Estia Health Grovedale

Performance Report

6a Perrett Street
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Phone number: 03 5247 2000

**Commission ID:** 4193

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 9 March 2022 to 11 March 2022

**Date of Performance Report:** 13 April 2022

# Performance report prepared by

Alice Redden, 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 Approved Provider’s response to the Site Audit report received 4 April 2022.

# 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

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

Overall consumers considered they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers said they are treated with respect as individuals and feel their culture, background and life story is valued.

There are organisational wide ‘Diversity and Inclusion’ and ‘Culture, Spirituality and Religion’ policies that guide staff in supporting diverse consumers with sensitivity, dignity and respect. Management and staff spoke about consumers in a respectful and caring manner and demonstrated they were familiar with consumers' backgrounds, culture and life story. Care planning documents accurately reflected the diversity of consumers and their backgrounds.

Staff were observed treating consumers with dignity and respect, for example, sitting alongside consumers needing assistance with meals and patiently awaiting the consumer's direction for when they wanted more food or drink.

Management and staff could describe how the consumer’s culture and preferences influenced the way they deliver care and services day to day, such as facilitating activities that are culturally important to individuals. Care plans identified specific cultural needs and preferences that staff support in delivering culturally safe care. For example, the service conducts religious services and caters to consumers from non-English speaking backgrounds.

Consumers said they were supported to maintain independence, make their own choices and take risks, where possible. They said they were supported to live the best life they can and maintain relationships in the way they want to. Management and staff were able to describe how specific consumers are supported to make informed choices and maintain relationships. Care documentation and observations demonstrated consumers are supported to make decisions and maintain relationships how they want to.

Consumers sampled said their personal privacy and confidentiality is respected at the service. Staff could describe practical ways they respect the privacy of consumers such as; knocking and saying who they are before entering a room, closing the door before providing care and asking permission to move personal items when cleaning. Staff also said they do not talk about consumers in public spaces and are discreet when moving continence aids in and out of rooms.

However, the Assessment Team did observe that doors to some nurse’s stations containing accessible confidential consumer information, were left open during the site audit. The issue was raised with management who responded immediately by placing signs on doors to all nurse’s stations saying they must be kept closed if unattended and door stops were removed. Doors to nurse's stations were kept closed on the final day of the audit.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The service demonstrated assessment and planning informs the delivery of safe and effective care and services. Consideration of risks to consumer’s health and wellbeing were part of this process. All consumers and representatives sampled said they receive the care they require and that their needs and risks are managed effectively by the workforce. Care plans, documents, policies and procedures were found to support the assessment and planning process. The service has policies and procedures available electronically which guide staff in the assessment and planning process for consumers. This includes the assessment and planning resident care policy, checklists for the admission process as well as responsibilities of specific staff.

Care planning documents identified and addressed the consumer's current needs, goals and preferences, including advance care planning and end of life planning. Consumers said the assessment and planning processes identify and address their current preferences and end of life wishes. Consumers were satisfied the people important to them and others they chose, were involved in assessment and planning on an ongoing basis. For example, one representative said the service is in constant contact with them in regard to changes in care plans and specialist involvement. They said the service will call them if 'anything needs to be done'.

Staff could describe what is currently important to consumers in terms of how their personal and clinical care is delivered, and their goals and preferences. Staff described how they involve consumers, representatives and others in the assessment and care planning. For example, care documents showed consumer’s general practitioner, Dementia Support Australia (DSA) and physiotherapist were involved in their care. Care plans demonstrated that outcomes of assessment and planning are effectively documented in a format that consumers can understand and readily access. The organisation uses an electronic care system to record all care planning and clinical notes. The care plans are sectioned and labelled so that relevant and active care plans can be accessed by all staff. There is a summary care plan in a shortened format which can easily be printed and distributed.

Most consumers said that outcomes of assessment and planning are effectively communicated to them and if they wish to see their care plans, they know how to do so. For example, one representative said they were supplied with a care plan via email upon request. Another representative said the service is 'very clear' in communicating and they received correspondence from the service following a medication assessment.

Care plans reviewed demonstrated that outcomes of assessment and planning are effectively documented in a format the consumer can understand and readily access. Most consumers said that outcomes of assessment and planning are effectively communicated to them and if they wish to see their care plans, they know how to do so. Staff could describe how outcomes of care planning are communicated to the consumers and representatives. The service demonstrated that care and services are reviewed on a regular basis and when circumstances change, or incidents occur. The care system generates reminders for all care plans to be reviewed every 3 months. The service has a consumer assessment, care plan, recording and nursing procedure and policy which outlines that care plans must be reviewed when there is a change in health status and at least 3-monthly. The policy outlines the roles and responsibilities for clinical staff, doctors and allied health providers.

Consumers and representatives said care and services are reviewed regularly and when circumstances change to meet their changing needs, goals and preferences. The care plans reviewed showed evidence of review on a regular basis and when changes occur. The physiotherapy plan for one consumer was overdue for updating by one month. Staff could describe how and when care plans are reviewed and how regularly they are reviewed.

## 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 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

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

Consumers and representatives were satisfied they were receiving safe and effective personal and clinical care that was right for them. Consumers confirmed that high-impact or high-prevalence risks associated with their care were well-managed.

Progress notes and care planning documents demonstrated that consumers were receiving care that is tailored to their needs and optimised their health. Care planning documents demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer.

The service had processes in place to monitor consumer care through individual reviews and trending clinical indicators. The service’s approach to restraint, pain management, skin integrity and fall prevention was in line with best practice. Staff interviewed were able to describe how they provide safe and effective personal and clinical care on a daily basis. Staff could explain strategies for management of consumers at higher risk. For example, for consumers at risk of falls, staff said they would use sensor mats, keep call bells close at hand, ensure the bed was at its lowest setting and ensure the environment is free of clutter.

The service demonstrated there were processes in place to recognise signs of a change or deterioration in condition and respond quickly and appropriately. Care records showed referrals were made to appropriate services.

The service has a palliative and end of life policy with the goal of maintaining comfort, choice and quality of life for the consumer by supporting their individuality, psychosocial and spiritual needs. The policy highlights the importance of pain management, spiritual and cultural care as factors at the consumer's end of life. Care planning documents reflect end of life needs and wishes of consumers sampled. Clinical staff advised they use an end of life care checklist which helps ensure comfort and dignity is preserved by staff through duties such as oral care, comfort and positioning, pain charting and personal hygiene.

Consumers and representatives felt their overall condition, needs and preferences were documented and that most staff were aware of them. Changes in consumers’ care and services are effectively communicated within the organisation and with others, where the responsibility of care is shared. Care planning documentation recorded information about the consumer's condition, needs and preferences. Clinical staff advised that information is generally communicated in clinical handovers where staff discuss changes which occurred across their shift. This includes updates of consumer condition, pending referrals, changes in medication, changes in care plans and results of assessments. Handover sheets are provided to each nurse.

Most consumers sampled said they had access to doctors and other relevant health professionals, such as the physiotherapist, whenever they need it. Staff were able to describe how referrals made were appropriate and timely, and involved other organisation and providers of care and services. Care planning documents evidenced the input of external parties in delivering personal and clinical care to consumers.

The service has an outbreak management plan and an antimicrobial stewardship policy which sets out how the service manages outbreaks and minimises the use of antibiotics to reduce the incidence of antimicrobial resistance. The service has a trained lead infection prevention clinician whose role includes; maintaining stocks of personal protective equipment, supervising daily Covid testing, educating all staff and visitors on wearing personal protective equipment, hand hygiene, donning and doffing. The service had adequate supplies of personal protective equipment and hand hygiene stations were placed at common areas and frequent touch points.

Consumers sampled described how the service implements procedures to minimise infection related disease. Staff demonstrated an understanding of how they minimise the risk of infections throughout the facility as well as minimise the need for, or use of, antibiotics by implementing other alternatives first. Clinical staff and management all stated that antibiotics are used as a last line only. They were able to list alternatives to antibiotics such as encouraging fluids and encouraging personal hygiene.

### 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 COMPLIANTServices 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

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

The Assessment Team found that Requirement (3)(f) was Not Met. However, my finding differs from the recommendation and I find this Requirement Compliant. Reasons for the finding are detailed in the relevant Requirement below.

The service was able to demonstrate how it supports consumers to participate in activities to promote their independence, wellbeing, maintain relationships and do things of interest to them.

Generally, consumers considered they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers’ care planning documentation captured their personal likes and dislikes and identified people important to them and this was consistent with feedback from the consumers. Management and staff demonstrated they knew what is important to consumers and what they like to do. The lifestyle activities schedule was reviewed regularly with the input of consumers.

Consumers said their emotional, spiritual and psychological needs were supported and they were able to maintain relationships, participate in the community and do things that are of interest to them. Consumer care documentation included information about consumers' spiritual beliefs and strategies to support their mental health. Management and staff were able to describe how consumers participated in the community, do things of interest to them and maintain relationships. They could explain how they support consumers when they are feeling low and the emotional, spiritual and psychological supports provided in the service.

Consumers said their health status, needs and preferences are effectively communicated within the organisation and with others responsible for their care. Care documentation contained adequate information to support safe and effective care and services. Staff were able to describe ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer.

Equipment which supports consumers in activities of daily living appeared to be suitable, clean and well maintained. Consumers reported having access to equipment to assist them with their daily living activities. Staff interviewed said they have access to the equipment they need and could describe what to do when equipment needs cleaning or if there are issues. The service had documented maintenance processes which supported the regular maintenance and scheduled cleaning of equipment and items related to daily living.

## 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.*

Most consumers sampled expressed satisfaction with the variety and quantity of food being provided at the service, however some consumers said their dining experience was negatively impacted by the (hot) food and beverages being served cold at times or there not being a menu to support choice. The care planning documentation also did not appear to reflect the current dietary needs and preferences of some consumers. The Assessment Team reviewed documentation and observed that; there was no menu to promote choice for consumers, food is not stored in a way to maintain adequate temperature, and some consumers are not satisfied with the temperature of the food served. Evidence relevant to the finding included:

* Three consumers were not satisfied with the temperature and quality of food, comments included; the food is not served hot, they have to ask for the food to be re-heated, the meat is tough, and vegetables not always cooked properly. Observations showed signs reminding staff to reheat meals.
* One consumer said there was no food menu available, and you cannot tell what the meal will be or what vegetables will be served to be able to make a choice. The consumer said the service advised 12 months ago they were going to introduce a menu board on the wall however, this still has not been implemented. The Assessment Team noted there was no written menu to support meal selection.
* One consumer said they raised concerns about the food through the resident meetings, but nothing changes, and the chef has not come to discuss their complaints. Observation of the resident meeting showed consumers raised concerns about the temperature of food and drink in March 2022. Management and minutes confirmed this same issue was raised in December 2021.
* For several consumers sampled, care planning documentation does not reflect up to date dietary needs and preferences. Some dietary care plans had not been updated since 2019. The service’s consumer assessment policy states care plans must be reviewed when there is a change or at least 3-monthly. Dietary plans stored in all kitchenettes for reference by kitchen staff contained outdated dietary plans, dietary plans for consumers no longer in the service and were missing dietary plans for some consumers.
* Hospitality staff said a dietitian does not approve or review the menu formally, however they can access it in the electronic care system if they want to. Hospitality staff said the dietitian visits regularly and ‘mentions changes’ for consumers. It is not clear who is then updating dietary care plans with this information from dietitians.
* The service management and the chef said the responsibility for maintaining up to date dietary care plans was not well understood and defined. Management said they would investigate and implement a new system to managing dietary preferences and care plans.
* Observations of meal service showed there was not sufficient staff to support and assist consumers with meals. Observations showed bain-maries used were not large enough to contain all hot food and food was left on trays on benches and trolleys prior to being served

The Approved Provider disagreed with the Assessment Team finding of Not Met and provided a detailed response to the Assessment Report which included additional evidence and information. The Approved Provider’s response advised:

* The majority of feedback in the Assessment Report was consumers enjoyed meals at the service and they were of suitable quality and quantity. The Assessment Team asked 8 consumers how their meals were during service, and 7 said they were good, with one saying it was “so-so”.
* The absence of a written menu (raised by a single consumer) does not impair resident choice in meals. Consumers confirmed to the Assessment Team staff discuss their meal preferences with them every day. The service intends to continue the practice of discussing the menu with residents individually to promote choice and inform the development of the menu.
* The service monitors weight of residents and overall maintenance of healthy weight is an indicator the food provided at the service is of suitable quality and quantity.
* While dietary care plans for recently deceased consumers should have been removed from the kitchenette (and this has now happened), this minor oversight has not impacted the quality and quantity of meals served to current residents.
* The service has provided additional background and context in relation to one consumer who was not satisfied with the food, including evidence of prior and continuing consultation and actions taken to meet their meal preferences.
* The service provided evidence other consumers who raised concerns had been consulted prior to the site audit and not raised any concerns with meals.
* The service provided evidence that electronic dietary care plans were up to date and reflective of the current needs and preferences of consumers. The service clarified that dietary care plans are reviewed regularly but if there is no change they will not appear to be updated.
* The temperature of tea and coffee was a known and ongoing issue which the service was addressing and had implemented processes to cater for individual consumers to address the feedback and provide tea and coffee at a suitable temperature.

The majority of feedback from sampled consumers in relation to the meals at the service was generally favourable. Given the wide variation in personal preferences around food, it is unreasonable to expect all meals will be to the liking of all consumers. I find the service has demonstrated it communicates suitable choices of meals to consumers and there are alternative food options offered. There is evidence the temperature of food is actively monitored by the service and there is a process available to heat meals to taste if the temperature is not to consumers’ liking. The service has demonstrated there are effective consultation mechanisms in place and consumers are actively engaging with the management, chef and staff in relation to the meals/beverages and their dietary preferences. I am satisfied the service encourages and is responsive to consumer feedback in relation to meals and has identified and is implementing actions to ensure the meals provided by the service meet the expectations of most consumers. I find the service is providing meals that are varied and of suitable quality and quantity.

Based on the evidence (summarised above), I find the service Compliant with this requirement.

### 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

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

Consumers felt they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives said the service environment is welcoming, safe and feels like home. Consumers’ rooms were personalised with photographs, decorations, furniture and items of importance.

Management said they know consumers and visitors feel at home as; the service has a good reputation, they receive a lot of positive feedback, and the quality team from head office regularly checks with consumers to see if they feel at home as a part of the standard monthly audit.

Consumers and representatives said the service is clean, well-maintained and they can move around the service if they want to. Consumers, including those using mobility aids, were observed to be freely mobilising in the service. The external gardens and outdoor areas could be freely accessed by all wings and directly from many consumers rooms. The external pathways were clear of trip hazards and well maintained.

Staff were able to describe how maintenance and cleaning is managed at the service in accordance with schedules. Cleaning staff were observed cleaning the service in accordance with the schedules.

Consumers said that furniture, fittings and equipment at the service are safe, clean, well maintained and suitable for their needs. At the resident meeting on 10 March 2022, consumers shared feedback that they enjoy the new air conditioners in their rooms and said they felt safe in their rooms.

Cleaning and maintenance documentation and observations confirmed the furniture, fittings and equipment to be safe, clean and well-maintained. Furniture and equipment used such as mobility aids, hoists and kitchen equipment appeared clean and well-maintained. Care and lifestyle staff explained how they clean all equipment in their areas after use with sanitising wipes.

The call bell system was observed to be working well with clear chimes when rung and the room and wing displayed on the hallway screen.

The preventative maintenance schedule shows regular maintenance of furniture, fittings and equipment. For example, outdoor furniture scheduled every second month, call bells monthly, and legionnaires testing done quarterly. All reports reviewed showed the maintenance had been completed and no issues noted.

## 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

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

All consumers and representatives said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. All consumers and representatives interviewed said they feel safe and supported to provide feedback or raise concerns with staff and management.

Most consumers and representatives were able to describe advocacy and alternative complaint pathways if they felt uncomfortable raising concerns at the service. The consumer handbook states feedback can be given by; speaking to staff, meeting with management personally, by phone, through feedback forms, directly to the regional manager, or to a member of the national quality team. The handbook also outlines anonymous complaints services, advocacy services, language services and the Aged Care Quality and Safety Commission. The service entry has a table with information for consumers and representatives on advocacy, external complaints and financial services, provided in multiple languages.

Most staff were able to describe external feedback, advocacy and language services available to consumers and representatives. The consumer handbook states the service can support consumers to arrange translating or interpreting services through the Department of Home Affairs.

The service has a feedback, complaints and open disclosure policy that states feedback is viewed as an opportunity for improvement, and the process is effective, timely, fair and resolution-focussed. Most consumers and representatives said they were satisfied with the service's actions taken in response to complaints and concerns. Consumers and representatives could describe how the service used feedback to improve the quality of their care and services.

Management described how they ensure that consumers feel supported to provide feedback and complaints, and how staff practice an open disclosure process. Some staff members could not define ‘open disclosure’, however they described how they address and respond to feedback in a way that indicated - acknowledgement, response and reporting, that align with the service’s policy.

The service was able to demonstrate that feedback and complaints were recorded and used to inform continuous improvements across the service. The service has a comment, complaint and compliment register which lists the actions to be taken, responsible person, timeframe and outcome. Management could describe the actions taken in response to specific complaints.

## 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

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

Overall, consumers and representatives sampled said there is not enough staff however, they had no concerns about their care or the speed at which their care needs are responded to. Consumers said that staff are kind, caring and gentle when providing care. Staff were consistently observed to be kind, caring and gentle when interacting with consumers and to greet them in a friendly and respectful manner.

Management described how they ensure the number and mix of staff enables the delivery of quality care and services. Care staff said they are always busy and sometimes short staffed, but they work as a team to get things done. Management said there are few complaints about call bell response times and the average response time is about 3 minutes. The average call bell response time for February 2022 was 2 minutes and 30 seconds. A review of recent rosters and the call bell response reports did not indicate any issues regarding the number and mix of staff.

Overall, consumers and representatives said staff were skilled and competent in their roles. One representative said that sometimes agency staff need guidance from permanent staff on how to deliver care, but they had no concerns about it.

Management described how they ensure staff are competent and capable in their role through careful recruitment, induction, orientation and training. Management said core competencies, responsibilities and expectations of staff are discussed during the contract stage of recruitment. Clinical staff need to be registered and care staff must have a certificate 3 or 4. All staff have police checks. These qualifications and necessary police checks are linked to their payroll service, which prevents staff being rostered on if they are not completed. The induction training schedule includes role competency and mandatory trainings.

All consumers and representatives said staff are competent and qualified to do their job and did not identify any areas where they thought staff needed more training. All members of the workforce felt like they are recruited, trained, equipped and supported to deliver safe and effective care. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards. All care and clinical staff interviewed said they feel trained and supported in their role.

The service has an online training portal that includes mandatory scheduled training, non-mandatory training as well as training that can be pushed out to staff if a need is identified. There are monthly toolbox trainings that address any trends in the service or any areas where staff need training. All staff have access to the online portal with training resources, policies and procedures.

The service has a performance and disciplinary policy that sets out the process for performance monitoring and review and supporting their employees. The performance of staff is monitored through formal performance appraisals and informal monitoring and review. The performance appraisal process follows the values of the organisation where staff self-assess against the values and then management provide feedback. Appraisals are used to reinforce what is going well, what their goals are, and what training support is needed to reach their goals. Management said staff feel comfortable to approach management about their own performance and management often discuss performance informally. Management said there are documented records of informal conversations about performance.

Management advised the performance appraisals due at the end of 2021 are currently 20% complete as there had been an issue with the new system and it is on the continuous improvement plan to rectify.

## 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

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

Overall, consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives could provide examples of their involvement in the delivery and evaluation of care and services.

Management and staff confirmed consumers and representatives are actively engaged in the development, delivery and evaluation of care and services. Management said consumer feedback is consistently gathered through various formal processes such as audits, resident meetings and feedback forms, as well as informal conversations. For example, the activities at the service are determined by actively listening to consumers. The activities calendar is brought to resident meetings to discuss with consumers. Consumers are able to vote on what activities they would like to do.

Management could provide examples of how the organisation’s governing body actively promotes of a culture of safe, inclusive and quality care. For example, the Board drove changes such as the introduction of mandatory COVID-19 testing for all staff and visitors and wearing face masks and shields at the service, even though it was not government mandated.

The Board meet monthly with the executive teams and relay information in the weekly regional meetings. Regional management meet weekly with service management staff to convey information and updates to the service level.

The Board issue the 'must read Monday' newsletter to management which contains critical information such as legislation changes. The quality report reviews clinical indicators, the incident register, internal audits, continuous improvements, Serious Incident Response Scheme (SIRS) reports, outbreaks and any non-compliance identified by regulatory bodies.

The service has effective governance mechanisms in place including; policies, procedures and frameworks, information and risk management systems, various meetings with management and governing bodies, and audit processes. These help ensure that the service delivers consistently safe and effective care and services. The service had effective organisation wide governance systems covering; information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has a documented risk management framework and effective risk management systems and practices including policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed.
* the abuse and neglect of consumers is identified and responded to.
* consumers are supported to live the best life they can.

The service has a clinical governance framework with policies for:

* antimicrobial stewardship.
* minimising the use of restraint.
* open disclosure.

Management could describe the changes made in care and services due to the implementation of these policies. Most staff had been educated about the policies and were able to provide examples of their relevance to their work.

## 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.