Frazer Court Hostel

Performance Report

Frazer Avenue   
PEAK HILL NSW 2869  
Phone number: 02 6869 1400

**Commission ID:** 0271

**Provider name:** Frazer Court Committee Incorporated

**Site Audit date:** 2 March 2021 to 4 March 2021

**Date of Performance Report:** 14 April 2021

# Publication of report

This Performance Report **may 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-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) | 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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-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 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 7 April 2021.

# STANDARD 1 NON-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

Most sampled consumers considered 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.

For example:

* Each of the consumers sampled thought they get the care and services they need.
* All the sampled consumers interviewed stated that staff treat them with respect. The consumers could not speak more highly of how well they feel they get treated.
* The sampled consumers advised that the staff and management, “treat everyone the same, and that we all matter” and assist with everyone’s individual needs and are encouraged to be and remain as independent as possible”.

Consumers interviewed confirmed staff are always extremely respectful of their personal privacy. Consumers advised that staff when aware of family and friends visiting will not disturb the visit, noting that staff always knock and “check” before entering. Consumers also stated they do not hear staff discussing other consumers care or service needs where other consumers or visitors will hear. However, one consumer stated staff sometimes talk about their personal life with each other while assisting consumers care and service needs.

However, the Assessment Team did observe some interactions with consumers that were not respectful.

Consumers and representative interviewed did not raise any issues about not being supported to take risks to enable them to live the best life they can, however, the service was unable to demonstrate that consumers are active partners in making decisions that involve risk as well as finding problem solving solutions to reduce risk where possible.

The Quality Standard is assessed as non-compliant as two of the six specific requirements have been assessed as non-compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

The Assessment Team found consumers interviewed said they feel respected and staff can describe how they know each consumer and how they respect them through their everyday practice, however, the Assessment Team did observe some interactions with and about consumers that were not respectful.

The sampled consumer’s care planning documents did not identify consumer interests, likes and dislikes although staff know these through a variety of means including conversation with consumers and their representatives. Management agreed and advised they are developing a document which captures information on the consumer’s background and interests.

The service does not have a diversity action plan and policies and procedures on dignity and respect referenced the old Quality Standards and the superseded “Charter of Care Recipients Rights and Responsibilities”.

The approved provider, in their response to the Assessment team’s report, provided an improvement plan which outlined how these issues will be addressed which included developing a plan of care for all consumers from a diverse background, education for staff and the development of a diversity action plan.

I find this requirement non-compliant as the approved provider could not demonstrate 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.*

Whilst the organisation was unable to demonstrate that they have policies and procedures in place to support cultural safety and care planning documents did not reflect what is important to the consumer or their specific cultural needs, the service was able to demonstrate that care and services provided are culturally safe. Staff know of the consumer’s cultural heritage and the consumer’s preferences influence the day-to-day delivery of care.

I find this requirement compliant.

### 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.*

Staff were able to demonstrate that each consumer is supported to exercise choice and independence. The service supports consumers to be able to make connections and encouraging them to maintain their current relationships including intimate relationships. Consumers are encouraged to continue to be involved in their community and those relationships that were important to them prior to entering the service.

I find this requirement compliant.

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

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

Whilst the Assessment Team found this requirement compliant I find it non-compliant because there is insufficient evidence that consumers are supported to understand the benefits and possible harm faced when making decisions involving risk taking. Whilst some risks have been identified the service was not able to demonstrate a consistent approach to risk assessment, documentation or review of risks identified which involved the consumer. The service was unable to demonstrate that consumers are active partners in making decisions that involve risk as well as finding problem solving solutions to reduce risk where possible.

Consumers are being supported to take risks but risk is not always identified in relation to the chosen activity. Some consumers are taking risks with their own safety, health and wellbeing and the impact for both them and other consumers has not been assessed, potentially placing all consumers at risk. For example, there has been no assessment completed for two consumer using electric scooters to determine if they are able to safely operate the equipment.

The approved provider, in their response to the Assessment team’s report, provided an improvement plan which outlined how these issues will be addressed which included developing risk management procedures and dignity of risk documentation.

I find this requirement non-compliant as the approved provider could not demonstrate 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.*

The service was able to demonstrate that information provided to each consumer is current, accurate and timely, the communication is clear, easy to understand and enables consumers to exercise choice.

I find this requirement compliant.

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

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

The service was generally able to demonstrate that each consumer’s privacy is respected and ensure personal information is kept confidential. The Assessment Team observed two instances where consumers privacy may have been compromised, and in one instance immediate action was taken to rectify this matter.

I find this requirement compliant.

# STANDARD 2 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Most consumers/representatives interviewed confirmed that they are involved in care planning to some extent.
* The sampled consumers interviewed said they were aware of having a care plan and discussing their care needs with staff. They each said staff explained aspects of their care to them while providing care and services and one consumer said staff kept them informed of progress and any other changes.
* Each of the consumers sampled thought they get the care and services they need.

The Assessment Team found evidence of adequacy of care planning and assessment documentation in relation to consumer’s clinical needs and this information is utilised in the re-evaluation of the consumer’s care planning. However, the service was unable to always demonstrate that the consumer’s care planning documentation accurately reflected the consumer’s identified needs.

Additionally, care and services are not always reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The Quality Standard is assessed as non-compliant as two 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 service was not able to demonstrate that risk to the consumer’s health and wellbeing informs the delivery of safe and effective care. This was evident in the care planning and assessment of the sampled consumers, specifically, that the service was unable to provide a framework of risk identification and management for risks identified. The service does not have policies and procedures that inform best practice specifically around the management of psychotropic medication, risk management and falls management. The Assessment Team observed care planning information was not adequately personalised for some consumer’s goals and preferences. This was acknowledged by the service and they advised the addition of a separate care plan for the consumers psycho-social needs was being considered.

The approved provider, in their response to the Assessment team’s report, provided an improvement plan which outlined how these issues will be addressed which included a review of all care plans, education for staff on psychotropic medication and the development of policies and procedures to manage risk.

I find this requirement non-compliant as the approved provider could not demonstrate 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.*

Care and service plans reviewed showed individual discussions of advanced care planning and end of life planning have occurred. The service has completed 100%. These plans are discussed during case conferencing and provided to the consumer and or their representative. The service has completed 100% of advanced care directives.

I find this requirement 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.*

Care planning documentation shows that others are involved in assessment and planning. In all files reviewed, there is documented evidence that representatives have been involved along with the consumer. Care plans are reviewed every third month. These plans document information from medical officers, dentist, physiotherapist, leisure and lifestyle, podiatrist, dietitian and other medical specialists. Where consultation has occurred, this is recorded in the progress notes and this is updated in the care planning documents.

I find this requirement compliant.

### 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.*

Care planning documentation includes assessments and care planning information relevant to each consumer’s needs. Goals and preferences are stated but goals are mostly generic. Copies of the care and services plans are given to the consumer/representative when changes occur for the consumer/representative to review.

I find this requirement compliant.

### 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 found the service was not always able to demonstrate that the care plans were being updated or effectively evaluated. For example, for one consumer’s fire setting fire behaviour was not adequately reflected within his care plan nor was a risk assessment conducted to evaluate and mitigate further incidents. The service was unable to demonstrate risks identified were adequately incorporated into the consumer’s care plan.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the review of all care plans, the creation of a schedule to review care plans quarterly or when needs change and the development of risk management procedures.

I find this requirement non-compliant as the approved provider could 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.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Most sampled consumers and representatives considered that consumers receive personal care and clinical care that is safe and right for them.

For example:

* One consumer said the care they receive is excellent and staff who provide care are amazing.
* One consumer said the staff take time to make sure everything is right for them, and if they’re not feeling the “best” she feels cared for.
* One consumer representative expressed concern in relation to the level of skill of the care staff, specifically around the management of consumers with a diagnosis of dementia.

The organisation does not have an effective system in place that monitors, reviews or evaluates the care and services provided at the service to ensure care provided is safe, effective and tailored to the needs of the consumer and optimises their health and well-being. Such a system would provide and inform staff practices that would be able to guide best practice.

The Assessment Team identified that high risk incidents were not adequately assessed and evaluated in mitigating further incidents.

The service was not able to demonstrate policies and procedures that inform best practice, specifically around the management of psychotropic medication, risk management and falls management.

There was insufficient overnight supervision of consumers who wander at night and require a higher degree of supervision.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Quality Standard is assessed as non-compliant as two 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 found progress notes and other documents reviewed for the consumers sampled reflected they received individualised care that is safe, effective and tailored to their specific needs and preferences, however, there are gaps in always providing best practice care posing an increased risk to consumers and their wellbeing.

I have considered information in Requirement 3(3)(b) in which the Assessment Team found the service was not able to demonstrate policies and procedures that inform best practice, specifically around the management of psychotropic medication, risk management and falls management. Staff were undertaking procedures not deemed safe when a consumer had fallen. Consents were not in place for all consumers on psychotropic medication and risk assessments not undertaken when consumers chose to not follow a particular treatment plan.

Care that was best practice was not provided to a consumer who was refusing to adhere to a 1200ml fluid restriction when she began experiencing pitting oedema, breathlessness and a significant increase in weight. The consumer was not appropriately assessed, and additional monitoring not put in place whilst awaiting GP review.

There is no nurse-initiated medication list resulting in registered nurses not being able to provide medications to treat minor ailments which impacts on the consumer’s health and well-being as there are delays in obtaining treatment.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the development of policies and procedures for falls, and education for staff in relation to medication management including psychotropics and risk.

I find this requirement non-compliant as the approved provider could not demonstrate 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.

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

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

The service has one consumer who wanders at night and has been involved in fire setting. There is no ‘stand-up’ staff to care for them overnight and no wider risk assessment or investigation was undertaken specifically around the ongoing management of their nocturnal behaviour and fire setting behaviour.

As discussed in Requirement 1 (3)(d) and 3(3)(a) the service lacks a framework to manage risk in relation to managing consumer’s choices around their personal and clinical care posing an increased risk to consumers and their wellbeing.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the development of policies in relation to managing risk and plans to change the staffing arrangements at night to ensure consumers with high risk behaviours are effectively cared for overnight.

I find this requirement non-compliant as the approved provider could not demonstrate 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.*

The service is able to demonstrate that it adopts a pro-active response to consumer end of life care planning. Planning is inclusive of all the relevant stakeholders and is viewed as a plan that is evolving.

I find this requirement compliant.

### 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.*

The service was able to demonstrate that deterioration is recognised, and intervention and referrals made that would maximise the consumer’s wellbeing. Care notes reviewed show consumers who have had an acute incident are generally monitored or transferred to hospital for further assessment.

I find this requirement compliant.

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

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

Consumers interviewed thought that their needs and preferences are effectively communicated between staff. The consumer felt that all of the care staff knew how to care for them and felt confident in the care provided.

The Assessment Team observed 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 compliant.

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

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

The assessment team noted a number of referrals placed with individuals, other organisations and providers of other care and services which had been made in a timely manner. All the sampled consumers advised the Assessment Team they are able to access a general practitioner if they need. Consumers and representatives said consumers have access to allied health professionals as and when they need them. Overall feedback was that these services are prompt and assist the consumer with ongoing care.

### 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.*

Staff understood the importance of infection control, could describe infection control processes in their work and infection control processes were observed to be in practice. The RN was able to articulate what antimicrobial stewardship meant and describe the practices in place to promote appropriate antibiotic prescribing to reduce the risk of increasing resistance to antibiotics.

I find this requirement compliant.

# STANDARD 4 NON-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 confirmed that they 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.

For example:

* All consumers sampled confirmed they are supported by the service to do things they like to do. Consumers stated they are confident in participating in external activities and can leave the service when they like. They also said staff are very supportive and assist them in preparing for their activities.
* Consumers sampled said staff support them in keeping in contact with people that are important to them. They assist in ensuring visitors are welcomed and comfortable and the staff are always ready to “offer a cup of tea”.
* Consumers interviewed said they like the food at the service. They also said staff are knowledgeable on their food preferences and dietary needs. They stated the food is plentiful and alternatives are available for those wanting something different.
* Consumer stated they are confident the service provides safe and effective services and support consumers with their daily living ensuring independence, health, wellbeing and quality of life is optimal for consumers.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

For example:

* Consumer preferences for services and supports for daily living were consistent with the information provided in interviews with staff. Some consumers were observed to be engaged in activities of their choosing, however review of care and service plans and Assessment Team observations showed not all consumers received effective service that optimise their independence, well-being and quality of life. Staff interviewed said they do not always have time to provide consumers with effective one on one activities.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team found while the service has systems to meet consumer needs, goals and preferences, consumers with complex needs do not always received effective care and support for daily living. Review of the care and service plans and Assessment Team observations demonstrated not all consumers received effective services that optimise their independence, well-being and quality of life. Staff interviewed said they do not always have time to provide consumers with one on one activities which is the consumer’s preference. The activity calendar shows one on one time identified with each consumer however observations made by the Assessment Team was of one care staff interacting with one or two consumers doing art activities but generally very little else. Community engagement had been significantly impacted by the restrictions of COVID 19. Formal church services were not currently being facilitated, the local women’s auxiliary was no longer visiting and there are no bus outings or trips to the local club.

The Assessment Team reviewed assessments for eight consumers and noted that only four had information documented about their emotional and spiritual needs and areas of interest. All of those assessments were dated 2019.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included developing the life story for each consumer which will inform their care and document the activities they enjoy; and reviewing activities on offer.

I find this requirement non-compliant as the approved provider could not demonstrate 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.*

The service was able to demonstrate they provide some services and supports for daily living that promote consumers emotional, spiritual and psychological well-being. While the COVID-19 pandemic has significantly reduced the service ability to provide established church and spiritual supports for consumer, they were able to provide spiritual service for those consumers requesting it from the registered nurse who is a lay preacher. The Assessment Team was able to review documentation that support the service provision and referral of psychological support services.

I find this requirement compliant.

### 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.*

The service was able to demonstrate they have systems in place to enable services and supports for consumers to participate in the community and outside the service, maintain social and personal relationships and so things of interest to them. Most sampled consumers were satisfied that they are able to participate in the community within and outside the service or do things they are interested in prior to the COVID-19 Pandemic lockdown. All of the sampled consumers said they are able to maintain relationships that are most important to them.

I find this requirement compliant.

### 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.*

The service was able to demonstrate they have processes are in place to document and share information about consumers’ needs and preferences both within the organisation and with others responsible for their care when required. The information is up to date and accurate and staff described ways that the service is able to effectively manage the communication of this information.

I find this requirement compliant.

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

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

The service was able to demonstrate the have systems in place to make timely and appropriate referrals to individuals and providers of care and service to meet the needs of consumers. Staff were able to describe the processes used to make referrals to other service provides involved in the care of consumers.

I find this requirement compliant.

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

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

The service was able to demonstrate its processes for ensuring dietary requirements are met. Most sampled consumers said they did enjoy their meals, some consumers said if they did not like what was being served, they were always offered an alternative of their choosing. There was enough variety in the food and one consumer said the portion sizes were appropriate and varied if preferred. Most consumers said they can have meals when they want them if they wish and have access to kitchen staff to prepare snack for them in between meals.

I find this requirement compliant.

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

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

The service has processes in place to ensure equipment is safe, suitable, clean and well maintained. The service has processes in place for the reporting and resolution of maintenance issues and the completion of regular maintenance tasks each month. Consumers said they felt safe when using the equipment available at the service.

I find this requirement compliant.

# 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

All sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* All the sampled consumers/representatives interviewed when asked said “I feel safe here”.
* All consumers said that “they feel at home here”. Consumers/representatives interviewed are happy with the service environment stating that it is a relaxed, welcoming, safe and comfortable homelike environment that meets their and their visitor’s needs. They were happy that it has well-equipped communal spaces where they can interact with others, including their family and friends, and that the service’s has spaces for quiet reflection like the garden courtyards, verandas, or their individual rooms.
* Consumers/representatives interviewed indicated that the services environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

## Assessment of Standard 5 Requirements

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

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

The service’s living environment is well planned. Its design supports consumers to direct their own lives, individually and collectively. The environment is warm, welcoming, comfortable and home like. Many consumers were observed mobilising independently and safely in order to access the various areas of the home. Staff were observed assisting other consumers as required to mobilise safely to participate in activities, have lunch or return to their room. Consumer’s bedrooms are generally well painted and personalised.

I find this requirement compliant.

### 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 services environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. It employs a range of strategies to achieve this including effective purchasing, preventative/reactive maintenance systems and cleaning programs.

I find this requirement compliant.

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

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

The service’s furniture, fittings and equipment are safe and clean to ensure the comfort, safety and wellbeing of and suitability for consumers. Consumers interviewed were happy with the standard of cleaning and maintenance for furniture, fittings and equipment. They feel that the design of the service environment’s furniture and fittings assisted them to be independent and added to the comfort of the environment.

I find this requirement compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most of the sampled consumers believed that the supervisor and the care staff respond to their complaints and concerns within a timely and polite manner.

For example:

* One consumer said that if they had any concerns they would talk to the supervisor and get advice from them
* One consumer said that if they had a concern their family would speak to the supervisor if needed
* One consumer said they have talked about their concerns in meetings with the supervisor and was happy that they would help her if needed

The organisation was unable to demonstrate that the organisation had a demonstrated open disclosure policy or framework, and some staff were unable to articulate an understanding of “open disclosure”. However, the Assessment Team were able to identify a general practice of dealing with complaints in an open and transparent manner

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

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.*

Consumers and representative interviewed felt comfortable and supported to provide feedback and make complaints. They were happy with the care and services provided and felt that any concerns raised were followed up in an appropriate and timely manner.

I find this requirement compliant.

### 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.*

Consumers/ representatives were aware of and have access to advocate services to raise concerns regarding the service, and to resolve complaints. All of consumers and representatives sampled said they feel very comfortable raising concerns with staff, management and the organisation.

I find this requirement 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.*

Whilst the service does not have policies and procedures in place regarding open disclosure and staff have not attended training in relation to this requirement, the service was able to demonstrate a strong practice of this specifically around the open and transparent way they communicate with their consumers.

I find this requirement compliant.

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

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

Complaints and feedback are reviewed and used to improve the quality of care and services. Examples were given of improvements to the services based on consumer/ representative or staff feedback.

I find this requirement compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

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

For example:

* Consumers interviewed indicated that the consumer gets quality care and services when they need them, and from staff who are knowledgeable, capable and caring. Most consumers and representatives said staff are kind, caring and gentle when providing care to the consumer.
* The service has minimal turn staff turnover. The staff at the service have a willingness to assist when needed, therefore the service always run to the schedule, without any unfilled shifts.
* The service is unable to monitor the sleepover staff’s responsiveness to call bells as the management team is not provided with a call bell report.
* The service is not able to demonstrate the workforce is trained, equipped and supported to implement best practice in relation to minimising the use of restraint.
* The Assessment Team found that three of five specific requirements were met.

The service was unable to demonstrate that staff performance is monitored and reviewed when incidents occur whilst providing care and services to the consumers. The service does not have a workforce performance management policy and procedure that would provide guidance to the service in relation to this.

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

## 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.*

Generally, consumer feedback confirmed an overall satisfaction with the number and mix of staff. Consumer’s said they get the care and services they need and staff are attentive to their needs. Staff interviewed confirmed that the number and mix of staff is sufficient to deliver safe and quality care and services to consumers.

I find this requirement compliant.

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

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

Consumers and representatives interviewed identified that staff are kind, caring and respectful of the consumer’s identity, culture, and diversity. The Assessment Team observed most staff interactions to be kind, caring and respectful.

I find this requirement compliant.

### 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.*

Consumers and representative said they feel staff are competent and capable to performing their roles. Staff and management advised they have ongoing training with skill assessments to ensure competency levels. Staff and management said competency training in handwashing and personal protective equipment has recently been provided along with training about COVID-19.

I find this requirement compliant.

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

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

The Assessment Team found consumers interviewed said they feel staff are trained and equipped to deliver their care and services. Staff provided examples of training they have completed including training on the Quality Standards and the service’s required mandatory training, however, staff have not undertaken training around risk management and open disclosure. The service does not adequately support the workforce to deliver the outcomes required by these standards through the provision of policies and procedures and a performance management framework to drive practice. Volunteers have not had the required criminal history police checks undertaken.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included staff training and the development of policies and procedures and a performance framework.

I find this requirement non-compliant as the approved provider could not demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

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

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

The Assessment Team found performance appraisals had taken place for all staff in 2020 and staff were able to describe how their feedback during the appraisal process had been used to incorporated into further skill development. However, the Assessment Team identified gaps specifically around the assessment of staff competency following the recruitment and induction of a new member of staff. Furthermore, it was noted that the performance of a care staff employee was not reviewed and further re-assessment of their competency to administer medications completed when it was identified that they were making multiple medication errors. The service does not have a performance management framework and was not able to demonstrate an effective performance management process.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the development of a performance management framework.

I find this requirement non-compliant as the approved provider could not demonstrate 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers said that the resident meeting kept them informed of what was important to them
* Consumers were able to give examples of when they had been asked about renovation work within the service. For example, air conditioning installation.

However, the service does not have all the necessary systems in place for effective organisational oversight. The organisation’s governance systems are mostly undocumented, unplanned and not monitored or reviewed for effectiveness. The organisation does not have a strategic plan, and most of the organisational policies are outdated.

The organisation unable to demonstrate that its policies and procedure reflect what would be considered best practice, and the absence of a risk management framework means that not all incident are critically analysed or managed.

The service is not able to demonstrate they have a clinical governance framework (documented or otherwise) which is reviewed regularly to see how effective it is. I find the service is unable to demonstrate that best practice is embedded into the organisation’s clinical care system. Whilst there is some clinical oversight at local level, systems are not in place at an organisational level to ensure the delivery of safe, quality care and for continuously improving services.

The Quality Standard is assessed as non-compliant as four 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.*

The Assessment team found overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers said that the resident meeting kept them informed of what was important to them and they were able to give examples of when they had been asked about various issues relating to service delivery and service provision.

### 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 found the Board was unable to demonstrate an understanding of their roles and responsibilities in relation to the Requirements of the Aged Care Quality Standards. The President of the Board advised the Assessment Team that he had attended an organisational governance training session no other member of the board has participated in any similar training. The organisation is unable to demonstrate that their governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board was unable to demonstrate they had issued guidance to staff about the changes in aged care including changes in the Quality Standards and the legislative amendments relating to restraint management. The organisation does not policies and procedures in relation to risk, falls and incident management to guide staff in the provision of safe, quality care and services. The Board satisfies itself that the Quality Standards are being met within the service via reports sent from the services supervisor, however, there is no guidance provided to the supervisor as to what key performance indicators to report on and audit results are not sent to the Board.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the development of schedule of audits and policies and procedures, an application for funding to provide training to Board members and the board meeting agenda to be reviewed to ensure relevant information is presented and discussed.

I find this requirement non-compliant as the approved provider could not demonstrate 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 found the organisation’s governance systems are mostly not documented or integrated. There is no strategic or business plan to guide short-term or long-term operational and strategic processes and direction. With regard to information management the organisation’s policies and procedures do not always guide staff practice in a way that would be considered best practice but staff state they can access the information they need when they need it. Through the absence of reliable auditing material, the Assessment Team was unable to corroborate that the organisation was effectively monitoring, reviewing and evaluating its performance. There are effective financial management and reporting systems in place that allow the governing body to monitor overall financial viability and ensure that appropriate resources are allocated to the service. The service does not have an organisational workforce governance, and or human resources structure. The service has a system for monitoring staff records including compliance with police checks but this did not include volunteers that visit the service. Feedback and complaints are actioned appropriately, but the service does not have an open disclosure policy or framework, in line with the Quality Standards, to guide staff on an open disclosure process.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the development of policies and procedures and a performance framework.

### 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.*

The Assessment Team found the service mostly does not have an effective risk management systems and processes in place in relation toidentifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. There are insufficient processes in place to encourage staff to report circumstances of abuse and neglect and to know how to manage high impact or high prevalence risks.

The approved provider in their response to the Assessment team’s report provided an improvement plan which outlined how these issues will be addressed which included the development of policies and procedures and staff education.

### 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.*

Whilst the Assessment Team found this requirement compliant I find it non-compliant. The Assessment Team found that whilst the organisation does not have formal documented policies and procedures in place relating to this requirement, a set of relationships and a flow of information appears to exist to govern these matters which has been demonstrated in practical application. Whilst I understand this, I find this requirement non-compliant as the service is not able to demonstrate they have a clinical governance framework (documented or otherwise) which is reviewed regularly to see how effective it is. I find the service is unable to demonstrate that best practice is embedded into the organisation’s clinical care system. Whilst there is some clinical oversight at local level, systems are not in place at an organisational level to ensure the delivery of safe, quality care and for continuously improving services. The service does not have policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure policy to improve the reliability, safety and quality of clinical care. The service does not have processes for identifying risk in clinical care and does not collect and use data to inform managing safety and quality.

The approved provider in their response to the Assessment team’s report provided an improvement plan which included initiatives to address these issues as previously discussed.

# 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 1(3)(a)

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

* Ensure a plan of care is developed for each consumer which considers and values their identity, culture and diversity.
* Ensure the service has processes to manage diversity and staff are adequately trained in these.
* Ensure staff supervision to monitor staff interactions with consumers are appropriate.

### Requirement 1(3)(d)

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

* Ensure each consumer is supported to take risks to live the best way they can by developing risk management procedures and dignity of risk documentation.
* Ensure consumers are active partners in making decisions that involve risk as well as finding problem solving solutions to reduce risk where possible.

### Requirement 2(3)(a)

*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, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Ensure care planning documentation is personalised and reflects each consumer’s needs, goals and preferences.
* Develop policies and procedures for the delivery of clinical care and risk management and ensure staff are educated on these.

### Requirement 2(3)(e)

*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 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.

### Requirement 3(3)(a)

*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.*

* Establish an audit framework to monitor and evaluate care provided is safe and effective and best practice.
* Develop policies and procedures for the delivery of safe clinical and personal care and ensure staff are educated on these.

### Requirement 3(3)(b)

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

* Develop policies and procedures for managing high impact or high prevalence risk and ensure staff are educated on these.
* Ensure consumers with high risk behaviours are effectively monitored and supported.

**Requirement 4(3)(a)**

*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.*

* Undertake assessment of each consumer to ensure they get safe and effective services and supports for daily living that meets their needs, goals and preferences and optimise their independence, health, well-being and quality of life.
* Review the lifestyle/activities program to ensure it meet the needs of all consumers.

### Requirement 7(3)(d)

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

* Ensure staff are recruited, trained, equipped and supported to deliver the outcomes required by these standards through various means including the development of policies and procedures and a performance management framework.
* Ensure staff receive training relevant to delivering the outcomes required by these standards.
* Ensure staff and volunteers have the required criminal history police checks undertaken.

### Requirement 7(3)(e)

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

* Ensure staff are adequately inducted and their competence assessed at suitable intervals, including following incidents related to poor performance.
* Ensure all staff are adequately supervised and poor performance is managed through the development of a performance framework.

### Requirement 8(3)(b)

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

* Develop a schedule of audits and ensure the Board is informed about key clinical indicators.
* Develop policies and procedures that support staff in providing safe quality care and services
* Ensure Board members are adequately trained and aware of their roles and responsibilities in promoting a culture of safe, inclusive and quality care and services

### Requirement 8(3)(c)

*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.*

* Develop an effective organisation wide governance system relating to the following: information management; continuous improvement; financial governance; workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; and feedback and complaints.

### Requirement 8(3)(d)

*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.*

* Develop effective risk management systems and practices, including but not limited to the following: managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

### Requirement 8(3)(e)

*Where clinical care is provided—a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; and open disclosure.*

* Develop a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; and open disclosure.