Finncare

Performance Report

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**Commission ID:** 5131

**Provider name:** Finncare Incorporated

**Review Audit date:** 27 April 2021 to 30 April 2021

**Date of Performance Report:** 24 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Review Audit; the Review 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 Review Audit report received 25 May 2021.
* Information from the serious incident response scheme.

# 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

Overall sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers interviewed confirmed that they are treated with respect. Consumers interviewed confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers interviewed confirmed that their personal privacy is respected.

Interviews with staff and review of care planning documents demonstrated, relevant information is collected and shared to support consumers’ choice and their decisions are respected and shared with relevant care and service staff. Consumers’ relationships are acknowledged and supported; consultation occurs to ensure staff have awareness of matters of importance to the consumer to support the consumer to live the best life they can.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall sampled consumers/representatives considered that they feel like partners in the ongoing assessment and planning of the consumers’ care and services.

Consumers and representatives interviewed are informed about the outcomes of assessment and planning and they have access to the consumer’s care and services plan.

All consumers and representatives said the service had also discussed end of life planning with the consumers to understand their wishes and preferences.

The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews are completed in conjunction with the consumer and representative.

However, the service did not demonstrate consumer assessment and planning, including consideration of risks to the consumer’s health and well-being, consistently informs the delivery of safe and effective care and services or that consumers’ care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. While the service has established clinical monitoring and review processes, these have not identified the deficiencies in clinical care provided.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

#### The Assessment Team provided information that the service was not able to demonstrate that assessment and care planning, including risks to the consumer’s health and wellbeing, informs the delivery of safe and effective care and services. While assessment and care planning processes include consideration of some risks such as, skin integrity and pain, it does not include consideration of all risks to the consumer’s health and wellbeing.

The Assessment Team identified that the service’s monitoring of consumer assessments, including a three monthly ‘Resident of the Day’ processes and an annual reassessment have failed to identify the deficiencies in assessment and care planning identified by the Assessment Team.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report, a corrective action plan, clinical records extracts for named consumers, new guidelines, and audit tools.

Improvement activities undertaken by the Approved Provider include adding a new standing agenda item added to the registered staff agenda. A review of consumers cognitive and mental health assessment will be added to the “resident of the day” process. One to one training for staff on documentation practices will be overseen by the clinical care coordinator.

The Approved Provider identified that a change of culture in documentation practices is required. This will be addressed through education both online and face to face for both clinical and non-clinical staff. Registered staff have been provided an online training course to complete.

A new guideline has been developed for registered nurses to use to identify and respond to change or deterioration in a consumer. This new guideline will be distributed to and discussed at the registered staff meeting. The clinical care coordinator has commenced weekly audits on clinical documentation.

In relation to the assessment of a named consumer with suicidal ideation, the Approved Provider identified that a referral for increased psychosis had been made to an external provider prior to the Review Audit and the appointment was pending. The consumers care plan has been updated to reflect paranoid ideations and now includes interventions for staff to access in managing the consumers care needs.

In relation to the named consumer without a pressure injury risk assessment, then Approved Provider has completed the assessment and the care plan has been updated.

In relation to the named consumer that the “resident of the day” process was not completed on. The Approved Provider has identified that the review was completed, however a step in the process in the electronic care system was missed, resulting in information not updating.

I have considered the Assessment Teams information as well as the Approved Providers response. I acknowledge that there were deficits in this requirement as identified by the Assessment Team, and I also acknowledge the improvement activities and clarifying information supplied by the Approved Provider.

Whilst I note that improvements are planned or have being implemented, these improvements have yet to be evaluated for sustainability and effectiveness.

I find that at the time of the Review Audit the Approved Provider was not able to demonstrate that 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.

I find this requirement is non-compliant.

### Requirement 2(3)(b) Non-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.*

The Assessment Team provided information that the service did not adequately demonstrate each consumer has their current needs, goals and preferences identified and reflected in assessments and plans. The Assessment Team reviewed the care documentation sampled consumers and identified that consumers’ care planning documentation did not consistently detail the individual's current needs, goal and preferences.

The Approved Provider provided a response that included a corrective action plan, outlining improvement activities to be undertaken for this requirement, as well as clinical records extracts and an audit tool. The Approved Provider did not contest the teams findings.

In relation to the named consumer receiving wound care. A review and update of the wound care pathway has been completed. Education is being conducted by the clinical care coordinator for all enrolled nurses on documentation and triaging concerns. Weekly audits are going to be conducted by the clinical care coordinator. Wound care documentation will be discussed at registered staff meetings.

In relation to consumers at a high risk of falls or with challenging behaviours, there will be a review and update of consumer care plans to ensure current needs, personal goals and preferences are documented. Education will be provided to registered staff about using generic strategies in care plans.

I have considered the Assessment Teams information as well as the improvement activities to be completed by the Approved Provider and I find that at the time of the Site Audit the Approved Provider was not able to demonstrate that 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. I note that the sustainability and effectiveness of the improvement activities is yet to be evaluated.

I find this requirement is non-compliant.

### 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) Non-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.*

The Assessment Team provided information that the service was unable to demonstrate that consumers care, and services plan are up to date and meet the consumer’s current needs, goals and preferences. Consumers have not received prompt and timely review in response to a change in their condition or when incidents impact their care needs. Care plans for consumers sampled did not show evidence of reviews when circumstances change and/or incidents occur. Documentation in the progress notes for some consumers provided information for staff regarding recent changes for the consumer, however this information has not been transferred to consumers’ care plans

The Approved Provider provided a response that included a corrective action plan, outlining improvement activities to be undertaken for this requirement. The Approved Provider did not contest the teams findings.

Improvement actions being undertaken include review and update consumers assessments and care plans to ensure current needs, personal goals and preferences are documented. Creating guidelines for registered nurses to utilise to identify and respond to change in deterioration in consumers. The guidelines will be distributed to staff at the registered staff meetings.

I have considered the Assessment Teams information as well as the improvement actions being undertaken by the Approved Provider and I find at the time of the Site Audit the Approved Provider did not demonstrate 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.

I find this requirement is non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most sampled consumers consider that they receive personal care and clinical care that is safe and right for them.

While most consumers said they thought they get the care they need, a number of consumers and representatives reported they did not think there was enough staff which resulted in delays in care delivery.

All consumers and representatives sampled confirmed that the consumers have access to a medical officer and other allied health professionals when required.

Clinical documentation reflects referrals and recommendations from medical officers, a range of allied health professionals including physiotherapist, dietician and speech pathologist.

However, the service was not able to adequately demonstrate that each consumer gets safe and effective personal, clinical care, or both personal care and clinical care, that is tailored to their needs and optimises their health and well-being. Deterioration in consumers health and/or wellbeing is not consistently recognised and responded to in a timely manner; and information about the consumer’s condition, needs and preferences was not always communicated between staff. Clinical oversight and monitoring had not identified the deficiencies as noted by the Assessment Team during the Review Audit.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team provided information that the service has not demonstrated that each consumer gets safe and effective personal or clinical care, that is contemporary practice, is tailored to their needs and optimises their health and well-being, particularly in relation to falls management, medication management and response to changes in consumers’ changing care needs.

The Approved provider provided a response that included clinical records extracts, audit tools and a corrective action plan outlining improvement activities to be undertaken. The Approved Provider did not contest the Assessment Teams findings.

In relation to named consumers for which documentation did not demonstrate compliance, the Approved Provider is conducted a reassessment of care needs and updating care plans for all these consumers.

The Clinical Care Coordinator is conducting education with the registered staff on the use of generic interventions in falls management, wound care assessment and practices, using non-pharmacological behaviour management strategies, and improving documentation. The Clinical Care Coordinator will handover daily to oversee consumer clinical care changes and support staff in best practice.

In relation to the named consumer with deficits in indwelling catheter management, the Approved Provider has reviewed the consumers toileting assessment and updated the care plan to include when the catheter is due for replacement.

In relation to wound care, the clinical care coordinator is providing education to registered staff on wound care, as well as reviewing all wounds and conducting weekly audits on wound care documentation. Additional resources are being provided to the clinical care coordinator to achieve this.

I have considered the Assessment Teams report as well as the Approved Providers response and I find that at the time of the Review Audit the Approved Provider did not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care.

I find this requirement is non-compliant.

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

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

The Assessment Team provided information that the service does not demonstrate effective management of high impact or high prevalence risks for consumers, including risks related to falls management and enteral feeding. The service does monitor clinical incident data to identify trends and/or risks to consumers, however these have not identified deficiencies in falls management and the assessment of consumer’s individual risks. Review of three named consumers care documentation does not consistently identify high prevalence and high impact risks for consumers have been identified or managed effectively.

The Approved Provider provided a response that included the falls committee meeting minutes, a falls analysis form, an email sent to all staff on falls, and a corrective action plan outlining improvement activities that are to be undertaken. The Approved Provider did not contest the Assessment Teams findings.

The Clinical Care Coordinator is conducting education with the registered and care staff on falls management, including process, equipment and documentation.

A falls committee has been established, the committee reviews consumers falls and makes recommendations to mitigate falls risks. A weekly falls analysis is also conducted.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

I find this requirement is non-compliant.

### 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) Non-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.*

The Assessment Team provided information that the service does not adequately demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to appropriately. Specifically, in relation to consumers who experience falls or develop signs and symptoms of an infection. The service does not have policies or procedures to guide staff in care delivery, including where consumer’s experience a deterioration in their health status and/or mental health. For the named consumers, care planning documents and/or progress notes did not reflect the appropriate identification of, and response to, deterioration or changes in the consumer’s function/capacity/condition.

The Approved Provider provided a response that included clinical records extracts, medical correspondence, and a corrective action plan outlining improvement activities to be undertaken. The Approved Provider did not contest the Assessment Teams findings; however, they did provide clarifying information to the Assessment Teams report.

The Approved Provider is conducting a review of all consumers assessments and care plans. The Clinical Care Coordinator is conducting education with the registered and care staff on falls management, behaviour management and swallowing management documentation. Guidelines on responding to a consumer change or deterioration has been developed and provided to staff.

In relation to the named consumer with declining mental health, the Approved Provider conducted an urgent review of this consumer. It is noted that the consumers medical officer was aware of the decline and had made a referral to an external specialist prior to the Review Audit. The consumers care plan has been amended to included management of their current condition.

In relation to the named consumer where staff were not following care planning directives for behaviour management, the Clinical Care Coordinator is conducting education sessions with staff on behaviour management.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate 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.

I find this requirement is non-compliant.

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

The Assessment Team provided information that Information about the consumer’s condition, needs and preferences is not consistently documented. Communication in relation to the consumer’s current or changed care needs is not always occurring within the organisation, and with others where responsibility for care is shared. The service does not consistently document or communicate consumers’ current or changed care needs during staff handover. This has impacted on staffs’ knowledge of the consumer’s current and changing care needs.

The Approved Provider provided a response that included an audit tool, email correspondence with staff as well as a corrective action plan outlining improvement activities to be undertaken. The Approved Provider did not contest the Assessment Teams findings.

The Approved Provider is conducting a review of all consumers assessments and care plans. The Clinical Care Coordinator is attending handover daily to ensure staff (including agency staff) are supported, that there is effective communication and that staff can access information at the Service. A weekly audit of handover and clinical documentation will be conducted. Additional administration support has been provided to assist with drafting new and updating current policies.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate 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.

I find this requirement is non-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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers and representatives interviewed expressed their satisfaction with the services and support provided to the consumers for daily living. They indicated their satisfaction with staff awareness of the consumers’ individual needs, as well as their preferences to enhance their wellbeing and quality of life.

Consumers sampled advised they can talk to staff or their family if they are feeling sad or low. Consumers sampled advised they were satisfied with the meals provided, there was enough variety and a sufficient quantity of food available for their needs.

The Assessment Team observed equipment which supports consumers to engage in lifestyle activities to be suitable, clean and well maintained, and readily available.

The Assessment Team observed staff talking to consumers, participating in activities and engaging with them in a supportive and caring way throughout the visit.

Monthly Lutheran and Pentecostal church services are conducted at the service.

A Finnish Sauna is frequently used by consumers at the service.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers consider that they feel they belong in the service, and feel safe and comfortable in the service environment.

Sampled consumers and representatives generally reported in various ways they feel at home; the service is comfortable and supports their independence and interaction.

Sampled consumers advised they felt safe and the service was comfortable, easy to navigate and well maintained

Overall, the service environment was observed to be welcoming and optimises the consumer’s sense of belonging. Sampled consumer’s commented on the outlook from their rooms and how they feel at home with their personal effects of interest to them within their rooms.

Some consumers and representatives expressed dissatisfaction with the service environment including the maintenance of their rooms, and the Assessment Team identified the service’s systems for monitoring the environment have not been effective in ensuring the environment is clean and well maintained in both consumer rooms and common areas of the service.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

#### The Assessment Team provided information that the service’s systems for monitoring the environment have not been effective in ensuring the environment is clean and well maintained in both consumer rooms and common areas of the service.

The Approved Provider provided a response that included the continuous improvement plan, audit tools and a corrective action plan outlining improvements completed and being undertaken. The Approved Provider did not contest the Assessment Teams findings.

The continuous improvement plan contains actions to correct deficits identified at the Review Audit. Maintenance staff have commenced and completed some of the required repairs. The planned maintenance calendar has been reviewed and amended. Touchpoint cleaning has been introduced. Daily cleaning audits have commenced. Cleaning trolley locks were ordered prior to the Review Audit and have been installed. A comprehensive environmental audit tool has been developed and audits added to the planned maintenance schedule. Environment audits have been conducted on all consumer rooms and a plan developed to address issues identified.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate the service environment is clean, and well maintained.

I find this requirement is non-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

Overall sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Consumers interviewed felt they could make complaints and felt safe to do so and that their complaints are responded to appropriately Consumers interviewed said staff have assisted them to provide feedback.

Most consumers interviewed said they mostly spoke to the staff or management directly with any feedback they had, however were aware they can access alternative feedback mechanisms.

The Assessment Team explored the organisation’s approach to encouraging and responding to complaints and the organisations approach to open disclosure through discussion with management and an examination of relevant complaints data, plans for continuous improvement and undertaking observations of information available to consumers about complaint avenues. The review demonstrated that the service’s system for managing feedback and complaints is effective.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Staff at all levels of the service are recruited and qualified to perform their roles and are kind and caring when interacting with consumers and representatives. Staff competency is monitored at a service and organisational level to ensure care delivery is provided by appropriately trained staff.

Consumers interviewed confirmed that staff are kind and caring and respectful of their identity culture and diversity.

Consumers and representatives interviewed explained staff were aware of consumers’ care needs and preferences. However, some consumers and representative advised there are not enough staff to provide consumer care in a timely manner.

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

## Assessment of Standard 7 Requirements*.*

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

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

The Assessment Team provided information that the service demonstrated that the skill mix of management and staff is planned and shifts are filled. However, consumers and representatives advised that insufficient staff are being rostered onto shifts to meet the care needs of consumers. Staff are reporting they are not able to complete assigned tasks within their allocated hours. Some representatives interviewed expressed concerns regarding staff sufficiency and time to provide care, which has impacted consumers’ care.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as email correspondence, rosters, a workforce plan from February 2021, and a corrective action plan outlining improvement actions to be undertaken.

I note the Approved Provider had a workforce plan for the new extension and increase in bed numbers prior to the Review Audit and that staff were invited to apply to work in the new extension. Additional care shifts have been rostered in the new extension. The Approved Provider is recruiting new clinical staff.

Education is being provided to staff on incident reporting and responding to changes in a consumers condition.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate 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.

I find this requirement is non-compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers and representatives indicated that the organisation is well run and that they can partner in improving the delivery of care and services. For example. Consumers and representatives interviewed confirmed they thought the service is well run and felt involved in the service. Consumers and representatives confirmed they are involved in a meeting, both group or individual and their input is sought in relation to provision of care and services.

Consumers and representatives sampled confirmed they engage with management and staff day to day and have meetings with clinical staff and other health professionals regarding care and service provision.

While the governing body meets regularly, to identify and review risks from an organisational and consumer perspective. The organisation does not effectively demonstrate their governance systems support effective information management, the workforce governance.

The Approved provider could not demonstrate an effective clinical governance framework.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) 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 Assessment team provided information that the Approved Provider could not demonstrate effective organisation wide governance systems relating to information management, and workforce governance.

The Approved Provider provided a response that included clarifying information to the Assessment Teams report as well as email correspondence, clinical records extracts, new procedures, rosters, meeting minutes, serious incident response scheme information, as well as a corrective action plan outlining improvement actions to be undertaken.

In relation to information management the Approved Provider has provided additional administration hours to draft new or updating existing policies and procedures. The Approved Provider identified that a change of culture in documentation practices is required. This will be addressed through education both online and face to face for both clinical and non-clinical staff. Registered staff have been provided an online training course to complete.

The clinical care coordinator has commenced weekly audits on clinical documentation and is attending handover daily to ensure information is being effectively communicated and that staff (including agency staff) have access to information at the service.

In relation to workforce governance I note the Approved Provider had a workforce plan for the new extension and increase in bed numbers prior to the Review Audit and that staff were invited to apply to work in the new extension. Additional care shifts have been rostered in the new extension. The Approved Provider is recruiting new clinical staff. Education is being provided to staff on incident reporting and responding to changes in a consumers condition. However, I also not the negative consumer and representative feedback in relation to insufficient staffing levels impacting care delivery.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate effective organisation wide governance systems relating to information management and workforce governance.

I find this requirement is non-compliant.

### Requirement 8(3)(d) Non-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 Assessment Team provided information that the Approved Provider could not demonstrate effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including use of an incident management system.

While clinical incidents are reported, the service does not analyse this data to identify the risks associated with the care of individual consumers. The service does not have a current documented incident management procedure and has not clearly set out the roles and responsibilities of staff in identifying, managing, resolving and preventing incidents.

The Approved Provider provided a response that included a corrective action plan outlining improvement actions to be taken. The Approved Provider did not contest the Assessment teams findings.

The Approved Provider has improvements planned to include following any clinical incident the Clinical Care Coordinator is to follow up to ensure risks are identified, actions have been completed along with documentation. The General Manager will monitor this process at monthly quality and risk meetings. Incident severity reporting matrix response flowchart has been displayed in all staff areas. Policies and procedures are being reviewed and updated. A memorandum has been sent to all staff with the incident management system policy, and copies placed in staff communication folders. A standing agenda item has been added to the staff meeting, to advise of updated or changed policies.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate effective risk management systems and practices.

I find this requirement is non-compliant.

### Requirement 8(3)(e) Non-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 Assessment Team provided information that the Approved Provider could not demonstrate a clinical governance framework relating to antimicrobial stewardship or minimizing the use of restraints. The service was unable to provide contemporary policies relating to these areas of clinical governance. Management advised the Assessment team that the service has a number of documented policies and procedures provided through an external aged care specialist service, however, management acknowledged these have not yet been adapted to the service.

The Approved Provider provided a response that included a corrective action plan outlining improvement actions to be taken. The Approved Provider did not contest the Assessment teams findings.

The Approved Provider has improvements planned to include infection prevention and control and minimizing the use of restraints polices and procedures are under review. Additional administration hours are being allocated to assist with drafting new or updating policies.

I have considered the Assessment Teams information as well as improvement actions taken by the Approved Provider. Whilst I acknowledge improvement actions have commenced I find that at the time of the Review Audit the Approved Provider did not demonstrate effective clinical governance framework was established.

I find this requirement is non-compliant.

# 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.

* Ensure 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.
* Ensure 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.
* Ensure 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.
* Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.
* Ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* Ensure 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.
* Ensure 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.
* Ensure the service environment is safe, clean, well maintained and comfortable.
* Ensure 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.
* Ensure effective organisation wide governance systems relating to information management and workforce governance.
* Ensure effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; and Managing and preventing incidents, including the use of an incident management system.
* Ensure an effective clinical governance framework, including in relation to antimicrobial stewardship and minimising the use of restraints.