Edenfield Family Care - Ramsay

Performance Report

77 Seaview Road
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**Commission ID:** 6039

**Provider name:** El-Jasbella Ramsay Pty Ltd

**Site Audit date:** 9 February 2021 to 11 February 2021

**Date of Performance Report:** 13 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** | **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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 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 16 March 2021.

# STANDARD 1 COMPLIANTConsumer 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.

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:

* Consumers interviewed confirmed they are treated with dignity and respect by staff at the service and their personal privacy is always respected.
* All consumers interviewed confirmed they are encouraged to maintain their independence, make informed decisions about their care and services and live the life they choose.
* Consumers reported staff know what is important to them and felt their identity, culture and diversity was valued.
* Some consumers and representatives reported staff did not always communicate in a manner that was easy to understand due to their accent.

The Assessment Team also viewed relevant documentation, made observations and drew relevant information from the assessment of other Standards. The Assessment Team observed consumers to be treated with kindness, respect and dignity by staff.

Staff interviewed demonstrated knowledge of consumer’s individual identity, culture and diversity and could relay strategies which promote choice and independence.

Care documentation viewed reflected consumer preferences and choice and demonstrated consumers were supported to take risks to enable them to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing 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 consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Two of four consumers could not recall having been informed or involved in care plan reviews, however, all confirmed their needs, goals and preferences have been identified, were known by staff and they were confident their representatives were involved on their behalf.
* All representatives confirmed the service had informed them of the outcomes of care plan reviews and provided a copy of the care plan every three months or when requested.
* Most representatives and consumers reported they felt like partners in the ongoing assessment and planning of consumers’ care and services and were satisfied staff knew their preferences and needs.
* One consumer expressed a preference to feed themselves at mealtimes; this was not reflected in the care plan. Management were informed, however, and adapted the care plan accordingly.

Clinical staff demonstrated knowledge and understanding of the initial and ongoing assessment and review processes in line with the service policies. In addition, staff were aware of how to utilise electronic information systems and confirmed they could readily access information required.

Care files viewed included a range of assessments relating to both clinical and lifestyle aspects of care which were completed on entry, at six-monthly reviews and where changes to consumers’ health and well-being were identified.

Information gathered from assessment processes informed care and individualised management strategies had been devised in line with consumers’ needs, goals and preferences.

Care files sampled demonstrated Medical Officers (MO) and Allied Health professionals were involved in consumers’ care and changes to care plans and management strategies were noted to have been initiated in response to MO and/or Allied Health directives and recommendations.

The service has policies and procedures to guide practice and monitoring processes, such as 24-hour progress note reviews and clinical audits, to ensure care plans and assessments are reflective of consumer's needs, goals and preferences and completed correctly.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 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 Assessment Team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example:

* Most consumers interviewed confirmed they get the care they need and were satisfied with the personal and clinical care provided, although one representative expressed dissatisfaction with their consumers care
* All consumers and representatives confirmed consumers have access to MOs and/or Allied Health professionals as and when they need it.

The Assessment Team viewed a range of policies and procedures relating to best practice care delivery, such as diabetes management, falls management and palliative care and staff confirmed they were easily accessible on the intranet or at the nurse’s station. The Assessment Team also viewed evidence the service has processes, such as daily progress note reviews, clinical audits, monthly ROD reviews, monthly quality data analysis and clinical meetings to identify, monitor, trend and analyse some high-impact and high-prevalence risks for consumers.

Consumer files viewed demonstrated the service had identified high-impact and high-prevalence risk through assessment processes and documented individualised strategies for effective management in care plans. The Assessment Team noted the use of charting and evaluations for pain, weight and wounds, and referrals to MOs and Allied Health professionals when appropriate. The team also identified gaps in falls management, although there were no impact on the consumers of concern.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team interviewed a sample of consumers who all stated they receive the care they need and had no concerns regarding the provision of personal or clinical care. Three representatives reported the service had identified specific clinical care needs and had implemented strategies such as regular repositioning, sensor beams, crash mats and diversion activities and tailored care to suit consumers’ needs. As such, representatives reported pain had been identified and managed effectively, falls minimised and challenging behaviours de-escalated. On the other hand, one representative raised a concern about their consumer experiencing inadequate hydration and low blood pressure readings, and they have described this may have led to a high number of falls the consumer has experienced.

The Assessment Team reviewed a sample of consumer documentation and identified they included a range of validated risk assessments that had been completed on an ongoing basis. They note that the care plans are tailored to the individual and are based on information gathered through assessments and consultations with the consumer and/or representatives. However, for two sampled consumers, they identified that neurological observations after falls had not been taken at the intervals noted in the organisations policies. They also reviewed the documentation for the consumer of concern raised by one of the representatives and found the service had not managed the consumer’s hydration requirements as requested by the medical officer, nor demonstrated the appropriate management of the consumer’s blood pressure which has been correlated with their falls.

The Assessment Team interviewed staff who were able to describe the processes they undertake to ensure care is best practice, tailored, and optimises the wellbeing of consumers. They were also interviewed regarding the findings above and they were not able to describe the frequency of neurological observations in line with the organisation’s policies. They also noted that the consumer of concern was likely to be dehydrated as they don’t have the time to offer drinks to all consumers, and that they were not familiar with the consumer’s hydration requirements, although they knew to encourage fluids when this consumer’s blood pressure was low.

The provider has since responded to the findings regarding the consumers.

Regarding the inconsistent frequency of neurological observations compared to their internal policies, they acknowledge the gaps but note that neurological observations were still administered on a regular basis, consumers had normal parameters for their observations and nil impact/risk was observed for those consumers. They also noted other strategies utilised to ensure the consumer were not at risk after the falls. Furthermore, they have since implemented neurological observation education to staff and have provided tools to readily remind staff of the neurological observation timings.

Regarding the consumer of concern that was mentioned by a representative, the provider notes that the consumer’s blood pressure and falls have been monitored and reviewed many times over the last 12 months in collaboration with a medical officer and other health professionals. They have provided progress notes of these reviews, which also record that the consumer has had progressively less falls over time as strategies were applied. The provider also refutes they have not followed the medical officer’s hydration recommendations for the consumer; they have demonstrated that the consumer’s care plan notes associated strategies from a dietician to ensure the consumers remain hydrated, and they have monitored the consumer with mini nutritional assessments. Furthermore, the service notes they have reviewed the consumers falls a significant of times and have provided the history of updates to the consumer’s fall risk assessment since March 2020.

I have considered the above information. I note that the consumer feedback is mostly positive regarding care at the service, there is no adverse outcomes to the consumers identified, and the provider can demonstrate they have employed strategies to manage the care of consumers and mitigate risk when it is present.

On balance, I find this requirement compliant.

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

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

This Requirement was found Non-compliant in previous Assessment contacts. Specifically, the Assessment Team found the service did not adequately monitor blood glucose levels, implement Allied Health directives, and manage wounds effectively.

The Assessment Team notes that several improvements in response to the above findings had commenced prior to the Site Audit and had been embedded into everyday practice. Actions implemented included staff training, a review of policies and procedures, a review of care documentation, engagement with MOs in reviewing medical directives and management plans, and updates to the monthly quality data analysis report.

The team did not report any issues with effective management of high impact or high prevalence risks associated with the care of each consumer during this assessment.

I find this requirement 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.*

### 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 Assessment 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:

* Most consumers and representatives sampled said they are satisfied with the meals provided by the service.
* Consumers reported satisfaction with the activities provided and said they are supported by lifestyle staff to maintain their independence.
* Consumers interviewed confirmed staff support them to do the things they like to do and are important to them, for example, maintain independence or have visitors.

The Assessment Team conducted observations, examined relevant documentation and interviewed staff about their understanding and application of the Requirements. Care planning documentation viewed showed consumers’ needs, preferences, and what is important to them is documented and communicated as required and informs how services are provided.

Staff interviewed described what is important to consumers, their needs and preferences. They provided examples of how they assist and support consumers to do the things they like and participate in the community, as well as provide emotional and psychological support when required.

The Assessment Team observed consumers participate in a range of activities throughout the Site Audit in the communal activity area, the memory support unit (MSU) and individual wings. Dining areas observed at lunchtime showed the environment was calm and consumers appeared to be enjoying their meal.

The service has a weekly activities calendar which is distributed to all consumers. The calendar is based on the preferences and interests of consumers. Activities are provided either in a group setting or one-to-one with individual consumers. Attendance at activities is monitored and the interest in the activities provided is reviewed regularly by management.

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 COMPLIANTOrganisation’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.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* All consumers reported they feel safe and at home living at the service. They said they feel it is like their home because they can personalise their rooms and have access to outdoor courtyards areas and gardens.
* Consumers and representatives said the facility is well maintained and comfortable with respect to temperature, noise, lighting, cleanliness, and consumers can navigate throughout the service environment with ease.

The Assessment Team undertook observations of the service environment and found the service environment was clean, safe and well maintained. Cleaning and maintenance documentation observed by the Assessment Team showed the service has a preventative process in place to ensure the service environment is clean and well maintained.

The service provides an outdoor courtyard, garden areas and a dedicated smoking area which can be accessed by consumers and their families. The Assessment Team observed consumers to be moving freely indoors and outdoors.

The front entrance of the facility allows for natural light, consumers were observed sitting in the area and one consumer stated they like to people watch whilst sitting in the sunlight. The large dining, activity room is spacious with reading books and games available for the consumers and their visitors. Smaller communal areas are also located throughout the service and have chairs and reading books available.

Management interviewed described recent improvements and preventative maintenance strategies undertaken to provide for a safe, clean service environment. This included new tile carpets installed in hallways, new coloured (red) crockery and utensils for the MSU, pest control services, triannual fire inspections, equipment, air-conditioner and building pendant security systems inspections and services and gardening and steam cleaning services. Management also advised on future improvements, replacing crockery in the kitchenettes, and new menu stands on each table in the dining areas.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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 Assessment 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, and that appropriate action is taken.

Consumers described how they provide feedback about concerns to staff or management, and they feel comfortable raising issues because staff listen and take appropriate action. Consumers are aware of the various resident meetings/committees that enable consumers to discuss and provide feedback to management about any issues they have.

* Staff described how they assist consumers if they raise an issue or concern and, if they are unable to assist, they let their relevant manager know. Staff also demonstrated how they support consumers raising issues with communication difficulties.
* Management provided examples of how feedback was used to enhance consumers experience at the service, such as enhancing and tailoring the meal service and engaging consumers in the design of the facility.
* Observations showed feedback forms and complaints information, including material about external agencies, are available at various locations within the facility.
* Consumers are provided information about complaints processes, both internally and externally, and access to advocacy and languages services at admission and in the resident handbook.
* The service’s continuous improvement log showed consumers and representatives have provided feedback and raised concerns to the service. Concerns are followed up by the service and subsequently discussed at management meetings which assists developing the service’s continuous improvement process.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman 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.

Overall 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:

* Consumers said staff treat them with respect and understand their needs, goals and preferences.
* Consumers were confident staff know what they are doing and would deliver safe care and services.

On the other hand, consumers, representatives, and staff said the number of care and clinical staff are insufficient for meeting consumers’ need. For example, they believe inadequate staffing has impacted on:

* The provision of meal services and transfer of consumers to and from their room.
* Medication not being given on time.
* Consumers’ continence care.

The Assessment Team observed workforce interactions with consumers to be kind, caring and respectful. Staff were observed interacting with consumers in a calm and caring manner.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team interviewed a sample of consumers and/or representatives who mostly said there are staff shortages that has affected their care. For example, consumers reported frequently having to wait before being taken back to their room after lunch, and some consumers mentioned food is often not being given on time resulting in cold meals. Some consumers also described occasions where their medication is provided late and staff would apologise and stated they were too busy. Furthermore, some consumers reported having to wait too late for assistance from a call bell and that they had experienced episodes of incontinence; one consumer described an occasion where a call bell wasn’t working and they were left in a saturated bed, and they stated staff had reported they did not attend to her overnight as they ‘were busy’.

Clinical and care staff interviewed also reported similar concerns identified by the consumers. All five care staff and four out of five clinical staff interviewed reported the roster did not enable them to effectively meet consumer needs. Furthermore, three staff stated that the rostering of staff for consumers across the four wings of the service were exhausting for staff given the service layout, and they described this impacted consumers having to wait longer and becoming agitated. They also stated that sometimes they have to use care staff from other wings when the floater is not available, resulting in some wings not being attended. Also, they were frequently working overtime to ensure documentation is completed.

Management staff were interviewed regarding the above findings and they said they have invited feedback from staff and have received feedback regarding a shortage of staff, but their trend and incident analysis has indicated there is a sufficient number of staff to meet consumer needs.

The Assessment Team reviewed the available documentation at the service. They noted they were unable to sight evidence of some of the medication incidents mentioned, although they identified that time-sensitive medication for one consumer had not been administered on time and were between 30-85 minutes late on 15 occasions in a fortnight period. The team also reviewed the call bell logs for all consumers and noted most calls were within the service’s key performance indicator of 12 minutes, and no call bells were identified as over 12 minutes over the last 12 months in the service’s call bell audit records. Furthermore, the team reviewed the shift rosters and noted that staff members on average worked additional minutes outside their rostered shift, which may reflect staff comments that they are frequently working overtime.

The provider has since clarified some of the feedback from consumers and/or staff, and demonstrated some feedback were due to misunderstandings or incorrect information. They acknowledged the consumer medication incident with time-sensitive medication, and issues with delivering food in a timely manner and have noted that training for staff has occurred/will occur. They also did not refute a continence incident that occurred with the consumer that was left overnight and noted they will discuss call bell strategies at the next resident meeting. Furthermore, they described the analyses they make to determine to staffing numbers, and have explained changes they have made in response to staff feedback about inadequate staffing.

I have considered the above information. The service demonstrates it has a system to monitor call bell data, incidents, and trends, to plan staff numbers. It also demonstrates it has previously made changes because of staff feedback. However, I have given weight to the high number of feedback from consumers, representatives and staff that still indicate a dissatisfaction with staff numbers and/or planning and are of the belief that consumer care has been impacted. In some instances, the provider has responded to staff feedback with more training, although it is not yet evident that this will help improve the issues identified.

I find this requirement Non-Compliant.

### 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.*

The Assessment Team interviewed a sample of clinical and care staff who did not consider the service provides sufficient training opportunities to meet the consumer’s clinical needs. Some staff stated there is training that has been requested but not provided, there was a lack of alternative days for training, and a previous expectation that a staff will not be paid to attend training that is only scheduled on a staff’s day off. However, the staff confirmed that they had completed all mandatory training.

All staff interviewed also reported feeling unsupported in their role to deliver outcomes, and they provided multiple examples where they did not feel supported by management. Two consumers interviewed described how a senior staff member made staff very nervous and stressed.

Management staff interviewed acknowledged staff had previously not been paid to attend training on their day off, but this approach had ceased in 2020. They also acknowledge that staff have not been provided alternative dates for training and would endeavour to this with future opportunities, including alternative dates at the sister site.

The provider has since responded with training records to demonstrate that staff have received some training they have requested. They note that the trainings would not be fully attended by all staff, as some staff still need to remain on site to deliver care.

The provider has also stated that they have responded to the issue with staff feeling unsupported, and they had commenced various initiatives such as ensuring leaders attended a workshop and training on supporting staff and mandatory bullying training was rolled out; the provider states that the situation has since improved and they have received three feedback forms from staff evidencing positive change in management. I acknowledge that the provider has taken steps to address this issue, though I note the feedback forms were submitted quite recently after the management training, and sustainable improvement has yet to be evidenced.

I am of the view the provider can improve in the training and support of their staff, however, I have also considered that at the time of assessment the service was able to deliver most outcomes required by these standards.

On balance, I find this requirement Compliant.

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

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

# STANDARD 8 COMPLIANTOrganisational 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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Overall consumers sampled confirmed they feel the service is well run and that management has an open-door policy and they can approach them at any time.
* Consumers were confident in their involvement in the development, delivery and evaluation of care and services at the service. They were able to give good examples of when they have provided feedback on meals, activities and the environment they live in at the service. They also said they are actively participating in their care through case conferencing and resident of the day assessments.

The service was able to demonstrate it has effective governance systems relating information management; workforce governance, regulatory compliance and feedback and complaints. Review of policies and procedures for the effective management of managing high impact or high prevalence risks associated with the care of consumers and supporting consumers to live the best life they can, showed consistency and direction for staff. Staff demonstrated sound understanding and insight on what is required to document and support consumers.

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

## Assessment of Standard 8 Requirements

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

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

### 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 Assessment Team found that the service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance and feedback and complaints.

#### The service has an organisation wide governance system related to workforce governance as described in standard 7, although it’s effectiveness will need to be improved as demonstrated in the dissatisfaction of consumers, representatives and staff in the planning of staffing numbers.

The Assessment Team also identified two incidents that had a delay in reporting to meet regulatory obligations. However, the provider could demonstrate that this was recognised by the service prior to the assessment and that relevant actions were taken, including providing further staff training in regulatory compliance.

### On balance, I find this requirement Complaint.

### 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) Compliant

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

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

# Areas for improvement

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

### Requirement 7(3)(a)

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

* Ensure the workforce is planned to enable the delivery and management of safe and quality care, in particular ensuring that food delivery, continence, and medication management is delivered safely and of quality to consumers