Hahndorf Residential Care Services

Performance Report

1A Main Street
HAHNDORF SA 5245
Phone number: 08 8398 8000

**Commission ID:** 6937

**Provider name:** Hahndorf Holdings Pty Ltd

**Review Audit date:** 18 February 2020 to 20 February 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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** | **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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 Assessment Contact dated 14 January 2020
* the provider’s response to the Assessment Contact report received 03 February 2020
* the Assessment Team’s report for the Review Audit; the Review 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 Review Audit report received 12 March 2020

# STANDARD 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

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

The Assessment Team found consumers and representatives interviewed said they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are always treated with dignity and respect, whilst two consumers reported staff are respectful most of the time.
* that staff are knowledgeable and respectful about what is important to them and they are encouraged and enabled to do things for themselves.
* that their personal privacy is respected.

The Assessment Team found the organisational documentation outlines what it means to treat consumers with respect and dignity. For example, the organisation’s commitment statement stipulates an intention to create a culture of inclusion and respect, to support consumers to exercise choice and independence and to respect consumers’ privacy. Staff are provided with the organisation’s diversity policy which includes a specific lesbian, gay, bisexual, transgender, intersex and queer policy, in addition to a culturally and linguistically diverse policy, both of which detail inclusive practices and principles for staff to abide by.

The Assessment Team found the organisation’s resident handbook outlines how staff will respect consumers’ right to privacy and dignity and maintaining privacy in accordance with the requirement. The Privacy policy, included in each consumer and staff welcome pack, further outlines how information is collected, used, accessed and protected, and how consumers can submit complaints about privacy of information.

The Assessment Team observed that the consumer’s Key to me profile and care planning documentation reflected the sampled consumers’ decisions and choices about their care. Care plans, for instance, detailed when, where and in what circumstances staff are to provide support with mobility, as requested by the consumer.

Staff interviewed by the Assessment Team reported they regularly engage consumers in making informed choices about their care and services through informal conversations in every day care, such as what they would like to wear, or what time they would like to get up. Staff spoke of using cue cards for consumers with difficulty communicating. Staff could identify which consumers engaged in risky activities and were aware of their roles and responsibilities for supporting such consumers.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure the service has a culture of inclusion and respect for consumers whereby consumers are respected and enabled to exercise choice and independence.

## 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

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 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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

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

* they have been, involved in or informed of, assessment and planning, including the My Care conversation review processes.
* they can access care plans at any time and some consumers said care plan documents reflect how they want care and services provided.
* they have a say in their daily activities and the manner in which they want their care and services provided.
* they spoke to staff at length about their care needs and preferences when they first came to the service.

The Assessment Team found the organisation has policies and procedures, including in relation to care planning and My care conversations processes to guide staff practice. Care plans are developed from information gathered through consultation with consumers and/or representatives and assessment processes. Care plans included detailed information relating to each consumer’s goals needs and preferences for personal care, clinical care and lifestyle aspects; individualised management strategies are included in the care plan to guide staff delivering care and service needs.

Care files sampled by the Assessment Team demonstrated Medical officers and allied health professionals are involved in consumers’ care. Changes to care plans and management strategies were noted to have been initiated in response to Medical officer and/or allied health directives and recommendations.

The Assessment Team found the service has a range of clinical risk assessment tools that are completed, including skin, nutrition and hydration, falls, behaviour and medication. Individualised management strategies to minimise impact of risks are documented in care plans.

Care staff interviewed described personal and clinical care needs and preferences for individual consumers which were in line with documentation viewed and information provided by consumers and representatives to the Assessment Team.

Clinical staff interviewed by the Assessment Team said conversations in relation to consumers’ advance care and end of life planning is undertaken on entry, on a four-monthly basis during My care conversations and as required.

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

## Assessment of Standard 2 Requirements

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

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

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

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

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

The organisation demonstrates that assessment and planning:

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

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

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

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

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

# STANDARD 3 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

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

The Assessment Team recommended requirement (3)(b) in Standard 3 as not met. I have considered the Assessment Team’s findings, approved provider’s response and the totality of the evidence within the report to come to a view about compliance with Standard 3 and find requirement (3)(b) as Non-Compliant. I have provided my reasons for my decision in the respective requirement in the body of the report.

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

* they get the care they need.
* they have access to Medical officers and allied health professionals. Some stated they are consulted prior to referrals being made and notified of outcomes following allied health reviews.
* they are confident staff know consumers’ well and would recognise, report and manage any issues with their health or well-being.

The Assessment Team found the service has a range of assessments that are completed on entry and on an ongoing basis to identify each consumer’s care needs and preferences. Care plans are developed from information gathered through assessment processes and conversations with consumers and/or representatives ensuring management strategies are tailored to consumers’ needs and optimise their health and well-being.

Staff indicated to the Assessment Team they have access to policies and procedures relating to best practice care delivery, including in relation to restraint, pain and skin integrity. These documents are regularly reviewed and updated to reflect best practice principles and guidelines.

The Assessment Team found there are processes to collect information relating to each consumer’s advance care directive and end of life care planning wishes and preferences. Information documented in care files viewed was reflective of information provided to the Assessment Team from individual consumers.

Consumer files viewed by the Assessment Team demonstrated monitoring of consumers’ health status is undertaken and documented. Where changes to consumers’ health are identified, further charting and monitoring processes are implemented and referrals to Medical officers and allied health professionals are initiated. However, the Assessment Team noted charting, including for wound treatments, food intake and blood glucose levels is not consistently completed.

Clinical and care staff demonstrated to the Assessment Team their knowledge of antimicrobial stewardship principles describing strategies they implement to minimise the need for antibiotics.

The Assessment Team found the organisation was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to the management of a consumer’s allegedly sexually inappropriate behaviour.

### Assessment of Standard 3 Requirements

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

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

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

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

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

The service did not comply with this requirement following an Assessment Contact visit on 14 January 2020 based on the significant number of sexually inappropriate incidents occurring over an approximate three-and-a-half-month period between 01 September 2019 and 14 January 2020 that impacted other female consumers and female staff. The service did conduct ongoing review and implementation of various strategies. However, based on the evidence of ongoing incidents of sexually inappropriate behaviours, these strategies were not always effective, and the reviews have not resulted in the effective management the high-impact and high-prevalence risks associated with the care of this consumer.

The Assessment Team found this requirement not met as the service at the time of the Review Audit and was unable to demonstrate effective management of high impact or high prevalence risks, specifically in relation to management of a consumer’s sexually inappropriate behaviours.

The Assessment Team found in response to the previous non-compliance, the service has implemented a number of strategies to manage the male consumer’s challenging behaviours and strategies have mostly been effective in reducing the risk to other female consumers and staff. One of the strategies is, from 21 January 2020, a dedicated carer shift has been allocated to provide one-to-one supervision for the male consumer from 12.00pm to 6.00pm daily. However, despite the male consumer being monitored by staff on a one-to-one basis, incidents of inappropriate sexual contact with female consumers have still occurred. Since the last Assessment Contact, there have been a further 12 incidents recorded by the male consumer about inappropriate behaviours to female consumers. Five of the seven incidents were noted to have occurred during the one-to-one supervision shift. Documentation for two of the seven incidents indicated female consumers were not happy with being touched by the male consumer.

Management are speaking with staff following incidents to identify what happened and why, however, these behaviours were still found to be impacting on other female consumers and staff. The Assessment Team finds the service has not effectively managed the consumer’s alleged sexually inappropriate behaviours and this consumer is continuing to impact the safety of other consumers and staff.

The approved provider submitted a response to the Assessment Team’s report to provide additional context in relation to the care and management of the consumer with sexually inappropriate behaviour. The approved provider has refuted the Assessment Team’s findings and requested to resubmit the original response to the Assessment Contact conducted on 14 January 2020 as a record of interventions that occurred prior to the Review Audit as additional information to the response.

Since the Assessment Contact on 14 January 2020 Assessment Contact Report, the service has engaged with numerous dementia and care specialists to assist in the management of the male consumer’s behaviours. These include:

* Dementia Support Australia (DSA) – supporting the service, utilising a team of expert dementia consultants and Psychogeriatricians. This advanced support team continue to support the consumer and the service in developing strategies to manage his sexualised behaviours;
* Consumer’s General practitioner – who is providing frequent general medical advice to the service regarding the consumer’s behaviour management, medication, pain management, pathology, diet and general health and wellbeing;
* Physiotherapist – supporting in developing strategies to assist with Mr Stiller’s pain and movement;
* Dietitian – supporting the consumer in food and nutrition and in developing strategies to assist with nutritional intake;
* Speech Pathologist – supporting the consumer in identifying and reviewing swallowing deficits and in developing strategies to assist with nutritional intake; and
* Hahndorf Team – Supporting the consumer in all of the above while also identifying strategies to support his overall health and wellbeing.

In addition, several interventions have been implemented from 06 January 2020 to 28 February 2020. The service is actively taking a multidisciplinary approach to the consumer’s behaviours through regular assessments and monitoring by DSA, his General Practitioner, Physiotherapist, Dietitian, Speech Pathologist and internal clinical and lifestyle staff.

In relation to the 12 instances of incidents by the consumer from 16 January 2020 to 16 February 2020, the approved provider has indicated that only three of the events listed in the Review Audit report fit the compulsory reporting criteria, with no incidents occurring post 21 January 2020, as the over reporting of events that involve the consumer having physical or verbal contact with another consumer or staff member may be misconstrued as being inappropriate coincidences. The service undertook a +review of the documentation and identified that staff were over vigilant in reporting the consumer’s behaviours that would not ordinarily be reported for other consumers. It was also apparent that staff are not utilising objective language to describe events surrounding the consumer, rather using language that pre-empts intent rather than that observed; e.g. having his finger on other female resident between lower legs when the finger touch was on the calf / shin.

In addition, the service engaged a qualified Sit and See practitioner in order to identify the type and quality of interactions staff have with consumers while also gauging the interactions consumers have among their own community. The practitioner was asked to specifically focus on the male consumer named in the report and staff’s interactions with him and vice versa, as well as the interactions between him and other residents. Overall the practitioner was very complimentary in the management of the consumer’s behaviours and noted no instances of inappropriate contact or verbal interactions.

Based on the Assessment Team’s report and the approved provider’s response I find that the approved provider does not comply with this requirement.

In coming to my decision, I have considered the evidence presented by both the Assessment Team and the approved provider which demonstrates the service has conducted ongoing review and implementation of various strategies and interventions to manage the consumer’s sexually inappropriate behaviours. However, from 16 January 2020 to 16 February 2020 the consumer had incidents that impacted on female consumers, even with the measures in place. The service provider indicated the notations in the incidents were evident that staff are over vigilant in reporting the consumer’s behaviours that would not be ordinarily be reported for other consumers. For example touching a female’s arm, placing a hand on a shoulder, gently patting a female consumer on their lower back, an unsubstantiated incident involving an allegation of grabbing another consumer’s breast when walking past, his finger on another female consumer between the legs on top of the clothes, hugged and kissed a female consumer on the cheek and his hand on the female consumer’s back and holding their back while getting into her chair. I do not accept this is normal behaviour due to the history of the consumer displaying the inappropriate interactions. Documentation for two of the seven incidents indicated female consumers were not happy with being touched by the male consumer.

While I acknowledge the approved provider’s commitment and measures they have implemented, at the time of the Review Audit those measures were still not effective to ensure other consumers were safe and protected and not placed at risk.

For the reasons detailed above, I find that the approved provider, in relation to Hahndorf Residential Care Services is non-compliant in relation to Standard 3 Requirement (3)(b).

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

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

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

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

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

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

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

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

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

Minimisation of infection related risks through implementing:

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

# STANDARD 4 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

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

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

* they are supported by the service to undertake activities of their liking, such as gardening, arts and crafts, watching movies, going for walks and woodwork.
* the service supports them in maintaining those connections and attending services of their choosing.
* the meals provided were of sufficient variety, quality and quantity.

All consumers have an extended care plan which includes information on social, cultural and spiritual care. The Assessment Team found that specific practices, goals and preferences, as well as recommended strategies for staff, correlated with consumer interviews. For example, staff were requested not to provide glasses of water at mealtimes due to a consumer’s phobia of water. Likewise, another care plan requested staff provide support and comfort to a recently bereaved consumer.

The Assessment Team observed the lifestyle program consisted of a range of activities to meet consumers’ needs, goals and preferences and catered for varying levels of interests and abilities. This included communal activities, community visits/services and one to one time with staff.

The lifestyle team interviewed by the Assessment Team explained that the activities schedule is tailored to support and enhance quality of life by encompassing a range of different skill sets for a variety of interests.

All staff interviewed by the Assessment Team could describe relationships of importance for each of the consumers and could detail how they continue to ensure a cognitively impaired consumer with challenging behaviours is still supported to have social relationships in the service.

Kitchen staff interviewed by the Assessment Team explained that changes in dietary requests are communicated in a verbal handover each day and are formally updated in care plans. A physical copy of the nutritional and hydration assessment is kept in a dietary book and is also communicated in brief on the kitchen whiteboard and on consumers’ individual food trays. Kitchen staff reported they seek feedback about the menu informally in conversation with consumers and formally through the monthly Food focus group.

The Assessment Team found the organisation has monitoring processes in relation to Standard 4 to ensure the service provides safe and effective services and support for daily living to optimise the consumer’s impendence, health, well-being and quality of life.

## Assessment of Standard 4 Requirements

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

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

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

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

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

Services and supports for daily living assist each consumer to:

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found consumers and representatives interviewed said they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they feel safe in the service environment, are able to move around freely and safely within the service and can access outdoor areas.
* they feel at home in the service and are able to personalise their bedrooms to make them feel more comfortable.
* staff make them feel welcome when they visit the service.
* they are satisfied with the service environment, stating it is comfortable and well maintained.
* they feel safe when using equipment, such as shower chairs, wheelchairs and beds.

The Assessment Team found the service environment was observed to be welcoming, easy to navigate and clean, comfortable and well maintained. There are numerous common areas, including outdoor courtyards for consumers to socialise.

The Assessment Team was informed by the maintenance team the service has a preventative and reactive maintenance process in place. Cleaning processes are undertaken in line with a schedule and include both consumer rooms and common areas.

Staff interviewed by the Assessment Team said maintenance issues are reported and followed up in a timely manner. Staff described hazard reporting processes, including notifying clinical and maintenance staff and completion of hazard reports.

Assessment Team observed consumers to be moving freely and safely both indoors and outdoors.

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

## 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 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

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

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

* they know how to raise a complaint and provide feedback to the service and those who have raised complaints are satisfied with management’s response in resolving the issues.
* they feel safe in raising concerns and they are confident action will be taken.
* they see improvements at the service in response to complaints and feedback.

The Assessment Team found the service provides information about complaints processes and mechanisms as part of the admission process. Complaint forms are available in the main foyer of the service, along with information about external complaint mechanisms and advocacy services. The complaints register and completed feedback forms showed various complaints have been received and logged by the service and appropriate action has been taken by management to resolve the issues. All complaints are investigated by the management team and appropriate action is taken to resolve the issues. An open disclosure approach is used.

Staff members interviewed by the Assessment Team said they will help a consumer to complete a feedback form or complete it on the consumer’s behalf. Clinical staff interviewed said they would ensure any consumer complaints are documented, by either assisting the consumer to complete a feedback form or completing a form on the consumer’s behalf. Staff interviewed were also aware of how open disclosure is relevant to complaints. Staff said they apologise to any consumers who have been impacted.

The Assessment Team sighted information about advocacy services, along with internal and external mechanisms for raising complaints, on display and available in the service.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure the service 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 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 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

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

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

* they find staff are kind, caring and gentle when providing care.
* that staff have the required skills to provide appropriate care and services to consumers.
* that staffing levels meet the needs of the consumers, however, some representatives said there could be more staff.

The Assessment Team found the service demonstrated processes to ensure the workforce is planned to provide sufficient numbers and skill mix of staff appropriate for the delivery of safe, respectful and quality care and services.

The Assessment was informed the organisation has an initial recruitment and interview process that tests applicants for competencies. Applicants are pre-screened by the Recruitment advisor and the Facility manager interviews all staff, ensuring they will fit into the culture of the service, as well as ensuring they have the appropriate skills and qualifications for the advertised position. All new staff undertake an orientation process.

The Assessment found the organisation has processes for identifying staff training needs and feeds these into the training schedule. The organisation collates training needs identified through performance appraisals with staff, as well as feedback from consumers, representatives and staff. Through analysis of this information, the organisation will arrange additional training it determines is necessary.

Staff interviewed by the Assessment Team said they undertake regular performance appraisals. They are given opportunities to identify additional training to support their development. All staff were satisfied with the training provided by the service and indicated they have had training on the Quality Standards.

The Assessment Team observed staff interactions to be kind, caring and respectful.

The service is now monitoring call bell response times daily and providing feedback to staff to ensure response times are within acceptable levels. The Assessment Team sighted an escalation process workflow which shows when call bell response times are escalated for further attention, based on response times. The Clinical manager now has access to monitor call bells. The service has experienced improvements in call bell response times recently.

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

**Assessment of Standard 7 Requirements**

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found consumers and representatives interviewed said the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by the consumers and representatives during interviews with the Assessment Team:

* the service is well run.
* they said they are engaged in improving the delivery of care and services.
* they are provided opportunities to discuss improvements to the services and care provided through regular meetings, surveys and feedback mechanisms.
* they provided examples of how they are involved in the development, delivery and evaluation of care and services. Examples included providing feedback on meal services and care services which resulted in improvements implemented by the organisation.

The Assessment Team found the organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, and feedback and complaints.The organisation has a governing body and the service provides input into regular reports to the governing body. The organisation has policies and procedures which address the Quality Standards. The organisation’s governing body drives change at the service. The service provides regular input into reports for the Board’s consideration. Board guides the organisation in its provision of safe, inclusive and quality care.

The Assessment Team were informed that feedback from consumers and representatives feeds into the continuous improvement register. Management stated audits and quality indicator monitoring are also used to inform continuous improvement processes. Clinical and other incidents are used to identify possible improvements. There is a methodical approach to ongoing monitoring, review and service improvement.

Staff interviewed by the Assessment Team understood the principles of anti-microbial stewardship and open disclosure. Staff could describe how they would respond to such incidents and management demonstrated appropriate systems in place to support staff.

Clinical staff interviewed by the Assessment Team were able to explain the open disclosure process and how they understand the importance of acknowledging when something has gone wrong with a consumer and providing them with an apology.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Compliant

Effective organisation wide governance systems relating to the following:

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

### Requirement 8(3)(d) 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.

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

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

* Provide management and staff training in relation to incident reporting.
* Review efficacy of evaluation and documentation processes following incidents.
* Implement strategies to minimise or eliminate risk to the other consumers while effective behavioural strategies are being trialled for consumers who are impacting on other consumers through physical or sexual assault.