Harold Williams Home

Performance Report

267 Eyre Street   
BROKEN HILL NSW 2880  
Phone number: 08 8080 1850

**Commission ID:** 0027

**Provider name:** Southern Cross Care (Broken Hill) Ltd

**Site Audit date:** 1 March 2021 to 3 March 2021

**Date of Performance Report:** 26 May 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-Compliant |
| Requirement 7(3)(d) | compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 12 May 2021
* the Assessment Team’s report for the Site Audit conducted at St Anne’s Nursing Home from 15-18 March 2021.

# STANDARD 1 NON-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

Consumers and representatives generally felt consumers were treated with dignity and respect and could describe the ways staff provide care to them in a respectful manner. They said staff were caring and courteous and that they felt safe and valued. Consumers said they can maintain their identity, live the life they choose and make informed choices about the care and services they receive.

Care staff described how they support consumers to exercise choice and make their own decision in relation to the care and services they receive. Staff demonstrated an understanding of consumers’ likes, dislikes and their history; staff knew how consumers wish to be treated.

Staff were familiar with practical ways they can respect consumers’ privacy and maintain confidentiality. Staff had an understanding of their responsibilities in the event they witnessed a consumer being treated disrespectfully and this included reporting the incident to a registered nurse.

Care plans included information about consumers preferred name, goals, and preferences including specific cultural needs. Electronic information was noted to be password protected.

The Assessment Team observed staff respecting consumers’ wishes and supporting them in the choices they made. They observed staff knocking on doors, speaking respectfully and closing doors when delivering personal care. Consumers’ personal information including medication charts was stored securely.

Consumers are provided with an admission pack on entry to the service which provides them with information about care and services. In addition to this they receive information verbally at consumer meetings and through newsletters.

The organisation has monitoring processes in place to support a culture of inclusion and respect for consumers. Cultural awareness training is conducted annually and is compulsory for all staff during induction.

However, the service did not consistently ensure that risks associated with consumers’ choices and preferences were identified and discussed with the consumer or their representative so that risk minimisation strategies could be developed that supported the consumer to safely take risks.

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

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

The Assessment Team found that the organisation had not implemented a consistent approach to risk minimisation for those consumers who wish to take risks.

Risks associated with the consumers’ choices and preferences were not consistently identified or discussed with consumers and representatives, and plans to minimise those risks were not detailed or tailored to the consumers’ specific needs.

For a consumer who chose to smoke cigarettes, detailed smoking risk assessments had not been completed to identify risks, documentation did not clearly demonstrate that risks had been discussed with the consumer or that they had been supported to understand the risk. Strategies to minimise the risks associated with smoking were not detailed or tailored to the individual’s needs.

Risk assessments had not been completed for consumers with complex health needs, who regularly travel unaccompanied into the community. The service did not demonstrate that risks associated with these activities had been discussed with the consumer or that they have been actively involved in decisions to minimise risk.

The approved provider, in its response to the Assessment Team’s report acknowledges that risk assessments should have been completed and provided evidence that this has now occurred. Risk minimisation strategies have been discussed with the consumers, strategies to support consumers to take risks have been developed and there are plans to review these on a regular basis or when the consumer’s condition changes.

The approved provider states that strategies to manage risks going forward include the implementation of new risk assessment tools, the development of a risk register and regular review of those consumers who are identified as being at risk.

While I acknowledge the actions taken by the service, the Assessment Team have brought forward information identifying that the service has not actively supported consumers to understand risks associated with their choices and has not involved consumers in decision making in relation to risk minimisation strategies.

This requirement is Non-compliant.

### 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-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

Most consumers felt that they were partners in the ongoing assessment and planning of their care and services including end of life care. They were able to describe occasions where they had been involved in discussions about changes to the consumer’s care.

Consumers and representatives were aware that they have access to a copy of the care plan and said they were satisfied with the level of communication they have with staff in relation to the outcomes of assessment and planning.

Clinical staff said conversations relating to advance care and end of life planning is undertaken on entry and during the consumer’s care evaluation and as needs change.

Policies and procedures are available to guide staff including in relation to assessment and care planning processes and partnering with consumers, palliative care and end of life care.

Care planning documentation generally included details relating to consumers’ needs goals and preferences and evidenced involvement of consumers, their representatives, allied health professionals and medical officers, although in some instances information was not current.

However, assessment and care planning did not consistently address or identify risks related to the consumer’s health and well-being and processes relating to the review of care and services were not always effective.

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) Non-compliant

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

Assessment and care planning processes do not consistently consider risks to the consumers’ health and well-being.

The Assessment Team found that assessment and care planning information did not include the consumers’ preferences in relation to the gender of staff who deliver personal care. Two consumers advised the Assessment Team they prefer female staff to deliver their personal care however this did not always occur. The Assessment Team found that this information was not reflected in the consumers’ care planning documentation.

For one consumer who had been placed on a fluid restriction by their medical officer, assessment and care planning documentation did not include this medical directive. The Assessment Team reviewed fluid balance charts and identified that documentation to demonstrate monitoring of fluid intake for this consumer was incomplete.

Risk assessments for consumers who smoke cigarettes, had bed poles in place or who travel into the community unaccompanied had not been consistently completed.

The approved provider’s response acknowledges that in some instances assessments had not been completed and care planning information was not current; I note that actions are being taken to address this. The response included evidence that assessment and care planning documentation for identified consumers has been updated to reflect current needs and preferences. Additionally, the approved provider stated that preferences regarding the gender of staff delivering care have been updated for all consumers and that this will now be included as an element of the entry process and will be reviewed on a regular basis. With respect to the completion of documentation relating to fluid balance charts, the approved provider has taken action to remind staff of their responsibilities.

While I acknowledge the actions taken by the approved provider, at the time of the Site Audit, assessment and care planning information was incomplete and did not accurately reflect risks associated with consumers’ needs and preferences, impacting the delivery of safe and effective care.

I find this requirement is Non-compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) 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 brought forward information that assessments and care plans are not consistently updated or reviewed following care evaluations and for some consumers information in care planning documentation was incorrect or incomplete following review.

Care planning documentation reviewed by the Assessment Team contained incorrect information relating to sensory aids, pain management and diabetes management. For two consumers, care evaluations including those relating to hygiene care did not include the consumer’s preference to have female only staff deliver personal care. Staff advised that while some staff know the consumers and their preferences, this is not so for new staff and at times male staff have attended the consumers to assist with hygiene cares.

The approved provider its response acknowledges that in some instances assessments have not been completed and care plans have not been consistently reviewed for effectiveness.

The approved provider’s response includes evidence that actions are being taken to address this including auditing of clinical documentation and the provision of additional resources and training to clinical staff. For those consumers identified in the Assessment Team’s report, assessments and care plans have been updated to reflect current care needs.

While I acknowledge the approved provider is taking action to address the deficiencies identified by the Assessment Team, at the time of the Site Audit, processes relating to the review of care and services were not effective.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers and representatives were generally satisfied with the care consumers received. Consumers reported that they had been involved in discussions about end of life care.

The service generally demonstrated that high impact or high prevalence risks associated with the consumers’ clinical and/or personal care are managed. Risk assessments relating to falls, behaviours, nutrition and hydration were in place and staff could describe the care for consumers.

Referral processes are in place and consumer files demonstrated that medical officers and a range of allied health professionals including a physiotherapist, speech pathologist, dietitian, optometrist and dementia advisory services are involved in the consumers’ care.

Staff could describe the processes for managing risks associated with the care of the consumer. Staff could describe end of life care and how they planned care that supported the consumer’s comfort and pain management.

Staff have access to policies, procedures, flowcharts and assessment tools to support them with assessment, care planning and care delivery.

Clinical equipment is available to consumers and includes, mobility devices, sensor mats and pain-relieving equipment.

Staff have access to care plans and progress notes and said that consumer information is also conveyed through meetings and handover processes.

However, the service was unable to demonstrate each consumer gets safe and effective clinical care that is tailored to the individual needs of the consumer and optimises their health and well-being. The Assessment Team identified deficits in care delivery and clinical documentation relating to wound management, diabetes management and clinical assessment and monitoring following a deterioration or change in the consumer’s condition.

The service demonstrated that staff practices promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing antibiotic resistance. However, staff practices were not in line with an effective infection prevention and control program and poor practice was observed in relation to hand hygiene and the use and cleaning of shared equipment.

The Quality Standard is assessed as Non-compliant as three 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.*

Consumers have not received care that is tailored to their individual needs and optimises their health and well-being. Care has not consistently been provided in accordance with care plan directives or organisational expectations and this has resulted in negative health outcomes for consumers.

One consumer, whose care plan identified they required supervision, sustained a fall and a fracture after being left unsupervised while using the toilet.

For consumers with diabetes, the Assessment Team found that there were inconsistencies identified with the documentation relating to blood glucose reportable ranges and the service could not demonstrate that blood glucose levels were reported to the medical officer when they were outside normal range.

For those consumers who have established patterns of refusing medication or who refuse blood glucose monitoring, care planning documentation did not demonstrate that risks associated with these behaviours had been considered as an element of care planning.

The Assessment Team reviewed wound care and identified that for one consumer wound care documentation was inaccurate and wound care had not occurred in line with organisational requirements.

The approved provider, in its response to the Assessment Team’s report acknowledges deficits in care and has taken action to address this. Actions included the completion of risk assessments, revision of processes relating to the documentation of blood glucose level reporting parameters, additional education for staff in wound care, revision of care plans where appropriate and increased monitoring of clinical practices.

While I acknowledge that action has been taken to address the deficits identified by the Assessment Team, at the time of the Site Audit, consumers were not consistently receiving care that optimised their health and well-being.

I find this requirement is 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 brought forward information under other requirements identifying that risk assessments for some consumers had not been completed. However, overall, high impact and high prevalence risks associated with the care of consumers were being managed and this was evidenced in care planning documentation.

Consumers advised they receive care that is right for them and is documented on their care plan. Representatives said that in most instances they have been notified of clinical incidents and advised of the actions taken by the service.

Staff and management could describe processes for managing and identifying high-impact, high prevalence risks associated with the care of consumers and this included the management of falls, mobility and behaviour.

### 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.*

Staff have not effectively managed deterioration or change in a consumer’s condition.

The Assessment Team found that appropriate clinical assessment and monitoring did not occur for one consumer who experienced a fall overnight and who complained of pain following the incident. Staff who attended the consumer following the fall did not escalate the situation to a registered nurse at the time of the incident and the consumer was not assessed by a registered nurse in a timely manner. The consumer was later found to have sustained a fracture.

The Assessment Team’s report further identifies that registered nurse directives to complete clinical observations for this consumer following a decline in their health at a later date have not been followed.

The approved provider in its response advised that staff attending the consumer at the time of the fall completed a head to toe assessment of the consumer. However, I note the approved provider has completed a root cause analysis of the incident and identified the situation was not escalated to a registered nurse, observations post fall were not attended in accordance with organisational requirements, a pain assessment was not completed despite the consumer being in pain, and family were not contacted. The approved provider has identified that staff require additional support and supervision particularly in relation to the management of clinical deterioration.

I acknowledge the approved provider has taken action to address the deficiencies identified by the Assessment Team and that staff are receiving additional supervision and support. However, at the time of the Site Audit staff were not identifying and responding appropriately to consumers who had experienced a deterioration in their condition and consumers did not receive the care they required.

I find this requirement is Non-compliant.

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

Staff practices were not consistent with the service’s COVID-19 Plan and did not minimise infection related risks.

Disinfectant wipes were not in place where shared equipment was in use and the Assessment Team observed shared equipment such as lifting equipment and blood pressure equipment not being wiped down between consumers.

Personal protective equipment was not readily available to support the care of a consumer who was being isolated due to an infection. Management staff confirmed that staff attending the consumer were required to wear personal protective equipment when delivering personal care.

Staff said they had not attended a practical session or been assessed in how to correctly don and doff personal protective equipment.

The Assessment Team observed poor practice in relation to the use of personal protective equipment and poor hand hygiene. Staff were observed to move between consumers without using sanitising hand gel or washing their hands.

Limited signage, relevant to COVID-19 such as social distancing requirements, density signage and cough/sneeze etiquette, was evident throughout the service.

The approved provider’s response includes evidence that the service has taken action to improve access to personal protective equipment, and that additional education and training is being provided in relation to the use of personal protective equipment and hand hygiene. Additional hand sanitising stations have been established and there is increased availability of hand sanitiser and disinfectant wipes. Increased signage has been placed throughout the service.

I acknowledge the actions taken by the service to improve infection control practices, however at the time of the Site Audit the service was not ensuring that staff practices minimised infection related risks.

I find this requirement is Non-compliant.

# STANDARD 4 NON-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 service demonstrated each consumer generally receives care and supports for daily living that enables consumers to do the things they want to do.

All consumers and representatives interviewed said consumers felt safe, and staff supported them to do what they liked and that they could come and go as they pleased. However, consumers and representatives voiced significant dissatisfaction with laundry services and cited examples of clothing that had gone missing or had been damaged. The service had received a number of complaints about laundry services and while management staff said laundry processes were being reviewed they acknowledged that the problems had not been resolved.

The service offers a varied menu of suitable quality and quantity. A four-week rotating organisational menu is in place which is changed seasonally. Each consumer chooses their meal the day before, however, can change their mind on the day and alternatives are offered. The menu can be modified to meet individual consumer needs. There are processes to ensure each consumer’s nutrition and hydration needs are identified, monitored and reviewed. Consumers said they were satisfied with the meals provided and have provided feedback in relation to meals directly to staff, through surveys and at meeting forums.

Activities are provided by lifestyle staff and the lifestyle program includes a range of activities. Care plans included information relating to how consumers are supported to participate in the community and maintain friendships. Participation in the activity program is monitored and staff said where consumers are noted to not attend, staff consult with consumers to ascertain if alternatives can be offered.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described how information is shared, including through handover processes. Consumer care files sampled demonstrated consumers are referred to individuals, other organisations and other providers of care and services where the need is identified.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The Assessment Team brought forward information that laundry services are not meeting consumers’ needs and preferences. Consumers and representatives expressed dissatisfaction with laundry services stating that their personal items had gone missing, clothing was returned damaged or had shrunk.

The Assessment Team observed consumers returning personal items of clothing to staff after identifying that the clothing did not belong to them.

Complaints information reviewed by the Assessment Team evidenced a significant number of complaints received that related to laundry services.

Laundry staff said they do not have time to check laundry labels to identify if they are requiring replacement and the Assessment Team observed labels that were faded, difficult to read and in some instances clothing was not labelled.

Laundry staff said some staff were not aware that consumers have a preference to have their woollens laundered by family. They said these items are inadvertently laundered by the service together with other items of clothing and are damaged.

Management staff were aware of the dissatisfaction with laundry services and acknowledged that the laundry processes at the time of the Site Audit were not effective.

The approved provider’s response demonstrates that action is being taken to improve the laundry service. This includes communication with consumers and representatives and revised processes relating to the management of laundry including labelling of clothing.

I acknowledge the actions taken by the service to improve laundry processes. However, I am satisfied that consumers’ needs and preferences in relation to the laundering of their personal items have not been met and that this has had a negative impact on consumers’ quality of life and their sense of well-being.

I find this requirement is Non-compliant.

### 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 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

Consumers and representatives were generally satisfied with the safety and comfort of the environment. Consumers said they feel at home and can personalise their rooms and arrange personal items as they wish.

Consumers and representatives said they are satisfied with the cleanliness of consumer rooms and communal areas, the furniture is suitable and safe, and all areas are cleaned regularly. Consumers said they are able to access outdoor areas and this was observed by the Assessment Team during the Site Audit.

Consumers said if they need something repaired or looked at, the service actions it quickly.

The organisation provided consumers with a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

Staff could explain how they make consumers feel welcome and said that they show consumers and family members to their rooms when they arrive.

Observations demonstrated the service environment to be welcoming and easy for consumers to navigate. The organisation demonstrated preventative and reactive cleaning processes to ensure consumer rooms, bathrooms and communal areas are clean and safe. There are preventative and reactive maintenance processes where staff can report any maintenance issues through the service electronic system.

Staff were able to explain how they report faulty equipment and those items needing repair and maintenance staff explained how they prioritised their work. Staff were able to demonstrate actions they would take if they identified a hazard that compromised consumer safety.

The Assessment Team identified some deficiencies in relation to the cleanliness of equipment in the kitchen which is located at another site and provides the catering for the service; this has been addressed by the approved provider.

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.*

Consumers and representatives said they are happy with the standards of cleanliness and that rooms are cleaned regularly. They said equipment is well-maintained and supports their independence. Consumers said if they need anything fixed that this is actioned quickly.

Clinical and care staff described the service’s processes for reporting equipment that needs repair or replacement and were familiar with hazard reporting mechanisms.

Maintenance staff explained how equipment repairs are logged on the electronic system and how they prioritise their work. External providers are also utilised to service equipment such as motorised wheelchairs and lifting equipment.

Cleaning schedules and maintenance schedules are generally in place, although maintenance staff said that some items such as shower chairs and wheel chairs were not included on the schedule and that they attended to maintenance and repairs when needed.

Meal preparation for the service occurs at another site and the Assessment Team viewed the kitchen at this site and identified that the kitchen area and some equipment was not clean or well maintained. The approved provider’s response demonstrates action has been taken to address the deficiencies relating to the kitchen. This included revising the existing cleaning and maintenance schedule, developing additional standard operating procedures, purchasing replacement food preparation equipment and reviewing monitoring processes.

In coming to a view about this requirement I have also considered information brought forward by the Assessment Team in the Site Audit Report for the sister site, where the kitchen is located. I am satisfied that while deficits in cleaning were identified at the time of the Site Audit, the approved provider has taken action to rectify this. I note too that overall, consumers and representatives were satisfied with the organisation’s service environment including their access to furnishings and equipment.

I find this requirement is Compliant.

# 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

Consumers and representatives said they are encouraged and supported to provide feedback and make complaints. They could describe the types of complaints that had been made and how they had been actioned. For example, they said that in response to complaints about food, a food focus group had been initiated.

Consumers and representatives said that management staff were approachable and that they felt comfortable speaking directly to them if they had a concern. They said they participate in consumer meetings where actions taken in response to complaints are discussed.

Consumers said that management staff hold discussions with the complainant to discuss their concerns and that the service has always apologised when things go wrong.

Staff said they had received education and training in topics including advocacy and open disclosure. They understood the concept of apologising for any mistakes they have made.

Management described their open-door policy and staff could explain how they respond when a consumer raises a concern. Management said that to support understanding of advocacy, an information session was presented to consumers in late 2020 by a community organisation that provides aged care advocacy services.

Management and staff provided examples of complaints that had been actioned and described how feedback from consumers and representatives is used to improve care and service delivery.

Complaints information is displayed in prominent areas throughout the service and this includes information about advocacy services and access to interpreters. Feedback forms are accessible and complaints information is included in the consumer newsletter and consumer handbook.

The service had an open disclosure policy and a complaints management policy. A feedback register was maintained which tracks actions taken in response to feedback. Feedback reports and consumer meeting minutes that were reviewed by the Assessment Team demonstrated that consumers and representatives have access to complaints mechanisms.

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

## Assessment of Standard 6 Requirements

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

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

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

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

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

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

Consumers and representatives were generally satisfied there were enough staff and said that staff are polite, patient and respectful.

Consumers said that staff generally try to accommodate their preferences and provided examples of how staff respected their privacy by knocking before entering.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

The service demonstrated there are processes to ensure the skill mix of employees is considered in addition to staffing levels based on occupancy rates and acuity of consumers. Management provided an example of a recent increase in the staffing hours to reflect the increasing consumer care needs. There are mechanisms in place to address planned and unplanned leave and staff said that they had sufficient time to complete their work.

The service has an initial onboarding process which involves mandatory training based on job roles and buddy shifts. Following recruitment, the service provides ongoing training to staff as part of scheduled online and face-to-face training, and staff meetings.

The service has an annual performance review process and a performance management process to ensure when incidents occur, the service undertakes appropriate action.

However, in some instances staff have not acted appropriately when there has been a deterioration or change in the consumer’s health or following an incident.

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

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

Staff did not consistently have the knowledge to effectively perform their roles and this impacted their ability to provide safe, quality care to consumers.

The Assessment Team brought forward information under this and other requirements that identified staff had not responded appropriately when a consumer experienced a change or a decline in their health or following an incident such as a fall. For example, assessments and clinical observations were not completed when indicated and appropriate assessment by a registered nurse did not occur in a timely manner following a significant clinical incident.

The approved provider in its response acknowledged that there had been an incident where staff did not identify a serious injury and stated that staff have been issued information outlining the pathway for managing a deteriorating consumer. Further to this, education on the clinical review process is to be completed by May 2021.

I note the approved provider has taken action to address the deficiencies identified by the Assessment Team, however, I am satisfied that at the time of the Site Audit, staff did not consistently have the knowledge to effectively perform their roles.

I find this requirement is Non-compliant.

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

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

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

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

### The organisation was not able to demonstrate that risk management systems and processes were well understood by staff and consistently applied. In some instances risk assessments had not been consistently completed for example, for consumers with complex health care needs who choose to leave the service unaccompanied.

The Assessment Team viewed the organisation’s risk management processes which included a risk matrix and identified risks at both an organisational level and service level. This had been updated to include clinical risks, such as infection control, antimicrobial stewardship, pressure injuries, COVID-19, medication errors, weight loss, restraint and diabetic management.

Consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers provided examples of how they had influenced care and service delivery.

Management provided information regarding the involvement of representatives on the resident care committee that reports on all survey results, leading to consumer driven change and involvement in projects.

Staff said they have access to information needed to complete their roles and are provided with a corporate induction and that the Board promotes a culture of safe, inclusive and quality care.

Organisation wide governance systems were in place and these addressed key areas relating to the organisation’s performance including workforce management, complaints, regulatory compliance and financial governance.

Staff were able to describe training undertaken in relation to identifying and responding to the abuse of consumers and have access to organisational tools to support them with this.

Management and staff were able to describe policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure and how they use this information as part of their work.

The Board monitors regulatory compliance, including reporting compliance against the Standards, the self-insurance code of practice and the food safety regulations.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

### The service did not consistently demonstrate effective risk management systems and practices.

The Assessment Team brought forward information under this and other requirements that demonstrated staff did not have a sound understanding of when to undertake risk assessment processes and risk assessments had not been completed when there was a potential risk to a consumer’s health and well-being.

### Risk assessments had not been completed for consumers with cognitive impairment and impaired mobility who had a bed pole in place.

### Risk assessments were not consistently completed for consumers whose behaviours or lifestyle choices placed them at risk including for example consumers who choose to smoke cigarettes, consumers with complex health care needs who travel independently into the community and for consumers whose choices in relation to treatment or care may impact their health and well-being.

The approved provider in its response has acknowledged that risk assessment processes required improvement and has taken action to ensure that risk assessments have been completed for consumers where appropriate including for those consumers who leave the service unaccompanied. Risk assessment processes have been revised including risk assessment tools, the introduction of a risk register and through increased clinical monitoring of consumers who are identified as being at risk.

Additional information was brought forward by the Assessment Team under this requirement, for example wound care and instances where staff have failed to take appropriate action following a change in the consumer’s condition. I have considered this, together with the approved provider’s response under other requirements.

I note the Assessment Team found that the organisation has policies and procedures to support consumers to live the best life they can and to address compulsory reporting requirements and elder abuse. The organisation embraces a philosophy of care that is person centred and staff could describe how they support consumers to make their own decisions about the care they receive, the activities they attend and the relationships they maintain.

I acknowledge the service demonstrated some understanding of this requirement and that the approved provider has taken action to address the deficiencies identified by the Assessment Team. However, I am satisfied that at the time of the Site Audit, risk assessment processes were not well understood or applied appropriately.

I find this requirement is Non-compliant.

### The 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.

* Each consumer is supported to take risks to enable them to live the best life they can.
* Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.
* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.
* Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
  + is best practice; and
  + is tailored to their needs; and
  + optimises their health and well-being.
* 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.
* Minimisation of infection related risks through implementing:
  + standard and transmission-based precautions to prevent and control infection; and
  + practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
* 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.
* The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.
* Effective risk management systems and practices, including but not limited to the following:
  + managing high impact or high prevalence risks associated with the care of consumers;
  + identifying and responding to abuse and neglect of consumers;
  + supporting consumers to live the best life they can.