A picture containing text, invertebrate, centipede, hydrozoan

Description automatically generatedGraphical user interface, text, letter

Description automatically generatedGaynes Park Manor

Performance Report

251 Payneham Road   
JOSLIN SA 5070  
Phone number: (08) 8490 2100

**Commission ID:** 6955

**Provider name:** Churches of Christ Life Care Incorporated

**Site Audit date:** 8 June 2021 to 10 June 2021

**Date of Performance Report:** 10 August 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) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-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) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 13 July 2021
* the Assessment Team’s report for the Assessment Contact conducted 18 June 2021
* the Non-compliance Notice issued by the Commission on 29 June 2021.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

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 the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers who spoke with the Assessment Team 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:

* Consumers and representatives said they felt the staff were kind, caring and respectful and understood their needs.
* Consumers and representatives said there were a lot of consumers from Italian background, and they liked the diversity that is brought in food and activities.
* Consumers said that staff knew their preferences and supported their choices for daily routines, relationships and culture, and assisted them to maintain their independence.

The Assessment Team observed staff to knock before entering a consumer’s room, and consumers confirmed staff were careful to seek permission before entering and maintained their privacy and dignity with cares occurring behind closed doors. Staff interviewed spoke respectfully about and with consumers, and showed familiarity with their life history, preferences and family. Care plans sampled reflected consumer feedback and staff understanding of preferences for care, important relationships and cultural needs.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 who spoke with the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Consumers and representatives interviewed confirmed that they are involved in care planning to some extent and confirmed that they are informed about the outcomes of assessment and planning have ready access to their care and services plan if they wish.

However, the Assessment Team found the service was not able to demonstrate they have considered the risks to the consumers health and well-being to inform the delivery of safe and effective care and services. The Assessment Team found the service did not conduct comprehensive assessment and planning for two consumers This was specifically in relation to one consumer whose pain was not reassessed adequately for the potential of unmanaged pain. In relation to another consumer, the consumer raised ongoing concerns related to their safety.

The Quality Standard is assessed as Non-compliant as one 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 found the service was not able to demonstrate they have considered risks to the consumer’s health and well-being which informs delivery of safe and effective care and services. The service did not conduct comprehensive assessment and planning for two consumers. This was specifically in relation to one consumer whose pain was not assessed adequately for the potential of unmanaged pain. The Assessment Team’s report details another consumer who has ongoing concerns relating to their safety and expressed in the event of an evacuation, thoughts of poor self-worth and suicidal wishes. The Assessment Team found the service has not considered risk to the consumer’s health and well-being including potential changes in the balance of their mental health should circumstances change.

The approved provider submitted a written response and further information in relation to the consumers’ detailed in the Assessment Team’s report. The information did demonstrate some aspects of assessment and planning are completed, however, the information did not demonstrate all relevant risks to a consumer’s safety, health and well-being were adequately assessed or included in planning the consumer’s care.

The approved provider’s response acknowledged that pain charts may not have been done on each occasion. In their response, the approved provider details that for this consumer it is difficult to distinguish the difference between pain and a changed behaviour, and pain management interventions should be trialled before behaviour management interventions. However, the approved provider’s response and supporting information did not demonstrate this approach is considered or used in the consumer’s assessment and planning of care and services.

In relation to the sampled consumer who raised concerns about their safety in the event of an evacuation, the approved provider has completed a personal emergency evacuation plan in response to the consumer’s concerns. While this plan has been developed, this occurred following the Assessment Team’s feedback and after the site audit. The approved provider’s response did not address all findings by the Assessment Team, including that the consumer’s care plan did not identify the behaviours or assessment of the consumer’s diagnosed anxiety or demonstrate planned care to meet all needs.

It is noted the approved provider has a “Risky Activity” procedure that is used to identify and respond to a consumer’s request to exercise risk. The approved provider’s response details they do not agree with the Assessment Team’s findings in relation to the adequacy of this procedure. However, the information submitted by the approved provider did not confirm how the procedure has been used effectively in assessment and planning for the sampled consumer’s care and services when considering risk. Nor did the procedure demonstrate clear information in relation to the considerations relating to risk or best practice principles as the procedure mostly refers to restraint (physical or chemical) and does not provide clear context to the purpose of its reference to restraint.

The approved provider does not comply with this Requirement as the organisation did not demonstrate effective assessment and planning processes at the time of the site audit, including the consideration of risks to the consumer’s health and well-being and to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

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.

Most sampled consumers who spoke with the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example:

* One consumer said they came in for respite following an accident and staff provide the care they need and when they are in pain, staff are quick to respond and provide the consumer with pain medication.
* One consumer said they are happy with the care provided but would like to see improved staff understanding the needs of consumers living with dementia.
* Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.

However, the Assessment Team found the service did not demonstrate its high impact or high prevalence risks associated with pressure injuries, pain and infection are managed adequately. This has resulted in two consumers’ developing pressure injuries which when identified were at advanced stage. Guidance from specialists have not always been followed when managing a consumer’s recovery from surgery. Consumers experiencing pain have not been managed to ensure their pain is identified, documented and action taken to relieve their discomfort. The service’s electronic pain tool is not complete in its function to enable staff to get a better understanding of the consumers' pain score. Standard and transmission based precautions have not been implemented for one consumer who has a diagnosis of a bacterium caused infection.

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) Compliant

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

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

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

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

The Assessment Team found the service was unable to adequately demonstrate a consistent process for effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to risks associated with pressure injuries and pain management. The Assessment Team found during the site audit that:

* the service did not demonstrate effective monitoring of two consumers’ skin resulting in the consumers’ developing pressure injuries. When the service identified the pressure injuries, the wounds were advanced.
* one consumer who required to be non-weight bearing was mobilised against specialist direction.
* two consumers experiencing pain had not been assessed appropriately. Pain management strategies have not always been provided when the consumer has displayed signs of pain.

The approved provider submitted a written response and further information in relation to the sampled consumers detailed in the site audit report. In their response, the approved provider details they disagree with findings made by the Assessment Team. The approved provider’s response included evidence of some components of assessment and monitoring were completed in relation to risks associated with consumer care. However, the information did not demonstrate comprehensive or effective management of all high impact/high prevalence risks, in particular relating to pain management and pressure injuries. For example:

In relation to pain management, consumer pain charts and assessments did show some evidence of pain assessment and monitoring. However, this information did not confirm that for all occasions a consumer’s pain was reported, that interventions were used to manage their reported pain, nor was their pain always evaluated for effectiveness when interventions were used. This includes occasions where the consumer had reported pain during wound management and there is no evidence of further assessment or intervention to manage this pain.

In relation to the development of pressure injuries for consumers, the approved provider’s response did not address all issues raised by the Assessment Team in the site audit report. While the approved provider’s response demonstrated some aspects of monitoring and review of the consumers skin, the service did not demonstrate best practice guidelines, decision making tools or protocols were used to manage the high-impact or high prevalence risks. For example:

* Information submitted by the approved provider did not demonstrate review or management of care and service plans to be consistent with reported wound/skin changes. In addition, information did not demonstrate further review such as skin or pressure risk assessments when changes in the consumer’s condition were noted.
* While documentation indicates some evidence of observations, these did not occur regularly or demonstrate a timely response in relation to the changes, such as when changes in the consumer’s blood flow perfusion status and pain levels were identified.
* In relation to one consumer with an unstageable pressure injury, the approved provider’s response details involvement from a wound specialist and notes a skin assessment and pain assessment were completed. However, the skin assessment was completed prior to the identified unstageable pressure injury and pain assessments were dated as completed after the site audit.

The approved provider’s response did not demonstrate effective management of all risks associated with the care of consumers for safety and quality including responding appropriately and promptly to consumer’s changing needs, applying best practice guidelines, and delivering consistent care and assessment. The approved provider has not demonstrated they comply with this Requirement as the organisation did not demonstrate effectivemanagement 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) Compliant

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

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

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

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

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

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

The Assessment Team’s report details that clinical and care staff understood the principles of infection control and could describe practical strategies used to minimise the spread of infection. These included correct handwashing techniques, use of personal protective equipment and wound care principles.

However, the Assessment Team found the service did not demonstrate it always manages standard and transmission based precautions to prevent and control infections. The Assessment Team found for one consumer with a diagnosis of a bacterium caused infection that the consumer did not have strategies recorded in their care plan to manage the infection. The service did not demonstrate steps to follow up results from the wound swabs or the implementation of an infection control plan to manage the risk of a potential spread of the infection.

The approved provider submitted a written response and further information in relation to the sampled consumer. In their response, the approved provider details processes to manage the consumer’s bacterium caused infection. It included frameworks and guidelines that are in place to manage a multi-resistant infection and guidelines used for standard precautions. However, the approved provider’s response does not demonstrate strategies were recorded in the consumer’s care and services plans to identify or consider the consumer’s infection. Nor did it demonstrate relevant details of how a consumer’s infectious status is clearly and sensitively communicated if care is shared. In addition, while wound infection reports were completed, these did not clearly identify the actual location of the wound or the type of infection associated with this wound. The approved provider’s response did not demonstrate how the service assess the risk of, and takes adequate steps to prevent, detect and control the spread of infection for the consumer.

I am of the view the approved provider does not comply with this Requirement as it has not demonstrated effective processes to minimise 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.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

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.

Overall sampled consumers who spoke with the Assessment Team 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. For example:

* All consumers sampled said they felt the house environment supported the feeling that this was a home, and staff supported them to live their best lives.
* Consumers said staff would spend time with them and ensure they didn’t feel lonely, and even if they weren’t religious, the chaplain would spend time with them chatting about their interests.
* Consumers spoke of efforts made by the staff to keep them connected with their families when COVID-19 restrictions meant they could not go into the community or receive visitors.
* Some consumers and representatives said the meals could be improved, however, the Assessment Team was given contradictory feedback on what improvements were required. For example, one consumer said the vegetables were too soft and mushy, however, another in the same house said they were not soft enough. The service has recently introduced a food focus group and is working through feedback from this group and individuals to make improvements.

The Lifestyle staff had placed a focus on balancing cultural and cognitive needs within activities and worked to find ways to support consumers maintaining their interests.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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

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.

Overall sampled consumers who spoke with the Assessment Team considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers and representatives spoke of the environment feeling homely and colourful.
* Two representatives and one consumer expressed concerns about the standard of cleaning as this was done by the carers, known as Live Every Day Assistants staff and took time away from personal care. Management confirmed they were aware of this concern and had hired a dedicated cleaner for consumer rooms and lounge areas.
* Consumers said they can move about the service freely, and three consumers spoke of being supported to go out and see their family.

The Assessment Team noted the service environment to be enhanced by the presence of large windows allowing lots of light, faux flame heaters, fish tanks, plants and decorations with a sensory focus, and each area had multiple areas available for dining or lounging. Each floor had access to outdoor areas through sliding doors to the courtyard or large balcony. The Assessment Team found some lounges and chairs had not been cleaned, and staining present on carpet at entry to consumer rooms, however, these were rectified during the site audit, through carpet cleaning and removal of stained chairs for deep cleaning.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 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.

Overall sampled consumers who spoke with the Assessment Team considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example:

* Most consumers indicated they had not needed to raise a complaint, however, some consumers and representatives described how they provided feedback about concerns, for example, about staffing or food.
* The majority of consumers said they feel safe providing feedback, however, one representative interviewed said their relative is concerned about what would happen to them if they provided feedback to the service. One representative said they have not discussed concerns with the service as they are unsure who to approach.
* Consumers and representatives described how their house ambassador, relatives or others advocate on behalf of consumers.
* Consumers and representatives described how their concern was addressed, for example in relation to food or care.

The Assessment Team’s report details that consumers are provided information about feedback processes at admission and throughout the service, including about external complaints and advocacy processes. The organisation’s documented complaints policy includes open disclosure processes, and the complaints register showing feedback and complaints are followed up and actioned, and open disclosure processes are applied when required. The service’s compliance and improvement action plan demonstrated how the service addresses feedback and how it improves the quality of care and services.

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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 who spoke with the Assessment Team considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* Most consumers and representatives sampled said there are enough staff to meet consumers’ needs and attend to them promptly. Some representatives felt there are not enough staff to answer call bells, however, call bell data viewed indicated calls are generally answered within 10 minutes.
* Most consumers and representatives confirmed staff are kind, caring and respectful of consumers and make them feel safe at the service. Consumers described how staff are caring for them with care and interact with them with kindness.
* Consumers and representatives generally felt staff are competent and well trained, however, some representatives were not satisfied with staff competency in relation to specialised care and pain management.

The Assessment Team found the organisation did not demonstrate workforce management is effective to ensure the workforce is competent and has the knowledge and skills to perform their roles. While staff are provided with ongoing training, the service did not demonstrate effective monitoring and review of staff competency and daily practices to ensure deficits in relation to clinical documentation and wound/pressure injuries, pain or risk assessment and management are managed.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

The Assessment Team found the service did not adequately demonstrate the workforce is competent and has the knowledge and skills to effectively perform their roles. The Assessment Team’s report details that two representatives who spoke with the Assessment Team considered they are not satisfied with the skills, knowledge and/or competency of staff providing care in relation to specialised care and pain management.

Whilst staff are provided with ongoing training, the service did not demonstrate effective monitoring and review of staff competency and daily practice to ensure they have the knowledge to effectively identify and respond to deficits in relation to clinical documentation and wound/pressure injuries, pain or risk assessment and management.

The approved provider submitted a written response and further information in relation to their available training and processes to ensure staff communicate through ‘team talks’ which is a process used as an additional form of training. It includes that all care staff participate in specific dementia education which is compulsory, and the organisation offers a university course for staff to specialise in supporting consumers living with dementia.

The approved provider’s response details training undertaken at the service in relation to wound management in April and May 2021, and pain management training delivered in November 2020 and April 2021. It is noted the service has continued with all internal and mandatory training throughout COVID-19 restrictions. While the approved provider has demonstrated some evidence of records to show the organisation assesses and checks that members of the workforce have the skills and qualifications to be competent at their job, this has not been demonstrated in all areas of this Requirement. The approved provider has not demonstrated that the staff have the knowledge required to effectively perform their roles. This includes effective monitoring and review of staff competency and daily practices to ensure the delivery of care and services provided by staff is consistent with the consumer’s assessed needs, goals and preferences, and any risks associated with their care and services.

I am of the view the approved provider does not comply with this Requirement as it has not demonstrated effective processes to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

### 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.*

# A picture containing text, invertebrate, centipede, hydrozoan Description automatically generatedSTANDARD 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 who spoke with the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. For example:

* Consumers interviewed advised they are representing consumers in their house as part of the service’s house ambassador program and described how, as ambassadors, they are engaged in how care and services are delivered at the service.
* Consumers interviewed described how they can provide feedback to their house ambassador and how it is discussed and addressed at meetings, for example, in relation to call bells, food and staffing.

The Assessment Team found the organisation demonstrated an established and documented organisational governance framework and how the governing body promotes a culture of safe, inclusive and quality care and services. However, the organisation was unable to demonstrate effective risk management in relation to management of high impact or high prevalence risks associated with the care of consumers.

The Quality Standard is assessed as Non-compliant as one 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) Compliant

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

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

### Requirement 8(3)(d) 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 found the organisation was unable to demonstrate effective risk management in relation to management of high impact or high prevalence risks associated with the care of consumers. The organisation has policies and processes to guide staff in managing risk, however, clinical staff have not effectively applied these processes in the assessment and management of pain and pressure injuries. The service’s internal monitoring systems have not been effective in identifying that staff practices are inconsistent with documented processes and/or management of risk for consumers.

The approved provider submitted a written response and further information in relation consumers sampled and risk management systems and practices. In their response, the approved provider acknowledge that internal monitoring systems can be improved to identify the inconsistent staff practices including documented processes and managing risk for consumers.

It is acknowledged the organisation has demonstrated it has an established risk management framework and undertakes weekly monitoring of high-risk consumers through a multidisciplinary team meeting. However, the organisation has not demonstrated that these systems and processes are reliable and effective for safely delivering clinical care. This includes areas that have already been addressed in Standard 2 Requirement (3) a, and Standard 3 Requirement (3) b, as the service did not demonstrate effective assessment, planning, management and/or monitoring of high impact and high prevalence risks related to the care of consumers. This includes pain, pressure injury and infection management.

While the approved provider acknowledges that improvement actions are required in relation to their internal monitoring systems, this does not confirm the approved provider were compliant at the time of the site audit. The approved provider also requires time to implement planned actions to ensure the service demonstrates sustained improvements to ensure effective risk management systems and practices.

I am of the view the approved provider does not comply with this Requirement as it has not demonstrated the service has effective implementation of their risk management systems and practices including but not limited to:

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.

I find this requirement is Non-compliant.

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

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 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.*

The service should:

* Implement and maintain an ongoing improvement plan regarding assessment and planning, including consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.
* Review and evaluate processes and procedures in relation to risk to ensure it demonstrates best practice principles when considering and assessing risk for consumers. This includes ensuring care is well planned to meet all their needs.
* Ensure risk is discussed and documented, and these discussions enable the consumers understanding of risk to their health and well-being.

### Requirement 3(3)(b)

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

The service should:

* Implement, monitor and review processes to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* Provide relevant training to staff to ensure they have the ability to recognise and respond effectively to high impact/high prevalence risk.
* Develop a continuous improvement plan to ensure effective management of high impact/high prevalence risk including pain management, and pressure injury management including the management of wounds.

### Requirement 3(3)(g)

*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.*

The service should:

* Review and monitor infection control practices to ensure they are compliant with the organisation’s policies and procedures.
* Review and monitor infection control report processes and ensure each infection is clearly identified, documented, managed and reviewed.

### Requirement 7(3)(c)

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

The service should:

* Review and improve practices to ensure staff are competent and knowledgeable to effectively perform their roles.
* Develop a way to monitor that training undertaken by staff is understood and placed into practice, particularly in relation to clinical care practices including pain management, pressure injury management and prevention and consideration of risk.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The service should:

* Review the risk management framework and guidelines and ensure the risk management plan is evaluated to determine effectiveness and if additional training and education is required for staff.
* Review and conduct staff training where there are gaps in the knowledge on organisational policies and procedures, in particular on managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents.