Edge Hill Orchards

Performance Report

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**Commission ID:** 5342

**Provider name:** IC (Edge Hill) Pty Ltd

**Site Audit date:** 30 August 2021 to 2 September 2021

**Date of Performance Report:** 29 September 2021

# 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 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 Approved Provider did not provide a response to the Site Audit Report.
* The Performance Report completed 26 October 2020 following the Site Audit conducted 1 to 3 September 2020.
* The Performance Report completed 6 May 2021 following Assessment Contact – Site conducted 24-25 February 2021.
* Other information and intelligence held by the Commission regarding the service.

# 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

Consumers/representatives reported that consumers are treated with respect by staff and feel valued. Consumers said staff take the time to understand what is important to them, they are encouraged to maintain their independence, make decisions and feel supported by staff to exercise choice and to take risks. Consumers said their personal privacy is respected, and their private information is kept confidential.

Staff interviewed spoke about consumers in a respectful manner and demonstrated an understanding of consumers’ personal circumstances, backgrounds, needs, preferences and managed risks, and could describe what was important to each sampled consumer.

Staff demonstrated knowledge of the people important to each of the consumers and could describe how they are supported to maintain relationships with family, partners/significant others and friends.

Care staff demonstrated that they are aware of consumer’s backgrounds and gave examples of how that influences the care they provide on a day-to-day basis.

Staff confirmed they had received training on consumer dignity, respect, culture and diversity. Staff described the practical ways they respect the personal privacy of the consumers, including how personal information is managed and discussed.

Staff were observed interacting with consumers respectfully, greeting them by name and being discreet when discussing consumers’ needs with other staff.

Care planning documents provided information about consumers’ backgrounds and ‘life story’, their relationships, life experiences, interests, religious preferences, cultural needs and what was important to them. The service had assessed risks to consumers and documented strategies to assist them to maintain their independence and exercise choice. Consumers’ files contained evidence of consultation with consumers, their representatives and provision of general information via a range of methods such as emails, telephone calls, case conferences, newsletters and organised meetings.

The organisation has a range of policies that guide staff practice, including on topics such as person-centred care, dignity and risk management. The organisation’s privacy policy provided guidance on the collection, use and disclosure of personal information.

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 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 service demonstrated assessment and care planning processes inform the delivery of safe and effective care and services. The service considered the risk for consumers when completing assessments in accordance with the consumer’s individual risk.

Consumers and their representatives expressed satisfaction with assessment and care planning and said they were involved in the process, were kept informed about any changes and were aware they could access a copy of their care plan.

Consumers/representatives said staff involve them in the assessment and planning and described how the people who are important to them are involved in discussions about their care. All consumers/ representatives confirmed staff had spoken to them about advanced care and end of life planning.

Consumer care documentation demonstrated comprehensive assessments and care planning process are undertaken when the consumer enters the service to identify their needs, goals and preferences. Assessment and care planning documentation considered consumer’s risks to their health and wellbeing.

Care planning documents reflected involvement of consumers/representatives in assessment and planning, were reviewed regularly, updated when consumer’s needs change or incidents occur and included input from other providers of care and services (for example, medical officers and allied health specialists).

Care planning documentation also detailed information about consumers’ advanced care planning and end of life preferences, where these wishes had been shared with the service.

Registered staff advised they had attended clinical workshops, education and training on consumer assessment, care planning and evaluation, and they are provided with supervision and guidance by the Senior Clinical Consultant in undertaking assessment and planning activities.

Staff demonstrated a sound understanding of consumers’ care needs, including their individual preferences and any risks associated with their care.

Care documentation was observed to be readily available to staff delivering care and allied health professionals had access to consumer’s documentation relevant to their role.

The service had clinical guidelines and policies and procedures relevant to this standard to guide staff with assessment and planning. These included assessment and care planning, referral processes, and palliative care and advance care planning.

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.*

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021. The service demonstrated assessment and planning is effective and includes the consideration of risks to the consumer’s safety, health and well-being.

Consumers/representatives reported they were satisfied with the care and service provided to them, and said staff involve them in the assessment and planning through conversations with staff, case conferences and care plan reviews.

Care planning documentation for consumers was individualised and demonstrated comprehensive assessment and care planning processes that identified the needs, goals and preferences of consumers, including any identified risks (such as falls, smoking, aspiration, skin integrity and weight loss). Assessments were completed on entry to the service and were reviewed regularly, including when changes occur. Consumers/representatives, medical officers and other health professionals are involved where necessary during the assessment process.

The Senior Clinical Consultant and registered staff described their role in completing initial assessments and 4-monthly care plan reviews. Registered staff confirmed they attended a clinical training workshop about consumer assessment and planning.

Care staff reported they are provided with information about new consumers and/or updates to a consumer’s care needs through handovers, team discussions and via their access to the electronic care plans.

A suite of evidence based clinical assessment tools are available to registered staff on the service’s electronic system. The service has clinical guidelines and policies and procedures to guide staff with assessment and planning, including risk assessments for falls, skin integrity, pain, swallowing difficulties, restrictive practices and risk associated with lifestyle choices.

Recent improvements implemented at the service relevant to this requirement included:

* A high-risk register maintained and monitored by the Senior Clinical Consultant. Care documentation for consumers on the high-risk register identified regularly clinical reviews and progress notes were completed each shift to monitor the consumer’s identified risks. The high-risk register is monitored by the organisation’s Clinical Governance Team which provides support and guidance to the service’s clinical team.
* A new care planning monitoring system ensures care plan reviews are completed on time.
* A clinical training workshop program has been established and includes education on a range topics including assessment and care planning, the nursing process, risk identification, clinical documentation and management of complaints.

Based on the above, this requirement is now compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers/representatives interviewed reported that they get the care they need, staff are kind and caring, and care and services had improved following a change in management in early 2021. They gave various examples of how staff ensure the care provided to consumers was right for them.

Consumers were satisfied that any risks associated with their health and well-being were effectively managed. They reported that staff speak to them about their end of life preferences, and staff are responsive to changes in a consumer’s condition. Consumers/representatives are satisfied that timely and appropriate referrals occur when needed and they have access to relevant health professionals such as allied health professionals, medical specialists and specialist services of their choice.

Care planning documents were individualised and reflected the identification of, and response to, changes in the consumer’s condition and/or health status. Clinical records reflected referrals to and input from medical officers and allied health professionals such as physiotherapists, speech pathologists, dieticians and other health services.

Care documentation demonstrated effective strategies are implemented to manage key risks related to personal and clinical care of each consumer. Staff identified the highest prevalence risks for different cohorts of consumers.

The service has an established process to ensure infection-related risks are minimised. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The service has an outbreak management plan that included COVID-19 considerations, which was recently tested when the local area had a COVID-19 outbreak and the service was placed into lockdown. While the service does not currently have a designated infection prevent control (IPC) lead, the Regional Governance Manager is currently filling the role while a permanent replacement is found. The Assessment team observed hand hygiene, cough etiquette, social distancing and density signage throughout the service.

The organisation has a range of policies and procedures relevant to this Quality Standard to guide staff practice. Clinical indicators are monitored and reported at monthly meetings at both service and organisation levels.

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.*

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021. The service demonstrated each consumer gets safe and effective personal and clinical care that is best practice, tailored to meet the individual consumers needs and optimises their health and well-being.

Consumers/representatives interviewed said they get the care they need and spoke positively about staff. Consumers/representatives reported that care and services had improved following a change in management in early 2021, for example, a consumer’s representative said registered and care staff are now aware of the consumer’s needs and preferences, attend to the consumer more regularly and are responsive when concerns are raised. While another representative raised concern that staff had not attended to the continence or hydration needs of a consumer, the Assessment Team reviewed the consumer’s care documentation and found evidence the consumer was receiving regular fluids with assistance from staff and this was regularly monitored. The service was also taking immediate action to assess the consumer’s continence needs.

Staff demonstrated knowledge of individual consumer’s needs and preferences and described specific strategies in place for consumers with complex health care needs. The service has recently provided clinical training workshops for both registered and care staff on a variety of topics including assessment and care planning, clinical risk, clinical documentation, change in consumer’s condition, management of pain, challenging behaviours and wound care. Registered and care staff confirmed they had been provided with this training and identified skills and knowledge gained from the training.

Care documentation demonstrated that consumers are receiving individualised care that is safe, effective and tailored to their needs. Care planning documentation for consumers with specialised needs including enteral feeding, catheters, diabetes mellitus, cognitive impairment, complex behaviours and pressure injuries included specific strategies to managed risks and regular reviews to support consumers’ health and well-being.

The organisation implemented new diabetic directives in April 2021 to ensure care is in line with best practice and care is aligned with medical officer directives. Consumers with a diagnosis of diabetes had detailed care plans in place that reflected medical officer directives, including management of hypo/hyperglycaemia and have ‘sick day’ action plans stored with their medication charts.

Staff demonstrated an understanding of the principles of minimising restrictive practices and could discuss using different strategies prior to the use of any psychotropic medication. A consumer who was subject to chemical restraint had an individualised behaviour support plan, appropriate authorisations and consents in place.

The service has a skin integrity and wound care policy and procedure available to staff. Skin assessments and monitoring records demonstrated consumers’ skin care needs had been managed effectively and to their preferences. Consumer’s wound healing progress was consistently monitored, wounds were attended to and reviewed, and photographs showed wound healing. The Senior Clinical Consultant engaged in early 2021 reviews all wounds to monitor effectiveness of wound regimes and provides wound reports to management.

The service has pain management care pathways, assessment tools and policies and procedures to guide registered and care staff. Care staff described how they observe consumers who cannot verbalise pain and report consumers who may be experiencing pain.

The service has policies and procedures, care pathways and assessment tools for key areas of care, including restrictive practice, skin integrity and pain management in line with best practice. Staff demonstrated knowledge of how to access this information and how it informs their practice. The service has introduced new strategies to improve staff communication of consumers care needs including a handover process and critical task lists for registered staff.

The service monitors clinical care through daily monitoring of progress notes by the Senior Clinical Consultant, seeking input from other health providers, and via incidents and clinical audits.

Registered staff advised they had attended clinical workshops on assessment, care planning and evaluation, and they receive supervision and guidance from the Senior Clinical Consultant.

For the reasons detailed above, this requirement is compliant.

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

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

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021. The service demonstrated effective management for high impact and high prevalent risks associated with the care of each consumer, including those who require specialised nursing care.

Care documentation for consumers demonstrated risks assessments were completed, effective strategies were implemented to manage key risks (for example, for risk of choking, falls, pressure injuries and weight loss) and regular reviews were completed. Involvement of other health professionals was also evident.

Registered staff described the high impact or high prevalence risks for consumers within the service including falls, pressure injuries, challenging behaviours and swallowing issues. Care staff described the most significant clinical/personal care risks for the consumers sampled. Staff were aware of how to report and document incidents, and management described how incidents are reviewed and actioned.

The service has policies to guide staff in delivering care related to high impact and high prevalence risks for consumers.

The service conducts clinical audits and analyses risk areas. Monthly clinical indicator data is completed at a service level, discussed at meetings and reported at an organisational level.

The service has implemented processes to improve clinical supervision and the monitoring of clinical areas. This included implementation of a high-risk register and clinical monitoring process for high-risk consumers. The service also introduced new strategies to improve staff communication of consumer care needs and risks and critical clinical tasks.

Based on the above, this requirement is compliant.

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

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

### 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.*

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021. The service demonstrated changes in consumer’s capacity or condition is recognised and responded to in a timely manner.

A consumer and another consumer’s representatives reported staff were attentive and responsive following a recent deterioration in health.

Registered staff described the assessment and escalation processes following changes or deterioration to a consumer’s condition. Care staff explained how they receive information about deterioration or changes and the process for identifying and reporting changes and deterioration in a consumer’s condition to registered staff.

Care planning documents identified consumers were regularly monitored by registered staff and the Senior Clinical Consultant and deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition was recognised and responded to in a timely manner, and representatives notified.

For example, a consumer who during a four-month period continued to deteriorate, both mentally and physically, was regularly monitored by staff in relation to nutrition and hydration, medications, pain, confusion and drowsiness, and signs or symptoms of deterioration or discomfort.

Staff are guided by policies and procedures, including the ‘Deteriorating Resident Clinical Pathway’, to recognise and respond to deterioration or changes in a consumer’s condition.

Management advised the service has implemented a new clinical deterioration pathway, which guides staff in monitoring and observations required when a consumer’s condition deteriorates. All staff have been provided with education and training in assessments available to staff to utilise when monitoring and observing consumers.

Based on the above, this requirement is compliant.

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

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

### 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

Consumers/representatives felt supported to do the things they want to do and have equipment and resources available to support them to be as independent as possible and participate in activities, both internal and external to the service. Consumers confirmed staff were aware of their individual needs and were available to talk to should consumers require emotional support or required assistance to maintain relationships with people important to them. Consumers said they have input into the menu, they like the meals provided and received enough to eat and drink.

Staff demonstrated a shared understanding of what was important to individual consumers including what they liked to do, their relationships of significance, and their emotional, cultural and spiritual support needs. Staff confirmed the activities program contains a variety of individual or group activities. Consumers are informed of activities and celebratory events via an activities calendar and were also prompted or assisted by staff to attend.

Staff described the individualised strategies to support consumers when they were feeling low or experiencing an emotionally difficult event. Staff advised they support consumers to access the community to attend external appointments or engage with external organisations when needed.

The care planning documentation included information on each consumer’s likes, dislikes, nutritional requirements or preferences, activities of interest and who is important to the consumer such as close family contacts.

Equipment used to support consumers’ independence, such as walking aids and wheelchairs, was observed to be suitable, clean and well-maintained. Staff described how to report damaged or faulty equipment to initiate repair or replacement. Maintenance documentation evidenced reactive and preventative equipment maintenance and monitoring was completed.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers/representatives reported they felt safe and a sense of belonging at the service. They said the service environment is comfortable, clean and well maintained and they can find their way around and can move freely inside and outside. Consumers said when they reported issues to maintenance these were addressed promptly.

The service environment was observed to be welcoming, clean, well-maintained. Equipment was observed to be clean and well maintained. There were multiple communal areas for consumers to gather in groups or to sit quietly.

Management and staff described the features of the service environment that are designed to support people with a cognitive impairment such as wide corridors, handrails, freedom to move in and out of doors, signage on doors to identify their room and bathrooms with contrast toilet seating.

Maintenance and care staff reported mobility equipment such as hoists and wheelchairs are regularly checked and serviced to ensure they are safe and fit for use. Consumers who require a hoist transfer have slings assigned to them and if staff identify equipment is not clean or working properly, they report the issue to the maintenance staff who address the issue.

Maintenance staff advised they ensure the environment is safe and well maintained through scheduled preventative maintenance and reactive maintenance programs. Review of the preventative maintenance documentation demonstrated regular maintenance of equipment is completed according to a schedule. Any issues with equipment reported by staff or consumers were actioned.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers/representatives reported they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken by the service.

Consumers/representatives described the various mechanisms available to them should they wish to provide feedback, make a suggestion or raise a complaint. Consumers/representatives consistently said management at the service was approachable and responsive to feedback.

Consumers/representatives gave examples of improvements made by the service in response to the feedback they had given. Those who had previously raised complaints with the service said appropriate action was taken and an open disclosure approach applied in resolving their concerns.

Management and staff interviewed described the various mechanisms available to consumers/representatives to provide feedback or make a complaint. While staff interviewed did not indicate they would assist consumers to complete a feedback form due to the physical location of the forms away from care areas, they described the process to either immediately resolve or escalate consumer/representative complaints. Management advised forms would be placed in other areas of the service for easy access.

Consumers/representatives have been provided with information regarding advocacy services and how to raise a complaint via external organisations and regulatory bodies. Staff interviewed were aware how to access advocacy and language services, however stated they have not needed to access these.

Training records confirmed staff received training in March 2021 in relation to reporting and escalating complaints.

Review of service’s documents such as the services newsletter, consumer meeting minutes and the complaints records, demonstrated consumers are encouraged and aware of the service’s complaints and feedback processes.

Management advised the main mechanisms used to inform improvements at the service include consumer feedback/complaints and consumer surveys. These are analysed and actions implemented to address areas of concern. Staff gave various examples of improvements made as a result of feedback or complaints, including in relation to the focus areas of staffing and food.

The service’s plan for continuous improvement demonstrated improvements are implemented in response to feedback, complaints and other mechanisms to improve the quality of care and services.

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.*

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021. The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used.

Consumers/representatives interviewed consistently said the service’s responsiveness to complaints and feedback has significantly improved in recent months and described an open and transparent approach used by the service to resolve complaints.

Staff had received training in complaints management and open disclosure and demonstrated an understanding of open disclosure and how this relates to complaints resolution.

Management described in detail the service’s complaints management process and practice of open disclosure in response to feedback, complaints and incidents. Management also explained that complaints are discussed at relevant staff meetings and are tracked, trended and reported to the Board via monthly reports. Management described and provided documentary evidence of two recent examples where an open disclosure process was applied.

The service’s ‘compliments and complaints register’ from March to August 2021 included multiple entries, including compliments and complaints from a range of sources. The register demonstrated complaints are tracked and monitored, an open disclosure process is applied, and action is taken in response to the complaint.

The service has an open disclosure policy that outlines protocols and procedures to follow and key roles and responsibilities.

The service’s plan for continuous improvement and other documents demonstrated recent improvements implemented at the service relevant to this requirement include:

* A new Complaints Management Framework.
* Complaints education / training provided to the service’s staff in March 2021 and the organisation’s managers in June 2021.
* Updated shift handover forms to capture concerns raised on each shift.
* Notifications displayed on the ‘Feedback Hub’ located at the services main reception about actions taken by the service in relation to feedback/complaints received where appropriate.

Based on the above, this requirement is compliant.

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

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

# 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

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers/representatives said staff are kind and caring and expressed confidence in the quality of care and services they were receiving, stating staff were knowledgeable and well trained. Consumers/representatives reported there is sufficient staff to meet their needs and described care and service being provided in line with their stated preferences, and said staff were available if needed.

Consumers/representatives advised recruitment is an ongoing issue at the service and raised concern regarding the frequent use of agency staff, however, did not identify any negative impacts on delivery of care or services.

Management demonstrated staffing levels are reviewed and adjusted in line with consumer care needs. Management provided various examples of improvements and strategies implemented to recruit and retain staff, including strategies to ensure stability and consistency as it relates to agency staff.

Staff have access to a range of education and training programs via the service’s online learning platform and face-to-face training sessions. Staff complete annual mandatory training modules as a requirement of their role.

Staff performance is effectively monitored through a probationary and performance reviews process.

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

## Assessment of Standard 7 Requirements

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

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

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021.

Consumers consistently reported there was sufficient staff available to meet their care needs, however, some consumers raised concern regarding the number of agency staff used by the service. No impact to the delivery of care or services to consumers was identified in relation to the use of agency staff. Consumers acknowledged the service is actively attempting to reduce agency use and recruit more staff.

While one representative raised concern that staff had not attended to the continence or hydration needs of a consumer, this has been addressed under requirement 3(3)(a).

Registered and care staff consistently reported there is enough staff available to meet consumers’ needs and preferences and the service actively attempts to replace shifts. On the rare occasions shifts cannot be replaced, shifts are extended and staff rotated within the service to ensure adequate coverage. Staff advised agency staff are effective in their roles, provide quality care and are supported by experienced staff.

Management advised recruitment and staffing had been a significant and ongoing focus for the service and described various strategies and improvements made at both a service and organisational level, including:

* The organisation’s Board has approved the creation of new management positions and an increase in staffing hours for a range of clinical roles.
* Bulk organisational and service recruitment processes have been conducted.
* Weekly meetings are held with the organisation’s recruitment team and the National Operational Performance Manager regarding rosters, leave, succession planning and admissions.
* Long term contracts provided to two agency registered staff to provide consistency and coverage whilst the service continues to recruit registered staff.
* The introduction of the consumer interview panel that consists of two consumers who assist with interviews.

Consumer meetings minutes showed that staff recruitment and agency use is discussed. Feedback from consumers during meetings demonstrated consumers are generally happy with the actions taken by the service in relation to staffing. Consumers are also kept informed of staffing recruitment and agency use via newsletters and management updates.

The service’s outbreak management plan and discussions with service management demonstrated the service has a surge workforce plan in place in the event of a COVID-19 outbreak that accesses staff within other areas of the organisation and agency staff.

The Assessment Team reviewed the service’s plan for continuous improvement and service documentation that evidenced the organisation was taking steps and implementing strategies to ensure sufficient staffing is available to meet consumers’ needs. Management advised recruitment and succession planning is a primary and ongoing focus for the service.

Based on the above, this requirement is 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.*

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

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

# 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

Consumer/representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers provided various examples of how the service involves them in the development, delivery and evaluation of care and services, such as; through case conferencing, consumer meetings, consumer engagement meetings and the consumer interview panel.

The service demonstrated it has effective information management systems to manage serious incident report scheme (SIRS) incidents and to provide staff with relevant and current information to assist them to perform their roles.

The service has updated policies and processes to guide management and staff in relation to SIRS, restrictive practice and to support staff with an applying open disclosure process when things go wrong.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising restrictive practice. Staff interviewed demonstrated a shared understanding of these concepts and could explain how they were applied in their daily practice.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The Board meets regularly, sets expectations and reviews risks from an organisational and consumer perspective. A quality governance framework and a risk management framework are in place that ensure risks are identified, prioritised, actioned and reported back to the Board. Processes to manage the escalation of critical incidents are documented and regular reporting to the governing body occurs and includes critical incidents, staff recruitment and training, finances, complaints and quality indicators.

Staff have received education on the organisation’s risk management policies and provided examples of their relevance to their work. For example, staff demonstrated a shared understanding of what constitutes elder abuse and neglect and described their reporting responsibilities under SIRS when they become aware or have a suspicion of a reportable assault.

The organisation has effective governance systems in place that include information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints.

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.*

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021.

Consumers/representatives said the service effectively communicates information about care and services to them and with other providers of care as required. Management and staff reported that the organisation has effective information systems that enable staff to perform their role. The Assessment Team reviewed care planning documentation for consumers and found that it was accurate and evidenced consumer’s assessed care needs and regular reviews, consistent with feedback provided by consumers/representatives. Recent strategies to improve staff communication about consumer care needs have been implemented and included, for example, new handover processes and a critical tasks lists for registered staff.

The organisation demonstrated a continuous improvement system that is informed by feedback and complaints, audit and survey results, clinical indicator trends and critical incident data. Management and the service’s plan for continuous improvement identified numerous examples of improvement activities that were designed to improve outcomes for consumers, including to address areas of non-compliance with the Quality Standards. Some of these improvements are noted in requirements above relating to assessment and risk, clinical care, complaints management and staffing.

The organisation has an annual budget and expenditure which is reviewed monthly and annually. Additional funds are provided when required. The Board receives reports and monitors the financial performance of the service. Financial delegations are in place that provide guidance in relation to expenditure.

The organisation has implemented and continues to implement strategies to ensure the service’s workforce is sufficient to meet consumers’ needs. Requirement 7(3)(a) identifies improvements made in relation to workforce governance.

With respect to regulatory compliance, the organisation maintains membership with peak industry bodies that provide regular updates and information about changes to aged care law and regulations. Any changes are communicated to staff. The organisation’s Clinical Governance Team monitors compliance with legislative and regulatory standards at service and operational levels and are accountable to the Board. Policies and staff training have recently been reviewed and updated in line with legislative changes, including SIRS and restrictive practice.

The organisation has an effective system to document complaints, the investigation of complaints and complaint outcomes and report complaint information to the governing body.

Based on the above, this requirement is compliant.

### Requirement 8(3)(d) Compliant

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

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

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

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

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

Actions have been taken to improve the performance of the service in this requirement, following the decisions of non-compliance at the Site Audit conducted 1 to 3 September 2020 and the Assessment Contact conducted 24 to 25 February 2021.

The organisation has a documented clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated understanding and application of these policies to their work.

Staff advised and training records confirmed that staff had received mandatory training and education on infection control, complaints management and open disclosure, restrictive practice and SIRS.

Staff had a shared understanding of open disclosure and how this relates to complaints resolution. The service applies an open disclosure approach when things go wrong.

Based on the above, this requirement is compliant.

# Areas for improvement

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