Gumleigh Gardens Hostel

Performance Report

29-35 Shaw Street
Wagga Wagga NSW 2650
Phone number: 02 6931 0409

**Commission ID:** 1011

**Provider name:** United Protestant Association of NSW Limited

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

**Date of Performance Report:** 14 July 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) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-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** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | 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 6 July 2021

# 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

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.

All sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. For example, consumers described staff as excellent, very kind, patient and understanding. Consumers confirmed that they are encouraged to do things for themselves and that staff know what is important to them. Consumers confirmed that their personal privacy is respected by staff at the service.

Staff were consistently able to demonstrate their knowledge and understanding of consumer’s backgrounds and how they provided culturally appropriate care to their consumers. This includes the way they support consumers to exercise choice and independence, to live the lives they wish and maintain relationships of choice and how they ensure consumer privacy is respected.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

Most sampled consumers (or representatives on their behalf) considered they feel like partners in the ongoing assessment and planning of their care and services. Most consumers or (representatives on their behalf) confirmed that they are involved in the planning of their care and services to some extent and are kept informed about the outcomes of assessment and planning.

While care planning and assessment is attended at a minimum of every four months, care and services plans were observed to contain contradictory information and was not always reflective of the consumers current needs, goals or preferences. Evidence of old or out-dated information was observed in most sampled care and services plans. Additionally, deficiencies were identified in advanced care planning and end of life documentation.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team found that sampled care plans evidenced comprehensive assessment and that risk assessments are conducted and completed for those consumers undertaking risk activities. Additionally, consumers and representatives confirmed they have input into the way care and services are delivered and representatives advised that can ask for or refuse aspects of care provision.

However, while assessment and planning evidenced consideration of risks to each consumers well-being, at times plans contained contradictory information. Specifically, where consumers or their representatives had requested not to use protective devices the requirement to use them remained recorded in the care plan. Additionally, one consumers medication administration requirement’s contained conflicting information regarding how to prepare the medication for ease of swallowing, although the correct instructions were included on the front page of the medication chart.

The approved provider response acknowledged there were some inconsistent information across documentation which was rectified when this was brought to their attention and argued that this was human documentation errors and not reflective of gaps in the care and assessment process.

I am satisfied that the service demonstrates comprehensive assessment and planning including the consideration of risks, and while there were some inconsistencies in documentation, this did not result in any adverse care consequences for the consumers and was rectified during the site audit. Furthermore, this issue has been considered and addressed in Standard 2(3)(b).

I find this requirement 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 thatall consumers (or representatives on their behalf) acknowledged speaking with staff regarding end of life wishes and completing advance care directives.Assessment and care planning is not always individualised to outline the consumer’s current needs and preferences. Evidence of old or out-dated information was observed in most sampled care and services plans. Management advised that conflicting information within consumer care plans could be attributed to a recent update to the electronic care planning software.

Care planning for palliative or end of life care does not differentiate the care needs of a consumer listed as on a palliative care trajectory, nor does it outline the strategies for acquiring pain management out of hours in the absence of an on-site registered nurse. For one consumer no goals of care were recorded in the advanced care directive/palliative care plan.

The approved provider response acknowledged the gaps identified within advanced care planning documentation and will rectify this issue. The approved provider response argued that inconsistencies across documentation was not indicative of a systemic issue and reflective of incompleteness of documentation. However, the approved provider response was unable to demonstrate that most care plans contained information relevant to the current needs, goals and preferences of consumers.

I find this requirement Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

The assessment team found that generally, care and service plans reviewed reflected evidence of review on both a regular basis and when circumstances change or when incidents occur. It was observed however that updates to care and services plans did not always generate the removal of old or conflicting information, or in some cases the development of strategies to mitigate risks associated with requested changes. For one consumer whose preference was not to use a sling lifter, this was not included in the mobility and transfer care plan. For another consumer, whose representative requested not be left sitting on a sling when in a comfort chair, this preference was not included in the care plan.

The approved provider response acknowledged that improvements were required to meet the intent of this requirement and will commence a review of care plans for effectiveness.

I find this requirement Non-compliant.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers or representatives on their behalf considered they receive personal care and clinical care that is safe and right for them. Consumers or representatives on their behalf agreed they have access to a medical practitioner or other health professionals such as podiatrist, geriatrician or psychogeriatrician when they need it. All staff interviewed were familiar with the consumers sampled and their needs and preferences regarding their care and services.

However, the provision of personal and clinical care was observed to not always be delivered according to best practice guidelines in relation to psychotropic medications and those considered to be a chemical restraint, pain monitoring and wound photography. The decline in a consumer’s mental health and acute pain was not escalated in a timely manner.

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

### Assessment of Standard 3 Requirements

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

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

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

The assessment team found that most representatives interviewed said consumers receive the care they need although some consumers and representatives raised concerns about transfers being conducted with equipment inconsistent with the consumers expressed preferences. One consumer representative raised concerns about their consumers pain not being managed optimally.

The assessment team identified that some psychotropic medications were observed to be prescribed without an appropriate associated primary diagnosis. Additionally. while there are authorisations in place that are up to date for psychotropic medications, medications which might be considered chemical restraint do not have consent in place. Wound photography is not attended according to best practice with the incorporation of a wound measurement device and consumer name and date included in any of the photographs reviewed. Pain assessment and documentation was observed to not be consistently applied outside of the required once per shift documentation for one consumer displaying acute onset of new pain requiring administration of simple and opioid medication to assist in managing it.

The approved provider response argued that consumers do receive personal and clinical care that is safe and effective, and this is acknowledged. However, the approved provider response was unable to demonstrate that the use of psychotropic medications, wound photography and pain management are consistent with best practice guidelines and recommendations. Additionally, the approved provider response did not address consumer/representative feedback in relation to transfers being completed with equipment not consistent with consumer preferences.

I find this requirement Non-compliant.

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

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

The assessment team found high impact or high prevalence risks identified in consumer files include behaviour management, mental health, pain management and risks relating to falls prevention/mobility. Monitoring of one consumer after a fall was observed to not be carried out according to the organisation policy and procedure, including the completion of neurological observations. Neurological observations for this consumer were conducted consistent with procedures on the day of the fall however not in the following days although pain assessments for this consumer were completed. A consumer with a prescribed fluid restriction was not monitored to ensure their fluid intake exceeds this limit.

The assessment team found that overall behaviour management associated risks are managed effectively with evidence of review and recommendations. Additionally, although the assessment team identified an increase in falls over the past two months without a known cause for the increase, the registered nurse advised that all consumers who fall are reviewed by the occupational therapist regarding transfer needs. Furthermore, although the service did not provider a plan for addressing the increase in falls at the service, an analysis of each month’s incidents occurred. The clinical manager advised there is no specific tool used at the service for tracking clinical risks, however the service does monitor all parameters required by the national quality indicator program for emerging trends.

The approved provider response clarified that for the consumer whose fluid restriction was not monitored, this was due to the consumer receiving end stage palliative care and I know longer find this an issue of concern. The approved provider response did not address why neurological observations were not completed consistent with organisational policy for a consumer in the following days after sustaining a fall. However, pain assessments were completed for this consumer with no injuries reported and no adverse outcome

While the service could improve their effective management of falls to include a plan for addressing the increase, on balance I am satisfied this requirement is Compliant.

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

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

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

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

The assessment team found that for one consumer who presented with severe pain and a decline in mental health this was not recognised or responded to in a timely manner. The changes in this consumers pain was not reflected in clinical documentation, including progress notes, pain and behaviour charts. Additionally, this consumers vocalisations about wanting to self-harm was not observed to be evaluated by clinical staff and this information was not passed onto the medical practitioner for consideration. Furthermore, this consumer experienced pain from acute onset of headache for which as needed opioid medication was administered yet the medical practitioner was not notified until three days post onset.

The approved provider response submitted that the service has an electronic function on their resident management system to alert clinical staff to deteriorating consumers including vital signs, bowel movements, incidents, wounds and infections. However, the approved provider response was unable to demonstrate that for the consumer identified that their acute onset of pain and deteriorating mental health was captured in clinical documentation or escalated in a timely manner.

I find this requirement 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) 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.*

The assessment team found most staff had a good understanding of antimicrobial stewardship and were able to list non-pharmacological strategies to avoid the use of antibiotics for suspected urinary tract infections Care staff were aware that for consumers who are prescribed antibiotics a urine sample is required for testing three days after the first test to confirm the presence of infection. The assessment team found the services outbreak management plans relating to COVID-19, influenza and gastroenteritis contains adequate information.

The infection control lead (IPC) informed the assessment team that all staff have been provided with training and general infection control processes including hand washing and sanitising. However, during the second day of the audit some staff were observed walking between rooms and throughout the service with gloves on although did not change gloves when assisting consumers with meals. This behaviour was not observed on the third day of the audit and all staff members moving about were using the correct hand hygiene and use of personal protective equipment. The services electronic sign in system had not been updated since the Sydney outbreak in December 2020. Management rectified this on the day of the audit.

The approved provider response asserted that the organisation does have effective infection control procedures in place and argued that the service has not experienced any COVID or influenza outbreaks or threats in the past 18 months. Additionally, the approved provider response argued that the service has had several calls and visits form the Commission and NSW Health specifically monitoring infection control practices and protocols which were deemed to be adequate.

I acknowledge the minor gaps identified by the assessment team and that these issues were rectified during the site audit. I am satisfied that staff feedback in relation to infection control along with the outbreak management plans the service has in place that the service is meeting the intent of this requirement.

I find this requirement Compliant.

# 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

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 sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example, consumers interviewed confirmed that they felt supported by the service to do the things they like to do and that they are supported maintain social and personal relationships.

Consumers sampled stated they are the given opportunity to attend events and services in the community such as attending the community centre for concerts and going on trips Consumers interviewed considered the meals to be of good quality and quantity. They have a choice for every meal, and practices are in place to make changes to the menu either through the food focus group or general discussion with kitchen staff.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 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

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.

Most sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. Consumers sampled said they feel safe in the service environment and that the service is clean and well maintained.

Consumers said they feel at home; they are able to bring their own furniture into their rooms and hang pictures on the walls. Consumers interviewed stated that they were happy living at the service. They confirmed that their visitors are made to feel welcome. For example, ensuring they have enough seating, offering them a cup of tea or a meal during mealtimes.

The Assessment Team observed the environment to be spacious, clean, well maintained and welcoming.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 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.

Most sampled consumers and representatives interviewed said they had never raised a complaint although considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Most consumers and representatives interviewed said they feel safe in raising their concerns with management and were confident action would be taken if they did raise any issues. The representative who submitted the only complaints in the service’s complaints register for 2021 said some of the concerns raised had been addressed by the service, but not all.

The Assessment Team found that three of four specific requirements were met. The Quality Standard is assessed as Complaint as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

The assessment team found that most consumers and representatives interviewed said the service responds to their concerns. One representative who made complaints confirmed that changes had been made to improve quality of care in relation to one complaint, however felt that another complaint in relation to staffing was not reviewed adequately. The assessment team found that review of the services complaint folder for 2021 indicated the response by the service details improvements made to work practices at the service although the improvements were noted not to be recorded in the service’s continuous improvement register. Management advised that not all complaints are automatically recorded in the continuous improvement register and only those that affect a number of consumers where changes have been implemented are recorded in the plan.

The approved provider response clarified that the organisation has robust systems and processes in place to support continuous improvement and reiterated that not all complaint actions are or need to be included in the continuous improvement register. The approved provider also submitted a letter provided to a complainant acknowledging the complainants satisfaction in relation to one complaint and that the service would attempt to address the second complaint within the organisation’s capacity for resources. This issue has been addressed under Standard 7(3)(a).

I am satisfied the service is mostly able to demonstrate that complaints are reviewed to improve the quality of care and services. Despite one representative expressing the view that one of their complaints was not reviewed adequately, the overall consumer and representative feedback was positive in relation to this requirement and the service was able to demonstrate improvements made in response to feedback and complaints.

I find this requirement Compliant.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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 sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. One representative said they cannot fault the staff, and another said staff treat their mother with love. The assessment team observed all interactions between staff and consumers to be respectful and kind.

Most consumers and representatives interviewed confirmed they felt confident that staff have the qualifications and knowledge to provide consumers with the care and services they need and did not identify any areas where staff required more training. However, most consumers, representatives and staff interviewed said there were not enough staff at the service, and some gave examples of how this affected the care of consumers

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

## Assessment of Standard 7 Requirements

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

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

The assessment team found that most consumers and representatives interviewed said there are not enough staff at the service, and although consumers said they generally get the care they need, they said staff are rushed and exhausted. Consumers identified instances where they thought staff shortages affected their care such as not receiving massages as part of their pain management, staff not checking on consumers during the evening and staff rushing to complete showers which is anxiety provoking. Staff interviewed said there were not enough staff at the service and some staff identified areas where consumer care is affected as a result. Additionally, staff commented that for consumers who require transfers, this is time consuming and results in staff having to rush to answer call bells. Staff said they often have to stay back to write notes after the shift ends.

The approved provider response submitted that the services workforce meets current benchmarking standards and that the service has have increased care hours exponentially over the last six months in line with consumer’s care need and staff, consumer and representative feedback. I acknowledge the service’s efforts in responding to feedback and increasing care hours to address consumer needs. However, given the feedback provided from consumer’s and staff during the site audit further improvements are required to ensure that workforce deployed ensures the safety and quality care of consumers at all times.

I find this requirement Non-compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Most consumers and representatives confirmed the service is well run. Consumers and representatives interviewed spoke of ways they can have a say about how their care is delivered. One representative said they speak with the care manager whenever they visit and the family is included in the annual case conferences for their mother.

The service has frameworks and policies in place for risk management and staff were aware of and able to explain the relevance of these to their work practices. Although the service has effective wide governance systems in place, the service was not aware of new legislation regarding restraints due to come into effect on 1 July 2021.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

The assessment team found that the service did not have effective wide governance systems in relation to information management, continuous improvement and regulatory compliance. All staff said they were able to access the information they need and have access to policies and procedures, however some inconsistencies in documentation were noted consistent with issues identified in Standard 2(3)(b). Management were able to describe the ways opportunities for continuous improvement are identified and the continuous improvement register was detailed although does not explicitly include information about service improvements made as a result of complaints.

In relation to regulatory compliance, the service was able to demonstrate how they track changes to aged care law and communicate these changes to staff and provided evidence that regulatory compliance is a standing agenda item at every manger’s meeting and board meetings. However, the assessment team identified gaps in information in the psychotropic register and the service not managing chemical restraint in accordance with the Quality of Care Principles, 2014. Additionally, the service was not aware of recent changes to the Exposure draft for Aged Care Legislation Amendment Principles 2021 which are due to come into effect on 1 July 2021.

The approved provider response argued that the service has an effective information governance system and I am satisfied the gaps identified by the assessment team regarding inconsistent information have been addressed in Standard 2(3)(b). Additionally, I am satisfied that the service does have an effective governance system related to continuous improvement although the service could consider including information about service improvements made as a result of complaints to further enhance this system. However, the service was unable to demonstrate an effective governance system in relation to regulatory compliance and that the service implements this in accordance with current legislative requirements.

I find this requirement Non-compliant.

### Requirement 8(3)(d) Compliant

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

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

The assessment team found thatmanagement advised that the Board’s risk committee sets the risk strategy for the organisation. The organisation’s governance policy manual states the Board is responsible for ensuring effective systems that monitor quality of care, deliver best practice, foster quality and manage risk, and identify and address deficiencies. Management advised the three high impact high prevalence risks to consumers at the service were falls, medication incidents and behaviours. Management advised they have identified these risks through the collection of data and reporting of clinical indicators every month to the regional manager and to the Board.

The service has a documented risk management framework including policies for all the sub sections covered by this requirement. Additionally, staff were able to explain the relevance of the policies to their work practices. However, the assessment team identified deficits in the effective management and practise of high impact and high prevalence risks for consumers who are chemically restrained in relation to gaps in the documentation in the psychotropic register. Additionally, the assessment team identified gaps in the management of a high impact risk for a consumer whose mental health had deteriorated with specific reference to deficits in documentation.

The approved provider response argued that the service has a risk management framework for psychotropic medications and I am satisfied the gaps identified by the assessment team have been addressed in Standard 3(3)(a) and Standard 8(3)(c). Additionally, the service has implemented and circulated a policy for potential self-harm related to mental health. I am also satisfied that the issues related to the deterioration of a consumer’s mental health have been addressed in Standard 3(3)(d).

I am of the view this requirement is 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)(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:

* That all care plans are reviewed to ensure they document and clearly outline the consumers current needs, goals and preferences and that this information is updated accordingly
* Care plans and documentation contain consistent information to accurately guide staff in relation to care delivery
* That end of life wishes and goals and advanced care planning is incorporated into documentation

### Requirement 2(3)(e)

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

The approved provider must demonstrate:

* That the service has a system in place to ensure that the goals and preferences of consumers are reviewed in response to changes in circumstances and when incidents occur
* That a review of care plans for all consumers is conducted for effectiveness of strategies and that this is updated to ensure consistency and accuracy of information

### 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:

* That the service ensures that best practice guidelines are followed in relation to chemical restraint, wound photography and pain management
* That all staff have access to and are familiar with best practice protocols and guidelines
* A review of the psychotropic register has been completed to ensure it contains the relevant information to meet regulatory requirements

### 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:

* That the services newly develop policy on recognising the potential for self-harm is available to all staff and ensure that staff understand how this relates to their work practices
* That there are effective processes in place to respond to consumers who present with a decline in their mental health
* That any acute change in a consumers condition is escalated to a medical practitioner for consideration in a timely manner

### Requirement 7(3)(a)

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

The approved provider must demonstrate:

* That a review of the workforce arrangements has been completed to ensure that the mix of staff are adequate in meeting the needs of consumers across all shifts
* That consumer, representative and staff have been consulted in relation to the adequacy of staffing and that this input is considered

### 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:

* That the services governance systems incorporate current and updated information in relation to regulatory compliance
* That the use of restraint and psychotropic medications meets the legislative requirements of the Quality of Care Principles 2014