Estia Health Kadina

Performance Report

8 Mine Street   
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**Commission ID:** 6006

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 11 May 2021 to 13 May 2021

**Date of Performance Report:** 28 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the approved provider’s response to the Site Audit report received 11 June 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Consumers and representatives confirmed consumers were treated with respect and their personal privacy was maintained, staff were kind and mindful of their dignity when providing assistance with their activities of daily living. They said staff treated them as individuals and were respectful of their identity. Consumers said their independence was supported and they could access the wider community when they wished.

Consumers and representatives confirmed consumers felt supported to exercise choice and independence with their care and service delivery. They said they were provided with up-to-date information in the form of letters, electronic mail correspondence, discussions with staff, noticeboards and newsletters. Consumers were satisfied that the service respects their privacy and maintains confidentiality of their personal information

Care plans and lifestyle documentation included information regarding consumers’ cultural needs and backgrounds and the provision of flexible accommodation arrangements for married couples. Care documentation included details regarding consumers’ representatives and nominated persons for care decisions which were recorded on entry to the service. Care information included risk assessments for those consumers who preferred to take risks, including, but not limited to, electric wheelchairs, self-medication and accessing the wider community independently.

Staff interviewed had a shared understanding of individual consumers and how they delivered care and services supportive of consumers’ privacy, dignity, cultural and religious identity while promoting their choice and independence. Staff were aware of those involved in consumers’ care decisions and supported married couples to maintain their relationship. Staff supported consumers who made informed decisions to take risks and completed risk assessment tools to ensure the consequences of the risk and strategies used to minimise risk were discussed and documented. Staff had a shared understanding of strategies used to ensure consumers with a cognitive impairment or communication difficulties were provided information in a way they could understand.

The organisation had policies and procedures that provided staff with direction and governance in relation to dignity, respect, culture, diversity, choice, risk and privacy to support the provision of care and services. Consumers were provided with updates in relation to aged care and the service at the consumer and representative meetings.

Staff received mandatory training regarding consumer dignity, choice, respect and independence. Staff could access additional information regarding these topics on noticeboards, in corporate newsletters and staff handbooks. Nurse’s stations containing private information about consumers were secured with key coded entry.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most consumers said their care plans were updated after an incident or change in their health was experienced. Most consumers said they had discussed their end of life planning, however, some consumers advised it was their preference not to discuss end of life planning with staff. Consumers felt they had been involved in the development of their care plan and could access a copy when they wanted to.

Care plans were completed for most consumers and included the assessment of key areas of risk, including falls, depression, cognition, nutrition, pain and pressure injuries. Advance care planning was included in consumers’ care planning documentation and reflected their goals of care. Care plans were accessible on the service’s electronic management system. Information to evidence the involvement of the consumer or their nominated representative was recorded in assessments and care plans. Most care plans were reviewed in accordance with the service’s policy.

Staff had a shared understanding of the service’s assessment tools and confirmed care plans were completed on entry to the service, every three months or when required. The service’s Care manager reviewed progress notes each day to ensure referrals to allied health or external providers were completed when required.

The organisation had policies and procedures in relation to the assessment and planning of care. Summary care plans were available in hardcopy to ensure information was available for staff in the event of an electrical outage.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most consumers and representatives considered that consumers received personal and clinical care that was safe and right for them. Consumers confirmed staff knew their preferences for care and could access a Medical officer or Physiotherapist when required. Consumers said staff knew their needs and were aware when changes in their care needs had occurred.

Care planning documentation included risk assessments and personalised strategies to manage the risks. Care information reflected the sharing of information between most service providers where responsibility of care is shared. Care documentation included Advance Care Directives and consumers’ end of life wishes. Consumers who experienced unplanned weight loss were referred to the Dietitian. External wound specialists were available to complete telehealth consultations and bedside assessments.

Staff had a shared understanding of the risks associated with the care of consumers which was consistent with care plan information. Staff advised they would contact the Medical officer or request an ambulance if changes in consumers’ clinical conditions were identified. Staff confirmed changes in consumers’ care needs were communicated through written and verbal handover processes. Nursing staff had a shared understanding of antimicrobial stewardship and screening processes for infections.

The service’s incident management system included the involvement of the Medical officer and consumers’ family. Clinical incidents were reviewed and analysed to identify trends. Staff could access policies and procedures regarding the service’s referral processes. Staff had completed mandatory infection control training which included hand washing, donning and doffing of personal protective equipment and COVID-19. Entry risk screening questions and temperature monitoring was mandatory for all staff and visitors entering the service.

However, consumers did not receive safe and effective clinical care that was best practice and tailored to their needs. Wound documentation and hospital discharge information was not followed up by the service when consumers were discharged to the service. The service’s monitoring and management of as required oxygen did not adequately demonstrate adherence to best practice care.

The service’s processes for monitoring the completion of clinical documentation were ineffective. Wound management and clinical monitoring documentation was not consistently completed.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

Consumers did not receive safe and effective personal and clinical care that was best practice and tailored to their needs in relation to wound management and oxygen therapy. Communication processes between the service and the hospital were ineffective and did not demonstrate clinical care information was consistently discussed when a consumer returned to the service.

For a named consumer with a stage two pressure injury on their sacrum, wound documentation did not evidence staff had consistently managed their wound care needs in line with wound management directives on four occasions during March 2021. Changes in the length, width and depth of the wound did not correlate with the identified stages of wounds to inform an accurate assessment of the wound’s healing progression. Clinical staff advised wound management knowledge and understanding was varied amongst Registered nurses.

The representative for the named consumer expressed concerns regarding the service’s management of the named consumer’s wounds and their refusal of care, including repositioning, wound care and continence management. Clinical staff were unable to provide a reason why the named consumer’s wound care needs were not addressed in line with wound care directives. Care staff confirmed on occasion, they replaced the named consumer’s wound dressing during hygiene cares as Registered nurses were not consistently available. While I acknowledge the named consumer’s pressure injury was healing, wound care documentation did not evidence wound care delivered was tailored to their individual needs.

Clinical staff confirmed when refusal of care delivery was experienced, staff were required to record this information in the named consumer’s progress notes. While I acknowledge staff had recorded the named consumer’s refusal of care on two occasions during March 2021, progress notes did not reflect this had occurred consistently on several other occasions. Strategies to improve their compliance with wound management processes was not recorded in wound care documentation. The approved provider in its response to the Site Audit report acknowledges the omission of information regarding the consumer’s non-compliance with personal care and wound care in the wound management documentation and has addressed this with registered staff.

The approved provider in its response acknowledges the deficiencies identified by the Assessment Team in relation to clinical documentation. The approved provider states the named consumer’s wound was redressed on eight occasions between 23 February and 31 March 2021. While I acknowledge the approved provider’s response, evidence was not provided to the Commission to corroborate this had occurred. In relation to care staff applying a dressing during care delivery, the approved provider advised that a temporary basic dressing was applied by care staff to prevent wound contamination, however, the clinical team is required to replace the dressing on request and in line with wound care directives. While I acknowledge the approved provider’s response, information included in the response does not demonstrate this had occurred.

The approved provider in its response has implemented actions of improvement to address deficiencies in their clinical documentation, including individual discussions with registered staff, clinical meetings, scheduling a meeting with the named consumer’s representative, increased monitoring of the named consumer’s refusal of care, a referral to the community health wound care specialist, clinical audits, education and the appointment of a wound care champion to further assist in the monitoring of wound care documentation.

In relation to the management of a second named consumer’s oxygen therapy, clinical observations were not consistently taken prior to or following the administration of as required oxygen. The named consumer was prescribed oxygen therapy as required to maintain oxygen saturation levels greater than 92 per cent. Evidence to demonstrate staff had consistently monitored the effectiveness of the oxygen therapy to ensure these levels were achieved was not recorded on eight occasions between 10 April and 13 May 2021. Staff had not consistently recorded the named consumer’s oxygen saturation levels prior to its administration to determine if oxygen was required and the desired saturation level of 92 per cent had been achieved following its administration. Staff did not have a shared understanding of the clinical parameters indicating when the administration of the named consumer’s oxygen therapy was required. Management did not have a shared understanding regarding the monitoring process required prior to and following the administration of oxygen.

The approved provider in its response states the named consumer was not impacted by the service’s management of their oxygen therapy which was delivered in line with the consumer’s request. The approved provider further advised that the named consumer was prescribed oxygen to maintain saturation levels greater than 92 per cent. I acknowledge staff were responsive to the named consumer’s requests for oxygen during episodes of acute breathlessness, however, evidence to demonstrate staff had consistently obtained oxygen saturation levels prior to and following the administration of oxygen to ascertain its effectiveness was not consistently completed.

The service did not have effective communication processes established to ensure clinical information is obtained following consumers’ hospital admissions. Changes in the clinical conditions of two named consumers following their discharge from hospital, had not been investigated, discussed or followed up by registered staff. These included bruising to a named consumer’s left hand and dressings to both their feet. Care information for a second named consumer did not demonstrate the service had followed up care recommendations with the hospital following treatment for deterioration in their clinical condition. Management advised discharge summaries were not always completed prior to consumers’ transfer from hospital, however, management could not provide further information regarding why staff had not discussed this with the hospital to ensure changed care needs were identified to ensure care delivery was tailored to their needs.

The approved provider in its response refutes the Assessment Team’s findings in relation to this deficiency and did not consider it reasonable for the service contact the hospital for further information for all consumers who are discharged. In addition, the approved provider advised hospital discharge paperwork is provided to the Medical officer directly and then shared with the service. While the approved provider refutes the Assessment Team’s findings, I consider information regarding the care provided for consumers during their hospital admissions and follow up instructions to be pertinent for ongoing care delivery by the service to ensure it is tailored to their specific needs and changes in consumers’ care needs are identified in a timely manner. The approved provider states in their response that a meeting between the service and the hospital occurred in May 2021 to discuss their processes regarding discharge documentation. As a result, the hospital has committed to providing staff at the service with verbal handovers to ensure staff are aware of their current care needs.

While I acknowledge the actions taken by the approved provider, at the time of the Site Audit, consumers were not receiving clinical care that was best practice or tailored to their needs and communication processes were ineffective in ensuring consumers with changed care needs were identified and actioned.

Therefore, my decision is this Requirement is Non-compliant.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and 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

Most consumers said they were supported to do things they enjoyed doing. Consumers confirmed staff provided them with emotional support through regular discussions. They said they were encouraged and supported to access the community independently and were supported to maintain social and personal relationships within and outside the service. Consumers and representatives did not raise any concerns with the variety, quality and quantity of the meals provided. Consumers confirmed equipment, including wheelchairs and mobility equipment used by staff was clean, suitable and checked by maintenance staff regularly.

Care planning documentation included information regarding what was important to consumers, including their personal history, cultural and religious practices and activities of interest. Activity plans were specifically designed to meet the needs of all consumers, including those who were unable to communicate. Care plans reflected the emotional, spiritual and psychological well-being needs of consumers. Information regarding how consumers participate in the community and maintain their personal relationships was reflected in care planning documentation. Care plans and electronic assessments were accessed by visiting professionals, including Medical officers, allied health and staff from the National Disability Insurance Scheme who share responsibility for care. Care information reflected when referrals from external service providers had been completed. Information regarding consumers’ dietary and nutrition needs, and preferences was reflected in care documentation.

Lifestyle staff had a shared understanding of assessment processes which involved the identification of consumers’ needs, goals and preferences to optimise their health and well-being. Staff confirmed emotional, spiritual and/or psychological support was provided to consumers and included one-on-one conversations, faith-based service visits and the involvement of family members when appropriate. Staff supported consumers to maintain relationships of choice through telephone conversations and messages. Staff confirmed they were updated when changes in consumers’ conditions, needs and preferences occurred through the service’s handover processes. Catering staff had a shared understanding about the specific dietary needs for consumers and confirmed changes to their dietary needs were updated and communicated by clinical staff.

The service monitored consumers’ satisfaction with activities were through the completion and review of lifestyle participation records. The organisation had a suite of policy and procedure documents which included information sharing in relation to service and supports and referral processes. Volunteers were available on referral to provide consumers with additional social support when required. The service maintained reactive and preventative cleaning and maintenance records and audit programs to ensure equipment was clean, maintained and safe.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Consumers said they felt safe and found the environment welcoming and easy to navigate. They were satisfied with the cleanliness and security of the living environment and they could access outdoor areas. Consumers confirmed they felt safe when staff were using equipment and their call bell was always within reach.

The service environment was welcoming, bright, clean, well maintained and provided consumers with a variety of seated areas. Consumers’ rooms were individualised with personalised belongings. Consumers could access outdoor garden areas from courtyards and communal living areas.

Staff said they encouraged consumers to personalise their rooms to make them feel at home. Staff had a shared understanding of the service’s cleaning and maintenance processes.

The service had corporate monitoring processes in place to ensure maintenance was completed and issues were responded to within an appropriate time frame. The service had processes in place to purchase or renew furniture fittings and equipment.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints and they felt safe to do so. They said feedback they had provided has improved care and service delivery and they were satisfied with the service’s complaints processes.

Staff received education regarding the service’s complaints processes on an ongoing basis. Staff had a shared understanding of how they could support consumers to provide feedback or raise concerns. Staff were aware of how to access advocacy and language service information and had a shared understanding of open disclosure processes.

Complaints information was displayed throughout the service, including feedback forms and information regarding external advocacy and complaints bodies. Secure boxes were accessible for the confidential lodgement of complaints. Complaints were recorded in the service’s feedback register and evidenced that appropriate actions were taken and recorded in the service’s plan for continuous improvement.

Continuous improvement activities initiated in response to consumer feedback were discussed and evaluated at consumer meetings. Complaints were reported at a corporate level through the organisation’s National Quality Improvement and Clinical Governance Committee to identify risks, ongoing trends and opportunities for improvement. The organisation had policies and procedures regarding feedback and complaints management, including open disclosure processes.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives considered staff to be kind, caring and respectful. They said staff possessed the skills and were qualified to meet consumers’ care needs. Consumers and representatives did not raise any concerns regarding the competency of staff.

Staff said they were respectful of consumers’ cultural needs and could access information regarding consumers’ needs and preferences. Staff completed mandatory education each year and a buddy system was available for new care staff. The service had appointed and trained an Infection Practice Lead and offered staff additional training when requested. Management undertake performance reviews each year to identify how they can support staff.

The service had position descriptions outlining the organisation’s conduct expectations provided to staff during their induction. Documented core competencies were available for staff pertinent to their roles. A training needs analysis was completed annually for staff. The organisation had a performance framework that aligns with their core values.

However, the number and mix of members of the workforce deployed did not enable the delivery of safe and quality care and services. Consumers and representatives confirmed the service did not have enough staff to provide safe and quality care and services.

Unplanned leave was not consistently replaced, and staff were unable to consistently meet the needs of consumers in a timely manner.

Consumers’ requests for assistance were answered by staff, however, their care needs were always not immediately addressed. Registered nurses were accessible, however, they could not consistently review consumers’ wound management needs in a timely manner.

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

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

Most consumers said the service did not have enough staff to provide safe, quality care and services to consumers. They said they were satisfied with the care provided, however, delays in consumers’ requests for assistance were frequently experienced. Consumers and representatives said staff were rushed and while call bells were initially responded to, consumers’ care needs were not immediately addressed. Some consumers said they had previously raised concerns regarding staffing shortages through the service’s complaints management system which had been actioned at the time by management.

Complaints data reflected an increase in the dissatisfaction of consumers in relation to staffing, staff attitude and insufficient clinical and personal care between September 2020 and April 2021.

The approved provider in its response states a meeting was held with consumers in June 2021 to discuss their concerns in relation to their dissatisfaction with their dining experiences. The service plans to continue to support consumers to provide feedback and will undertake monthly consumer experience surveys to ensure consumers are satisfied with their care and services. The approved provider acknowledges in their response 12 complaints were received between September 2020 and April 2021 in relation to different aspects of care and services.

Staff confirmed they were understaffed at least three times per week due to the non-replacement of unplanned leave. Staff advised while they were required to answer consumers’ call bells, they did not always have enough time to provide consumers with immediate assistance. Staff reported they were rushing through care delivery when there were staffing shortages and did not have enough time to get their duties completed. Care staff advised they could not consistently access a Registered nurse within a reasonable time frame to attend to a named consumer’s wound management needs following the completion of their personal care.

In relation to call bell responses, the approved provider states in its response, staff will be provided with additional education regarding the service’s expectations for responding to consumers’ requests for assistance. In response to care staff concerns regarding access to a Registered nurse within reasonable time frames, the approved provider confirmed, while care staff can apply temporary dressings the clinical team are expected to redress the wound accordingly. Deficiencies identified in Standard *3*(3)(a)regarding wound management evidences Registered nurses were not consistently available or delivered quality clinical care that was tailored to the needs of consumers.

The approved provider states in its response daily worklogs reflect pressure area care, weights and toileting is completed in line with consumers’ assessed needs, however, evidence to substantiate this was not provided to the Commission.

The service’s master roster did not evidence enough staff were available to replace unplanned leave between 13 April and 10 May 2021. Staff were required to work concurrent shifts in addition to shift extensions. Management confirmed the master roster was developed based on the service’s occupancy and the acuity of consumers’ care needs which were all high care during the Site Audit. Management advised processes to replace unplanned leave included contacting other staff through electronic group conversations and text messages to fill roster vacancies and management regularly assisting staff with duties. While the service had leave replacement processes in place, these were not consistently effective.

The approved provider states in its response, management had identified the need for additional staffing prior to the Site Audit and initiated the service’s recruitment drive within the local community and other regions. The approved provider said the service has been actively working with the local community TAFE and employment agencies to recruit additional staff, including personal care workers, clinical staff, nursing students and food service assistants.

Staff reported they were tired and unable to deliver quality care that met the needs and preferences of consumers due to unplanned leave not being replaced and an increase in consumers’ care needs. The approved provider in its response acknowledges unforeseen leave has impacted the service’s master working roster between March and April 2021, however, refutes feedback from staff regarding an increase in the care needs of consumers. The approved provider has said in their response that management will continue to work with staff to ensure staff skill mix and consumer group allocations are altered to meet consumers’ current care needs.

The approved provider it its response confirmed management was monitoring the service’s staffing levels and where required extended staffing hours. Strategies initiated by the service to improve replacement processes include sourcing staff within the organisation from another site and accessing clinical and care staff through external agencies. The approved provider in its response advises that management recognised staff had been impacted from working additional shifts and in response initiated staff well-being sessions with an external business partner to support the service with recruitment and improve staff well-being.

While the service has monitoring processes in place to monitor staffing levels and has implemented actions for improvement in response to the deficiencies identified during the site audit and through their own monitoring processes, at the time of the site audit the service was unable to demonstrate that the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Consumers were not satisfied there were sufficient staff to deliver care and services in a timely manner.

Therefore, it is my decision this Requirement is Non-Compliant

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Consumers were engaged in the development, delivery and evaluation of care and services. Board members and the Chief Executive Officer visit the service to speak with consumers about their care and services.

The service was governed by a strategic framework that promotes a culture of safety and quality and is committed to the delivery of quality care and services in partnership with consumers. The organisation had initiated changes to the service which included new medication management and staffing policies, improved Safe Operating procedures and the replacement of the service’s hot water service.

The organisation had governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance, workforce governance and feedback and complaints.

The organisation had effective risk management systems to identify and respond to high impact or high prevalence risks, identify and respond to abuse and neglect, antimicrobial stewardship and open disclosure. The organisation has developed a Serious Incident Response Scheme policy and the service’s incident management system has been revised to include the new legislative requirements for the Serious Incident Response Scheme. Staff confirmed they had received training in relation to the new policies.

Clinical staff had received training regarding antibiotic use, minimising restraint and the service’s open disclosure framework. The organisation had a documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. State meetings were held each month and discussed risk indicators and clinical data, including, but not limited to, falls, medication, weight loss, infections, skin and pressure injuries, wounds, psychotropic medication usage, restrictive practices, high risk consumers, critical incidents, feedback, complaints, hazards, staffing and the national quality indicator program.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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.

* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

* The 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.