Grace Munro Centre

Performance Report

2 Thunderbolts Way
BUNDARRA NSW 2359
Phone number: 02 6723 7008

**Commission ID:** 0616

**Provider name:** Grace Munro Aged Care Centre Ltd

**Site Audit date:** 18 May 2021 to 19 May 2021

**Date of Performance Report:** 23 June 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-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 21 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, consumers and representatives interviewed by the Assessment Team considered that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. However, one consumer identified two staff members who at times make her feel disrespected.

Consumers and representatives interviewed confirmed consumers are encouraged to do things for themselves and that staff know them well and the things which are most important to them. For example, the names of their family members, birthdays and anniversary dates and information about their lives before entering the service. Consumers and representatives said personal privacy is always respected by care staff at the service, providing examples of closing doors before care provision and staff knocking before entering closed doors.

Care staff interviewed by the Assessment Team were able to provide examples about how they support consumers to exercise their choices. Staff gave examples of how they protect consumers’ confidentiality and Assessment Team observed consumer information is generally stored and managed to maintain confidentiality.

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-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

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.

Consumers and representatives interviewed by the Assessment Team said they have some involvement in the care planning process and one representative was able to confirm they review the consumer’s care plan. Most consumers and representatives interviewed said they are regularly informed when incidents occur, but they are not regularly kept informed about the outcomes of assessment and planning.

The Assessment Team found that not all consumers were given the opportunity to discuss advanced care planning and end of life planning. One consumer interviewed by the Assessment Team did not know what an advanced care directive/plan was and when described said they would like one to make their end of life wishes known.

The Assessment Team observed that care plans reviewed had little representation of the consumer’s voice reflected in the recorded goals and interventions. Care assessment and planning did not consistently address consumer’s current needs, goals and preferences, particularly for consumers receiving palliative care or end of life care.

Care plans reviewed by the Assessment Team did not consistently include evidence of consideration of risks to the consumer’s health and well-being to inform delivery of safe and effective care and services. This included for assessment of safe mobility and transfer requirements for consumers with limited mobility.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

Care plans reviewed by the Assessment Team did not consistently demonstrate that assessment and planning consider risks to consumer’s mobility and transfers to inform the delivery of safe and effective care and services. The Assessment Team found for one consumer who mobilises in a manual wheelchair, assessment and planning did not consider the assistance they require for transfers or the appropriateness of the methods they use to self-propel the wheelchair. For another consumer who had a recent fall, the Assessment Team found a mobility assessment had not been completed.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve assessment and planning to inform safe and effective care and services. This includes engaging a physiotherapist to complete mobility and transfer assessments.

At the time of the Site Audit, the service did not demonstrate that assessment and planning consistently considers risks to consumer’s health and well-being to inform safe and effective care.

I find this requirement is Non-compliant.

### Requirement 2(3)(b) Non-compliant

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

The Assessment Team found that assessment and planning was not updated to reflect the consumer’s needs, goals and preferences regarding advanced care and end of life care for one consumer on a palliative care pathway. Consumers and representatives interviewed by the Assessment Team were unsure of if they had completed an advanced care plan. One consumer interviewed indicated a desire to have one completed when this was raised by the Assessment Team. Care staff interviewed by the Assessment Team were not aware of where to locate consumer advanced care directives, what was contained in them, or the implications of not following a consumer’s wishes as recorded.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to ensure assessment and planning addresses consumer’s current needs, goals and preferences including advanced care and end of life care. The approved provider identified that case conferences have been organised for all consumers and/or representatives to discuss advanced care planning and end of life planning. The approved provider also identified improvements to care planning for consumers on palliative care pathways.

At the time of the Site Audit, the service did not demonstrate that assessment and planning consistently addresses consumer’s current needs, goals and preferences, including advanced care planning and end of life planning if the consumer wishes.

I find this requirement Non-compliant.

### Requirement 2(3)(c) Non-compliant

*The organisation demonstrates that assessment and planning:*

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

Care planning documents reviewed by the Assessment Team did not demonstrate that assessment and planning was based on partnership with the consumer and representatives, or other organisations and providers of care. The Assessment Team found that assessment and goal setting for consumers sampled were generic in nature and did not reflect individualised or specific goals of care. The Assessment Team found little involvement from other providers of care in assessment and planning, and when professionals may have been consulted, care documentation was unclear as to who was consulted and when the recommendations were obtained.

In their response, the approved provider identified improvements made to consumer assessment and planning since the Site Audit. This includes involving consumers and others they wish to involve in their care in case conferences and clearly communicating the outcomes of any input from external providers. The approved provider identified that an electronic care planning system is planned to be implemented at the service, to improve care assessment and planning outcomes in consultation with consumers and others involved in their care.

At the time of the Site Audit, the service did not demonstrate that assessment and planning is based on ongoing partnership with the consumer and others that are involved in their care.

I find this requirement is Non-compliant.

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

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

### 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-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

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 consumers (or representatives on their behalf) interviewed by the Assessment Team considered they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed said there is a doctor who visits the service once a month and when consumers at the service become unwell, the doctor is contacted by staff. Consumers are transported to external services for consultation with allied health professionals such as a dentist or audiologist.

One consumer interviewed said she wanted to see a mental health provider and a physiotherapist and was unsure whether these referrals were possible.

Care documents reviewed by the Assessment Team demonstrated that mobility and transfer needs of consumers were not consistently assessed to inform safe care that is tailored to the consumer’s needs. The Assessment Team found medication management was not conducted safely or according to best practice, with management of opioid and narcotic (schedule eight) medications being unsafe. Restraint and psychotropic authorisations were observed to not be written or updated to reflect the current prescription or restraint in use.

The Assessment Team found referrals to other health care professionals are not acted upon in a timely manner. Monitoring of deterioration or change in physical condition was observed to not be managed in a timely manner.

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

### Assessment of Standard 3 Requirements

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

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

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

Review of consumer care documentation by the Assessment Team identified consumer’s care is not consistently best practice or tailored to their specific needs to optimise their health and well-being. For one consumer, mobility assessment and practices were not tailored to their needs to optimise their mobility around the service. Care documents reviewed by the Assessment Team demonstrated that wound management and pain management were not consistently in line with best practice. The Assessment Team found that consent and monitoring processes for the use of chemical restraint were not best practice.

In their response, the approved provider identified that some of the consumers identified by the Assessment Team had appropriate consents in place at the time of the Site Audit for the use of chemical restraint.

The approved provider’s response identifies continuous improvement actions undertaken since the Site Audit to improve clinical care outcomes for consumers that are tailored to their needs and in line with best practice. This includes improved monitoring and reporting of consumers on psychotropic medication and chemical restraint, purchasing of wound rulers to assist with wound management, completion of pain assessments and documenting of pain management, and staff education.

At the time of the Site Audit, the service did not demonstrate that clinical care was consistently best practice and tailored to consumer’s needs to optimise their health and well-being.

I find this requirement is Non-compliant.

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

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

The Assessment Team found that risks associated with medication management at the service were not effectively identified and managed. This included safe storage and management of schedule eight medications, and gaps identified in the documentation and reporting of consumer medication administration. The Assessment Team found that for some consumers, comprehensive assessment was not completed to inform safe and effective management of identified risks. This includes risks associated with mobility and transfers and behaviour management.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve medication management practices at the service. This includes completion of staff competencies, improved storage of schedule eight medication, review of consumer medication charts, and the planned implementation of an electronic care planning system. The approved provider also identified continuous improvement actions in relation to care assessment and planning to identify risks and inform safe and effective care which are outlined in Standard 2.

At the time of the Site Audit, the service did not demonstrate all high impact or high prevalence risks associated with the care of consumers are identified and effectively managed.

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.*

The Assessment Team found that care documents reviewed for consumers nearing end of life did not consistently reflect the current end of life needs, goals and preferences of the consumer. For one consumer who recently passed away at the service, care documents were not updated regarding their deterioration and changing needs. However, staff interviewed by the Assessment Team were able to describe how they adjusted the consumer’s care in response to their changing needs to support the end of life process. This included pressure area care, continence management, pain management, personal hygiene, and other emotional and comfort need and preferences.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve end of life care planning for consumers. This includes the development of an individualised palliative care plan in consultation with consumers and representatives and updates to the service’s palliative care and advance care plans policy and procedures.

While the service did not demonstrate that assessment and planning reflected the current end of life needs, goals and preferences of the consumer, I have considered this in my assessment of Standard 2, Requirement 2 (3)(b). While the consumer’s needs, goals and preferences were not documented, interviews with staff by the Assessment Team demonstrated that these were recognised and addressed during the end of the consumer’s life, and the consumer’s comfort and dignity were maximised.

I find this requirement is Compliant.

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

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

A review of care documents by the Assessment Team demonstrated that staff recognise changes in consumer condition and report this to the registered nurse at the service. However, the Assessment Team found the consumer’s medical officer is not always alerted for response in a timely manner. For one consumer who experienced a change in their physical condition, their medical officer was not notified until five days after this was recognised by staff. Documentation reviewed by the Assessment Team was not clear if one consumer’s increased pain and change in physical condition was responded to in a timely manner.

The approved provider’s response included clarifying information regarding some of the consumers identified in the Assessment Team’s report that demonstrates changes in consumer condition was generally responded to appropriately. However, as identified by the Assessment Team, this did not always occur in a timely manner. The approved provider’s response identifies continuous improvement actions implemented since the Site Audit to improve esclation to consumer’s medical officer when a deterioration or change in condition is recognised.

At the time of the Site Audit, deterioration or change in consumer condition was not consistently responded to in a timely manner.

I find this requirement is Non-compliant.

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

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

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

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

The service demonstrated processes and some services available to support the timely and appropriate referral to individuals and other providers of care and services. However, the Assessment Team found that for one consumer, appropriate referrals were not made to a mental health service as requested by the consumer and their medical officer. For the same consumer, a referral to a physiotherapist was not completed for an assessment of safe mobility and transfers, and at the request of the consumer for exercises to maintain strength and mobility.

In their response, the approved provider identified that systems have been strengthened to ensure referrals are completed in a timelier manner, and a physiotherapist has been engaged to provide services and supports within the service.

At the time of the Site Audit, the service did not demonstrate that timely and appropriate referrals were made for one consumer.

I find this requirement is Non-compliant.

### 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.*

Staff interviewed by the Assessment Team demonstrated an understanding of precautions to prevent infection and the use of antibiotics, and control the spread of infection in the event of an outbreak. However, the Assessment Team observed that staff practices were not consistent with standard precautions as staff were observed interacting and moving between consumers without washing or sanitising their hands. The Assessment Team identified issues relating to infection control throughout the service environment including supplies such as open boxes of gloves stored on handrails, and a dirty utility room and laundry that were not maintained to ensure effective minimisation of infection related risks. The Assessment Team identified gaps in the service’s COVID-19 outbreak management plan.

In their response, the approved provider identified that the service’s outbreak management plan has been reviewed and updated since the Site Audit. The approved provider identified that the infection prevention and control risks in the service environment identified by the Assessment Team have been rectified and staff have been reminded of their requirements around handwashing practices.

At the time of the Site Audit, the service did not demonstrate that standard and transmission based precautions to prevention and control infection were consistently applied at the service.

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.

Most consumers interviewed by 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. Consumers said they are supported to maintain relationships with people who are important to them.

Mixed feedback was received by the Assessment Team regarding the meals at the service, particularly about variety. However, consumers (or representatives on their behalf) said they are provided enough food. Staff demonstrated awareness of consumer likes and dislikes, such as consumers really dislike the spicy lentil patties, so they are not offered anymore.

However, care documents and progress notes reviewed by the Assessment Team did not demonstrate consumers are provided with meaningful or effective interaction in all activities undertaken at the service. It was observed that documentation of consumer participation in care plans is inconsistent and does not provide relevant information of some consumers needs and preferences in regard to their one-on-one activities.

The service demonstrated it provides a diversional therapy program for consumers however, it was not able to demonstrate consistency in documenting effective delivery of individualised activities for consumers.

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.*

One consumer interviewed by the Assessment Team provided positive feedback about the services and supports for daily living including that staff know her interests and bring in supplies to facilitate this. Care staff interviewed were able to describe how they determine the activities offered at the service, based on what consumers like and dislike participating in. Care documents reviewed by the Assessment Team generally reflected consumer’s backgrounds, interests, preferences and support needs regarding services for daily living. However, identified goals were generic for all consumers sampled. The Assessment Team also identified gaps in the filing and management of consumer documentation in relation to services and supports for daily living. The Assessment Team identified limited choice with regards to activities offered at the service.

The approved provider’s response included clarifying information regarding some of the processes around diversional therapy and activities offered at the service. The approved provider also identified additional consultation that occurs to ensure consumers are satisfied with the lifestyle program and services provided.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve documentation of identified goals for daily living and consumer participation in the lifestyle program at the service.

While the Assessment Team identified gaps in the documentation and management of files relating to consumer services and supports for daily living, I have considered this in my assessment of Standard 8, Requirement 8(3)(c). Consumer feedback received by the Assessment Team during the Site Audit, and the approved provider’s response, demonstrates that services and supports for daily living generally meet the needs, goals and preferences of consumers.

I find this requirement is Complaint.

### 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.*

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### 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, consumers interviewed by the Assessment Team (or representatives on their behalf) considered they feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives confirmed they feel at home and their visitors feel welcome. Specific examples included consumers being able to decorate their personal rooms, visitors being able to participate in meals with their consumers and everyone being greeted by their name by friendly staff.

Consumers said the service environment and the furniture provided by the service is comfortable, clean and well maintained. One consumer raised concern about the changing of their bed linens and emptying of their commode. However, the consumer stated this relates to care staff not completing their duties, and not the cleaner who the consumer believes is very good at keeping the service clean.

The Assessment Team observed the service environment to be inviting and home-like with many options for accessing the outdoors. Consumers are enabled to move freely about the living environment.

However, the Assessment Team observed that access to an emergency fire exit was observed to be impeded by stored equipment in a hallway. Routine fire inspections have not been attended at the service since February 2021 including those inspections which are to occur monthly which have potential to impact fire safety at the service. The Assessment Team found infection prevention and control risks were not adequately minimised in the laundry or dirty utility areas.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

The Assessment Team observed that most areas of the service were safe, clean and well maintained, and consumer feedback regarding the service environment was positive. However, the storage of lifting equipment and chair scales was observed to impede access to an emergency fire exit. The Assessment Team found that routine fire inspections have not been attended at the service since February 2021 including those inspections which are to occur monthly which have potential to impact fire safety at the service. The Assessment Team identified the utility room and onsite laundry were not safe and well maintained.

In their response, the approved provider stated that the issues identified by the Assessment Team regarding the service environment have been rectified since the Site Audit. This includes ensuring emergency exits are clear from hazards, routine fire inspections have occurred, and the utility room and laundry have been cleaned and maintained.

While I accept the service has rectified the issues raised by the Assessment Team, the service needs time to implement more proactive and preventative processes to identify and action risks to the safety, cleanliness and maintenance of the service environment.

I find this requirement is Non-compliant.

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

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

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 6 NON-COMPLIANTFeedback 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, consumers and representatives interviewed by the Assessment Team considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. All consumers and representatives interviewed were aware of the complaints process and avenues available to them should resolution of their concern not be reached to satisfaction.

Representatives interviewed acknowledged changes were in progress to the pharmacy the service uses in response to many identified problems including billing. However, one consumer who raised concerns at a consumer meeting said not all issues have been resolved to their satisfaction.

The Assessment Team found the service has written materials providing guidance to consumers on how to access advocates and other methods for raising and resolving complaints internally and externally.

The Assessment Team found the service has written policies and procedures in place for the management of complaints and feedback. However, these were not consistently followed, with complaints or feedback not consistently recorded in the complaints log. Care staff have not received training on the open disclosure process. When this process was described to them the staff said they adhere to these principles as part of the service’s culture and expectations.

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

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

The Assessment Team found the service did not consistently take appropriate action or use an open disclosure process in response to complaints or incidents. While most consumers interviewed by the Assessment Team said the service was responsive to their complaints, one consumer said not all their concerns had been addressed to their satisfaction. The Assessment Team found that open disclosure had not been used in response to medication incidents. The Assessment Team found that some complaints raised by consumers, including at consumer meetings, had not been documented in the service’s complaints register and did not provide evidence they had been addressed appropriately.

In their response, the approved provider identified continuous improvement actions undertaken since the Site Audit to improve the action taken in response to complaints and to facilitate the use of open disclosure in the service. This included staff education, a review of policies and procedures relating to complaints management, improved escalation pathways for complaints, and improved documenting of complaints and incidents.

At the time of the Site Audit, the service did not demonstrate that appropriate action or an open disclosure process is consistently used in response to complaints or incidents.

I find this requirement is Non-compliant.

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

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

The service demonstrated some improvements to services based off consumer feedback were underway at the time of the Site Audit. However, the Assessment Team found the service did not have a process in place to record and track raised complaints and concerns to trend, analyse and identify continuous improvement. The Assessment Team observed no process in place to feed complaints into a plan for continuous improvement for the purpose of improving the quality of care and services. The service did not demonstrate they were following their complaints policy regarding documentation and follow up of complaints.

In their response, the approved provider identified actions undertaken since the Site Audit to improve the documenting, trending and analysing of complaints to inform improvements to care and services. This includes ensuring all complaints are centrally recorded and tracked, and improved investigation and resolution of concerns and complaints including communication of outcomes.

At the time of the Site Audit, the service did not demonstrate they were following their policy to document, review and use feedback and complaints to improve the quality of care and services.

I find this requirement is Non-compliant.

# A picture containing text, invertebrate, centipede, hydrozoan  Description automatically generatedSTANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Most consumers and representatives interviewed by the Assessment Team considered they get quality care and services when they need them and from people who are knowledgeable and capable. Most consumers and representatives confirmed staff at the service are kind and caring. However, one consumer said two staff members did not treat them with respect and refused to assist them when asked.

Consumers, representatives and staff interviewed by the Assessment Team said there is sufficient staff at the service, however some raised concern regarding staffing overnight. Care staff said it can be difficult to transition to diversional therapy duties when the personal care needs of consumers are great, sometimes leading to delayed activities.

There is one registered nurse currently employed by the service who is on call 24 hours a day, seven days a week to provide clinical oversight. The registered nurse has just transitioned into the service manager role. The Assessment Team found the service does not have a system in place to review or monitor call bell response times to ensure they are attended to in a timely manner.

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

Consumers and representatives interviewed by the Assessment Team said there are generally enough staff at the service to provide safe and quality care and services, however some raised concern about staffing levels overnight. While consumers and representatives acknowledged call bells are responded to in a timely manner during the day and evening, they stated that overnight there can be some delay. Care staff interviewed confirmed that generally the workforce deployed enables safe and quality care and services for consumers. Interviews with staff and documentation reviewed demonstrated that the service rarely has unfilled shifts and processes in place to fill vacant shifts are effective. However, the Assessment Team found that the service’s call bell system does not enable tracking or auditing of the call bell response times.

In their response, the approved provider demonstrated planning, monitoring and reviewing systems to ensure the number and mix of staff deployed enables the delivery and management of safe and quality care and services. The approved provider identified that the service has inquired about upgrading the call bell system to enable reporting of call bell response times.

While some consumers interviewed by the Assessment Team raised concerns about wait times for staff assistance overnight, consumers generally confirmed they get safe and quality care and services in a timely manner. Staff interviewed and documentation reviewed demonstrated the service has effective systems to plan and deploy the number and mix of staff to ensure safe and quality care and services.

I find this requirement is Complaint.

### 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.*

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

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).

Most consumers and representatives interviewed by the Assessment Team considered the organisation is well run. However, only some felt they can partner in improving the delivery of care and services.

Consumers or representatives could not provide examples of how they are involved in the development, delivery and evaluation of care and services. One consumer said it is their mission to change the menu and they intend to bring it up at every resident meeting. Representatives interviewed acknowledged improvements made to the board and management structure.

The Assessment Team found that while policies and procedures are in place and have been recently updated, staff are not aware of them or the associated terminology. This includes open disclosure and antimicrobial stewardship. Staff have not received training in the Serious Incident Response Scheme (SIRS).

The Assessment Team found the service’s information management systems were not implemented appropriately with areas of concern identified in the failure to appropriately label consumer records and poor compliance in documentation practices. The service did not have in place a plan for continuous improvement for the purpose of improving the quality of care and services for consumers. Feedback and complaints are not tracked or logged centrally according to the service’s policy and procedure. The management of high impact and high prevalence risks is not effective or according to best practice.

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

## Assessment of Standard 8 Requirements

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

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

The Assessment Team found limited opportunity for consumers to provide feedback regarding the development, delivery and evaluation of care and services. While consumer meetings are held, the concerns and feedback raised is not consistently communicated to management or the Board for follow up and action. The Assessment Team observed no process in place to feed consumer feedback into a plan for continuous improvement to inform the development, delivery and evaluation of care and services.

In their response, the approved provider identified improvements to the management of consumer feedback including ensuring all complaints are centrally recorded and tracked. The approved provider did not identify how they plan to further engage consumers in the development, delivery and evaluation of care and services.

At the time of the Site Audit, the service did not demonstrate that consumers were engaged in the development, delivery and evaluation of care and services and are supported in their engagement.

I find this requirement is Non-compliant.

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

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

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

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

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

The Assessment Team identified deficiencies in the service’s information management systems including the appropriate storage of personnel files, appropriate labelling of consumer records and poor compliance in documentation practices. The Assessment Team found the service did not have a plan for continuous improvement for the purpose of improving the quality of care and services, and feedback and complaints were not tracked or documented according to the service’s policy and procedure.

In their response, the approved provider identified continuous improvement actions implemented since the Site Audit to improve information management and feedback and complaints system. This includes changes to document storage processes, staff education, the development of a continuous improvement plan, and review and updating of diversional therapy forms and consumer lifestyle documents. The service is planning to implement an electronic care planning system to improve consumer care documentation and information management.

At the time of the Site Audit, the service did not demonstrate effective systems relating to information management, continuous improvement and feedback and complaints.

I find this requirement is Non-compliant.

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

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

While the service has policies and procedures for the management of high impact and high prevalence risks, the Assessment Team found these were not effective in identifying and managing risks associated with medication management and mobility and transfers. Care staff interviewed by the Assessment Team did not have a good understanding of the requirements of the new SIRS.

In their response, the approved provider identified improvements made since the Site Audit to the effective management of medication and assessment and safe management of consumer mobility and transfers. The approved provider identified that information about the SIRS had been communicated to staff prior to the Site Audit, however additional education on the SIRS is planned for July 2021.

At the time of the Site Audit, the service did not demonstrate risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers, or responding to the abuse and neglect of consumers.

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 approved provider must demonstrate:

* Assessment and planning consistently considers risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 2(3)(b)

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

The approved provider must demonstrate:

* Assessment and planning is reviewed and updated to identify and address consumer’s current needs, goals and preferences.
* Consumer needs, goals and preferences regarding advanced care and end of life care are identified and addressed.
* All consumers have the opportunity to discuss advanced care planning and have an advanced care plan in place if they wish.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 2(3)(c)

*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.*

The approved provider must demonstrate:

* Assessment and planning is based on ongoing partnership with the consumer and others that are involved in their care.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(a)

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

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

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being.
* Chemical restraint is best practice including appropriately reviewed and monitored, and includes consultation and informed consent with the consumer and/or representative where appropriate.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(b)

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

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to the safe storage and management of medication.
* Consumers are comprehensively assessed to identify risks associated with their care, and to inform safe and effective management of identified risks.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(d)

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

The approved provider must demonstrate:

* Deterioration or change in a consumer’s condition is recognised and responded to in a timely manner.
* Deterioration or change in a consumer’s condition is escalated as appropriate.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(f)

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

The approved provider must demonstrate:

* Timely and appropriate referrals to individuals, other organisations and providers of other care and services are made to support the care of consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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 approved provider must demonstrate:

* The service consistently implements standards and transmission based precautions to prevention and control infection.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 5(3)(b)

*The service environment:*

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

The approved provider must demonstrate:

* The service environment is safe, clean, well maintained, comfortable, and enables consumers to move freely indoors and outdoors.
* The service has effective processes in place to identify and actions risks to the safety, cleanliness and maintenance of the service environment.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(c)

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

The approved provider must demonstrate:

* Appropriate action and an open disclosure process is consistently used in response to complaints or incidents.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 6(3)(d)

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

The approved provider must demonstrate:

* The services has processes to ensure an accurate complaints register to assist with review of complaint trends.
* Feedback and complaints are effectively reviewed, trended and analysed, and used to improve the quality of care and services.
* Consumer and representative feedback informs continuous improvement actions for the service.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(a)

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

The approved provider must demonstrate:

* Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 8(3)(c)

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

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

The approved provider must demonstrate:

* The information management, continuous improvement and feedback and complaints systems implemented at the service are effective.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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 approved provider must demonstrate:

* The risk management systems and practices implemented at the service are effective in managing high impact or high prevalence risks associated with the care of consumers, and responding to the abuse and neglect of consumers.
* Staff have an understanding of the SIRS and how it relates to their roles in identifying and responding to the abuse and neglect of consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.