CraigCare Ascot Waters

Performance Report

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ASCOT WA 6104  
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**Commission ID:** 7412

**Provider name:** Glenn-Craig Villages Pty Ltd

**Site Audit date:** 5 January 2022 to 7 January 2022

**Date of Performance Report:** 18 February 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

The 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 consumers, representatives, staff and others
* the provider did not submit a response to the Site Audit report received
* the Performance Report dated 6 September 2021 for a Review Audit conducted 21 June 2021 to 23 June 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

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

Requirements (3)(a) and (3)(d) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* each consumer was treated with dignity and respect, with their identity, culture and diversity valued; and
* each consumer was supported to take risks to enable them to live the best life they can.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a) and (3)(d) and have recommended these Requirements met.

In relation to Requirements (3)(b), (3)(c), (3)(e) and (3)(f), the Assessment Team found overall, consumers sampled considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the service and staff respect and value consumers’ background, culture and diversity and the way they would like their care and services delivered;
* consumers are supported to make decisions about clinical and personal care, encouraged to maintain their independence and are supported to maintain relationships with people who are important to them;
* are provided adequate information to enable them to make appropriate choices and to make decisions about consumers’ day-to-day activities and care; and
* care and services are undertaken in a way that respects consumers’ privacy.

Care files sampled included specific information relating to consumers’ religious affiliations, personal beliefs, cultural and ethnic backgrounds. Staff sampled described how they provide culturally safe care based on consumers’ assessed needs and their individual preferences.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available through a range of avenues, including newsletters, meeting forums and noticeboards. Staff described how information is provided to consumers, including those with sensory or cognitive impairments, to enable them to exercise choice.

Staff were observed to deliver care in a way which promoted and respected consumers’ privacy, and personal information is kept confidential. Consumers are supported to exercise choice and independence in relation to how care and services are delivered, make decisions about who is involved in decisions about their care and supported to maintain relationships with people who are important to them. Staff described how they support consumers to maintain relationships and make informed choices about the care and services they receive.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

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

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including education and training for staff, review of care plans, engagement of volunteers proficient in different languages and introduction of translation software and tools.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives sampled indicated staff are friendly and kind and treat consumers with dignity and respect. They stated staff value and respect consumers and provide care and services according to their identity, culture, and diversity.
* Information relating to consumers’ specific needs and preferences is gathered on entry and used to develop care plans which assist staff in the provision of consumers’ care and services. Staff are encouraged to discuss consumers’ individual needs and preferences with them when providing care.
* Staff sampled consistently spoke about consumers in a way that showed respect and understanding of consumers’ circumstances and preferences. Staff described consumers’ backgrounds and were familiar with their likes and preferences.
* An organisational Social inclusion and diversity policy is in place and outlines the organisation’s values. and describes how the organisation encourages a community of social inclusion, diversity and freedom from discrimination, violence, and abuse.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

**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 service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate each consumer was supported to take risks to enable them to live the best life they can. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including education and training for staff and review of care plans.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers sampled indicated they are able to make decisions about how they wish to live their life. Consumers stated they are supported to take risks ensure they live the best life they can and staff support them to do the things they wanted to do.
* Care files sampled for three consumers outlined activities they choose to partake which include an element of risk. Risk assessments had been completed and identified the activity involving risk, contributing factors and risk mitigation strategies. Referrals to General practitioners and/or allied health professionals had been initiated to assist in the assessment phase, where required. Assessment documents demonstrated this process had occurred in consultation with consumers and/or representatives.
* Staff sampled described activities individual consumers partake which include an element of risk and strategies they implement to support the consumers to undertake these activities safely. Staff indicated they support consumers to exercise choice and understood the service’s responsibility to manage risks associated with consumers’ choices.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

**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 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(c) and (3)(e) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* assessment and planning processes effectively informed the delivery of safe and effective care and services;
* assessment and planning processes were consistently based on ongoing partnership with the consumer and/or representatives; and
* care and services were regularly reviewed for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of consumers.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(c) and (3)(e) and have recommended these Requirements met.

In relation to Requirements (3)(b) and (3)(d), the Assessment Team found overall, consumers sampled considered that they feel like ongoing partners in the ongoing assessment and planning of their care. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff ask consumers about their preferences on a daily basis and assist them with achieving their goals; and
* Registered nurses regularly discuss consumers’ care and/or changing needs and they are aware they can access consumers’ care plans on request.

The service has processes to identify each consumer’s needs, goals and preferences, including in relation to advance care planning and end of life planning. Initial assessment processes assist to identify consumers’ care and service needs and goals and preferences. These aspects are reviewed in consultation with consumers and/or representatives through care plan review processes and as required. End of life planning is a standard component of the entry process and care files sampled included information relating to consumers’ advance care planning and end of life planning. A care file for one consumer evidenced discussions relating to the consumer’s preferences for cultural, religious, spiritual, emotional and social care needs. Clinical and care staff sampled described care needs and preferences for individual consumers in line with care plan information and consumers’ feedback.

Care files demonstrated communication of the outcomes of assessment and planning occurs and care plans reflect care and services provided to consumers. Clinical staff described how assessment and planning outcomes are communicated with consumers and/or representative and this was evidenced in care files viewed. Care plans are available to consumers and/or representatives following development of the care plan and on request. Staff have ready access to care plans to assist them to deliver care and services to consumers.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

**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 service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate assessment and planning processes effectively informed the delivery of safe and effective care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff and reviewing consumers’ care plans.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives sampled expressed satisfaction with how consumers’ care is planned and confirmed they are involved in care planning processes, including in relation to management of risks.
* A sample of 15 care files demonstrated comprehensive assessment and planning, including consideration of risks to consumers’ health and well-being. All care files included vital information in line with consumers’ assessed needs and preferences, including in relation to personal, clinical and lifestyle aspects of care. A range of validated risk assessment tools are used to assess and manage a range of risks, including pressure injuries, falls and malnutrition.
* Care files for three consumers with indwelling catheters demonstrated associated risks had been identified and management strategies developed. Monitoring charts for all three consumers were in place and had been completed in line with care plan directives.
* Clinical staff described assessment and care planning processes and how the information gathered is used to identify consumers’ daily care and lifestyle needs and preferences.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(b) Compliant**

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

**Requirement 2(3)(c) Compliant**

*The organisation demonstrates that assessment and planning:*

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate assessment and planning processes were consistently based on ongoing partnership with the consumer and/or representatives. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including introducing a monitoring tool to ensure each consumer is engaged in ongoing assessment and planning at least every three months during scheduled care plan evaluation processes.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers sampled indicated Registered nurses regularly consult them about the care and services they receive. Consumers said staff confirm their care and lifestyle preferences each day, prior to commencing an activity of daily living.
* A sample of care files demonstrated consumers and/or representatives have been consulted in relation to consumers’ care within the previous 12-month period. Registered nurses routinely contact representatives during the quarterly care plan evaluation/review process.
* Each consumer’s care and services are reviewed by the Physiotherapist at least every three months.
* Clinical staff sampled were knowledgeable of consumers who make decisions regarding their own care and those who have delegated this responsibility to family members.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(d) Compliant**

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

**Requirement 2(3)(e) Compliant**

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

The service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate care and services were regularly reviewed for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals or preferences of consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including conducting a roster review to ensure sufficient number and mix of staff are rostered each shift and implementing a monitoring tool to ensure all consumer care plans are reviewed in line with organisational policies and procedures.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers sampled indicated staff discuss their care plan with them on a regular basis. Two consumers stated their care plans had been reviewed following changes in their condition, pain, and mobility.
* Care files sampled demonstrated each consumer’s care and services are reviewed on a three-monthly basis and comprehensive assessments of their care and service needs had been conducted within the previous 12 months. Reassessment of care needs is triggered when a change in a consumer’s condition has been identified.
* Care files sampled demonstrated where consumers’ circumstances change, or incidents occur, additional monitoring and reassessments are initiated, management strategies are reviewed and/or new strategies implemented, care plans updated and referrals to General practitioners and/or allied health professionals are initiated.
* Care staff sampled indicated they are informed of changes to consumer care, including through handover processes and access to care plans.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(f) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* each consumer was provided safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being;
* effective management of high impact or high prevalence risks associated with the care of each consumer;
* deterioration of consumers’ condition was effectively recognised or responded to in a timely manner;
* information about consumers’ condition was effectively documented and communicated; and
* timely and appropriate referrals were initiated in response to changes in consumers’ condition.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(f) and have recommended these Requirements met.

In relation to Requirements (3)(c) and (3)(g), the service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. A care file sampled demonstrated palliative care was provided to the consumer in line with their assessed needs, comfort was maximised and their dignity preserved. Timely referrals to external palliative care specialists, the General practitioner and allied health professionals were noted to have occurred.

The service has an effective infection control system in place to prevent and control infection. Clinical staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies initiated to minimise spread of infection. Policy and procedure documents are available to guide staff practice.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

**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 was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found each consumer was not provided safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training to staff relating to wound, pain, catheter care and minimising risk of infection.
* Audited and updated care plans of consumers with indwelling catheters to ensure correct management interventions were documented.
* Audited care files of all consumers with wounds. Consumers with chronic wounds have been referred to and reviewed by a Wound consultant.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* All consumers sampled expressed satisfaction with the personal care delivered and with management of specific areas of care, including catheter care, wounds and pain.
* Consumer files sampled for three consumers with indwelling catheters demonstrated care is provided in line with care plan directives and policies and procedures. Care staff were knowledgeable of related monitoring processes, including signs of infection and care of related equipment.
* Care files sampled demonstrated best practice care is applied in relation to wounds, pressure injuries, palliative care, falls prevention and post fall management, diabetes and pain.
* All care and nursing staff sampled were knowledgeable of individual care needs and preferences of consumers in relation to personal and clinical care.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Compliant**

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff relating to caring for consumers living with dementia, reviewed a named consumer’s Behaviour management plan and Lifestyle care plan and installed a sensor system in a named consumer’s room.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* A sample of consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Individualised strategies to minimise the impact of these risks are outlined in each consumer’s care plan and were noted to be reviewed following incidents and/or changes to consumers’ health or well-being and on a regular basis.
* Care files sampled demonstrated appropriate management of risks relating to falls, behaviours, pain, wounds, and malnutrition. Where issues are identified, reassessments occur, care plans are reviewed and updated and referrals to allied health professionals and/or General practitioners initiated.
* Staff described high impact or high prevalence risks and management strategies for sampled consumers and described their responsibilities in managing these risks in line with their scope of practice. For one consumer, staff described triggers and interventions to minimise the impact of challenging behaviours.
* Incidents were managed in line with the organisation’s process, including assessment of consumers, completion of initial observations and neurological observations where required, commencement and/or review of assessments and notifications to General practitioners and representatives.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(c) Compliant**

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

**Requirement 3(3)(d) Compliant**

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found deterioration of consumers’ condition was not effectively recognised or responded to in a timely manner. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff, specifically identifying consumer deterioration relating to urinary and bladder symptoms.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated 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.
* Care files sampled demonstrated where deterioration to a consumer’s cognitive or physical function is identified, an investigation by clinical staff occurs and referrals to General practitioners and/or allied health professionals are initiated. Where required, consumers are transferred to hospital for further investigation.
* Information provided by management and staff through interviews and documentation sampled demonstrated for one consumer, timely and effective actions had been taken in response to a significant deterioration in condition. Referrals to the General practitioner and allied health professionals had been initiated, staff had involved representatives in care conferences and monitoring and reassessments had occurred.
* Care staff were aware of their responsibilities to report deterioration or changes to consumers’ health and well-being to senior staff. Clinical staff demonstrated an awareness of actions to initiate in response to changes in a consumer’s condition.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

**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 service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found information about consumers’ condition was not effectively documented and communicated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff relating to progress note documentation and the introduction of Hospital transfer envelopes to improve communication between hospitals and the service.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated information about consumers’ condition, needs and preferences is documented and communicated within the organisation and externally where responsibility for care is shared.
* Consumers and representatives sampled felt consumers’ needs, and preferences are effectively communicated between staff.
* Care files sampled included sufficient information to support effective and safe sharing of consumers’ care and demonstrated ongoing communications between clinical staff, consumers, representatives and others where responsibility for care is shared. Where consumers are reviewed by General practitioners and/or allied health professionals, outcomes of the review had been recorded in progress notes.
* Clinical staff sampled described how information about consumers’ condition, needs and preferences is communicated and documented within the organisation and with others where responsibility of care is shared.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(f) Compliant**

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

The service was found Non-compliant with Requirement (3)(f) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found timely and appropriate referrals were not initiated in response to changes in consumers’ condition. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing training to staff relating to consumer deterioration to enable timely and appropriate referrals to allied health professionals and General practitioners.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives sampled indicated consumers regularly see the General practitioner, and are happy with their access clinical staff and allied health professionals, including the Nurse practitioner.
* Care files sampled included input of others, including General practitioners and health professionals and demonstrated appropriate and timely referrals are initiated.
* Two Registered nurses described referral processes, including to individuals, other organisations and providers of other care and services in response to changes in consumers’ condition.
* Two allied health professionals described how they receive referrals from the service relating to individual consumers. The allied health professionals indicated referrals are sent in a timely manner and if a consumer needs to be seen urgently, nursing staff alert them through email.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(g) Compliant**

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Requirements (3)(a), (3)(b) and (3)(d) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* each consumer got safe and effective services and supports for daily living that met consumers’ needs and preferences and optimised their independence, health, well-being and quality of life;
* each consumer was provided services and supports for daily living to promote emotional, spiritual and/or psychological well-being; and
* information about consumers’ condition, needs and preferences was effectively communicated to staff.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(b) and (3)(d) and have recommended these Requirements met.

In relation to Requirements (3)(c), (3)(e), (3)(f) and (3)(g), the following examples were provided by consumers and representatives during interviews with the Assessment Team:

* the service has supported consumers to develop and maintain social and personal relationships, participate in the community, and do things of interest to them;
* consumers are referred to other services to supplement the lifestyle program;
* consumers enjoy the dining experience, the food is of good quality and quantity, and they can provide feedback in person and in writing about all aspects of the menu and food service; and
* equipment is maintained and consumers feel safe using it.

Care plans sampled included information relating to how consumers like to spend their time, both within and outside of the service environment, and maintain social and personal relationships. Lifestyle staff described how they work with consumers, volunteers, and others outside the organisation to support consumers with their social activities, wishes and interests and to continue to maintain community connections. Monthly activity calendars include a range of activities, and changes to the calendar are made in response to consumer feedback. Consumers, including those identified as requiring additional emotional support or at risk of isolation, are referred to individuals, other organisations and providers of other care and services, as required.

Assessment processes assist to identify each consumer’s dietary needs preferences and this information is available to catering staff to guide catering processes. A seasonal menu is in place which has been developed in consultation with a Dietitian and consumers. Consumers indicated they are satisfied with meals, the menu provides multiple choices and meals are of high quality and quantity. Consumers are encouraged to provide feedback on the meals provided through meeting forums, surveys and feedback and complaints processes.

Equipment was observed to be safe, suitable, clean and well maintained. Staff were knowledgeable about how to use equipment, and described how faults and hazards are reported. Equipment used by consumers is monitored, including through preventative and reactive maintenance processes.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

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

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate each consumer received safe and effective services and supports for daily living that met consumers’ needs and preferences and optimised their independence, health, well-being and quality of life. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including increased lifestyle team staffing levels, increased consumer surveys and ensuring regular staff work on a specific floor.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Six consumers and one representative sampled indicated the services and supports for daily living consumers receive enables their independence to be optimised and they are able to do the things they enjoy.
* Initial assessment processes assist to identify supports for daily living that may assist in meeting consumers’ goals and preferences and optimise their independence and well-being. The assessment process considers aspects, such as spiritual/cultural needs, social and leisure needs, relationships, recreation, and emotional needs.
* A sample of eight care files included information about what and who was important to consumers, their background, life story and experiences, past and current interests, religious and other cultural practices and goals and preferences to assist consumers to do the things they want.
* Staff sampled described how they support consumers to maintain their independence and do the things that are important to them.
* Lifestyle staff described how they work alongside others to ensure consumers are provided opportunities for activities that meet their individual needs.
* Documentation sampled demonstrated activities are reviewed every three months and activity schedules updated accordingly. Surveys and data collated after each activity session assist to inform levels of consumer engagement and suggestions for improvements. Data gathered is reviewed at monthly meetings.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

**Requirement 4(3)(b) Compliant**

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

The service was found Non-compliant with Requirement (3)(b) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate each consumer was provided services and supports for daily living to promote emotional, spiritual and/or psychological well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including improved community engagement and relationship development with other organisations to promote consumers’ emotional, spiritual, and psychological well-being and to minimise risk and stress.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Six consumers and two representatives sampled indicated staff know consumers well and provide them with daily supports and services which meet their emotional, spiritual needs and psychological well-being.
* Each consumer has a Therapy/lifestyle/activities plan which enables services, such as leisure and activity services and external supports which may be required to be planned. A sample of eight care files included specific information relating to each consumer’s emotional, spiritual, and psychological needs and preferences
* Care staff described how they provide care to individual consumers in a way that the consumer prefers. Staff indicated that where they observe a consumer not feeling themselves, they escalate this to clinical staff.
* A Registered nurse described how concerns relating to the emotional, spiritual, or psychological well-being of consumers is assessed and where required, referrals to the appropriate support person and/or services initiated.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(b) in Standard 4 Services and supports for daily living.

**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.*

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate information about consumers’ condition, needs and preferences was effectively communicated to staff. The Assessment Team’s report indicated the service implemented a number of actions in response to the Non-compliance which were noted to have been effective.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Six consumers and two representatives sampled indicated staff know consumers well, including their routines, how they like their care to be provided, what they enjoy doing and who is important to them.
* Eight care files sampled included information about consumers’ needs, preferences, and goals and demonstrated referrals for further support, including to allied health or external providers had been initiated.
* Care staff stated are updated on changes in consumers’ condition, needs and preferences through handover processes and care plan documents. Additionally, care staff indicated where they identify a change in a consumer’s condition, they report this to clinical staff.
* Observation of a shift handover demonstrated up-to-date information relating to consumers was shared with staff to enable care and services to be provided in line with consumers’ assessed needs.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(d) in Standard 4 Services and supports for daily living.

**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

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel safe and at home in the service environment and can move freely indoors and outdoors;
* their rooms have their personal items to make the service feel homely and familiar;
* the environment is safe, clean, well maintained and they can access all areas of the service when they want; and
* they feel safe when staff use equipment to attend to their care needs.

The Assessment Team noted the service environment to be welcoming, optimising each consumer’s sense of belonging, independence, interaction and function. Consumers’ rooms and communal living environments are spacious, with large windows to allow for natural light and signage was noted to be at a comfortable eye level. Corridors were observed to be clean and unobstructed with handrails and ramps to assist consumers to mobilise around the environment safely.

The service environment was observed to be safe, clean, well-maintained and comfortable. Consumers were observed to move freely both indoors and outdoors. There are preventative and reactive maintenance processes in place and staff described how maintenance tasks are reported, actioned and resolved. Additionally, staff were able to describe processes for reporting incidents and hazards. Cleaning processes are in place and staff described their responsibilities for cleaning, including consumers’ rooms.

Furniture, fittings and equipment were noted to be safe, clean and maintained. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. There are monitoring processes to ensure a safe and comfortable service environment is maintained.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with all Requirements in Standard 5 Organisation’s service environment.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

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

**Requirement 5(3)(b) Compliant**

*The service environment:*

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

**Requirement 5(3)(c) Compliant**

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

Requirements (3)(a), (3)(c) and (3)(d) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* consumers, representatives and others were encouraged and supported to provide feedback and make complaints;
* appropriate action was consistently taken in response to complaints and an open disclosure process was used when things went wrong; and
* feedback and complaints were reviewed and used to improve the quality of care and services.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(c) and (3)(d) and have recommended these Requirements met.

In relation to Requirement (3)(b), information relating to internal and external feedback and complaints avenues, language services and advocacy services is provided to consumers on entry. Information in relation to feedback mechanisms, including in languages other than English, was also observed to be displayed throughout the service.

Consumers and representatives indicated they are made aware of how to access advocates, language services and other methods for raising and resolving complaints, including through provision of a welcome pack provided on entry and information displayed throughout the service. All consumers sampled described how they can provide feedback or raise concerns and felt comfortable doing so directly with staff and management.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

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

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate consumers, representatives and others were encouraged and supported to provide feedback and make complaints. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including introducing an electronic feedback and complaints system, provided education to consumers, representatives and staff and provision of information through meeting forums and newsletters.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they are encouraged and supported to give feedback and make complaints. All consumers and representative were aware of and had utilised the service’s feedback and complaints mechanisms, and were aware of the new electronic feedback and complaints system.
* Consumers, their representatives, and others are encouraged and supported to provide feedback and make complaints through a range of avenues, including verbally, feedback forms, meeting forums and surveys. Management maintain an open-door policy and regularly walk around the service, visiting with consumers and representatives to gain feedback.
* Staff described how they respond to feedback or complaints raised by consumers and representatives, including through assisting consumers to complete feedback forms and escalating concerns to management.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(a) in Standard 6 Feedback and complaints.

**Requirement 6(3)(b) Compliant**

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

**Requirement 6(3)(c) Compliant**

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate appropriate action was consistently taken in response to complaints and an open disclosure process was used when things went wrong. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including introducing an electronic feedback and complaints system, provided education to consumers, representatives and staff and provision of information through meeting forums and newsletters.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives sampled confirmed an open disclosure process is used when they provide feedback or make a complaint and most felt their concerns were addressed.
* Management have responsibility for overseeing feedback and complaints and ensuring they are actioned in a timely and appropriate manner. Feedback and complaints are entered in the electronic feedback system which alerts management where communication, responses and actions have not been initiated within the required time frame.
* Complaints documentation sampled demonstrated issues are actioned in a timely manner, open and transparent processes are in place to resolve complaints and concerns raised are managed and monitored in line with the organisation’s policy and procedure documents.
* Staff sampled were aware of the principles of open disclosure described how they would acknowledge concerns, offer an apology and apologise and be open and honest with consumers and representatives.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

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

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate feedback and complaints were reviewed and used to improve the quality of care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including introducing an electronic feedback and complaints system, provided education to consumers, representatives and staff and provision of information through meeting forums and newsletters.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers described improvements that had been initiated in response to feedback they had provided. Additionally, consumers indicated that since the commencement of the new manager, they are satisfied feedback and complaints processes are effective in ensuring their concerns lead to improvements to care and services.
* Reports detailing feedback and complaints received are generated monthly and summarise the feedback and complaints received, details a comparison with the previous month/s data and identifies trends to assist to inform continuous improvement activities.
* A Continuous improvement plan sampled demonstrated feedback received from consumers, representatives and staff is used to identify and implement improvements.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# 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

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

Requirements (3)(a), (3)(c), (3)(d) and (3)(e) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* there were adequate numbers and mix of staff to deliver safe and quality care and services;
* the workforce was sufficiently competent or had the qualifications and knowledge to effectively perform their roles;
* processes to ensure the workforce was trained, equipped and supported to deliver the outcomes required by these Standards; and
* regular monitoring of the performance of each member of the workforce was conducted or implemented in line with the processes described by clinical staff.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(a), (3)(c), (3)(d) and (3)(e) and have recommended these Requirements met.

In relation to Requirement (3)(b), the Assessment Team observed staff interactions with consumers to be generally kind, caring and respectful. A focus on consumer-centred care encourages the right interactions with consumers and information outlined in care plans further support staff to respond to consumers’ life experiences, culture and diversity. A Code of conduct provides staff with information relating to professional conduct in the workplace and this is monitored and enforced by senior clinical staff and management. Consumers sampled confirmed staff are kind, caring and gentle when providing care.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 7 Human resources.

**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.*

The service was found Non-compliant with Requirement (3)(a) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including review of the staff roster in line with consumers’ acuity and needs; undertaken a recruitment drive and allocated additional nursing, therapy and care staff; and implemented long-term contracts for an Occupational therapist and Physiotherapist.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Most consumers and representatives sampled were satisfied consumers receive quality care. However, two consumers and one representative felt care and services may be cut short or rushed, however, this had not impacted the care provided. Consumers also indicated that call bell response is satisfactory and they do not have to wait long if they need assistance.
* The service demonstrated 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. A structured approach is used for rostering and scheduling, recruitment and retention and use of contracted staff. There are processes for managing planned and unplanned leave.
* Care, clinical and lifestyle staff indicated there is now enough support to complete their tasks and deliver care and services adequately. Feedback included:
* the ability to answer call bells in a timely manner resulting in meeting consumers’ needs;
* a nurse is now allocated on each floor to assist with clinical decision making, observations, and technical interventions;
* staff have time to spend with consumers, provide care in a timely manner and to manage consumers’ challenging behaviours; and
* there are now enough lifestyle staff to provide individual therapy sessions to consumers and to facilitate activities on weekends.
* The Assessment Team observed delivery of particular care and services was undertaken by suitably qualified members of the workforce, consistent with safe and quality care.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(a) in Standard 7 Human resources.

**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.*

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate the workforce was sufficiently competent or had the qualifications and knowledge to effectively perform their roles. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including:

* Implemented a Continence management project which included staff education, particularly identifying consumer deterioration relating to urinary and bladder symptoms.
* Reviewed the Lifestyle program resulting in additional staff with related skills and knowledge.
* Undertaken a recruitment drive of care and registered nursing staff who are competent and have the qualifications and knowledge to effectively perform their roles.
* Provided education to staff relating to gaps identified through the Review Audit.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated its workforce is competent, and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Consumers and representatives sampled generally felt confident that staff are skilled enough to meet consumers’ care needs.
* Two consumers indicated staff are skilled enough to meet their complex and specialised care needs. However, one consumer indicated they still had concerns regarding staff skills relating to medication management. Three medication incidents were noted to have occurred for this consumer since October 2021 with staff training initiated in response.
* The organisation utilises industry training packages which are updated regularly by the provider in line with legislative changes and best practice. Competencies are undertaken to ensure staff can complete required tasks in line with organisational policy and procedures.
* Care staff sampled indicated agency staff, who deliver care and services, have the skills, qualifications and knowledge to competently perform their roles.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(c) in Standard 7 Human resources.

**Requirement 7(3)(d) Compliant**

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

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate processes to ensure the workforce was trained, equipped and supported to deliver the outcomes required by these Standards. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, provision of staff training related to gaps identified and feedback from stakeholders and training and support for staff from external dementia and wound consultancy services.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Most consumers and representatives sampled felt staff were able to deliver care and services up to the standards required. However, two representatives indicated staff require more training in dementia care and consumer refusal of care.
* An extensive department orientation and mentorship is provided to new employees for the duration of the probation period. Orientation processes include completion of role related competencies, mandatory training components and buddy shifts.
* Staff training needs are identified through feedback and complaints, audit results, clinical indicator analyses, performance appraisals, industry changes and legislative updates.
* Education is provided through a range of avenues, including e-learning, toolboxes sessions and face-to-face with some of the education followed up through supervisory sessions and competency assessments.
* Care staff sampled felt supported by clinical staff and management, and stated they feel comfortable asking for advice or assistance if required. Staff provided examples of training undertaken, including in relation to the Serious Incident Response Scheme, restrictive practices, challenging behaviours and customer service.
* Training attendance records sampled demonstrated that not all staff have completed mandatory training components. Management indicated that this was related to a recent recruitment drive and outstanding training will be completed by January 2022.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(d) in Standard 7 Human resources.

**Requirement 7(3)(e) Compliant**

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

The service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service could not demonstrate regular monitoring of the performance of each member of the workforce was conducted or implemented in line with the processes described by clinical staff. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including:

* Implemented a new system for monitoring staff performance.
* Appointed a Home manager.
* Recruited a second Clinical care coordinator and appointed a senior Registered nurse role with a clinical deterioration portfolio.
* Secured long-term contracts with an Occupational therapist and two Physiotherapists, responsible for overseeing therapy/lifestyle programs.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* A new organisational system for performance monitoring has been implemented and management can respond when performance reviews identify a lack of knowledge, skills, and ability in the workforce to deliver care and services against the Standards.
* Staff practices and performance are monitored by senior staff and counselling and further training is initiated where under performance is identified. Staff performance is also monitored through feedback data, audits, incident data and surveys.
* Where required, staff performance issues are managed in line with organisational policies and procedures, and issues of a serious nature are escalated to the Chief executive officer and to the Board.
* An annual appraisal process is in place and a monitoring spreadsheet has been developed. Staff complete their own assessment and an appraisal of the staff member’s work efficiency and effectiveness is completed by the supervisor.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(e) in Standard 7 Human resources.

# 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

Requirements (3)(c), (3)(d) and (3)(e) were found Non-compliant following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the service did not demonstrate:

* effective governance systems to ensure accountability and action at all levels of the organisation;
* effective risk management systems and practices; and
* management and staff practices supported effective implementation of the clinical governance framework, including management and staff not acting in accordance with the service’s policies and procedures.

The Assessment Team’s report provided evidence of actions taken to address deficiencies relating to Requirements (3)(c), (3)(d) and (3)(e) and have recommended these Requirements met.

In relation to Requirements (3)(a) and (3)(b), the Assessment Team found most consumers sampled considered that the organisation is now well run and they can partner in improving delivery of care and services. Consumers and representatives are involved in decision making processes in relation to care and services and regular feedback from consumers is sought to assist to inform continuous improvement. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including surveys, meeting forums, focus groups and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A report of performance is prepared by the service monthly and forwarded to the Board for consideration. The service reports against quality indicators which includes analysis of clinical indicators and incidents. The Board discusses the contents of reports and prosecutes the data with a view to achieve ongoing improvement.

Based on the evidence documented above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, to be Compliant with all Requirements in Standard 8 Organisational governance.

**Assessment of Standard 8 Requirements**

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

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

**Requirement 8(3)(b) Compliant**

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

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

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

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

The service was found Non-compliant with Requirement (3)(c) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found that while the organisation demonstrated effective organisation wide governance systems relating to financial governance, other governance systems were not effective to ensure accountability and action at all levels of the organisation. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consumers identified social needs are now communicated to staff resulting in lifestyle services being delivered in a way that meets consumers’ needs and preferences.
* Feedback and complaints are consistently recorded or escalated resulting in appropriate actions being taken or improvements implemented.
* Information relating to how consumers wish care and services to be delivered and changes in their condition and care needs is now consistently up-to-date and effectively communicated to staff to guide and assist with delivery of care.
* Examples of continuous improvement, in addition to deficiencies identified from the Review Audit conducted June 2021 were evidenced.
* Training provided to staff relating to incident management and the Serious Incident Response Scheme.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints.
* In relation to information management, various meeting forums provide appropriate members of the workforce access to information to guide and assist them in their roles, to report and discuss progress and projects being undertaken, and to deliberate current and future planning. Controlled document forms, policies and procedures and other information is accessible to staff and there are relevant policies and procedures relating privacy and information management. Key information is collected, revised, and updated regularly, and discussed at relevant meeting forums.
* In relation to continuous improvement, a quality management system is in place which includes a Continuous improvement plan outlining identified improvement activities and corrective actions. Audits across the Quality Standards and quality indicators assist the organisation to identify improvement opportunities. Continuous improvements are regularly reviewed to ensure the Continuous improvement plan remains current and is reflective of activities occurring.
* In relation to financial governance, an annual budget is prepared and monthly financial reporting for each service occurs. The organisation’s finance team works with the service’s management team to develop budgets for rosters and allocations of staff. A capital expenditure budget is maintained for the purchasing of equipment required for care and service delivery and acquisitions are managed through the finance team.
* Workforce governance is monitored by the organisation through regular reporting processes and electronic human resources and online training platforms. A roster is maintained to ensure there are enough skilled and qualified members to deliver care and services and an organisational chart and job descriptions outline assignment of responsibilities and accountabilities.
* In relation to regulatory compliance, changes to aged care law and requirements are identified through monitoring communications from the Department of Health and other industry related organisations. Changes to policies and procedures are initiated based on the latest information and best practice. There are processes to ensure staff are informed of changes to policies and procedures, and legislative requirements.
* The feedback and complaints process encourages and supports consumers, their representatives, staff and others to provide feedback and make complaints. An electronic feedback and complaints register is maintained and monitored at an organisational level. The register demonstrated best practice complaints handling had been applied, including open disclosure principles as appropriate.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

**Requirement 8(3)(d) Compliant**

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The service was found Non-compliant with Requirement (3)(d) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found the organisation could no demonstrate effective risk management systems and practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* All consumers identified with behaviour incidents have been reviewed and care plan strategies updated in consultation with the representatives as appropriate.
* Provided staff training on following policies and procedures relating to incident management and Serious Incident Response Scheme reporting.
* Provided training to staff relating to identifying consumers whose behaviours may be at risk of escalating.
* Introduced a Sundowning program for consumers experiencing anxiety in the evenings.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The organisation demonstrated an effective risk management framework, supported by policy and procedure documents, which enables effective risk identification and management, and ensures the safety and well-being of consumers is supported.
* Monitoring systems assist to identify possible abuse, such as reports of incidents and complaints. The organisation monitors the service’s weekly reporting, feedback system and incident management systems relating to high impact/high prevalence risks and elder abuse. Staff interviewed stated they have completed training on elder abuse and neglect.
* Management and staff described actions they are required to take, in line with their scope of practice, where they witness an incident involving a consumer.
* Staff sampled provided examples of how they support consumers to engage in risks while keeping them safe in line with organisational policies and procedures.
* The organisation’s electronic care management system includes escalation and accountability requirements, investigation and actions taken to prevent reoccurrence of incidents; these are embedded in the electronic incident forms.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

**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 service was found Non-compliant with Requirement (3)(e) following a Review Audit conducted 21 June 2021 to 23 June 2021 where it was found management and staff practices did not support effective implementation of the clinical governance framework, including management and staff not acting in accordance with the service’s policies and procedures. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed the Behaviour support and restrictive practices procedure.
* Introduced a Psychotropic medication and restrictive practices register for ease of reporting and monitoring. The register includes authorisations and consenting information relating to use of restrictive practices.
* Updated the Incident form to include prompts to increase documented evidence of open disclosure processes.
* Provided training to staff relating to Restrictive practices, including administration and application of restraint.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The organisation demonstrated a clinical governance framework, including in relation to antimicrobial stewardship, open disclosure and minimising use of restraint.
  + There are processes to ensure antimicrobials are prescribed according to best practice guidelines. Clinical staff were knowledgeable of antimicrobial stewardship principles and the need to ensure antibiotics are not the first response to a possible infection. The Pharmacist and Medical practitioners work closely with the clinical team to ensure antibiotics and antimicrobials are only used when required and alternative strategies are in place. Infection rates are considered through monthly clinical indicator reporting processes and reported through various meeting forums.
  + Documentation sampled demonstrated restrictive practices are generally used as a last resort, the application of restraint is generally documented, and the safety and well-being of consumers is monitored. Staff generally could explain minimising the use of restrictive practices and the use of alternative strategies to be trialled prior use of chemical restraint. A restrictive practice register is maintained and regularly monitored to ensure compliance with legislation.
  + Staff were knowledgeable of open disclosure principles and how they should be applied, including in response to incidents. Open disclosure processes are monitored as part of the monthly clinical results report. The results report for November 2021 included a summary of open disclosure process undertaken following relevant incidents.

For the reasons detailed above, I find Glenn-Craig Villages Pty Ltd, in relation to CraigCare Ascot Waters, Compliant with Requirement (3)(e) in Standard 8 Organisational governance.

# 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.