Emmaus

Performance Report

16 Colonel Barney Drive   
PORT MACQUARIE NSW 2444  
Phone number: 02 6589 9818

**Commission ID:** 0593

**Provider name:** St Agnes' Care & Lifestyle

**Site Audit date:** 27 October 2020 to 29 October 2020

**Date of Performance Report:** 6 January 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** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Non-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 2 December 2020 with further supporting information provided 3 December 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

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

For example:

* Consumers, (or representatives on their behalf) confirmed staff make them feel respected by treating them kindly and always attending to their care promptly.
* Consumers, (or representatives on their behalf) said staff always knock on closed doors and that staff close the door prior to assisting consumers with their personal hygiene requirements or activities of daily living.
* Consumers, (or representatives on their behalf), interviewed confirmed they are encouraged to do things for themselves saying they have a choice in what they do every day and staff know them well and know what is important to them.
* Observations by the Assessment Team were that confidential information is returned to secure areas after use, staff do not speak about consumers confidential information in public spaces and computers were logged off when not in use.

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

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.

Overall, consumers (or representatives on their behalf) considered they felt like partners in the ongoing assessment and planning of their care and services.

For example:

* Care and service planning documents sampled generally reflected that consumers and/or their representatives are involved in assessment and planning and includes other providers of care and services including, for example, the Medical Officer and allied health specialists. The Assessment Team was satisfied that advance care planning and end of life planning formed part of care planning.
* Two representatives interviewed confirmed they are informed about the outcomes of assessment and planning, and they have been provided with, or have access, to the care and services plan if they wish. All representatives said they are informed of any changes to care and services or when incidents occur.
* The approved provider’s documentation demonstrated that consumers’ care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Staff could describe how consumers and others who contribute to the consumer’s care (including medical practitioners, allied health professionals, carers and family) work together to deliver a tailored care and service plan and monitor and review the plan as needed.

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 team also examined relevant documents.

Overall, consumers report they receive personal care and/or clinical care that is safe and right for them. Staff are also able to demonstrate that they deliver safe and effective personal care and/or clinical care to optimise health and wellbeing. Documentation of care will be an ongoing area of improvement for the approved provider.

For example:

* Consumers interviewed confirmed that they get the care they need and confirmed that the consumers have access to a medical officer or other health professional when they need it. They did not provide any negative feedback in relation to referrals to individuals, organisations and providers of other care and services.
* Feedback from consumers and staff interviewed also indicated the needs, goals and preferences of consumers nearing the end of life are adequately recognised and addressed, with their comfort maximised and their dignity preserved.
* Information derived from care planning and assessment records showed high impact and high prevalence risks associated with the care of consumers are mostly managed to minimise risk to them and enhance consumer’s health and wellbeing. However, the approved provider could improve their documentation of actions taken regarding high impact and high prevalence risks specific to consumers.
* The approved provider demonstrated they have a suite of policies and procedures underpinning the delivery of care, and how they review practice and policies to ensure they remain fit-for purpose, informed by advice from consumers and other experts.
* There are precautions in place to prevent and control infection. The approved provider has a respiratory outbreak plan to support their COVID-19 preparedness which includes planning and implementation of the outbreak management plan.

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 found that Consumers (and/or their representatives) sampled did consider that consumers receive personal care and clinical care that is safe and right for them and optimises their health and wellbeing. They are however, satisfied with their personal and clinical care and were able to provide examples. Care documentation for consumers sampled mostly reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Staff interviewed could describe how to identify their care is safe and effective, and how to escalate concerns to registered nursing staff. They also have access to policies and procedures and care pathways in addition to specialist and key personal contact details.

Whilst the Assessment Team observed that there were documentation of wounds, and pain management activities that did not adhere to best practice, the approved provider was able to provide progress notes and supporting evidence from a Medical Officer to demonstrate that consumers continued to receive safe and effective personal care and/or clinical care. The approved provider has identified documentation as an area for ongoing improvement and have planned actions and/or systemic changes to improve staff documentation of care.

Although the Assessment Team had found that the approved provider had not effectively managed risks related to chemical restraint on a few occasions, the approved provider has since provided progress notes and supporting evidence from a Medical Officer to demonstrate these risks were effectively managed at the time. For example, the provider could demonstrate best practice such as attempting non-pharmaceutical approaches before the administration of chemical restraints had been attempted.   
  
Based on the above, I therefore 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.*

The Assessment Team found that information derived from care planning and assessment records showed high impact and high prevalence risks associated with the care of consumers are adequately managed to minimise risk to them and enhance consumer’s health and wellbeing. Consumers have been generally monitored following high-risk incidents to ensure their well-being.

Staff interviewed could describe the high impact and high prevalence risks for specific consumers within the approved provider, and the strategies they use to minimise risks for specific consumers. The clinical leader could also describe how the approved provider developed an action plan for high impact and high prevalence risks, including using a benchmarking audit program to analyse the trends in clinical data.

Whilst the Assessment Team had found that the approved provider had not effectively managed risks related to chemical restraint on a few occasions, the approved provider has since provided progress notes and supporting evidence from a Medical Officer to demonstrate these risks were effectively managed at the time. For example, the provider could demonstrate best practice such as attempting non-pharmaceutical approaches before the administration of chemical restraints.

Based on the above, I therefore 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 NON-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 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 approved provider, and staff were asked about their understanding and application of the requirements. The team also examined relevant documents. Further information was also submitted by the approved provider as a response to the Assessment Team’s findings.

Overall, the approved provider has a range of lifestyle supports and services available for consumers which includes options for consumers with varying levels of functional, cognitive and visual abilities.

However, requirement 4(3)(a) and 4(3)(c) was unable to be met as consumers reported that the lifestyle activities available to them were inadequate or insufficient, following the onset of the COVID-19 pandemic and reduction of lifestyle staff.

Requirement 4(3)(f) was also unable to be met as consumers reported that the meals provided were not varied, of suitable quality, or quantity.

Examples include:

* Consumers were able to identify the people who are important to them and described the ways the approved provider supports them to keep in touch with these people.
* Consumers interviewed reported the options available through the lifestyle program have diminished and many were not satisfied the current activities support their health and wellbeing. They have suggested it is because of COVID-19 restrictions and a reduction in staff.
* The Assessment team reported that the equipment provided was safe, suitable, clean and well maintained. Consumer feedback towards the equipment were similar to the findings of the assessment team. The approved provider also had schedules and training for maintaining this equipment.
* Most consumers interviewed said they did not enjoy the food at the approved provider, they did not enjoy the taste or presentation of food and felt there was an insufficient variety of food available.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

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

The Assessment Team found that the service was able to demonstrate a range of methods for ensuring consumers provide input into the services and supports of daily living that are important to them. Staff interviewed could provide examples of how they might support a consumer undertake a preferred activity and describe how they receive feedback from consumers. A review of the sampled care and service planning documentation also showed they generally contained consumer information regarding preferences, needs, and supports for daily living that aligned with consumer and staff interviews.

However, at the time of audit, there were concerns that the current lifestyle options for consumers are inadequate. In a sample of eleven consumers interviewed, eight consumers raised concerns that there are insufficient lifestyle options available for them, particularly following the onset of the COVID-19 pandemic. Some consumers have suggested this lack of activities are attributed to a reduction of lifestyle staff over the last 12 months. Some consumers stated they have provided their feedback about lifestyle options at their resident committee meetings, although they felt not much has changed yet based on their feedback.

In examining the consumer feedback, the Assessment Team reviewed the sampled consumer’s care and service planning documentation. It was evidenced they did not indicate consumers were unable to participate in their usual lifestyle programs due to COVID-19, nor record any alternative activities provided to compensate for their loss. Overall, it was also observed that a relatively low number of consumers participated in the current available lifestyle programs despite the range of activities available, and many were spending large periods of time alone in their rooms.

The approved provider has responded by highlighting their attempts to meet consumer needs and wellbeing in the pandemic environment. A wide range of activities complying with COVID-19 restrictions were provided, and consumers were linked to psychological support programs to ensure their wellbeing. Their number of activity programs also trended upwards from April 2020 to October 2020, which demonstrated their commitment to further meet their residents’ needs. The results of an internal survey in July 2020 also indicated most consumers were satisfied with their daily activities.

For some of the consumers, the service was able to demonstrate that their preferred activity was unable to be undertaken due to COVID-19 restrictions. A few examples demonstrated that consumer needs were attempted to be met with alternative activities. For example, one consumer was unable to access the men’s shed to participate in woodworking and was subsequently provided an opportunity to be involved in an art project centred around woodworking. The service has also demonstrated plans to reengage consumers in their preferred activities once COVID-19 restrictions end. The service has also reported that the staffing numbers for the lifestyle team has remained the same over the year.

In deciding on this requirement, I have considered the varying sources of information above. I acknowledge that the service, like all other services, may have recently found it difficult to provide meaningful activities and daily supports for residents due to COVID-19 restrictions. I also acknowledge that the service has attempted various ways to meet their consumers’ needs and preferences.

However, I have given greater consideration to the consumers voice at the time of audit. Although the approved provider can evidence delivery of a wide range of activities for consumers, the sampled consumers interviewed did not seem to regard these as suitable in meeting their preferences, needs, and goals. Their feedback may indicate that the approved provider has not adequately sought and/or actioned feedback from consumers regarding these alternate activities. Their reviewed care and planning documentation also do not reflect that the service has identified preferred alternative activities for sampled consumers during this pandemic period.

Based on the above, I find this requirement is non-compliant.

### 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) Non-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.*

### The Assessment team reviewed a sample of care plan documents which indicated they include information on things of interest to the consumer, both within the approved provider and in the community. The documents also included information about how consumers maintain their relationships. They were also able to observe consumers leaving the approved provider to go on outings with family or on the approved provider’s bus.

In the sample of consumers interviewed, they stated they can maintain relationships that are important to them. However, most were not satisfied that they are currently able to fully participate in the community within or outside the approved provider. While consumers said this was in part due to COVID-19, they felt the reduction in staffing in the lifestyle team meant the restrictions caused by COVID-19 were not adequately compensated for in the lifestyle program.

The approved provider has provided further information that evidence attempts to compensate consumer’s participation with activities that comply with COVID-19 restrictions. Some of these were demonstrated to be tailored to individual consumer preferences where possible as well. The approved provider’s number of activity programs also trended upwards from April 2020 to October 2020, which demonstrated a commitment to further meet the residents needs and wellbeing. As COVID-19 restrictions are easing, the approved provider has demonstrated plans to assist consumers further participate in their community within or outside the approved provider environment, and for activities that align more with a consumer’s preferences.

The approved provider has also reported that there has not been a restructuring of staffing numbers in the lifestyle team, although a perception may have risen due to an ongoing change management process to strengthen culture improvement redesign program, and the temporary halt of the volunteer program due to COVID-19 restrictions.

Based on the available evidence, I have decided to give greater consideration to the consumers voice at the time of audit. Although the approved provider can evidence delivery of a wide range of activities for consumers, the consumer feedback does not demonstrate these alternative activities are of significant interest to consumers or enable their participation within the approved provider’s environment.

I therefore consider this requirement non-compliant.

### 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) Non-compliant

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

The Assessment Team found that the approved provider was able to demonstrate its processes for ensuring dietary requirements are met, and care planning documents matched the information recorded by kitchen staff.

The kitchen was also observed to be clean and tidy, with most staff observing adhering to hygiene protocols. Staff were also observed to be in attendance during meal approved provider and providing assistance as required. It was noticed that the daily menu was on display on a blackboard in the dining room with two options for the lunch meal, although no other forms of the menu was displayed thorough the approved provider.

However, based on the sampled consumers interviewed, most stated they did not enjoy their meals, some consumers said there was insufficient variety in the food which have sometimes made it difficult to eat, and one consumer said the portion sizes were sometimes too small. Many consumers sampled said they keep snacks in their rooms to make up for the lack of good meals provided by the approved provider.

The approved provider has responded by stating food delivery had been recognised as an area for improvement prior to audit, and a comprehensive restructure had been completed in August 2020 to improve productivity to improve food quality, service, and choice. They have highlighted examples of continuous improvement thorough the year regarding consumer meals. Examples include adapting food choices to the preferences of consumers, changing the dining environment to be more welcoming, and additional training for staff targeted at the regeneration of food. The approved provider has also provided a food services audit from August 2020 (unknown sample size) indicating that 66% of sampled residents strongly agree that they are satisfied with the size and quality of the meals and drinks they receive.

In consideration of the above evidence, I acknowledge that the approved provider is continuously attempting to improve the meal and dining experience for consumers and it will likely meet consumers’ needs in the future.

However, for this requirement I need to consider whether meals are provided of suitable quality, quantity, and variety at the present time of audit. Based on the sampled consumer feedback, it appears the current meal and dining experience is not perceived positively, and the continuous improvement efforts have yet to deliver satisfactory results for the consumers. I have therefore found the current meals are not of variety, quality, or quantity, and this requirement is non-compliant.

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the approved provider’s environment.

For example:

* Consumers said they feel at home and are safe; they are able to bring their own furniture into their rooms and hang pictures on the walls.
* Consumers said they enjoy the garden areas and one consumer said he likes being able to sit in the courtyard garden with his wife.
* Consumers said they believe the approved provider is clean and well maintained. The Assessment Team also observed similarly and that the approved provider environment is clean, welcoming, and well maintained with a functional layout.

This 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 team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall, sampled consumers (or their representatives on their behalf) considered they are encouraged and supported to take feedback and make complaints, and that appropriate action is taken.

For example:

* Consumers interviewed felt they could make a complaint to staff, management or through the feedback mechanisms in place at the approved provider and felt safe doing so. They were aware of the escalation and processes for complaints and where they could go if not satisfied with the process or outcome. They knew where to find information on how to make a complaint to an external organisation and the resources they have available.
* One consumer said they had seen the impact of his complaint regarding food. He said that the food had improved since he lodged the complaint and changes, or improvements are reported through the consumer/representative meetings regarding meals. However, he said there is still some work to be done but he is satisfied with the improvement so far.
* The Assessment Team reviewed feedback records and documentation and can confirm the approved provider has a sound process to manage complaints and consumer satisfaction across various issues raised through various modes of feedback.
* In general consumers are satisfied with the way the approved provider is run and feel management is approachable. Some consumers explained they were consulted in plans to expand the service and management keep them informed on any changes occurring at the approved provider.

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-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the 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, most consumers considered they receive quality care and services when they need it and from staff that are knowledgeable, capable and caring. The approved provider also has a workforce that is skilled and knowledgeable.

However, requirement 7(3)(a) was unable to be met as both consumers and staff have reported that the current workforce is not adequately staffed or enabled to deliver a timely and safe service.

Examples include:

* Consumers interviewed confirmed staff are kind and caring. They state they are treated with respect and are satisfied with the level of personal knowledge staff demonstrate. They state they feel safe when staff assist them in their daily life, and believes the staff know what they are doing.
* The approved provider has evidenced training records that show staff are adequately trained to deliver their roles competently. Staff are also supported by a robust system for monitoring and reviewing their work, with consumers regularly involved in providing feedback on staff performance.
* However, most consumers interviewed said they feel there is not enough staff to provide adequate care and service. They believe staff are too busy and they experience long call bell responses times. They also believe there is not enough staff to provide stimulating activities.
* Most staff interviewed also reported they did not have enough time to complete their work during their shift.

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 found that the approved provider has a robust system for rostering and monitoring of staff shifts, with a healthy casual pool to fill shifts where necessary and available staff on stand-by for unforeseen roster vacancies. The approved provider also does not use agency staff.

A sample of staff and consumers were interviewed. Most consumers have reported dissatisfaction on delayed staff responsiveness in attending to care. They commented on lengthy wait times before a call bell is answered, and in some instances, these wait times have affected their wellbeing. Some have also commented that the number of lifestyle staff have been reduced, which has impacted the number and quality of their daily activities.

Most staff interviewed said they did not have enough time to complete their work during their shift. Some staff said they undertake duties outside their rostered times to ensure care and services for consumers are completed. Some staff have also stated the lifestyle staff numbers have reduced.

### I acknowledge the approved provider’s response stating that it has staffing numbers that exceed like approved providers (as of March 2020), that it has commenced changes to enhance the experience of residents and to enhance staff engagement, and their report that the number of lifestyle staff have not reduced. In addition, I acknowledge the approved provider is unable to provide further information on the experience of residents reporting long staff response times as this is not currently quantified in their current operating platform.

However, in considering both responses, I have chosen to take greater account of the feedback of staff and consumers interviewed. Their combined feedback is indicative that there may be systemic issues that are not enabling staff or consumers to feel care is delivered in a timely and therefore safe manner, even despite a higher reported number of staff than like services.

Based on the above reasons, I therefore 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.*

### The Assessment Team found that consumers interviewed (or their representatives on their behalf) said they felt staff were able to meet their care needs and had the skills and knowledge to perform their roles effective. Two consumers who were not mobile and required high levels of staff assistance in transferring, said they felt quite safe whilst staff used the lifting equipment.

Staff interviewed were able to demonstrate their knowledge and competence in their roles, and the tools they use to assist them complete their tasks. The approved provider was also able to provide training records to show staff have received job specific training to effectively perform their roles.

Whilst the Assessment Team had found that the approved provider’s workforce has not been able to demonstrate competence on chemical restraints based on a few incidents, the approved provider has since provided progress notes and supporting evidence from a Medical Officer to demonstrate staff managed chemical restraints competently at the time. For example, the provider could demonstrate best practice such as attempting non-pharmaceutical approaches before the administration of chemical restraints.

### Based on the above, I find this requirement compliant. 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management, 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:

* Consumers interviewed confirmed they feel the approved provider is well run and that management has an open-door policy and they can approach them at any time.
* Consumers interviewed were confident in their involvement in the development, delivery and evaluation of care and services at the approved provider. They were able to give good examples of when they have provided feedback on meals, activities and the environment they live in at the approved provider. They also said they are actively participating in their care through case conferencing and resident of the day assessments.
* One consumer recalled being consulted for the proposed new structure plans and the floor covering for one of the wings at the approved provider
* The approved provider can demonstrate a risk management framework to effectively manage high impact or high prevalence risks. They were also able to demonstrate a suite of policies, procedures, and frameworks for clinical governance.

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.*

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### The approved provider was able to demonstrate a risk management framework to effectively manage high impact or high prevalence risks, identify and respond to elder abuse or neglect, and support consumers to live the best life they can. Staff interviewed confirm their awareness and use of this risk management framework and were able to demonstrate the relevance of this framework to their work.

The approved provider also demonstrated that the risk management systems and practices were effective, based on a downward-trend of high impact or high prevalence risks.

Whilst the Assessment Team had found that the approved provider has not been able to demonstrate effective management of risks related to chemical restraints in a few instances, the approved provider has since provided progress notes and supporting evidence from a Medical Officer to demonstrate these risks were effectively managed. For example, the provider could demonstrate best practice such as attempting non-pharmaceutical approaches before the administration of chemical restraints.

Based on the above, I find this requirement compliant.

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

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

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

The approved provider has demonstrated a comprehensive suite of policies and procedures for clinical governance, antimicrobial stewardship and minimising the use of restraint. It does promote adequate use of antibiotics to reduce the risk of increasing resistance.

Staff demonstrated understanding of these policies and were able to provide examples of how they were applied to their work.

The assessment team’s review of the feedback register noted the use of open disclosure principles.

Management at the approved provider was able to demonstrate that they are working towards a reduction in the use of psychotropic medications as part of a restraint free environment strategy.

Whilst the Assessment Team had found that the approved provider has not been able to demonstrate clinical governance related to chemical restraints in a few instances, the approved provider has since provided progress notes and supporting evidence from a Medical Officer to demonstrate these risks are effectively managed. The approved provider was also able to evidence communication with external stakeholders which demonstrates service is working towards a reduction in the use of psychotropic medications as part of a restraint free environment strategy.

I have found that the providers response demonstrates adequate governance and this requirement is therefore compliant.

# 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 4(3)(a)

*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.*

*Required Improvements*

Approved provider to continue with plans to reengage consumers in their preferred activities once COVID-19 restrictions end. Consumer care and planning documentation should reflect the impact of COVID-19 restrictions. For example, it should document any preferred activities unable to be taken, and discussion with the consumers regarding their preferences for alternative activities that meet COVID-19 restrictions.

### Requirement 4(3)(c)

*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.*

*Required Improvements*

Approved provider to continue with plans to reengage consumers in their preferred activities once COVID-19 restrictions end. Consumer care and planning documentation should reflect the impact of COVID-19 restrictions. For example, it should document any preferred activities unable to be taken, and discussion with the consumers regarding their preferences for alternative activities that meet COVID-19 restrictions.

### Requirement 4(3)(f)

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

*Required Improvements*

Approved provider to continue actioning the planned improvements to improve the quality and quantity of meals for consumers. Ensure the improvements continue to be guided by consumer feedback.

### 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.*

*Required Improvements*

Implement the actions as planned in the approved provider’s response. Review feedback from both consumers and staff regarding inadequate staffing or long response times for care. Identify any systemic issues or processes that may be hindering staff from delivering safe and quality care and seek to improve them.