Estia Health Leopold

Performance Report

52-56 Ash Road   
LEOPOLD VIC 3224  
Phone number: 03 5250 2156

**Commission ID:** 3329

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 13 December 2021 to 15 December 2021

**Date of Performance Report:** 10 February 2022

# Performance report prepared by

Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report, received on 1 February 2022.
* other information and intelligence held by the Commission regarding 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

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

Consumers said they are treated with dignity and respect, with their identity, culture and diversity valued. They described how staff are respectful towards them and their identity. Staff described awareness of consumers’ backgrounds and interests, consistent with care planning documents.

Consumers and their representatives said care and services provided are culturally safe. Care planning documents demonstrated that cultural preferences are accurately documented and consumers are supported to engage in activities, religious and cultural events that are of interest.

Consumers said they were supported to make choices, maintain their independence and relationships of choice. Consumers who are married are supported to reside together. Staff described how they respect consumers’ preferences and support independence. Care planning documentation evidenced consultations with consumers and allied health professionals to identify and discuss the potential risks associated with consumer choice and independence, and to implement safety strategies.

Consumers and their representatives said they were satisfied with how information is provided. Staff said they provide information to consumers that is current, accurate and timely, in line with the consumers individual needs and preferences. This included providing verbal information and visiting consumers’ rooms to enquire about meal location and preferences. Information displayed included the activities program, menu and newsletters.

Staff described consumers’ privacy preferences and how they meet these. Staff were observed to be kind, caring and respectful of consumers’ privacy, including knocking on consumers’ doors and waiting for a response prior to entering their room. The service has policies and procedures applicable to privacy and confidentiality.

## 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.

Consumers said they felt like partners in the ongoing assessment and planning of their care and services. The service involved them with their initial and ongoing assessments and with the development of their care plan. Consumers are informed about the outcomes of assessments and can request a copy of their care plan. Care planning documentation demonstrated that the current needs, goals and preferences, including advance care planning and end of life planning are identified.

Consumers and representatives said they are consulted throughout assessment and care planning, and when required, input is sought from health care professionals. The service’s clinical and care documentation procedure requires assessments be conducted in consultation with the consumer and/or their representative, allied health professionals and others. Consumers said outcomes of assessment and planning are effectively communicated to them. Documents are available to consumers and representatives via hard copy or email.

The service demonstrated care and services are regularly reviewed for effectiveness and when circumstances change or when incidents impact the consumer. Feedback from consumers and representatives supported that care planning reviews occur every three months, or earlier if there was change to the consumer’s circumstances. Care planning documents reflected regular review, and updates following incidents.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found the service did not meet Requirement (3)(a) regarding clinical care and Requirement (3)(e) regarding documenting information. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirements below.

Care planning documents demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer, including falls and wound management. Staff were aware of the risks associated with the care of individual consumers and the strategies in place to mitigate those risks.

Care planning documentation demonstrated the service had recognised and addressed consumers’ end of life needs, goals and preferences, and delivered care consistent with medical officer directives. Staff described palliative care needs and the practical ways in which the service maximises a consumer’s comfort.

Staff demonstrated an understanding of how they recognise and respond to deterioration in a consumer’s health. Care planning documents reflected staff following procedures after staff observed a change in consumers’ conditions, including contacting the consumer’s representative, referral to hospital or other health professionals for review, and making updates to progress notes.

Consumers said they have timely and appropriate access to other providers of care and services when required. The service’s physiotherapist contributes to care planning and supports consumers requiring pain management. Staff follow guidelines to refer consumers to other allied health services.

The service had processes in place to prevent and control infection, including staff training and monitoring, and an outbreak management plan. Consumers and representatives said they observed staff following protocols. The service has an antimicrobial stewardship policy that documents procedures to prevent the unnecessary or ineffective prescribing of antibiotics and to reduce risk of development of antibiotic resistance.

### 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.*

Consumers and representatives said consumers were receiving the personal and clinical care they need. Care plans and progress notes reflected that the consumers were receiving safe and effective personal and clinical care. Staff demonstrated an understanding as to how they provide safe and effective personal and clinical care. The Site Audit Report brought forward examples of some consumers who were subject to restrictive practice did not have documented written consent forms, as required by the service’s policy. Door codes to move freely throughout the service were observed to be at a height out of reach for some consumers, I have considered this further in Requirement 5(3)(b).

The Approved Provider responded on 1 February 2022. They stated they did not agree with the Assessment Team’s finding that this Requirement was not met, on the basis that no unsafe or ineffective care was reported by consumers or representatives, identified through documentation or observations of staff practice.

The Approved Provider’s response referenced named consumers who were receiving clinical care, with regular charting and review by clinical staff and referral to external health providers as relevant. On one occasion, a consumer’s progress notes omitted some relevant information, however this was identified and addressed during the Site Audit. No consumer impact was identified and the consumer continued to receive clinical care in line with their diagnosis. I am satisfied from the information presented in the Site Audit Report and the Approved Provider’s response that this example supports the Approved Provider is compliant with this Requirement.

The Assessment Team reviewed the care planning documentation for two named consumers that are subject to chemical restraint. The following observations were made within the behaviour support plans and restrictive practices care plan of these consumers:

* Verbal consent from the consumers’ representative was documented, however written consent as required by the service’s policy was not apparent.
* Both consumers’ behaviour support plans were reviewed within the three months prior to the Site Audit.
* The interventions, triggers and ineffective strategies documented for each consumer were very similar.

The Approved Provider acknowledged informed consent for restrictive practices was not captured in the organisation’s preferred format. However, the Approved Provider included evidence to support that all consumers with restrictive practices have documented, informed consent as per legislative requirements and monitoring in place to ensure the restrictive practice is safe and effective. The Approved Provider said they will address capturing consent in the preferred written format by advising the consumer’s substitute decision makers of the service’s preference to obtain written consent.

In relation to the similar nature of some aspects of the behaviour support plans, the Approved Provider said interventions listed are universally recognised and accepted in mitigating behaviours for the consumers’ diagnoses. Therefore, it is reasonable to expect that the same strategies will appear in the various restrictive practice care plans for multiple consumers. Irrespective of similarities these strategies have been evaluated as effective and are documented to the satisfaction of both consumer’s representatives.

The Approved Provider supplied some information pre-dating the Site Audit and some more recent information from the consumers’ care records to support that care documents contain consent information, regular review of consumers’ condition and review of the applicable restrictive practices.

Regarding a named consumer who is subject to mechanical restraint, this consumer’s care documentation did not contain a written consent form in line with the service’s policy. The Assessment Team observed records supporting that staff were regularly charting the consumer’s care needs, and record of verbal consent for the restraint was provided by the consumer’s substitute decision maker. The Approved Provider stated there was no evidence brought forward to support that this consumer did not receive safe and effective care, notwithstanding the omission of a written consent authorisation.

The Approved Provider demonstrated overall compliance with the *Quality of Care Principles 2014*.The lack of written consent forms for restrictive practices has not impacted the safety of care provided to consumers. I do not consider the service’s non-compliance with its restrictive practices policy as sufficient evidence of non-compliance with this Requirement.

I consider that the examples presented by the Assessment Team, when considered with the further evidence from the Approved Provider, demonstrated that consumers were receiving safe, tailored and effective personal and clinical care.

Therefore, I find this Requirement is 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.*

Consumers said their needs and preferences are effectively communicated throughout the service. Staff described how information regarding a consumer’s needs and any potential changes are communicated within the service. The Assessment Team observed documents to support comprehensive and effective handovers occur. However, the Assessment Team brought forward two examples of issues with documentation that were not compliant with the service’s policies and had potential to impact delivery of safe and effective care.

The Approved Provider responded on 1 February 2022. They disagreed that the examples brought forward supported non-compliance with this Requirement and provided further information.

Regarding the named consumer who required observations following an incident, care documentation indicated an observation was missed, which did not align with the two-hourly schedule set out in the service’s policy. The Approved Provider gave an explanation that the missed observation was completed an hour later than scheduled, due to the consumer being asleep, that no adverse issues were identified and communication continued between staff. The Approved Provider included supporting information from the consumer’s care documentation, showing additional observations were completed to monitor the consumer’s condition. The delayed observation did not result in any harm to the consumer. I am satisfied that the oversight in documenting the reasons for observations being conducted outside the timeframe in the service’s policy is not sufficient to evidence non-compliance with this Requirement.

Regarding the named consumer that did not have the dosage of medication recorded in the medication book, the Site Audit report reflected the relevant dosage of medication was identified on the medication package. When the Assessment Team raised the issue with the service’s management, they undertook to have the medical officer correct the medication book entry. The Approved Provider’s response stated this remedial action occurred, they provided evidence of the consumer’s medical officer reviewing the medication, and gave evidence from prior to the Site Audit where the correct medication dosage was included. The Approved Provider described other steps taken by the service to ensure correct medication dosage is administered. Based on the additional information from the Approved Provider’s response, I am satisfied the communication oversight did not result in harm to the consumer. No further examples were brought forward to evidence other consumers’ care was impacted from similar issues. Therefore, I do not consider this example sufficient to evidence non-compliance with this Requirement.

I am satisfied with the Approved Provider’s evidence that, on balance, information about the consumer’s condition, needs and preferences is documented and communicated within the service.

Therefore, I find this Requirement is Compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers said they received safe and effective services and supports for daily living that met their needs and preferences and optimised their independence, well-being and quality of life. Consumers felt supported to do things of interest to them, which included participating in the service’s lifestyle program as well as independent activities and visiting the service’s café.

Consumers and their representatives described the various ways that consumers are supported to promote each consumer’s emotional, spiritual and psychological well-being. Consumers provided examples of a range of supports the service offered them that promoted their wellbeing, such as regular access to faith leaders and one-on-one support with staff.

Staff demonstrated an understanding of the services and supports that assist each consumer to participate within and outside of the service environment, maintain social and personal relationships and do the things of interest to them. Care planning documentation outlined individual preferences of each consumer and how they choose to participant in the community and maintain their relationships.

Information about consumers’ condition, needs and preferences is communicated within the organisation, and with other services where relevant. Staff described how the needs and preferences are documented, updated and communicated throughout the service to ensure consistency of care. The service captures information regarding consumer needs and preferences on entry through observations, discussions with consumers, representatives and staff. This is documented in the consumer’s care plan and updated when required.

Consumers and representatives said that referrals to other organisations and providers of care and services were timely and appropriate. Staff described how they refer consumers to relevant services.

Consumers and their representatives provided generally positive feedback regarding the quality and quantity of the meals provided, and how the service accommodates consumer preferences and responds to feedback. Kitchen staff were aware of consumers’ needs and preferences and described how they accommodate dietary requirements, consistent with consumers’ care planning documentation. The kitchen environment was observed to be clean and well-maintained, and staff were observed to be supporting consumers with meals.

The service’s equipment was observed to be safe and well-maintained, and consumers did not express any concerns. Staff said sufficient equipment was available and described the reporting process when an item is identified to be a safety concern or requires maintenance.

## 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

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

The Assessment Team found the service did not meet Requirement (3)(b) regarding consumers being able to move freely outdoors. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirements below.

Consumers said they felt that the service was welcoming and that it was a nice place to live. Consumers’ rooms were observed as being personalised in line with consumer preference. Staff described how consumers are supported to independently navigate around the service environment, including through use of handrails and automatic doors. Hallways were observed to be unobstructed. Consumers were observed making telephone calls and enjoying the communal areas of the service, including the café and lounge areas.

Furniture, fittings and equipment were observed to be clean and well maintained. Staff described cleaning shared equipment after each consumer use. The service has a regular cleaning schedule and systems to communicate additional cleaning needs. The maintenance cleaning schedule documents the quarterly washing schedule for equipment including wheelchairs, walking frames and comfort chairs. Mobility equipment including slings, hoists and medication and wound trolleys are deep cleaned biannually. Call bell operation is reviewed regularly and ineffective bells are replaced.

## 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.*

The service environment was observed to be safe, clean and well-maintained. Staff described how maintenance is managed and any issues or hazards are addressed. Consumers gave positive feedback about the environment and were observed navigating freely indoors and outdoors. However, the Assessment Team observed the keypads to doors were positioned at an unreachable height for some consumers.

The Assessment Team brought forward an example of a named consumer who was unable to reach the keypad to enter and exit the service independently. The Assessment Team considered this would align with environmental restraint according to the service’s policy. The Approved Provider responded on 1 February 2022. They stated no consumers had raised concerns regarding the accessibility of the keypad, that the named consumer was being supported by staff to mobilise outdoors, and that the named consumer’s circumstances differed from the mobility circumstances of other consumers. The Approved Provider stated all other consumers who mobilise independently were able to reach the keypads.

I am satisfied based on the additional information given by the Approved Provider that the consumer’s unique circumstances were being supported by staff. The Site Audit Report did not reflect negative feedback from the consumer, or any harm to the consumer as a result of the arrangements to mobilise outdoors with staff assistance. No further safety concerns were raised for this consumer or others.

I am satisfied that overall the service environment was safe, well maintained and enabled consumers to move freely (either independently or with staff assistance).

Therefore, I find the Requirement is Compliant.

### 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.

Consumers and their representatives said consumers are encouraged and supported to provide feedback and make complaints, that they felt safe to do so, and that appropriate action is taken. Staff described how they act immediately to rectify issues brought forward or would escalate the issue to management. The service provides details regarding complaints and feedback through noticeboards, brochures, newsletters and the consumer handbook.

Consumers were aware they had access to advocates, language services and other methods for raising and resolving complaints. Posters displayed throughout the service provided information on external complaint services.

Consumers and their representatives said management took appropriate action in response to complaints and concerns about consumer care, including providing an apology and ensuring any issues do not reoccur. Staff described how they apply open disclosure principles to resolve complaints, in line with their training and the service’s policy.

The service has a comments, complaints and compliments register. Data is reviewed and analysed to inform improvement actions. The plan for continuous improvement outlines how feedback is used to improve the quality of care and services, such as addressing staffing levels and accommodating consumer beverage preferences.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found the service did not meet Requirement (3)(a) regarding workforce planning and staffing numbers. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirements below.

Staff were observed interacting with consumers in a kind and caring manner, respectful to each consumer’s identity, and demonstrating familiarity with each consumer’s needs. Consumers and their representatives provided positive comments regarding staff kindness and friendliness.

Consumers and their representatives said staff are skilled and competent in their roles and support consumers’ individual care needs. Staff were aware of their roles and responsibilities. Qualifications are monitored when required for roles and staff competency is assessed able to describe the professional development, support and supervision received during orientation and available on an ongoing basis.

Staff described how they complete training, learn from other staff and are comfortable in asking for assistance to improve. Training completion is monitored and training records evidence staff have completed mandatory training. Management said any additional staff training needs are addressed. The service regularly assesses, monitors and reviewed the performance of staff through formal performance appraisals and informal monitoring and review. The service has a performance and disciplinary policy that outline the expectations of staff to uphold service values and code of conduct.

## 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.*

Consumers and their representatives provided mixed feedback regarding the number of staff available and call bell wait times. Some consumers and representatives said staff attend promptly and do not rush. Other consumers said sometimes there is not enough staff or call bell response times are lengthy, however they did not describe any significant impacts of this. Staff said further staff rostered for shifts would support them in delivering care and services. Management said complaints have been received regarding staffing levels and there is difficulty in filling staff vacancies. The Assessment Team observed staff appearing busy though not rushing in delivery of care.

The Approved Provider responded on 1 February 2022 with additional information, and did not agree with the Assessment Team’s finding for this Requirement. They said the service has been impacted by Covid-19 and action was in process to recruit additional staff prior to the Site Audit, in addition to 17 staff that had commenced in the three months prior, which they considered evidences advanced workforce planning on their behalf. They stated the safety and quality of care has not been impacted and they would meet with consumers and representatives regarding concerns identified in the Site Audit Report.

The Assessment Team reviewed three call bell reports that each sampled one third of consumers’ rooms monthly, which indicated that call bells were responded within 8 minutes on approximately 94% of occasions during the period. Though some consumers reported delays in response to call bells, insufficient evidence was presented to support that consumers’ care was materially impacted on those occasions. As a result I consider this evidence supports compliance with this Requirement.

Regarding staff rostering, the Assessment Team identified a number of unfilled shifts in the service’s roster. The Approved Provider stated the service is not utilising all beds, and other action is taken to fill shifts such as staff completing additional shifts or using agency staff. The Approved Provider supplied a memorandum to staff dated prior to the Site Audit, outlining the options available to fill vacant shifts. Staff had attended a meeting and contributed feedback on how the service may address the rostering issues. The Approved Provider also supplied evidence of consumers’ care records showing care was being provided for the consumers named in the Site Audit Report, including during the period where the roster reflected some shifts as unfilled.

Overall while I accept that some consumers, representatives and staff considered additional staff could be rostered, the Approved Provider has supplied evidence to support that they are actively managing workforce planning and there has been no identified adverse consumer impact or sustained issues apparent from the service’s rostering.

### I consider that the examples presented by the Assessment Team, when considered with the further evidence from the Approved Provider, demonstrated the workforce was planned to support delivery of safe and quality care and services.

### Therefore, I find this Requirement is 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

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

The Assessment Team found the service did not meet Requirement (3)(c) regarding information governance and Requirement (3)(e) regarding documenting information consistent with its clinical governance policy. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response, and found the service is Compliant. I have provided reasons for the finding in the relevant Requirements below.

Consumers and their representatives are actively engaged in the development, delivery and evaluation of care and services through committee meetings, food focus meetings, providing their input on feedback forms and the customer experience survey. The organisation’s governing body promotes a culture of safe and inclusive care through regular communication with the service and reviewing internal and external audit results, and is accountable for quality care delivery.

The organisation had implemented risk and incident management systems and practices to identify, report, prevent and manage risks and incidents. The service provided a document risk management framework, including policies describing risks associated with the care on consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best lives. Staff demonstrated an understanding of these policies and could provide practical examples of their relevance to their work and responsibilities.

## 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.*

The Site Audit Report reflected the service demonstrated effective organisation wide governance systems to support effective information management, continuous improvement, financial governance, regulatory compliance and feedback and complaint management. The Assessment Team brought forward concerns regarding workforce governance, as outlined at Requirement 7(3)(a). No concerns were raised regarding staff responsibilities and accountabilities, as supported by the compliance of Standard 7 as referenced above.

The Approved Provider responded on 1 February 2022. As similarly reflected in Requirement 7(3)(a), the Approved Provider considered they demonstrated suitable workforce planning and said its governance system was effective in identifying the need for additional staff to be recruited. They stated they monitor consumer feedback, review incidents and data, and conduct their own audits for assurance that the governance system is functioning.

I consider that, in line with the comments at Requirement 7(3)(a), the Approved Provider demonstrated the workforce governance, along with other governance systems, is effective and supports delivery of safe and quality care and services.

### Therefore, I find this Requirement is Compliant.

### 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.*

The service has a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff described practical ways these policies impact their roles. However, the Assessment Team had identified consumers who are subject to chemical restraint did not have consent documented in written form. As reflected at Requirement 3(3)(a), the service has demonstrated compliance with legislative requirements and stated they will obtain written consent consistent with their policies.

The Assessment Team brought forward an example of the psychotropic medication register not being up to date and it did not evidence weekly reviews. The Approved Provider responded on 1 February 2022, stating the review was delayed however it reflected non-compliance with the service’s practice rather than legislative requirements. The Site Audit Report referenced the service identifying some consumers were receiving psychotropic medication without a diagnosis and that those consumers are being reviewed, with behaviour support plans implemented in line with legislation. As the service identified these issues through its own governance processes, I consider this reflects compliance with this Requirement.

I consider that the service’s clinical governance framework was being suitably applied to promote delivery of safe and quality care and services.

Therefore, I find this Requirement is Compliant.

# 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.