Fairlea Aged Care @ Harris Park

Performance Report

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**Commission ID:** 0579

**Provider name:** Trinity Aged Care Pty Ltd

**Site Audit date:** 16 November 2021 to 18 November 2021

**Date of Performance Report:** 2 February 2022

# Performance report prepared by

Kathryn Spurrell, 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** | **Non-compliant** |
| Requirement 6(3)(a) | Non-compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-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** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-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 17 January 2022
* other intelligence and information 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 Assessment Team recommended Requirement 1(3)(d) was Not Met. I have considered the Assessment Team’s findings; the evidence documented in the site audit report and the Approved Provider’s response and have come to a different view. I have provided reasons for my findings in the specific Requirement below.

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

Consumers considered that they are treated with dignity and respect, can maintain their identity, can make informed choices about their care and services, and are able to live the life they choose. Consumers said that they felt respected and valued and are able to make decisions about their own health and well-being. Consumers stated that they are supported to maintain relationships that are important to them.

Staff described consumers’ preferences, culture and beliefs and how these influence the delivery of care. The service demonstrated that it supports cultural and religious diversity by celebrating cultural and religious events, using cultural decorations and displaying some posters and signage in different languages. The Assessment Team observed consumers’ privacy being respected. The service provides information to consumers through monthly resident meetings, resident newsletters and email updates.

## 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.*

The Assessment Team identified that one named consumer was provided meals from outside the service that they believed were not consistent with their assessed dietary needs of a texture modified diet and found the service did not demonstrate it had documented risk assessments or sufficient information about the choice to consume food brought in from outside the service. The Assessment Team stated that no risk assessment or dignity of risk authorisation had been completed. A review of the service’s policy on food being brought into the service for consumers did not mention or identify that a separate risk assessment authorisation was required to be completed.

In its response, received 17 January 2022, the Approved Provider advised that the process of risk assessment and risk management within the service was supported by; a care plan, care planning notes, case conferencing notes and the report of the speech pathologist involved in the consumer’s care. The Approved Provider further noted that the consumer’s representative was informed of the process, assessment and management of risk taking and that the representative had access to the speech pathologist for any questions or concerns.

The service had policies and procedures to guide the assessment and identification of risks consumers choose to take to live the best life they can. A speech pathologist and consumer representative were involved in the planning and consultation. The service followed their process in supporting consumer choice and living the life they choose.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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 and representatives considered that they felt like partners in the ongoing assessment and planning of their care and services. Consumers identified that assessment and planning considered their individual preferences and overall, consumers reported that the outcomes of assessment and planning were effectively communicated to the consumer.

A review of care planning documentation identified that risks to consumers’ health and well-being were considered. The Assessment Team observed a risk assessment folder which contained a risk assessment plan for consumers who partake in an activity of their own preference that involves risk. Care planning and assessment documentation demonstrated the involvement of consumers, representatives and other care providers. The Assessment Team observed that outcomes of assessment and planning are documented and that care plans are reviewed regularly or when incidents impacted on the needs, goals or preferences of the consumer.

Staff described how they use assessments and planning, including consideration of risks, to deliver safe and effective care. Staff provided examples of how consumers were involved in their assessment and planning and how their needs and preferences, such as their nutritional and personal care preferences, are considered. Staff reported that assessment occurs every three months, and this informs the care and services delivered to each consumer.

The Assessment Team reviewed the service’s policy on end of life care and observed end of life plans in consumer care plans. The service had organisational policies and procedures regarding assessment processes and included the consideration of risks, care planning, palliative care, advance care planning and consumer partnership in care.

## 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.

Overall, consumers and representatives considered that they received personal and clinical care that was safe and right for them. Consumers stated that their needs and preferences were communicated within the organisation and to others that shared responsibility for care. Staff described how they provide safe and effective personal and clinical care and how they managed high-impact risks.

Care planning documentation demonstrated that risk assessments were undertaken to identify high risks to consumers and mitigation strategies were used when providing care to prevent risks. Care planning documentation demonstrated that end-of-life preferences were supported and that changes in consumer health and conditions were recognised and responded to in a timely manner and that other organisations and providers of care were involved in care when needed.

The service’s policies and procedures regarding restrictive practices and skin integrity were consistent with best practice. Appropriate consent had been provided for consumers subject to restrictive practices. The service had minimal consumers with pressure injuries, and staff were able to describe the assessment and management of wounds and pressure injuries.

The service has an antimicrobial stewardship policy and a policy on minimising the risk of infection. Staff demonstrated a shared understanding of how infection related risks are minimised at the service and how antibiotics are used appropriately and minimally.

The service had an outbreak management plan in place and infection prevention and control policies and procedures all staff can centrally access online via an intranet. Best practice information was dispersed to staff through staff training, discussions, resources and policies and procedures.

### Assessment of Standard 3 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

Consumers received the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Most consumers felt supported by the service to do things of interest to them, which included participating in their community both within and outside of the service environment

Staff described the services and supports provided to consumers that promote their emotional, spiritual and emotional well-being. Staff described the different ways they supported consumers to maintain connections with family and people important to them through a variety of methods including telephone and video calls. Staff reported that they are updated on the changing needs and preferences of consumers during shift handover.

Care planning documentation reflected that information on how to provide services and supports to consumers is communicated within the organisation and with others where responsibility is shared. Recreation and lifestyle documents were reviewed every three months. Care planning documentation demonstrated involvement from external providers in the delivery of emotional, spiritual and psychological supports.

Overall, consumers and representatives were satisfied with the meals offered at the service. There was a choice of two options of meals each day as well as alternatives to these meals Staff could provide examples of consumers’ meal preferences and how these preferences are documented and communicated. Consumers and staff described how the service accommodates various dietary requirements.

The Assessment Team observed that overall, equipment used to provide, or support lifestyle services was observed to be safe, suitable, clean and well-maintained.

## 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 has been assessed as Compliant.

The Assessment Team brought forward information in the Site Audit report in relation to the ability of consumers to freely access areas and raised some maintenance and storage concerns and recommended Requirement 5(3)(b) Not Met.

I have considered the Assessment Team’s findings; the evidence documented in the Assessment Team’s report and the provider’s written response and have come to a different view, I have explained this decision further under the specific requirement.

Consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers said that the service environment was welcoming and homely and was clean and well-maintained.

The Assessment Team observed that the service environment was welcoming, easy to navigate and optimised consumers’ sense of independence. Individual consumer rooms were personalised and bilingual signage was used in the service. Multi-purpose rooms were in each of the three wings and the service had two outdoor areas for consumers to use. The furniture, fittings and equipment in the service were observed by the Assessment Team to be safe, suitable, clean and well maintained. Staff described how equipment was cleaned every day and to ensure it was available for use. A review of the repair and maintenance folder identified that maintenance was occurring regularly on equipment, furnishings and fittings.

## 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 living areas used by the consumers in the service were observed to be clean and comfortable. However, the Assessment Team observed that the back-of-house areas, including the garage, linen storage room and laundry sorting room, were cluttered. A leaking tap in the laundry room was identified by the Assessment Team, which was rectified during the site audit.

The Assessment Team observed that consumers were not able to freely access the outdoor area next to the Memory Support Unit as the code for the electronic door lock was not displayed below the keypad. Management explained that the service had identified some risk to consumers accessing the space and preferred staff to assist in this area, however the code to this area was the same as all doors and all consumers have the codes to the doors.

The Assessment Team identified that an access ramp to the courtyard beginning to be affected by the roots of a large tree in the courtyard, creating an uneven surface. During the site audit maintenance staff advised the Assessment Team that this issue had been discussed with management and a plan for rectifying the issue discussed, but not documented.

In its response, the Approved Provider stated that the labels with access codes for electronic doors to access outdoor areas sometimes fall off and reported that the label was replaced at the time of the site audit. The Approved Provider noted that consumers have access to some back of house areas for their own use, and staff regularly tidy up these areas. The Approved Provider reported that the COVID-19 restrictions had influenced the priorities of staff but that an additional staff member had since been engaged to commence organising the back-of-house area.

The Assessment Team provided information in relation to the ability of consumers to move freely and relating to the cleanliness and maintenance of the service environment. I have considered this information and note this information was in contrast to consumer and representative feedback and evidence brought forward by the Assessment Team in this and other Standards. It is my decision, strategies to address organisation and maintenance issues were still in the initial stages and processes the Approved Provider had in place will adequately address concerns brought forward by the Assessment Team.

I therefore find this Requirement Compliant.

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

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

# STANDARD 6 NON-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 Non-compliant as three of the four specific requirements have been assessed as Non-compliant.

Overall, consumers considered that appropriate action was taken in response to complaints and that communication from the service was open and honest. Most consumers reported being satisfied with actions taken to address feedback and complaints and staff were able to give examples of these actions. The service had an open disclosure policy providing guidance on addressing a complaint from an open disclosure perspective and staff were able to explain the process to take when things go wrong.

The service was not able to demonstrate that: consumers and their representatives were encouraged and supported to provide feedback and make complaints; consumers are aware of and have access to advocates, language services and other methods for raising and resolving complaints; or that feedback and complaints were reviewed and used to improve the quality of care and services.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Non-compliant

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

Overall, consumers felt comfortable raising issues directly with the service, some consumers however said they did not feel encouraged to raise issues or concerns. The Assessment Team identified one named consumer stated that they were dissatisfied with the food provided at the service but did not want to make a formal complaint. Another named consumer said they had an issue with the laundry service but had not raised a formal complaint. The Approved Provider’s response disagreed with the Assessment Team’s findings and included additional information refuting the evidence of the consumers.

The Assessment Team observed a number of issues with the feedback and complaints process:

* the feedback and complaints forms had invalid contact numbers
* the feedback and complaints forms were only available in English
* the posters outlining the feedback and complaints process referenced an out-of-date complaints scheme
* the feedback process document was not in a prominent position on the noticeboard
* the complaints box for depositing complaints and feedback was unlabelled.

During the site audit, the service addressed some of these issues and attached a label to the complaints box. In its written response of 17 January 2022, the Approved Provider noted that the complaints form was updated during the site audit and that posters have since been reprinted on a larger size paper for better visibility.

While, I acknowledge the Approved Provider has taken steps to encourage and support consumers to provide feedback and complaints by improving the visibility of and access to the complaint’s forms and box. At the time of the site audit, the service did not demonstrate that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

I find this Requirement Non-compliant.

### Requirement 6(3)(b) Non-compliant

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

Some consumers were not aware of how to make a complaint or how to access advocacy or language services. A representative reported that they had been provided with an information booklet outlining the feedback and complaints process. Staff were not able to describe how to make consumers aware of advocates and language services. Management advised that all consumers are provided information on the complaints process in the consumer and relatives handbook and that forms for making complaints are available in the foyer.

The Assessment Team identified that the consumer and relative’s handbook and the complaints form did not contain any information on advocacy or translation/language services and that the complaints form was observed to refer to an out-of-date scheme. At the time of the site audit, management at the service advised that there were planned actions in place to address these deficiencies.

In its written response of 17 January 2022, the Approved Provider disagreed with the Assessment Team’s findings and stated that all consumers have a nominated person who can advocate for them as required and multilingual staff are available to assist consumers for translation purposes. In addition, the Approved Provider noted that advocacy services have previously attended the service and presented information sessions. The Approved Provider noted that the COVID-19 lockdowns had prevented a planned advocacy awareness session with Senior Rights Services from occurring.

Although I acknowledge that the service has rectified some of the issues, it is my view that at the time of the site audit consumers were not aware of and did not have sufficient access to advocacy, language services and other methods for raising and resolving complaints.

I find this Requirement non-compliant.

### 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) Non-compliant

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

The service was able to describe historical complaints trends and the actions taken by the service to improve quality of care and services in response. However, the service was unable to provide recent examples. Previous complaints and feedback regarding the menu and the air conditioning system were observed by the Assessment Team as being addressed. During the past six months only one complaint has been documented and the service advised that there have been no formal complaints in the last two years.

During the site audit, the Assessment Team were advised by two consumers of their dissatisfaction with their care and services. However, both consumers advised the Assessment Team that they had not made a complaint, and management confirmed they were not aware of the dissatisfaction.

The Assessment Team observed that the mechanisms used to gather feedback from consumers were not effective. For example:

* the annual consumer feedback survey for 2020 did not record any complaints
* the plan for continuous improvement did not include any items regarding feedback and complaints from consumers
* the most recent consumer and relative meeting minutes identified that there were no discussions regarding feedback or complaints from consumers
* the feedback and complaints process document described how all complaints and feedback are to be recorded in a central register to help identify trends and opportunities for improvement. Management advised the Assessment Team that the service does not document all feedback and complaints in a register and uses the annual survey as the main tool for improvement to care and services.

At the time of the site audit, the service stated that consumer involvement in service evaluation and information gathering outside the annual survey could be improved. The service advised that consumer and representative involvement in the consumer and relative committee is low and limited feedback is gathered from these meetings.

In its written response of 17 January 2022, the Approved Provider confirmed that there had not been many complaints during the last 12 months, citing COVID-19 lockdowns or consumer satisfaction as possible reasons. The Approved Provider also clarified that all complaints were documented in a complaint register, and this was made available to the Assessment Team at the time of the site audit. The Approved Provider further confirmed that the annual survey is not used as the main tool guiding improvement to care and services.

While I acknowledge the clarification provided by the Approved Provider in its response, it is my view that at the time of the site audit the service did not demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

I find this Requirement non-compliant.

# 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.

Consumers considered they received quality care and services when they needed them from people who were knowledgeable, capable and caring. Consumers reported that staff were kind and caring and had the knowledge and skills to provide effective care and services. The Assessment Team observed staff interacting with consumers in a kind and caring manner and catering to the cultural needs of individual consumers. Although consumers said staff were busy, most consumers reported that there were staff available when needed and the call bell was responded to in an appropriate time.

Staff reported that there was enough time to complete tasks and enough staff to meet consumer needs. A review by the Assessment Team of the two previous weeks of roster allocations identified that all rostered shifts were filled, including in the event of illness or leave.

The Assessment Team observed the annual training schedule, which included mandatory, role-targeted and optional training and evidenced that courses had been run regularly throughout the year. Staff described the regular performance monitoring and assessment mechanisms all staff undergo, including an annual performance appraisal.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-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 Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) were not met. I have considered the Assessment Team’s findings; the evidence documented in the site audit report and the Approved Provider’s response of 17 January 2022 and have come to a different position.

While I find the service Non-compliant with Requirements 8(3)(a), 8(3)(b) and 8(3)(c) I have found the service Compliant with Requirement 8(3)(d). I have provided reasons for my findings in the specific Requirements below.

Overall consumers and representatives considered the organisation was well run. The service demonstrated that it had an effective clinical governance framework that included antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were able to demonstrate a shared understanding of each of these policies to the Assessment Team and provided examples of how these policies were practiced in their role.

However, the service was not able to demonstrate that consumers were engaged in the development, delivery and evaluation of care and services, nor that the governing body promoted quality care and accountability. The service did not show evidence of effective governance systems in relation to information management and continuous improvement and did not demonstrate that feedback and complaints were consistently documented.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The Assessment Team provided information that consumers were not engaged in the development, delivery and evaluation of care and services or are supported in that engagement. The Assessment Team observed from the most recent consumer and relative meeting minutes that there is no agenda item to discuss feedback, complaints, evaluation or improvement of care and services. The Assessment Team identified that the results from the 2020 annual consumer survey were not collated and analysed however did identify that most of the responses to the survey were positive. At the time of the site audit, management acknowledged that engaging consumers in the development, delivery and evaluation of care and services was an area in which the service could do better.

In its response, the Approved Provider clarified that there is limited consumer and representative participation in care collaboration; however, targets to improve participation have been set. The Approved Provider noted that resident and relative meetings, which are held in three languages, were always opened to the floor for feedback or other input.

While I acknowledge the Approved Provider’s response, at the time of the site audit the service did not demonstrate that consumers were engaged in the development, delivery and evaluation of care and services or are supported in that engagement.

I find this Requirement non-compliant.

### Requirement 8(3)(b) Non-compliant

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

The Assessment Team provided information in relation to the governing body’s involvement and accountability across the service. The Assessment Team identified deficiencies in the governing body’s reporting, communication and oversight of the service. The Assessment Team further identified that while there are forums in place for management to meet with the Board, these forums lack structure and framework and could be more effective.

In its written response of 17 January 2022, the Approved Provider advised that the governing body intends to invest in software that will monitor the governing body’s involvement in communication, reporting both upward and downwards and provide more support to management.

While acknowledge the actions proposed by Approved Provider to address the deficiencies identified by the Assessment Team. At the time of the site audit, the service did not demonstrate that the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

I find this Requirement non-compliant.

### Requirement 8(3)(c) Non-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 service demonstrated effective financial governance, workforce governance and regulatory compliance. However, the Assessment Team identified that the information management, continuous improvement and feedback and complaints mechanisms were not effective.

The Assessment Team observed that there were no hard copies of policy manuals onsite, instead these were available via the internal web portal, the Assessment Team identified this as an impact on the ability for staff to gain quick access to information. The Assessment Team also identified that a number of care or lifestyle plans had not been completed with current information or were unsigned and undated.

The service did not demonstrate that all feedback and complaints were consistently documented. One complaint had been documented during the previous six months and the service reported that not all complaints, including verbal complaints, were documented. The Assessment Team also identified that service did not have the ability to audit the call bell wait times due to system limitations.

In its written response, the Approved Provider noted that accessing service policies through a web portal was the most efficient way to disseminate and access the most current versions of the documentation and noted that all staff had electronic access through laptops. The Approved Provider noted that care plans are updated every three months; however, updates to care that occur on a daily basis are communicated during shift hand over. The Approved Provider reported that there had been no complaints about call bells not being answered promptly.

I acknowledge the response by the Approved Provider regarding information management and continuous improvement governance and find that the service has demonstrated compliance in these areas. However, the service did not demonstrate effective governance regarding feedback and complaints at the time of the site audit.

I find this Requirement non-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.*

The service had a risk management policy and supporting policies describing how consumer risks were managed, how abuse and neglect of consumers was identified and responded to, and how consumers are supported to live the best life they can. Staff reported that they have been educated about risk management processes and could describe how they were relevant to their work. For example, staff reported that consumers were asked about their preferences and are encouraged to be independent. Staff described how all incidents, including those under the Serious Incident Response Scheme (SIRS), were reported to senior staff. Staff also described the process for responding to falls, including using the call bell for assistance, immediate nursing assessment, filling out an incident form, documenting progress notes and requesting a General Practitioner visit.

The Assessment Team brought forward evidence of one named consumer whose family provides food from outside the service. The consumer has a diagnosis of dysphagia and a pureed food diet, but the Assessment Teams found no documented risk assessment had been completed for the consumption of outside food. The Assessment Team stated that the service advised that did not conduct risk assessments for consumers’ eating food brought from home.

In its response of 17 January 2022, the Approved Provider disputed the information provided by the Assessment Team and stated that the named consumer’s choice to consume food brought in from outside the service was approved by the speech pathologist. The Approved Provider further stated that regular assessments by the speech pathologist form part of the planned care delivery to the named consumer and provided evidence of ongoing risk management through care plan documentation.

Based on the evidence provided by the Assessment Team, the Site Audit report and the Approved Provider’s written response, I am satisfied the Approved Provider has sufficient and appropriate risk management systems in place.

Based on the summarised evidence above, I find the service Compliant with this Requirement.

### 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.

* Requirement 6(3)(a) – The service ensures consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
* Requirement 6(3)(b) – The service ensures consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Requirement 6(3)(d) – The service ensures that feedback and complaints are reviewed and used to improve the quality of care and services.
* Requirement 8(3)(a) – The service ensures that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Requirement 8(3)(b) – The service ensures 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) – The service ensures that effective organisation wide governance systems are in place relating to feedback and complaints.