Estia Health Aldgate

Performance Report

4 Gibbs Road   
ALDGATE SA 5154  
Phone number: 08 8370 9311

**Commission ID:** 6117

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 19 January 2022 to 21 January 2022

**Date of Performance Report:** 1 March 2022

# Performance report prepared by

Meritt Nassif, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

The 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 15 February 2022
* other information and intelligence held by the Commission in relation to 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 and representatives considered they are treated with dignity and respect, with their identity, culture and diversity valued. However, one consumer expressed that they did not feel heard in relation to their care preference. Management was advised of this issue and outlined the actions undertaken to remedy this issue as well as to prevent future occurrences. Staff spoke of consumers in a respectful manner and demonstrated a shared understanding of consumer’s identity, culture and diversity. The Assessment Team observed kind, respectful interactions between staff and consumers and among staff at the service.

Consumers and representatives advised they were satisfied that their care and services consumers receive are culturally safe. Staff were able to describe how consideration of the consumer’s cultural background and preferences influenced the delivery of care to consumers. Care planning documentation evidenced the service has captured information regarding consumers’ cultural, religious and spiritual needs. The Assessment Team observed the lifestyle calendar reflected a range of services and celebrations that catered to the diverse interest and backgrounds of consumers.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff demonstrated a shared understanding of consumer’s preferences and could describe the way a consumer’s decisions about their care needs guided the way that care is provided. Management advised that consumer choices and decisions are supported through the care planning process, consumer and representative meetings and case conferences. Care planning documentation included details and contact information for nominated representatives and other primary contacts that consumers wished to have involved in their care. Care planning documents also demonstrated that consumers are supported to exercise choice and independence.

Care planning documentation evidenced the completion of risk assessments in consultation with allied health professionals and consumers. Consumers expressed that they are supported to take risks to enable them to live the best life they can and provided examples of activities they undertake that included an element of risk. The Assessment Team reviewed the consumer handbook to contain information which outlined the service’s approach to supporting consumers in choice and decision making.

Consumers and representatives indicated they receive information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice and control. Staff described how information is provided to consumers about day-to-day care and services. Management advised that important safety information regarding COVID-19 is communicated within resident meetings and emails are sent to consumers and representatives. The Assessment Team observed a poster on display notifying consumers, representatives and staff of the Site Audit.

The Assessment Team found the service did not meet Requirement 1(3)(f) regarding consumer privacy and confidentiality. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is compliant. I have provided reasons for the finding in the relevant requirement below.

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.*

The Assessment Team recommended this requirement as not met due to their observations of staff operating out of alignment with their organisational policies and best practice with respect to maintaining consumer privacy and confidentiality. The Assessment Team made the following observations:

* Staff handover was conducted in a lounge area that did not protect the confidentiality of the conversation. During the handover, one consumer sat down next to staff and staff continued conducting handover.
* The nursing station door was observed to be open on multiple occasions with no staff member inside. Furthermore, the computers were left unlocked with consumer files accessible without a login code. Consumer information was also available in printed copies sitting on the tables in the nursing station.
* A clinical staff member was observed on the phone conducting care plan reviews in the public, open lounge area whilst consumers walked past on their way to lunch service.

When these observations were raised with management they advised that:

* Staff handover usually occurs in the dining room which was occupied by the lifestyle activity. Management explained there is a new lifestyle coordinator who was unaware that the dining room is needed for confidential conversations.
* The signage on the nursing station door was changed and this issue will be discussed at the next clinical meeting. Management advised that they have never had an issue with a privacy breach. Management said they reviewed the CCTV footage and noted that there were visiting doctors that could be the source of the issue.
* There was no private space available to conduct care plan reviews and that names of consumers was intentionally not used when conducting review to maintain privacy. The staff member conducting the review was provided a copy of the privacy policy and the staff member apologised.

It should be noted that on day three of the Site Audit the Assessment Team did not observe any of these issues being repeated. Additionally, at the time of the Site Audit, consumers stated that their personal privacy preferences are met, including during interactions with staff. Consumers did not raise any concerns about the confidentiality of their personal information. Staff were observed to knock on the doors of consumers prior to entering and respecting consumer privacy. A review of training documentation by the Assessment Team demonstrated that staff have received training on dignity, privacy and respect, and that the service has policies in place which outline privacy and confidentiality requirements.

The Approved Provider’s written response, received 15 February 2022, included additional information regarding the issues identified by the Assessment Team through their observations:

* In relation to staff handover occurring in an open public lounge area, the Approve Provider’s response states the lifestyle staff is now aware that staff handover occurs in the dining area. The lifestyle staff will now schedule activities in the lounge area outside of handover time. The Approved Provider notes that had a consumer or visitor entered the area in which the handover was occurring staff would have stopped the handover and relocate elsewhere.
* The Approved Provider notes that staff were in close proximity and monitoring the nursing station and if they were not in close proximity the door would have been closed. Additionally, the area is monitored through security cameras and no one without authority has entered the nursing station.
* The staff member who conducted care plan reviews in an open lounge area noted that if the need to discuss private information over the phone arise a call back would have been arranged once they had access to the nursing station to conduct the call privately.

The Approved Provider outlined that management have not ever received any privacy and confidentiality related concerns from consumers, representatives or visiting allied health professionals. The service expressed they maintain compliance with privacy and confidentiality requirements through mandatory staff training, ad hoc observations and internal audits. Within the Approved Provider’s response, the reports for the service’s two most recent internal audits were attached, one completed prior to the Site Audit and one completed after the Site Audit. These audits measured compliance with privacy and confidentiality requirements and results of both audits demonstrated the service maintained a compliance rate of 100%. The Approved Provider maintained that there was no privacy breaches nor impact on consumers resulting from the issues observed by the Assessment Team.

In coming to a decision on compliance for this requirement, I have considered the information from the Site Audit Report and the Approved Provider’s response. I am satisfied that this requirement is Compliant.

# 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

Consumers and representatives expressed satisfaction with the assessment and planning process at the service. Care planning documentation indicated that risks to consumers, such as falls, pressure injuries and dietary requirements were accurately identified during the assessment and planning process. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks.

Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced care and end of life planning. Consumers and representatives confirmed the service had discussed end of life planning with them and are confident the service will respect their wishes. Staff advised that the service follows consumers' advanced care plans and dignity and choice wishes that are recorded upon entry to the service. When consumers approach the end-of-life stage, their medical officer, palliative care team and family are contacted to discuss further care needs and preferences.

Consumers and representatives said they are consulted throughout assessment and care planning, and when required, input is sought from health care professionals. Care planning documentation evidenced an ongoing partnership with the consumer and others that the consumer wishes to be involved in their care. Staff described how consumers and their representatives, and other individuals and providers, are involved in assessment and care planning and can create referrals to a range of health professionals.

The Assessment Team observed care planning documents and electronic care system alerts being available to staff, and where care and services are provided. Consumers and representatives confirmed the outcomes of assessment and planning have been communicated and are able to access consumer care plans upon request. Staff indicated that care and services reviews for consumers are discussed with the consumer and their representative.

Consumers and representatives confirmed care and services are reviewed every three months or when the consumer’s circumstances have changed or when incidents occur. Staff are aware of the incident reporting process how and these incidents can prompt a review of consumer care needs. Care planning documentation evidenced a review of a consumer’s care needs following a deterioration in health.

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

Consumers and representatives indicated that consumers receive safe and effective care that is best practice, tailored to their needs and optimises their health and well-being. A review of care planning documentation identified that care is safe, effective and tailored to the needs and preferences of consumers. Care planning documentation of sampled consumers who had restraints in place have the appropriate consent and authorisation documentation and restraints were reviewed regularly by the consumer’s medical officer. Staff confirmed they have received training on the clinical guidelines for restrictive practices through mandatory online training.

The service provided comprehensive examples of high-impact or high-prevalence risks that affect the care of consumers and the way in which staff effectively manage these situations. Care planning documentation reflected the high impact and prevalence risks associated with each consumer and evidenced effective strategies are in place to mitigate risks, such as charting, regular observations and regular review of care needs. Staff were aware of common and high risks to consumers, such as urinary tract infections, and described preventative techniques to mitigate these risks.

Most consumers and representatives sampled confirmed the end-of-life wishes of consumers were discussed with them and advanced care plans were in place. Staff described their roles and responsibility in context with a recently deceased consumer which included providing emotional support, PRN medication and contact with the consumer’s representative. The care planning documentation for this consumer included an advanced care directive that outlined their needs, goals and preferences.

Deterioration or changes in a consumer’s health are recognised and responded to in a timely manner, as confirmed by care planning documents. Representatives said they are notified promptly if the consumer they represent demonstrates any significant change. Staff demonstrated a shared understanding of their responsibilities of how they recognised and responded to deterioration or changes in a consumer’s health and felt comfortable to escalate their concerns to registered nurses if available.

Care planning documentation demonstrated the effective documentation and sharing of information in relation to the consumer's condition, needs and preferences and with others where responsibility of care is shared. The electronic care planning system was equipped with a ‘pop-up’ system that allowed for critical consumer information to be displayed clearly and effectively. The Assessment Team observed shift handover and staff communicating any changes to consumer’s care needs and preferences. Consumers and representatives stated that their condition, needs and preferences is well communicated throughout the service and external health care professionals.

Consumers and representatives confirmed they were satisfied that referrals to health professionals occurred in a timely manner and consumers have access to relevant external health professionals when required. Care planning documentation noted referrals to allied health therapists and other medical officers and included their directives and planned review dates. Staff demonstrated a shared understanding of the escalation and referral process and indicated any significant changes to consumer health are communicated to the consumer’s representative and escalated to the registered nurse. The registered nurse will decide whether a referral to a care provider is required and if so, will organise the referral.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff indicated they have received training in infection control, donning and doffing of personal protective equipment and effective handwashing. Consumers and representatives outlined the detailed information received from the service regarding their response to COVID-19 and the visitor restrictions within the service.

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.*

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Consumers and representatives indicated that consumers receive the services and supports for daily living that are important for their health, independence and quality of life. Staff demonstrated a shared understanding of the needs, goals and preferences that are important to each consumer to promote independence and quality of life. Care planning documentation evidenced that upon entry to the service, a leisure assessment is completed to assist in the development of the monthly events schedule. Care planning documents also reflect the interests of each consumer.

The service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer through individualised activities, one-on-one time and strong relationships with consumers. Consumers and representatives provided examples of a range of supports the service offered to promote the well-being of the consumer, for example, attending church services. Staff expressed they share strong relationships with the consumers, and consumers often feel comfortable letting staff know when they are experiencing a low mood. The Assessment Team observed staff comforting consumers in the hallways and re-directing them to their rooms or common areas if they were disorientated.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Staff were able to describe how they support consumers to socialise or maintain personal relationships and provided the example of assisting consumers to communicate virtually with their friends and family during visitation restrictions. Consumers and representatives described the activities that consumers enjoy and how the service assists to facilitate and organise these activities. The Assessment Team observed staff to encourage consumers to participate during activities and to provide assistance when required.

Information about consumers’ condition, needs and preferences is communicated within the organisation, and with other services where relevant. A consumer’s representative expressed their initial reluctance when transitioning the consumer to the service, however the representative indicated that through the regular communication and updates provided by the service they now feel reassured the consumer is well cared for and is experiencing a higher standard of life. Staff described how the needs and preferences are documented, updated and communicated throughout the service to ensure consistency of care. The Assessment Team observed the service use both handover sheet and flags on their electronic system to provide alerts to all staff around clinical and policy changes.

Consumers and representatives were satisfied that consumers receive timely and appropriate referrals to individuals’ other organisations and providers of other care and services, such as, medical officers and allied health therapists. This feedback was consistent with the Assessment Team’s review of care planning documentation which contained information about external services that have been involved in supporting consumers. Staff indicated they have established relationships and access to a range of volunteers and organisations to help supplement lifestyle activities.

Consumers and representatives provided positive feedback regarding the quality and quantity of the food at the service and that there have been significant improvements since the service started cooking food onsite. Consumers described how they choose their meals from a menu that displayed a variety of choices. Care planning documentation evidenced the identification of dietary requirements and the involvement of dietitians and speech pathologists to inform the delivery of safe eating practices. Staff demonstrated a shared understanding of consumer’s dietary requirements and explained that general feedback from consumers will influence future meal options.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean and well maintained and that staff and maintenance undertake ongoing monitoring that equipment is fit for purpose. Consumers and representatives interviewed provided feedback that equipment they utilise such as mobility aids are well maintained and they feel safe. Staff indicated there is sufficient equipment available and were able to describe the maintenance request process.

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 and representatives felt that the service was welcoming, and consumers felt at home within the service environment. The Assessment Team observed the facility to be easy to navigate and there were wayfinding signs throughout the facility to assist consumers that require additional assistance with their orientation. The rooms of consumers were personalised with their own furniture and photographs on display. Management advised that the feedback obtained from consumers during the monthly consumer meetings resulted in the construction of an outdoor pergola area for consumers to enjoy.

The service was observed to be safe, clean and well-maintained and allowed consumers to move freely inside and outside of the facility. The service ensured the facility was safe and well maintained through scheduled preventative and reactive maintenance. A review of the preventative maintenance calendar demonstrated regular maintenance of equipment was completed to ensure equipment safety. Staff described the process to lodge a maintenance request and review of the request folder confirmed requests were responded to in a timely manner. Consumers and representatives expressed that consumers are enabled to move freely throughout the service and staff will open their door to the garden when requested.

The Assessment Team observed the furniture, fittings and equipment at the service to be safe, clean, well-maintained and suitable for the use of consumers, visitors and staff. Consumers confirmed that personal equipment, such as walkers, meet their needs and are well maintained. Staff advised that any equipment they identify to be unsafe is removed and the registered nurse is informed. A review of documentation demonstrated that maintenance routinely occurs, and faulty equipment is promptly identified and responded to.

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 and representatives stated they are encouraged and supported to provide feedback and make complaints. Staff were able to describe how they encourage and support consumers to provide feedback and complaints and indicated they had received training on the complaint procedure. The Assessment Team observed feedback forms and confidential mailboxes available within the service as well as posters in the reception area outlining the feedback process.

The service demonstrated that consumers are made aware and have access to advocates, language services and other methods for raising and resolving complaints. Management advised that representatives from the Aged Rights Advocacy Service (ARAS) attend the service annually to provide information regarding their services. Management reported they currently do not have consumers who speak languages other than English but they do understand and train staff on the process for engaging interpreter services for when they do have consumers with diverse backgrounds. The Assessment Team observed advocacy information on display within the service and the consumer welcome pack included information about ARAS.

Consumers and representatives indicated that the service takes appropriate action in response to complaints and the practice of open disclosure is utilised. Staff demonstrated a shared understanding of open disclosure practices and explained in response to an adverse event, they would apologise to a consumer, offer the consumer an explanation as to what occurred and ensure the consumer is satisfied with the outcome. A review of the complaint register by the Assessment Team demonstrated the prompt action taken by the service in response to a complaint provided by a consumer. It was evident that management apologised to the consumer and communicated the issue across the service to prevent future occurrences of this issue.

Management was able to describe how feedback and complaints were reviewed to improve the quality of care and services. Consumers provided examples of the improvements within the service that occurred as result of feedback and complaints procedures. The Assessment Team observed service improvement opportunities are added to the service’s Plan for Continuous Improvement (PCI) for monitoring and action.

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 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

Consumers and representatives were generally satisfied that the workforce was planned to enable the delivery and management of safe and quality care and service. Some consumers, representatives and staff expressed that the service would benefit from more staff but did not indicate how this impacted the delivery of safe and quality care and services. To ensure suitable staffing levels, management closely review the clinical and non-clinical indicators including falls, pressure injuries, call bell response times, and consumer complaints to see whether changes in staffing are required. A review of the organisation's staff rosters, allocation sheets, and shift vacancies over the last fortnight demonstrated that the service has a functioning system to ensure staffing to deliver quality care and services to consumers. A review of the call bell data identified that call bells answered outside the service’s ten-minute response target were identified for review. To address lengthy call bell wait times, management have created a PCI to identify trends and to analyse areas within the service that require additional support.

Consumers expressed that workforce interactions are kind, caring and respectful of the consumer’s identity, culture and diversity. The service has a range of policies and procedures to guide staff practice and which outline that care and services are to be delivered in a person-centred approach. The Assessment Team observed staff to be respectful of consumer’s privacy and interacting with consumers in a kind and caring manner.

The service was able to demonstrate that members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives expressed confidence in the competency of staff to perform their duties effectively and meet the care needs of consumers. As sighted by the Assessment Team, position descriptions include key competencies and registrations that are either desired or required for each role. A review of the organisational audits and performance appraisals demonstrated how the service identifies deficiencies in staff knowledge, any identified deficiencies result in additional training for staff.

Staff expressed they receive adequate training and support to preform their roles and were able to describe the training they have recently received. Consumers and representatives confirmed that staff and management have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. The organisation provided evidence of training on the recent legislative framework changes for the Serious Incident Reporting Scheme (SIRS) and restrictive practices.

The service demonstrated that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff advised that they receive annual performance appraisals and any identified knowledge gaps will lead to training refreshers and feedback to improve future performance. New staff are subject to a six-month probationary period with a performance appraisal occurring during the fifth month, and a decision on the probation determined during the sixth month. Management outlined the disciplinary process which includes an allegation letter, a meeting with the staff member, and a decision on termination which is based on the results of the investigation, the nature of the issue, and the history of the staff member's performance.

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

## Assessment of Standard 7 Requirements

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

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

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 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

Consumers and staff confirmed that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Management advised there are a variety of ways that consumers are engaged with the service, such as, monthly resident meetings, newsletters, feedback forms, care plan reviews and the quarterly customer experience survey. The Assessment Team observed the minutes from the most recent meeting available in the service’s hallway and accessible to all consumers.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and took accountability for their delivery through meetings, monitoring and reporting. The organisation recently developled a clinical development sterring committee to focus on the education of staff in response to changes in organisational policies. The Assessment Team noted that the Board’s corporate governance statement outlines their responsibility for the oversight of management, financial risk, work health and safety and compliance.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities. The service had procedures in place to support SIRS reporting and staff demonstrated a shared understanding the incident reporting requirements.

The service had a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting. The Assessment Team identified service policy and procedures had been updated to reflect legislative changes, and staff were able to describe how these changes influence the care and services provided to consumers.

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

## Assessment of Standard 8 Requirements

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

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

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

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

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

### 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.*

# 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.