Hellenic Community Aged Care

Performance Report

2 Hellenic Drive
DIANELLA WA 6059
Phone number: 08 9376 5830

**Commission ID:** 7157

**Provider name:** Hellenic Community Benevolent Association Inc

**Assessment Contact - Site date:** 5 November 2020

**Date of Performance Report:** 2 February 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(b) | 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 - Site; the Assessment Contact - Site 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 Assessment Contact - Site report received 8 December 2020.

# STANDARD 3 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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 3 Personal care and clinical care and found the service met this Requirement. Consumers and their representatives interviewed confirmed consumers receive safe and quality personal and clinical care which is tailored to consumers’ needs. The service has processes including guidelines and assessment tools to assist staff in delivering personal and clinical care to consumers in line with best practice. Consumers’ clinical files confirmed consumers’ clinical needs including pain and wound care are delivered to optimise the consumers’ health and wellbeing.

Based on the evidence in the Assessment Team’s report I find the service Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

### 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.*

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Assessment Team assessed Requirement (3)(a) in relation to Standard 4 Services and supports for daily living and found the service did not meet this Requirement. The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented actions to address.

Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living and have provided reasons for my decision in the relevant Requirement below.

## 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 found the service did not demonstrate each consumer receives 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 deficits identified were specific to consumers living in the 16-bed capacity dementia support unit of the service, relevant evidence included:

* Consumers were observed to be left with no activity, engagement or stimulation for majority of the day.
* Consumers did not have free access to the sensory room or outdoor garden area and both areas were observed to be locked.
* Five representatives interviewed preferred to take consumers out of the dementia support unit when visiting as the environment was not stimulating or welcoming.
* The middle courtyard accessible to the consumers was observed to not have any stimulating activity or features of engagement and no consumers were observed to utilise the space.
* One consumer’s lifestyle assessment, plans and activity attendance records in the dementia support unit showed the service had identified the consumer’s preferences and activities they enjoy doing. However, there was no evidence the consumer was provided activities in line with their preference. The consumer was observed to be engaged with an activity for a short time while lifestyle specific staff were in the area. However, the equipment and resources were removed at the end of the activity time and the consumer was observed to be left with no engagement or interaction.
* Staff confirmed the equipment and resources for activities are removed from the dementia support unit as consumers take them and things go missing.
* Management confirmed signs on consumers’ doors had been removed in the dementia support unit as consumers would take them down and they would go missing.
* Management confirmed the lower part of an interactive wall had been removed as consumers in the dementia support unit would take things from it.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented actions to address the deficits in the dementia support unit including; implementing additional engagement and resources, additional one hour a day of therapy assistant staff, extension of the sensory wall, making gardens and sensory room accessible and improving the outdoor environment with stimulating plants and furniture.

The service has implemented additional resources in the dementia support unit to support consumers in engaging in activities and independently accessing areas. However, at the time of the Assessment Contact the service did not demonstrate they were providing consumers in the dementia support unit appropriate or effective supports to engage in activities in line with consumers’ preferences or to provide supports to assist consumers in remaining independent. The service had not identified the deficits in provision of activities and individual and independent engagement supports in the dementia support unit. The service had actively removed engagement opportunities, including signs, resources and equipment, sensory walls and access to sensory living areas in response to consumers removing or losing the resources. The service at the time of the Assessment Contact has not demonstrated an understanding, knowledge or practices which support consumers to engage in activities of their preference or to promote consumer independence. Observations made by the Assessment Team show the lack of supports and services for daily living in the dementia support unit has impacted on the well-being and quality of life of the consumers living in this area of the service. The service is committed to addressing the deficits however, the effectiveness of the improvements will need to be monitored and evaluated.

Based on the summarised evidence above I find the service Non-compliant in this Requirement.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 5 Organisation’s service environment and found the service did not meet these Requirements. The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented actions to address.

Based on the Assessment Team’s report and the approved provider’s response I find the service Non-compliant with Requirements (3)(a) and (3)(b) in Standard 5 Organisation’s service environment and have provided reasons for my decision in the relevant Requirements below.

## Assessment of Standard 5 Requirements

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

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

The Assessment Team found the service did not demonstrate the service environment in the dementia support unit and other common areas of the service is welcoming, easy to understand or optimises the consumers’ sense of belonging, independence, interaction and function. Evidence included:

* Five representatives interviewed preferred to take consumers out of the dementia support unit when visiting as the environment was not stimulating or welcoming.
* Consumers and representatives interviewed stated there is only one area of the service to use for more private socialising and it is not always available as is used for staff meetings as well.
* One outdoor area of the service was observed to be uninviting and have equipment stored in it.
* The outdoor area lacked welcoming and functioning resources and furniture to support consumers and their representatives from enjoying the environment.
* The sensory room is not accessible to consumers as it is locked and does not allow consumers to interact with the environment within or support consumers’ independence.
* There were no appropriate visual clues to assist and direct consumers with cognitive deficits in navigating the environment independently. Consumers were observed to walk around the corridors trying to find their rooms.
* The environment was observed to be bare and no items of interest or engagement were available.
* Staff interviewed confirmed they keep the doors to the outdoor garden and sensory room locked to prevent consumers using them independently as the consumers are at risk of falls.
* Management confirmed the lack of décor in the dementia support unit as consumers take things and lose them.

The approved provider’s response acknowledged the deficits identified by the Assessment Team and have implemented actions to address the deficits in the environment in the dementia support unit including; updating the outdoor environments with appropriate furnishings and plants, providing access to areas and providing additional stimulation, engagement and resources in the dementia support unit environment.

The service has implemented actions to address the deficits identified by the Assessment Team to provide an environment which provides additional interaction and function including independence to access all areas. However, at the time of the Assessment Contact the service did not demonstrate it had effectively monitored or identified the deficits in the service environment and the service and staff did not demonstrate an understanding of the environment and the impact to consumer well-being and independence.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

*The service environment:*

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

The Assessment Team found the service did not demonstrate it provided an environment which enabled consumers safe and free access to all indoor and outdoor areas. Evidence included:

* Consumers in the dementia support unit do not have free access to outdoor areas and indoor areas including the garden and sensory room. Consumer representatives interviewed confirmed there is no free access to these areas.
* Staff interviewed confirmed they keep the areas locked so consumers can not access them independently.
* Consumers were noted to be walking in the corridors, however no seating was provided in the corridors.
* The service had not identified and assessed consumers in the dementia specific unit in relation to safety or consideration of environmental restraint through the locked doors.

The approved provider’s response acknowledges the deficits identified by the Assessment Team and the service has implemented improvements to address the deficits including; changed locks on the garden and sensory room to allow for access to those areas, seats provided in the corridors and review of furnishings in the outdoor areas. The service has plans to implement the use of closed-circuit television cameras in the sensory and outdoor area, so consumer safety can be monitored while supporting independence.

The service has implemented actions to address the deficits identified by the Assessment Team to support consumers having free access to indoor and outdoor areas which are safe for them to enjoy independently. However, at the time of the Assessment Contact the service did not demonstrate knowledge, understanding and application of this Requirement in relation to ensuring consumers have access and can freely and independently move throughout the service. The service did not identify the deficit and evidence shows the practice of locking areas and preventing consumer access to areas was common and acceptable and had not been considered as a use of restraint limiting free access. The improvements implemented will require monitoring and evaluation of effectiveness.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# STANDARD 7 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 Assessment Team assessed Requirement (3)(b) in relation to Standard 7 Human resources. All Requirements in this Standard were not assessed and therefore an overall rating of the Standard is not provided.

The Assessment Team found the service met in Requirement (3)(b). The Assessment Team found consumers and their representatives interviewed confirmed staff interactions with consumers are kind, caring and respectful of each consumer’s individual and unique needs. Consumers described staff as being ‘wonderful and kind’, ‘beautiful and caring’, ‘like family’ and supportive of consumers’ preferences and needs. However, one representative stated at times staff talk over the consumer which they find disrespectful of the consumer’s cognitive ability.

Based on the evidence in the Assessment Team’s report I find the service Compliant in Requirement (3)(b) in relation to Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 4 Requirement (3)(a): Ensure each consumer has access to resources, equipment and appropriate support to enable them to engage in activities of daily living in line with their preferences. Ensure appropriate supports including resources, environment and equipment are provided in the dementia support unit to support consumer independence and quality of life.
* Standard 5 Requirement (3)(a): Ensure the service environment is welcoming and appropriate furnishings, décor and signage are provided to optimise the consumers’ independence, interaction and enjoyment of the environment.
* Standard 5 Requirement (3)(b): Ensure processes are in place to allow consumers to move freely throughout the service and access appropriate indoor and outdoor areas.