was also not able to demonstrate adequate management of psychotropic medication and chemical restraints. The service was unable to demonstrate awareness of psychotropic medications and were unable to provide a register of medications to the Assessment Team. They were able to provide a register for chemical restraints, but were unable to demonstrate that they received regular review which would’ve informed whether the restraint needed to remain in place.

The provider has since responded that their management team has undertaken an education session on psychotropic management, and they have developed new processes to review these medications. They have also begun reviewing their clinical procedures and policy to ensure they meet best practice and that these are followed by staff.

I find this requirement Non-Compliant.

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

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

The Assessment Team identified care planning documents and identified that the service does not have effective management of high impact or high prevalence risks associated with the care of each consumer. For example, the team identified that consumers entering the service for respite do not have assessments completed, so high risk conditions are not always recognised for all consumers.

The Assessment Team also looked at documentation and identified that psychotropic medication are not on a register and the service does not evidence effective management or awareness of psychotropics at the service. The service also collects monthly clinical data about high impact or high prevalence risks, however, the service was unable to provide evidence that this data has been used to drive effective management of the risks at the service.

Furthermore, staff interviewed did not demonstrate awareness of or effective management of high impact risks such as falls and pressure injuries (although I note the service does not currently have consumers with pressure injuries at time of assessment).

The provider has since responded that their management team has since undertaken an education session on psychotropic management, and they have developed new processes to review these medications. They have also begun reviewing their clinical procedures and policy to ensure they meet best practice, and that staff receive further training and education on risks.

I find this requirement Non-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.*

The Assessment Team notes that the service does not provide palliative care services to consumers. They were not able to identify any current consumers nearing the end of life, nor any past instances where the service has managed consumers nearing the end of life.

The Assessment Team interviewed a sample of consumers to understand if they are aware what would happen if they do require end of life care; all consumers sampled stated they will be transferred to the local hospital, and this has been communicated to them by staff and is also in the consumer handbook provided to them. Staff interviewed were similarly able to advise that a visiting medical officer will transfer a consumer nearing the end of life to the local hospital.

The team also identified that the service has a palliative care policy and procedure relating to end of life care, although management staff emphasised that the service does not provide end of life care for consumers as the service does not have clinical staff to facilitate a palliative or end of life pathway. The provider has also responded confirming the management team’s statements.

The Assessment Team reviewed a sample of care planning documents and identified they do not reflect the end of life wishes of the consumer.

I have considered the above and that the Assessment Team were not able to identify any instances of consumers nearing the end of life to inform this requirement. I acknowledge that the service has a documented procedure in place to recognise and address the circumstances if it arises, and consumers and staff are of a mutual understanding that they would be transferred to the hospital and have not raised concerns regarding this process. Deficiencies in care planning regarding end of life for consumers are addressed in Standard 2 Requirement 2(3)(b)

I find this requirement Compliant.

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

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

### 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

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

For example:

* Consumers interviewed confirmed that they are supported to do things they would like to do and are able to leave the service to participate in the community as they wish.
* Consumers interviewed said that they are supported to keep in touch with people who are important to them through phone calls and visits.
* Consumers interviewed were all satisfied with the food.
* Consumers felt that there are a variety of activities offered that they enjoy participating in.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers and representatives sampled reported the service is clean and well maintained and they feel safe living in the service environment. They said it feels like their home and is welcoming to family and visitors. They said staff and management go out of their way to make it is welcoming and a nice place to live.

The Assessment Team observed the environment to be welcoming, clean and easy to move around. Movement inside and outside the service is not restricted. For example, most consumers’ rooms have both a door to the internal area of the service and a door to either the outside garden areas or the internal courtyard. In the Banksia memory support unit, consumers have access to two courtyards and the consumers can freely enter the main service area with the doors unlocked. 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 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, however had not raised any complaints recently so were not able to confirm that appropriate action is taken.

For example:

* Consumers feel comfortable to raise complaints with management, however had not had a need to raise any concerns recently.
* Consumers were not aware of advocacy services, but there are brochures available throughout the service and management have booked an information session to occur this month.

The Assessment Team identified the service does not have an open disclosure policy and staff were unable to provide examples of open disclosure and how it is used in the service. Review of documentation also showed that complaints and negative feedback are not logged.

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

## Assessment of Standard 6 Requirements

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

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

### 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) Non-compliant

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

The Assessment Team interviewed a sample of consumers who were not able to identify any instances where things had gone wrong and open disclosure was required.

Most care staff interviewed were unable to describe what it meant (except for one staff), although when the concept was explained by the Assessment Team, they similarly explained that there haven’t been any circumstances recently where open disclosure was required. The team were able to identify that a number of care staff had completed open disclosure education in the last two years.

The Assessment Team interviewed management staff who also were unable to explain what open disclosure meant and stated they do not have any policies related to open disclosure. The team reviewed their training records and identified that no management or team leaders had completed training related to open disclosure.

The provider has since responded that all staff have completed a course on open disclosure. An open disclosure policy is now being developed for the service.

Based on the information at the time of this assessment, I find this requirement Non-complaint.

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

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

The Assessment Team interviewed a sample of consumers, however, none of them had recently raised any complaints and were unable to provide insight on whether they are reviewed to improve the quality of care and services.

The Assessment Team interviewed management staff and they initially mentioned there have been no recent complaints and were unable to provide examples where changes have been implemented based on feedback. After further discussion, the staff recalled recent feedback that was brought to their attention which resulted in a change in policy. They also remembered other feedback regarding aspects of care such as food, although they mentioned these were provided verbally, dealt with on the spot, and not documented.

The Assessment Team reviewed the service’s compliments and complaints register and confirmed that complaints or negative feedback have not been documented in recent years, although compliments and thank you cards were included.

I acknowledge that staff could recall one example where feedback was provided and a change in policy occurred as a result to improve the quality of care and services. However, as complaints and negative feedback are not documented and relies on staff to recall incidents, I am not satisfied that the service has oversight of their feedback and complaints nor can they effectively review the data (e.g trends, referring to past feedback) to improve the quality of the care and services. As feedback and complaints are not documented, I am also unable to confirm that feedback and complaints have been reviewed and actioned appropriately.

The provider has not responded to this requirement.

I find this requirement Non-compliant.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

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

For example:

* All consumers and representatives interviewed said staff are kind, caring and respectful of their identity, culture and diversity. This was also observed by the Assessment Team throughout the Performance Assessment.
* All consumers and representatives interviewed said they felt staff knew what they were doing and that there were adequate staff.
* Staff training and education is conducted regularly and records show that all mandatory training has been undertaken and that staff are qualified for their relevant roles.
* The workforce is planned and sufficiently staff to provide quality care and services, however the registered nursing hours were minimal.
* The service demonstrated that assessment, monitoring and review of each member of the workforce is undertaken regularly.

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

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

Most sampled consumers considered that the organisation is well run, although they do not describe themselves as engaged in the development, delivery and evaluation of care and services.

The Assessment Team also identified there is limited evidence that consumers partner in improving the delivery of care and services on an organisational level. The team also identified the organisation’s governance systems are mostly documented, but not all are effective.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team interviewed a sample of consumers who felt the organisation was well run, however, they do not describe themselves as engaged in the development, delivery and evaluation of care and services or are supported in that engagement.

The Assessment Team also identified that the service does not also actively seek the engagement of consumers, for example, the service conducts an annual leisure and lifestyle survey, but does not otherwise have a regular consumer survey to gain feedback, evaluation or to seek improvements across all areas of care and services. The service has a committee whereby three consumers can represent the voice of the consumers at consumer meetings, but management interviewed were unable to describe any outcomes with consumers to improve care and services.

There are also no documented or quality improvements resulting from consumer input or feedback, either on the complaints and feedback register or continuous improvement plan. The team identified improvements currently occurring, such as new refurbishment projects, however, there is no record as to how input and feedback from consumer’s informed these refurbishments.

The provider has since responded that they believe the service does engage consumers regarding their care and services and that consumers have also reported satisfaction with care, as evidenced in consumer feedback. They state that engagement is occurring and is simply not documented, and acknowledge that their engagement and documentation can be improved and will formulate a policy that defines the requirements for consumer engagement in relation to all areas of care.

I agree with the provider’s statement that there is evidence of consumers stating they have a say in the planning and delivery of their care. However, I note that the related consumer feedback is mainly in relation to their individual care. There is limited evidence to demonstrate consumer involvement on an organisational level, which is examined in Standard 8. I also acknowledge that engagement with consumers may be taking place as the provider states, however, the lack of documentation makes it difficult for me to determine if this is occurring. I have also considered that management were only able to describe a minimal amount of tools available to proactively seek consumer feedback to develop the service on an organisational level.

I find this requirement Non-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 team identified that the organisation’s governing body does not promote a culture of safe, inclusive and quality care and services and is accountable for their delivery, based on identified gaps in other standards.

I have considered the identified gaps in the service and the current and past actions of the governing body. I acknowledge that the board of management engages weekly with the service’s general manager, and the board reviews statistics on clinical indicators, staff training and education, and the quality standards. I further acknowledge that prior to the assessment, the board had promoted actions to ensure safe and inclusive quality care and services, such as implementing a new electronic care management software to improve documentation, refurbishing the service, and also developing a Covid-19 plan.

Based on the above information, I am satisfied that the governing body does promote a culture of safe, inclusive, and quality care and services and is accountable for their delivery, although they will need to improve their oversight of the clinical indicators and compliance.

The Assessment Team’s findings regarding gaps in the service in regards to safe, inclusive and quality care will be noted in Standard 3(3)(a) and 3(3)(b).

I find this requirement Compliant.

Since this assessment, the provider has also provided evidence from their board documenting the actions they will take and are accountable for in response to addressing the non-compliant requirements.

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

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

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

The Assessment Team identified that the service demonstrated effective financial governance and workforce governance, but did not demonstrate effective governance systems in regards to information management, continuous improvement, regulatory compliance, and feedback and complaints.

In regard to information management, the Assessment Team identified that the service policies and procedures were compiled from several sources and/or industries and were not always updated, or aligned to best practice, or aged care legislation. Management acknowledged these issues and the provider has responded they will be committed to a review of the service’s policies.

In regard to continuous improvement, the team noted that none of the issues identified listed in the register have arisen from the experiences from consumers and or representatives, which may not support an effective system that seeks improvements in relation to consumers. Furthermore, documentation was inconsistent in that a current improvement action was not listed, and existing improvements were unclear on their timeframes for completion, the actions taken, or how the improvement was evaluated.   
  
In regard to feedback and complaints, the team noted that staff did not maintain a system and/or practice of documenting negative feedback or complaints from consumers, hence they are unable to be reviewed for improvements to add to the continuous improvement plan. The provider has responded that the service has had minimal complaints and the positive feedback from consumer on care demonstrates they have an effective feedback and complaints system. Whilst I agree that consumer feedback is currently positive, I note that the current system relies on staff recall in order to ensure negative feedback and complaints are acknowledged and addressed, which is not an effective system when needing to review for trends, to refer to past feedback or complaints, or ensuring all feedback has been addressed.

In regard to regulatory compliance, management were able to describe how they ensure current knowledge on legislative and regularly compliance and how it is communicated to staff. However, the Assessment Team reviewed the service’s current procedures and noted examples where changes to legislation that affected best practice were not included in their procedures.

I find this requirement 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.*

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

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

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

The Assessment Team identified that the organisation’s clinical governance framework documentation mostly does not reflect best practice or reference current and relevant legislation. This was evident through missing policies, outdated policies and procedures which management described as mostly not relevant or accurate, and the lack of analysis of clinical data to improve clinical care outcomes for consumers. For example, the policy relevant to minimising the use of restraint do not include legislation requirements set out in July 2019, a policy and procedure relating to open disclosure is not available to guide staff, and the policy related to antimicrobial stewardship does not adhere to best practice and also places accountabilities on staffing roles that do not exist in the service.

The provider has responded in acknowledgement and have initiated a review of the policies and procedures within their clinical governance framework and will prioritised a new service management system.

# 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)

*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*

* Ensure that significant risks to consumers are assessed, considered and planned for, and are documented in care plans
* Ensure that consumers on respite receive assessment and planning

### Requirement 2(3)(b)

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

* Ensure that consumer goals on care plans reflect their needs, particularly clinical needs
* Ensure that consumers are offered discussions around advance care planning and this is capture in their progress notes and care plans

### Requirement 2(3)(d)

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

* Ensure consumers are aware they can ask for a copy of the care plan, or are offered copies of their care plan

### Requirement 3(3)(a)

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

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

* Ensure a register for psychotropic medication is created to document and monitor the medication at the service
* Ensure chemical restraints receive regular review
* Ensure best practice is followed regarding falls, wounds, and all other personal and clinical care

### Requirement 3(3)(b)

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

* Ensure clinical data is analysed and used to effectively manage high impact or high prevalence risk at the service
* Ensure a register for psychotropic medication is created to document and monitor the medication at the service
* Ensure chemical restraints receive regular review

### Requirement 6(3)(c)

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

* Ensure staff are trained in open disclosure
* Ensure staff have guidance for open disclosure available such as an open disclosure policy

### Requirement 6(3)(d)

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

* Ensure all feedback and complaints are documented on a register, including the actions taken, outcomes, and other data

### Requirement 8(3)(a)

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

* Ensure consumers have opportunities to be engaged and involved in development, delivery and evaluation of care of the service at an organisational level. These opportunities, or improvements as a result of these opportunities, should be documented.

### Requirement 8(3)(c)

*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.*

* Ensure policies and procedures are updated to reflect best practice, the aged care industry, and relevant legislation
* Ensure continuous improvement actions are appropriately documented in the continuous improvement plan and are adequately tracked and evaluated (e.g timeframes for completion, actions taken, how the improvement was evaluated, and other factors).
* Ensure all feedback and complaints are documented to allow for analysis or review and to inform continuous improvement
* Ensure that staff is aware of latest changes to legislation in the aged care industry, and they are guided by resources that reflect the latest legislation.

### Requirement 8(3)(e)

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

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

* Ensure the clinical governance framework is updated to reflect best practice and reference current and relevant aged care legislation