Estia Health Craigmore

Performance Report

150 Adams Road
CRAIGMORE SA 5114
Phone number: 08 8256 8800

**Commission ID:** 6948

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 2 March 2020 to 5 March 2020

**Date of Performance Report:** 29 April 2020

# 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** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the approved provider’s response to the Site Audit report received on 27 March 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

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

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their independence, make informed decisions about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff were kind and caring and treated them dignity and respect. All consumers confirmed their privacy is always respected.
* they are supported to maintain their culture and identity. One consumer reported staff have helped create a placard for their room based on their love for birds.
* they are supported to exercise choice and independence, communicate their decisions and decide who is involved in their care.
* they are supported to make connections with others and maintain relationships of choice.
* they are supported to take risks and do not feel restricted in their movements or choice of activity.

The Assessment Team found the organisation’s strategic documents describe what it means to treat consumers with dignity and respect. The organisation’s risk management framework includes a risk assessment matrix, and the categories and definitions of risk to guide staff. The organisation’s privacy policy had been reinforced with staff through a range of communications, and to consumer’s in the Resident Handbook. The training schedule for all staff includes modules on the Aged Care Quality Standards, privacy, dignity, choice and respect.

The Assessment Team reviewed consumer profile and care planning documents, reflecting consumer involvement in decisions and choices about their care, and consideration of their cultural needs. Each consumer has a Risk Safety Assessment and associated Risk Safety Care Plan completed and reviewed every three months, evidencing an understanding of how consumers are supported to take risks.

Staff interviewed by the Assessment Team reported they regularly engage consumers in making informed choices about their care and services through informal conversations in every day care. Staff confirmed they received training on cultural safety and could describe strategies which promote choice and independence. Staff reported the lifestyle activity calendars and seasonal food menus are provided to consumers a month in advance to enable choice and planning. Care staff could identify which consumers engaged in risky activities, and were aware of their roles and responsibilities in supporting this. Staff described appropriate practical ways they respect the personal privacy of consumers.

The Assessment Team observed all staff treating consumers with kindness, respect and dignity. They noted a multi-cultural calendar on display, posters around the service about privacy and upcoming cultural activities, and a whiteboard in the main dining areas with details of the menu for the day.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1, in the form of a monthly Consumer Experience survey, to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## Assessment of Standard 1 Requirements

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

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

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

Care and services are culturally safe.

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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

The Assessment Team found consumers and representatives interviewed confirmed they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* their needs, goals and preferences had been recognised by the service and influenced the delivery of care.
* their wishes regarding how and who they want included and involved in assessment and planning was adhered to.
* representatives confirmed the service contacted them about changes in health status and care delivery in response to incidents, and they felt involved in assessment and planning.
* they are informed of the outcome of assessments, and any changes to care that occur as a result.

The Assessment Team found the service has processes in place to ensure there is comprehensive assessment and planning for consumers. The service involves the consumer and as appropriate the representative, in the assessing and planning of the care and services to be provided to the consumer. Staff are encouraged to involve consumers in making decisions about care and services aiming to improve the consumers’ health and well-being. The assessment and care planning process include information gathered from a variety of sources including external services, the multidisciplinary team and other parties that may have been involved in caring for the consumer. Assessments include goals and preferred services of the consumer, and planning is based on an ongoing partnership and review. Consumers are supported to complete an advanced care plan on admission. This plan is reviewed every three months, and is included in transfer documents when consumers require a hospital admission.

The Assessment Team sampled consumers’ files. Care plans and assessments sampled showed care is provided for each consumer that is individualised, safe and effective. Care plans are developed from information that is gathered on admission from a range of sources including aged care assessments and from the consumer and/or nominated representative. Care plans are updated when there is a change in circumstances, when incidents have occurred, or during the scheduled three monthly review.

Staff interviewed by the Assessment Team confirmed assessment and planning is completed on admission, in a 31-day admission assessment process, to inform the consumer’s care plan. Staff were familiar with the service policy for reviewing care plans on an ongoing basis, including the three-monthly care planning review process, as well as in response to changes in health and following clinical incidents. Care staff were able to describe how they use information in care plans to provide safe and effective care in line with consumers’ care and service needs and preferences.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning has a focus on optimising health and well-being in accordance with the consumers’ needs, goals and preferences.

## 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 NON-COMPLIANTPersonal 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

This Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The Assessment Team found consumers and representatives interviewed stated they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the personal and clinical care they need, their needs and preferences were usually known by staff, and they have access to medical officers and/or allied health professionals as and when they need it.
* the care provided was safe and right for them and they had no concerns about how the service managed their health risks.
* one consumer who had recently returned from hospital following a deterioration in their physical health reported staff responded promptly to their needs and arranged transfer to hospital.
* they had discussed their end of life wishes with staff, either on entry or during care consultation processes.

The Assessment Team found the organisation has policies and procedures available in hard copy, or on the intranet, to guide staff in the provision of personal and clinical care.

Management report they source clinical guidelines from national and international bodies to ensure their guidelines align with best practice. The Diabetes Management Guidelines were replaced by a reviewed and amended guidance document entitled the Diabetes Management Policy, effective 3 March 2020.

The Assessment Team found while the service demonstrated management of some high-impact and high-prevalence risks, care documentation relating to diabetes management identified, and verbal information from clinical staff confirmed, the service was not effectively managing consumers with out of range blood sugar levels.

The Assessment Team found Requirement (3)(b) in this Standard Non-compliant. While the organisation had guidelines in place to direct staff in relation to required blood sugar level monitoring after a deviation from the acceptable range is identified, these guidelines were not consisitently followed. I find this Requirement Non-compliant because staff did not consistently follow the organisation’s Diabetes Management Guidelines when diabetic consumers were identified as having out-of-acceptable range blood sugar levels. See this Requirement below for reasons for my decision.

Staff interviewed by the Assessment Team were able to describe what clinical and personal care they provide to the consumers. Staff said they were supported by the clinical team and have access to a registered nurse if there are any concerns about consumer care. Staff described how they would report and complete documentation for any incidents involving consumer personal or clinical care. Care staff could describe how the delivery of care changes for consumers nearing the end of life, and clinical staff confirmed they have easy access to advance care directives and end of life wishes. Staff interviewed could detail how they identify, assess and manage high impact and high prevalence risks, with the exception of diabetes management (as referred to above).

The Assessment Team review of documentation shows the service has policies and procedures in relation to infection control, and outbreak management. Management described their response to Coronavirus and outlines proactive strategies for protecting consumers and staff. Clinical and care staff demonstrated knowledge and understanding of antimicrobial stewardship and infection control principles, including hand washing techniques, use of personal and protective equipment (PPE), strict antibiotic management and wound care principles, such as aseptic technique.

### 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) Non-compliant

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

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risk associated with the care of each consumer, specifically in relation to the management of diabetes. The Assessment Team provided the following findings and information relevant to my decision:

* review of records for a number of consumers indicates identified blood sugar levels that fell outside their defined acceptable parameters were not consistently escalated to a registered nurse, and the ongoing monitoring of these consumers was not consistently in line with their own Diabetes Management Care Plans or the service’s Diabetes Management Guidelines.
* review of records relating to a consumer showed blood sugar level recordings on three different documents. While the organisation’s Diabetes Management Guidelines did not specify where this information was to be recorded, it is reasonable to expect this information is recorded on the same document to allow staff on future shifts easy access to all records of past care, to inform ongoing assessment and future care planning.
* clinical staff interviewed were not all able to outline the correct procedure to follow, as per the service’s Diabetes Management Guidelines, should hypo or hyperglycaemia be identified.

The approved provider submitted a response to the Assessment Team’s report, acknowledging aspects of the findings, and providing evidence to refute findings they do not consider correct.

The approved provider has demonstrated a commitment and desire to rectify the identified deficiencies, submitting additional information in relation to this Requirement, as follows:

* all Diabetes Management Care Plans will be reviewed in consultation with the treating medical practitioner, and in line with revised policy to ensure individual instructions have been documented.
* the Assessment Team were incorrect when noting the three consumer records reviewed did not contain a frequency for the testing of their blood sugar levels. Evidence was submitted in support of this view.
* the three consumers identified as not having appropriate monitoring after hypo or hyperglycaemic episodes were not clinically at risk on the dates identified as staff did re-test their blood sugar level within the hour (which returned to within range), and staff did monitor their clinical presentations, which did not change.
* while one consumer’s insulin was initially withheld without contacting a medical practitioner, the medication chart indicates insulin was administered 45 minutes after the low blood sugar level was identified, and after the consumer’s blood sugar level rose to within the specified parameters. The consumer was eating an evening meal, staff were monitoring them, they showed no signs of hypoglycaemia, and they were reviewed by a medical practitioner later that evening.
* one insulin dependent consumer’s blood sugar levels were recorded in inconsistent locations. This has now been corrected and additional training is being provided to ensure this practice is sustained.
* further training has been provided to clinical staff in relation to diabetes management, specifically the updated Diabetes Management Policy, and written and verbal communication requirements. Ongoing training is planned.
* the service’s director and registered nurse are reviewing all progress notes daily to ensure any out of range blood sugar levels are appropriately documented and followed up as per consumer’s individual directives.
* the service are working to fill a new clinical nurse position to strengthen support for clinical staff.

In relation to consumer records identified as not containing a frequency for the testing of their blood sugar levels, I agree with the approved provider, this information is recorded in the consumers’ Diabetic Care Plans. In relation to not notifying the medical practitioner prior to withholding insulin on one occasion, I consider this decision reasonable given the insulin dose was not omitted completely, and was administered 45 minutes later, after the consumer’s blood sugar level rose to within the specified acceptable range.

In relation to ongoing monitoring of blood sugar levels after an identified deviation from the specified acceptable ranges, I acknowledge the service has been responsive to the deficiencies identifed by the Assessment Team, and have initiated prompt action to improve this aspect of care. Based on the Assessment Team’s report, and the approved provider’s response, I find at the commencement of the site audit, the service did not monitor consumers’ blood sugar levels in accordance with their Diabetes Management Guidelines, after deviations from the documented acceptable ranges were identified. While the service had guidelines in place to direct staff in how to manage high-impact or high prevalence risks to the health of consumers specifically in relation to diabetes management, evidence shows these Guidelines were not consistently followed in the months leading up to the site audit.

For the reasons detailed above I find Estia Investments Pty Ltd, in relation to Estia Health Craigmore, is Non-compliant in relation to Standard 3 Requirement (3)(b).

### 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 COMPLIANTServices 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

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

The Assessment Team found all consumers and representatives interviewed said they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they enjoy the activities provided by lifestyle staff. They can attend activities if they choose to; however, if they do not wish to attend this choice is respected.
* they maintain their independence by attending to their own activities of daily living. While they wish to maintain their independence, they know that staff are available to support them when required.
* staff are very supportive and if they are feeling low or unwell, staff will sit and talk with them.
* three consumers said they go out with their family members either for a meal or drive. Two consumers said they go back to their home to pack their belongings. They go by taxi and let staff know where they are going.
* they like the meals most of the time, some saying the meals have recently improved. Consumers were able to describe the various ways they can provide feedback about the meals.

The Assessment Team found the service could demonstrate how information regarding consumers’ condition, needs and preferences is communicated to staff, including medical and allied health professions, in a timely and appropriate way. Staff gave meaningful examples of how information about consumers is collected and shared, and demonstrated their knowledge of consumers’ individual needs and preferences in relation to activities, pastimes, and desired level of independence.

Documentation reviewed by the Assessment Team showed care plans include information about what is important to consumers, the goals they wish to achieve or maintain and their life history, to assist staff in understanding their life stories. Lifestyle care plans are kept up to date with three monthly reviews to ensure activities continue to meet consumers’ individual needs and preferences. Care plans contain specific details about consumers’ dietary needs and preferences, hard copy versions of which are provided to the kitchen, and electronic versions are available to other staff in the service’s electronic record management system.

In interviews with the Assessment Team staff described how information about consumers is collected to inform the development of individualised care plans that reflect their needs, goals and preferences, including those related to spiritual and cultural well-being. Staff described a trial of specialised equipment (virtual-reality googles) to provide meaningful activities for one consumer with very specific clinical needs, and how external services are contacted to provide additonal support as required. Staff described an activity calendar covering all days of the week, with group and one-on-one activities designed to meet the diverse range of needs.

The Assessment Team observed staff interacting with and supporting consumers during activities. In the dining room staff were supportive and attentive to the needs of consumers, and the area was quiet and calm. Consumers and family members were seen at the service’s café, speaking together, and speaking with other consumers and their family members. Clinical equipment was observed to be clean and in good working order.

The Assessment Team found the service was able to demonstrate consumers and staff are supported by equipment which is safe, suitable, clean and well maintained.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe living in the service.
* they feel at home. Consumers and representatives said they can personalise their rooms with their own furniture, photographs and other memorabilia. Consumers said visitors are made to feel welcome.
* they are very satisfied with the cleanliness of their rooms and the laundry services provided. Consumers said rooms are regularly cleaned by staff.

The Assessment Team observed the service environment is light and welcoming on entry, and clean, tidy and well maintained. Consumers can move freely and have access to outside areas. Furniture, fittings and equipment appear safe, clean, well maintained and fit for consumer use.

The Assessment Team interviewed maintenance staff who reported they follow a preventative maintenance schedule and manage reactive maintenance requests. Maintenance work is completed by internal maintenance staff or external contractors as required. Care staff described how they report maintenance issues or hazards, and confirmed maintenance is completed in a timely manner.

The Assessment Team found the organisation has monitoring processes in relation to Standard 5 to ensure the service provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## 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 COMPLIANTFeedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

The Assessment Team found consumers and representatives interviewed said they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are comfortable raising complaints with management or staff and that complaints are responded to in a timely manner.
* when they have made suggestions or provided feedback, management have considered their feedback and reviewed the services which are being provided, especially in relation to meals.
* they attend Resident and Representative meetings and Food Focus Group meetings and can raise any concerns at these forums. Complaints raised are followed up directly with them by the Executive Director.

The Assessment Team found the organisation has a Feedback and Complaints Management Policy, inclusive of open disclosure procedures. Resident and Representative meetings are used as a forum to raise complaints, and to remind consumers of how they can lodge complaints. A monthly Consumer Experience survey also captures complaints for follow-up by management. Complaints, compliments and suggestions are recorded in a feedback log, and timeframes to acknowledge and respond are in place. Complaint data is discussed weekly, and reviewed monthly to establish if there are any trends.

Staff interviewed by the Assessment team stated they support consumers to raise issues with them and pass this information on to registered or enrolled nurses for further action. Staff reported that open disclosure has been discussed at staff meetings, and formed part of the Quality Standards training. Staff also said a representative of the Aged Rights Advocacy Service visited in February and provided information to consumers about advocacy and their rights.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service regularly seeks input and feedback from consumers, carers and others, and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found consumers and representatives interviewed said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* staff are kind and caring and are always professional and respectful. Consumers said staff will support them in the choices they make, they are competent and they know what they are doing.
* staff generally respond to their call bells in a timely manner and assist them to maintain their independence.

The Assessment Team found the service demonstrated they have a process in place to ensure their workforce includes sufficient numbers, and an appropriate skill mix, to deliver safe, respectful and quality care and services.

In interviews with the Assessment Team staff described the induction and orientation process for new staff, and the mandatory training process accessed via the online electronic training system. A training calendar outlines the training to be undertaken each month. Completion of mandatory training is monitored and followed up as part of the annual performance appraisal process. Staff confirmed they complete their mandatory training online and are provided with opportunities for training and professional development.

Training needs analyses are completed to identify additional training requirements, based on feedback from consumers and representatives, audit results, clinical data analysis and staff appraisals.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

The Assessment Team found the organisation has monitoring processes in relation to Standard 7 to ensure the service has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

## 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 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The Assessment Team found all consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* they are satisfied with the management of the service.
* They expressed satisfaction with the care and services provided to them.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints. The organisation’s corporate governance statement outlines the role of the Board and supporting committees, and is available on their website. The organisation has a ‘Person-Centred Care Framework’. The purpose of the framework is to enrich and celebrate life together with ‘Nothing about me without me’ and ‘More voice, more choice’ outlining the partnership between consumers and staff.

In interviews with the Assessment Team management staff advised that Board members visit services in each State, giving consumers and representatives the opportunity to provide feedback. The Chief Executive and Chief Operating Officers visit the service at least once each year to speak with consumers.

The Assessment Team found the organisation has a risk management framework to guide staff. The framework outlines the monitoring and reporting processes, including the escalation of risks to the Board. Attached to the framework is a risk assessment matrix, and the categories and definitions of risk. Clinical incidents are discussed at the service’s Clinical Care Committee meetings. Risk Management and Clinical Governance Committees monitor incidents and associated risks.

Staff interviewed by the Assessment Team confirmed elder abuse training is part of their mandatory training, and they are aware of their requirement to report. Staff confirmed they have received training about managing risks to consumers, antimicrobial stewardship, minimising the use of restraints, feedback and complaints, and the open disclosure policy.

The Assessment Team found the organisation has monitoring processes in relation to Standard 8 to ensure the governing body is accountable for the delivery of safe and quality care and services.

## 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.

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

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

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

# Areas for improvement

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

* Standard 3 Requirement (3)(b).