Gloucester Residential Care

Performance Report

25 Roopena Street
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**Commission ID:** 6776

**Provider name:** Goel Nominees Pty Ltd

**Site Audit date:** 19 October 2020 to 21 October 2020

**Date of Performance Report:** 20 November 2020

# 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | 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 consumers, representatives, staff and others.
* the provider’s response to the Site Audit report received 20 November 2020.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers interviewed 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. The following examples were provided by consumers during interviews with the Assessment Team:

* + they are treated with dignity and respect by staff at the service and their personal privacy is always respected.
	+ they are encouraged to maintain their independence, make informed decisions about their care and services and live the life they choose.
	+ staff know what is important to them and they feel their identity, culture and diversity is valued.

Care planning documentation viewed for sampled consumers reflected their goals, interests and matters of importance to them. Information relating to consumers’ cultural needs and preferences was reflected in care plans and strategies to ensure consumer preferences relating to the way care is delivered was documented. Examples included preferences for gender of care staff and wishes to attend religious services or celebrate specific cultural ceremonies.

Staff interviewed spoke about consumers in a respectful manner and showed compassion and an understanding of their personal circumstances and life journey. All staff demonstrated familiarity with consumers’ backgrounds and could identify specific strategies to assist to maintain their identity, culture and diversity. Additionally, the organisation’s vision and values outline what it means to treat consumers with dignity and respect.

All consumers interviewed confirmed they are supported to exercise choice and independence, communicate their decisions and decide who is involved in their care. Staff described how they engage consumers in making informed choices about their care and services, including through informal conversations in everyday care. Clinical staff described how formal processes, such as family case conferences and six-monthly care plan reviews provide consumers and their representatives an opportunity to discuss the care and services provided.

Most consumers interviewed confirmed they are supported to take risks and do not feel restricted in their movements or choice of activity. Consumers who engage in activities which include an element of risk reported staff had discussed the risks of undertaking such activities with them. Sampled care files demonstrated documentation relating to risks are completed and regularly reviewed, and care plans identify the perceived risks to the consumer, personal goals and individualised strategies to mitigate the risks. Care staff could identify consumers who engaged in risky activities and were aware of their roles and responsibilities for supporting consumers.

Consumers interviewed said they get the information they need to enable them to make decisions and exercise choice, and information provided is clear and easy to understand. Additionally, documentation viewed, and observations made by the Assessment Team demonstrated information provided to consumers is current, accurate and timely. Staff provided examples of how they communicate with consumers, including using cue cards and multi-lingual colleagues for improving communication channels for consumers of non-English speaking backgrounds. All consumers sampled confirmed their personal privacy is always respected and provided examples of staff practices which ensure their privacy is maintained.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

The Assessment Team found overall, most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* three of four consumers could not recall having been informed or involved in care plan reviews, however, all confirmed their needs, goals and preferences had been identified, were known by staff and they were confident their representatives were involved on their behalf.
* all representatives confirmed they had been informed of the outcomes of care plan reviews and provided a copy of the care plan when requested.
* one representative reported they did not feel like a partner in the ongoing assessment and planning of consumers’ care and services and were not provided weekly updates on the consumer’s day-to-day care and services.

A range of clinical, personal and lifestyle assessments are completed on entry and are routinely reviewed every six months, or when a change in consumers’ health and well-being is identified. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of accredited clinical risk assessment tools are utilised, including for skin, falls, malnutrition, pain and depression and individualised management strategies to minimise impact of risks are included in care plans. Staff described assessment and planning process and confirmed they have ready access to assessment and care planning documentation to assist with delivery of care and services to consumers.

Consumer files sampled included an advanced care plan signed by consumers and/or their representatives and the Medical officer. End of life wishes are documented, including situations where family should be contacted. Three care files viewed by the Assessment Team for consumers who had recently passed, included a comprehensive palliative care plan which detailed consumers’ end of life needs, goals and preferences.

Staff described what was important to individual consumers in relation to how their personal and clinical care is delivered. Staff provided examples of how they approach end of life and advance care planning discussions with consumers and their representatives and confirmed conversations are undertaken on entry, when the need arises and at regular care plan review processes.

Consumer files demonstrated regular input from Medical officers and allied health professionals. Additionally, evidence of involvement of consumers and/or representatives in assessment and care planning processes was noted in documentation viewed.

Care plans are accessible to all staff both electronically and in hard copy. Representatives are aware they can request and be provided with a copy of the care plan. All representatives interviewed confirmed they had been informed of outcomes of assessment and planning and any changes that had occurred as a result.

The Assessment Team found the organisation has monitoring processes in relation to Standard 2 to ensure initial and ongoing assessment and planning is undertaken in partnership with the consumer and has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2 Requirements

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

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

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found overall, sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* + consumers get the care they need and were satisfied with the personal and clinical care provided.
	+ confirmed consumers have access to Medical officers and/or Allied health professionals as and when they need it.

The service has a range of policies and procedures relating to best practice care delivery, including diabetes management, nutrition and hydration palliative care and restraint minimisation. High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Where changes to consumers’ health are identified, additional charting and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated.

However, the Assessment Team were not satisfied the service adequately demonstrated effective management of consumers with diabetes. Three sampled diabetic consumers had been not been managed in line with their respective diabetic management directive, diabetic directives were not tailored to their individual needs and staff were not consistently following service’s policy and medical directives.

Clinical and care staff interviewed demonstrated knowledge of the sampled consumers’ personal and clinical needs and could relay individualised strategies for managing some high-impact and high-prevalence risks, such as wounds, pain and behaviours.

Consumer care files demonstrated the needs, goals and preferences of consumers’ nearing the end of life had been recognised, documented in palliative care plans and addressed and staff interviewed described strategies for maximising consumer comfort and dignity during the palliative care phase.

Documentation viewed by the Assessment Team demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. This was confirmed by consumers and representatives through interviews. Where changes to consumers’ condition, needs and preferences had occurred, this had been captured and communicated effectively within the organisation and with external providers where appropriate.

Clinical staff described processes for referring consumers to Medical officers and allied health professionals. There are processes to record consumers who have been reviewed and the outcomes of assessments.

The Assessment Team viewed evidence the service has embedded infection prevention and control measures, in addition to antimicrobial stewardship principles, into service care and delivery.

The Assessment Team found the organisation has monitoring processes in relation to Standard 3 to ensure delivery of safe and effective clinical care and personal care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

The Assessment Team have recommended Requirement (3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response and find the service Compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The Assessment Team were not satisfied the service demonstrated effective management of high-impact and high-prevalence risks associated with the care of each consumer, specifically in relation to diabetes management. This was evidenced by the following:

* + Care files sampled for three diabetic consumers demonstrated:
	+ Diabetic ranges were generic and conflicted with information documented in medication charts and the electronic charting.
	+ Blood glucose level monitoring was not managed in line with diabetic directives for all three consumers. Blood glucose level readings were missing from the electronic charting and blood glucose levels had not been re-tested by staff following low blood glucose level readings. Staff interviewed were unfamiliar with individual consumers’ diabetic ranges and re-testing timeframes as outlined in the diabetic directives and the service’s policy.
	+ The Diabetic management policy does not provide sufficient guidance for staff in the event of low blood glucose level readings. Clinical staff interviewed provided inconsistent responses in relation to re-testing blood glucose levels following low readings.
	+ A routine audit identified blood glucose levels were not being appropriately documented and actions were implemented in response. However, there are no further monitoring, trending or analysis processes in place.
	+ The Assessment Team’s report indicates there has been no impact relating to the issues identified for the three consumers sampled.

The approved provider’s response indicated they agreed with the Assessment Team’s recommendation. The approved provider’s response included actions taken in relation to the Assessment Team’s report and supporting documentation, including:

* + Reviewed and updated policies and procedures relating to management of diabetes, hyperglycaemia and hypoglycaemia management. Additionally, new Diabetic management plans which include individualised goals have been implemented. The plans include management strategies for out of range blood glucose levels.
	+ Improved monitoring processes have been implemented.
	+ Training to staff relating to new documentation with further training planned.

Based on the Assessment Team’s report and the approved provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. I acknowledge the Assessment Team’s report indicates some gaps in the service’s diabetes management processes. However, the Assessment Team’s report indicates these gaps have not impacted the consumers sampled.

The Assessment Team’s report does indicate the service’s diabetic management policy documents do not provide sufficient guidance to support staff and staff interviewed were unfamiliar with actions relating to diabetes management documented in diabetic directives and the service’s policy. Additionally, whilst an audit identified issues relating to documenting blood glucose levels, there are no further monitoring, trending or analysis processes in place. I have considered this information in my decision for Standard 8 Requirement 3(d).

### For the reasons detailed above, I find the approved provider, in relation to Gloucester Residential Care, Compliant with Requirement (3)(b) in Standard 3.

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANTServices 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

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

The Assessment Team found that overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* staff support them to do the things they like to do and that are important to them, for example, maintain independence or have visitors.
* staff are supportive of their emotional and psychological needs, for example when they are feeling low or depressed.
* they are supported to participate in their community within and outside the service, maintain relationships and do things of interest to them, such as going out regularly with relatives, and attending daily activities.
* the food is of sufficient quality and quantity to suit their needs and they can provide feedback in relation to the food to staff and at meeting forums.

Initial and ongoing assessment processes identify each consumer’s emotional, spiritual, cultural and social needs. Care plans are developed from the information gathered and identify consumers’ specific interests and preferences. Staff demonstrated an understanding of sampled consumers’ needs, preferences, life experiences and interests, in line with documented care and services plans.

Lifestyle staff described how the group activity program is developed and tailored to consumers’ interests and provided examples of how they support consumers do things of interest to them, either in a group or individually. The activity schedule is regularly reviewed and includes various cultural events.

Consumers and representatives confirmed staff are supportive of consumers’ emotional and psychological well-being needs. Consumer files viewed included information on and management strategies to support consumers’ emotional, spiritual psychological well-being.

Consumers described how they are supported to participate in their community within and outside the service, maintain relationships and do things of interest to them. Lifestyle documentation included information about consumers’ current interests and activities and life history. Whilst group activities involving members of the external community and outings are currently on hold due to COVID-19, individual consumers are being supported through visits from Community Visitor Scheme and Multicultural Services.

The majority of consumers interviewed confirmed the food was of sufficient quality and quantity to suit their needs. Catering staff described how consumers’ specific needs or preferences are accommodated, including consumers on modified texture diets and drinks, allergies or with meal preferences. Consumers are provided with a four week rotating summer and winter menu which is reviewed by a Dietitian prior to release. Consumers are provided opportunities to provide feedback on the menu prior to implementation through focus groups and on an ongoing basis through the service’s feedback processes.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 4 to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found overall, consumers sampled considered that the belong in the service and feel safe and comfortable in the service environment. However, some consumers reported they were not able to move freely both indoors and outdoors. The following examples were provided by consumers during interviews with the Assessment Team:

* feel safe at the service.
* find the service environment welcoming and easy to navigate and are able to personalise their rooms with personal items, furniture and photographs.
* satisfied with the cleanliness of their rooms and the laundry services provided and confirmed their rooms were regularly cleaned by staff.
* reported they were unable to access outdoor areas due to the keypad codes.

The Assessment Team observed the service environment to be welcoming, clean, well maintained and home-like. Additionally, observations of the secure unit showed consumers were able to navigate to their rooms. Consumer rooms were clean and well equipped, and the service environment and equipment appeared safe, clean and well maintained.

Staff and management described how they make consumers feel welcome and at service, including through the entry process and provided examples of how consumers with reduced mobility and sensory impairments are assisted to navigate the environment. Staff described how they ensure the service environment, and equipment are safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and documentation viewed by the Assessment Team demonstrated the service is effectively responding to, managing and preventing most maintenance issues.

Consumers have access to shared communal areas which include a dining and lounge area and numerous outdoor courtyards and garden areas. However, the Assessment Team were not satisfied the service adequately demonstrated consumers could move freely to access outdoor areas of the service.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

The Assessment Team have recommended Requirement (3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my decision in the specific Requirement below.

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team were not satisfied the service adequately demonstrated the current service environment enables all consumers to move freely, both indoors and outdoors. This was evidenced by the following:

* Seven of 10 consumers and three representatives interviewed were not satisfied consumers can access outdoor courtyards and gardens freely without staff assistance.
* On two days of the Site Audit, most doors leading to courtyards and garden areas were observed to be locked. The service could not demonstrate how consumers unable to use the keypads would be able to access outdoor areas freely without staff assistance.
* A project to disengage locks has been put on hold due to COVID19. Additionally, staff have to monitor communal areas and physical distancing. Staff acknowledged they cannot always take consumers outside if they are busy, as most require supervision.

The approved provider’s response indicated they did not agree with the Assessment Team’s recommendation. The approved provider’s response indicated keypad codes with large numbers were placed on all doors and consumers were encouraged to ask staff for assistance if they were unable to use the keypads. Additionally, nine of 134 consumers have been assessed as being independently mobile and while some consumers have expressed a desire to go out to the garden at some stage, it is unlikely they would have been able to do so without staff assistance.

Whilst the approved provider did not agree with the Assessment Team’s recommendation, the response included actions taken since the Site Audit, including disarming of or timers applied to all doors leading to outdoor courtyard and garden areas.

I acknowledge the approved provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Site Audit, the service environment did not enable consumers to move freely outdoors to outdoor areas. Seven consumers and three representatives interviewed were not satisfied consumers could freely access outdoor courtyard and garden areas. Additionally, the Assessment Team observed over a two day period, most doors leading to courtyards and garden areas of the service were locked.

For the reasons detailed above, I find the approved provider, in relation to Gloucester Residential Care, Non-compliant with Requirement (3)(b) in Standard 5.

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

The Assessment Team found that overall sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* described how they provide verbal feedback about concerns to staff or management at the service.
* would feel comfortable discussing any concerns they have with the service.
* are happy with care and services and have not needed to make complaints.
* described how they have provided feedback and how their concerns were resolved.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry. Feedback forms and external complaints information, including in languages other than English were observed on display at the service.

Staff described how they assist consumers if they raise an issue or concern and, if they are unable to assist, they let their manager know. Staff described how they seek representatives’ feedback and how representatives advocate on behalf of consumers as part of the care plan review process and as required.

The organisation’s comments and complaints register viewed by the Assessment Team demonstrated complaints are followed up with the complainant and an open disclosure process is applied, including issuing an apology. Staff confirmed they have been provided information and training in relation to open disclosure processes.

Documentation viewed by the Assessment Team demonstrated feedback and complaints inform the service’s continuous improvement process. Recent feedback about the environment being uninviting prompted a review of the service’s environment resulting in pictures being hung on the wall and a bookcase being installed. The service have received positive feedback from consumers and representatives relating to the improvements.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found that overall, sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* complimentary about the staff and confirmed staff are respectful, caring and kind.
* staff attend to consumers’ care and service needs and know what they are doing.
* there are adequate numbers of staff to meet consumers’ needs, answer their call bells and assist them promptly.

There are processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Staffing shortfalls are filled by the organisation’s casual or permanent staff. Staff interviewed said they generally have enough time to attend to consumers’ care and service needs. Cleaning staff stated, due to COVID-19, their shifts have been extended to attend to additional cleaning requirements.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. Vision, Values and Goals statements and the Code of Conduct outline the organisation’s expectations of staff behaviour and processes are in place to address staff members whose behaviours are not in line with these statements.

The organisation’s recruitment processes ensure the workforce have the skills and knowledge to effectively perform their roles. Staff recruitment processes include reference checks, corporate and on-site induction, mandatory training and buddy shifts.

Staff are supported to develop in and perform their roles through corporate and site induction programs, site training and an annual mandatory training program. Training records viewed by the Assessment Team demonstrated all staff have completed mandatory training modules. Staff competency is monitored following training and ongoing through review of incidents and observations of staff practice. Staff interviewed described how they are provided regular mandatory and non-mandatory training online or on site, including through meeting forums. Staff reported feeling adequately trained and educated and stated they can request further training from management if required.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 7 to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found most sampled consumers considered that the organisation is well run, and they can partner in improving the delivery of care and services. Management described, and documentation viewed by the Assessment Team demonstrated how consumers have input about their experience and the quality of care and services through care plan review processes, meeting forums and feedback mechanisms, including surveys, and consumer representation on committees.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance and feedback and complaints. There are processes to ensure these areas are monitored, including reporting to the governing body on key deliverables, which enables the governing body to promote and ensure a culture of safe, inclusive and quality care and services.

The organisation demonstrated effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers; and supporting consumers to live the best life they can. However, the Assessment Team were not satisfied the organisation adequately demonstrated effective risk management, monitoring and reporting systems to manage high-impact and high-prevalence risks associated with the care of consumers, specifically in relation to management of diabetes.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and provided examples of their relevance to their work, for example, how they apply best practice to reduce the use of antibiotics and antipsychotic medications.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

The Assessment Team have recommended Requirement (3)(d) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response and find the service Non-compliant with Requirement (3)(d). I have provided reasons for my decision in the specific Requirement below.

## 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.*

The organisation demonstrated effective risk management systems and practices for identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. However, the Assessment Team were not satisfied the service adequately demonstrated effective risk management systems in relation to managing high impact or high prevalence risks associated with the care of consumers, specifically in relation to diabetes management. This was evidenced by the following:

* The Diabetes management policy does not effectively guide staff in relation to treatment of hyperglycaemia.
* Diabetic directives were not tailored to consumers’ individual needs. Staff did not consistently demonstrate knowledge or understanding of effective diabetes management and were unfamiliar with consumers’ diabetic ranges and re-testing timeframes in line with consumers’ directives and the service’s policy.
* A routine audit identified blood glucose levels were not being appropriately documented and actions were implemented. However, further monitoring, trending and analysis processes relating to diabetes management and identification of risk are not in place.

The approved provider’s response included actions taken in relation to the Assessment Team’s report and supporting documentation, including:

* Unstable diabetics have been added to the Risk register and daily audits/reports on diabetic management have been implemented.
* Implemented daily audit/reports on diabetes management and a process for monitoring.

I acknowledge the approved provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the approved provider’s response, I find at the time of the Site Audit, risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers, specifically in relation to diabetes management were not effective. Policy documents did not provide sufficient information to guide staff practice and not all staff demonstrated knowledge or understanding of effective diabetes management. The Assessment Team’s report indicates gaps relating to blood glucose levels not being consistently documented and where blood glucose levels were out of range, these were not being managed in line with diabetic directives or the service’s processes. Additionally, the service’s monitoring processes were not effective in identifying issues relating to recording and follow up of blood glucose level readings.

For the reasons detailed above, I find the approved provider, in relation to Gloucester Residential Care, Non-compliant with Requirement (3)(d) in Standard 8.

### 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.

**Standard 5 Requirement (3)(b)**

* Ensure consumers, including those who are unable to effectively communicate, are able to freely and independently able to access outdoor areas of the service.

**Standard 8 Requirement (3)(d)**

* Ensure policies and procedures provide effective guidance for staff to enable effective delivery of care and services to consumers.
* Ensure policies, procedures and guidelines in relation to diabetes management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to diabetes management.
* Review monitoring, trending and analysis processes to enable effective identification of high-impact or high prevalence risks associated with the care of consumers.