Helping Hand Aged Care - Mawson Lakes Facility

Performance Report

2 The Strand   
MAWSON LAKES SA 5095  
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**Commission ID:** 6207

**Provider name:** Helping Hand Aged Care Inc

**Site Audit date:** 23 February 2021 to 25 February 2021

**Date of Performance Report:** 7 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) | 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** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 24 March 2021
* information received by the Aged Care Quality and Safety Commission from consumers and/or representatives prior to the site audit.

# 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

Consumers spoke highly of staff and 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. Consumers confirmed staff generally supported them to remain independent and they were satisfied their personal privacy was respected, and their personal information kept confidential. Consumers provided examples of how staff supported them to maintain relationships both within and outside the service, including during visitor restrictions associated with COVID-19.

Staff spoke about consumers respectfully and demonstrated they knew the consumers, their cultural preferences and how to support individual consumers to maintain their cultural identities.

Staff were able to provide examples of how they support consumers to maintain relationships and provide privacy for them; this was observed by the Assessment Team.

Care plans documented a detailed consumer life story and a clear summary of consumer cultural preferences, which were known by the staff and were consistent with those identified by consumers.

Information was provided to consumers through meetings, brochures, information packs and activity schedules. Brochures and other material related to consumers’ rights and advocacy services was available within the service. While some consumers reported staff did not consistently have time to assist them with reading or to engage in a chat, overall consumers were satisfied with the information they received and how staff engaged with them.

The service has policies and procedures in place to ensure staff behaviour is respectful towards the consumer and appropriate measures are taken to address any performance issues if a need is identified. Policies and procedures also include a Code of Conduct for staff which outlines expectations in relation to privacy and dignity.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

STANDARD 2 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

Consumers said that they feel like partners in the ongoing assessment and planning of their care and services and provided examples of how they or their representatives are participants in this process. They said staff had spoken to them about advance care and end of life planning.

Clinical staff described initial and ongoing assessment and review processes in line with the service’s processes.

Staff could describe how consumers and others who contribute to the consumer’s care, including medical officers, allied health professionals, and representatives work together to deliver a care and service plan. Staff explained how they monitor and review the plan as needed with the focus on optimising health and well-being in line with consumers’ needs, goals, and preferences.

Care files evidenced a range of assessments relating to both clinical and lifestyle aspects of care which are completed on entry and reviewed on a regular basis and where changes to consumers’ health and well-being are identified. Information gathered from assessment processes and consultation with consumers and/or representatives was used to develop individualised care plans which were readily available to both consumers and staff. Progress notes demonstrated consumers and/or representatives are consulted in relation to outcomes of assessments and changes to care plans.

While some discrepancies were noted in the documentation relating to pain assessments, a commitment was made by management staff at the time of the Site Audit to address this through staff education and training. Further to this I note that information under other requirements demonstrates that consumers who experience pain are assessed and regularly reviewed by clinical staff and medical officers. The service has established links with a palliative care service that audits end of life and advance care planning documentation.

Staff could describe the assessment and care planning process and how changes in consumer’s care needs are identified and addressed. Staff provided examples of occasions when care plans had been reviewed and updated following incidents or in response to concerns including behavioural issues and pain.

Competency training packages supported staff skills development and staff have received education and training in areas including palliative care.

The organisation has policies and procedures that are relevant to this standard and include assessment and planning, advance care planning and end of life planning.

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

## Assessment of Standard 2 Requirements

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

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

### 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 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 spoke highly of staff and said staff are kind, caring and look after them well. Consumers said they receive personal care and clinical care that is safe and right for them and provided examples of how staff cared for them. Consumers described the types of pain management strategies provided by the service and this included massage and repositioning.

Consumers reported that they have access to medical officers on a regular basis and when needed and are assisted to access outside medical and allied health services where required. They said their complex care needs are managed well, including pain, wounds, and other medical conditions.

Some consumers said that staff did not have sufficient time to interact with them or to discuss their care needs in detail and this is considered further under Standard 7.

Care is provided in accordance with assessed needs which are identified in partnership with the consumers or their nominated advocates. Regular reviews are completed to ensure care delivery meets consumers’ current needs. Care planning documentation evidenced referral to wound care specialists, vascular specialists, mental health services, physiotherapist, dementia advisory services, dietitian and speech therapist.

Staff described consumers’ specific care needs and said they notify clinical staff of any changes to a consumer’s health and well-being. Staff demonstrated an understanding of the high impact, high prevalence risks for consumers including unplanned weight loss and complex behaviours. While there were no consumers who were actively palliating at the time of the Site Audit, staff could describe how they provided care in these situations which focused on comfort and promoted privacy, dignity and respect.

Nursing staff demonstrated an understanding of how to minimise the need for or use of antibiotics. They were familiar with the possible signs of infections and described how this is escalated to the medical officer for their attention.

The organisation records high impact or high prevalence clinical and personal risks for consumers using the electronic reporting system. These risks are actioned, analysed and discussed at staff and board meetings.

Staff have access to electronic resources, policies, procedures and guidelines which provides them with up to date information, including in relation to best practice, end of life care, referral processes and managing change in a consumer’s condition. The education program available to staff includes a competency training package and addresses topics such as infection control.

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

### 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) Compliant

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

### 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 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

Most consumers provided feedback that they are supported to do the things they want to do and were able to participate in the community and keep in touch with people who were important to them. Consumers provided examples of the activities that they were involved in and this included accessing the community library, reading and participating in exercise classes and spending time with their families. They understood there had been temporary restrictions due to COVID-19 and building renovations and described how staff supported them to remain in touch with family during the visitor restrictions.

Consumers were able to describe how they could influence change, by giving feedback or participating in surveys and meetings. The Assessment Team identified that consumer feedback had informed activity planning.

Information was provided to consumers through a welcome pack on entry, newsletter, and a monthly activity calendar was available.

Care planning documentation included information about the activities enjoyed by consumers as well as details relating to their social, cultural and spiritual well-being.

Staff described how they meet with consumers on their entry to the service to discuss their goals in relation to services and supports for daily living. Staff said consumers’ functional ability is considered in planning the activity program and a dedicated program is in place in the memory support unit.

The majority of consumers were satisfied with the quality and quantity of food however some consumers expressed dissatisfaction with portion size or the saltiness of the food. Care plans included information on food allergies, dietary requirements, and food preferences. Hotel services staff were familiar with consumers’ dietary requirements and staff provided examples of alternatives that are available if the menu item does not appeal to the consumer.

Renovations have included changes to catering equipment such as the installation of bain-maries in dining areas which management report will allow consumers to have greater control over choice of meals and portion size. Consumers who had said they were dissatisfied with meals, expressed optimism that changes being introduced to the food service would resolve their issues. They said they could attend the café with visitors once it re-opened.

Staff said they have access to the equipment they need and could describe maintenance processes to be undertaken when issues occur.

However, the service could not demonstrate how services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Some consumers did not feel their emotional needs were being met. Clinical and care staff reported they do not have time to spend with the consumers to meet their emotional needs and some staff and volunteers were unaware of what was documented in care plans as being important to some consumers.

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) 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) Non-compliant

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

The service could not demonstrate services and supports for daily living promote each consumer’s emotional and psychological well-being. Consumers and representatives did not feel that consumers’ emotional needs were being met and provided examples of how this had impacted the consumer. Some consumers said they had experienced anxiety, others said they had struggled to make friends. Five consumers and/or representatives said that staff did not make time to spend with consumers and listen to them.

One consumer expressed dissatisfaction with their ability to engage in meaningful activities and conversations with others at the service. They reported their ability to participate in a creative hobby had been impacted by a deterioration in their functional ability. The approved provider in its response accepts the consumer’s feedback but says the consumer refuses to participate in the activities offered. I note however that the approved provider in its response, has committed to exploring options to overcome the physical challenges faced by the consumer that would allow them to participate in activities that add meaning to their life. I am concerned that this had not been considered earlier for this consumer, given that the approved provider was aware of the dissatisfaction they had been experiencing.

The Assessment Team observed a consumer regularly during the Site Audit sitting in their room without meaningful activity or walking the corridors. Their representative said they had minimal involvement in activities or contact with other consumers and expressed concerns about isolation and psychological well-being.

Some staff and volunteers were unaware of what was documented in care plans as being important to consumers.

Staff reported they do not have time to spend with the consumers. A member of the nursing staff reported consumers were often lonely and bored and that this can impact mood, pain and appetite. They provided examples of consumers being left sitting in a chair for extended periods of time without contact due to insufficient staffing.

One staff member reported it was not their role to provide emotional support. The approved provider in its response asserts that this was the view of one staff member and that the organisational expectations are that changes in a consumer’s emotional well-being are to be escalated to lifestyle staff or the clinical team so that assessments can be conducted and strategies implemented. I accept this.

Renovations were occurring at the time of the Site Audit and this resulted in the closure of some communal areas as they were being refurbished and upgraded; COVID-19 restrictions delayed the finalisation of these projects. Staff advised that this had impacted the group activity program with restrictions on attendance and on occasion the cancellation of activities.

The approved provider asserts that the move into residential aged care generates a range of emotions for consumers and that it can take time for consumers to adjust to this significant life change. The approved provider says that this transition is the cause of consumer dissatisfaction in relation to emotional well-being rather than insufficient staff. I agree that the move to residential aged care is a significant event for consumers and as such, approved provider’s have a responsibility to ensure that consumers are appropriately supported during this transition. This includes ensuring there are sufficient staff available to supports consumers’ needs.

I acknowledge the approved provider’s response identifies that it has taken action to improve consumers’ emotional and psychological well-being. This included providing consumers with increased opportunities to participate in meaningful activities, further assessment and consultation with the consumer and their representatives and a commitment to explore additional staff education.

The approved provider’s response states that it is not unreasonable that residents reported feeling sad and lonely in previous months given the impact of COVID-19. I accept that consumers have experienced situations that challenged their emotional and psychological well-being including the impact of moving into residential aged and the implications of COVID-19. However, I am not satisfied that the organisation supported consumers appropriately during this time to ensure they received appropriate levels of emotional and psychological support to promote their sense of well-being.

This requirement is Non-compliant.

### 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 NON-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 generally expressed satisfaction with the service environment and said it was welcoming, clean and well maintained. The service had adequate natural lighting and sufficient space for consumers to sit or participate in activities in communal areas. Consumers’ rooms were decorated with personal items and furnishings that reflected their identity.

The service has a preventative schedule, audits and maintenance systems to ensure all aspects of the environment, fittings, equipment and furniture are monitored and clean. Staff were able to describe how the cleaning and maintenance of equipment occurs and when it is required. Cleaning staff said there had been an increase in cleaning as a result of COVID-19 and described how high touch points including handrails, doorknobs and switches are cleaned more regularly.

However, the service could not demonstrate that consumers were supported to move freely within the service environment as doors to courtyard areas were often locked and prevented consumers from accessing these areas with ease. Observations of the service environment identified that risks within the environment were not consistently identified and managed.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

Consumers reported difficulty in accessing some areas of the service including courtyards and this impacted on their ability to move freely within the service and undertake tasks such as hanging out their washing. The Assessment Team observed that doors leading to the various internal courtyards were intermittently locked during the Site Audit.

Staff did not have a shared understanding of who was responsible for opening the doors to the courtyards and management were not sure why the doors were locked and advised the Assessment Team they should be open.

Lounge areas in various locations throughout the service were observed to be closed and could not be accessed. Some were being used by contractors while the service was undergoing renovations, other lounge areas were being used by the service as storage areas and were not in frequent use. The approved provider’s response states that renovations are now complete and that those areas previously occupied by contractors are now available to consumers. The response states that some areas of the service have been repurposed as a result of COVID-19 to support social distancing.

The Assessment Team observed risks in the environment that were not effectively managed. A hot water system that dispensed hot water by pushing a button was not locked and was accessible to consumers. Management confirmed this should not be unlocked.

Rooms containing electrical equipment and oxygen tanks were observed to be open without staff in attendance. Ladders were left unattended and there were no safety cones in place.

Management advised the Assessment Team the rooms containing the electrical equipment and oxygen tanks should be locked and should not be left open and unattended. They confirmed that when ladders are in use, safety cones and a ‘spotter’ should be in place in the event a consumer walks near the ladder. The approved provider’s response states that this was addressed with the contractor and that the organisation has continued to monitor contractor compliance during the renovation period.

The approved provider, in its response advised that processes relating to the locking and unlocking of the courtyard doors have been reviewed and communicated to staff. The installation of automatic timers to the internal courtyard doors was planned for completion by March 2021.

The response indicates the service has addressed the faulty hot water system and an audit was completed of similar hot water systems and identified the remaining pieces of equipment were in working order.

While I acknowledge the approved provider’s response and note that action has been taken to address those concerns identified by the Assessment Team, I am satisfied that at the time of the Site Audit, consumers could not move freely around the service and that risks within the service environment were not effectively managed.

This requirement is Non-compliant.

### 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

Consumers and representatives stated they could make complaints and felt safe to do so. They stated changes made at the service in response to complaints and feedback were positive and addressed in a timely manner.

Consumers provided examples of the complaints they had raised and described how the service apologised and resolved their concerns. They said they had raised complaints about food and were satisfied with the way the service followed up on issues and they were now satisfied with the outcome. They said staff always ask them how they are and if there is anything that they do not like. They said they use the surveys, meetings and complaints/suggestions forms for raising complaints and providing feedback.

Information about advocacy services and internal and external complaints mechanisms, is provided to consumers in the resident handbook, and there are posters and pamphlets located throughout the facility. Information is available for consumers in languages other than English.

Staff were familiar with the various mechanisms available to consumers for raising complaints including speaking directly with staff and management and could describe how they support consumers from non-English speaking backgrounds.

Open disclosure was understood by staff and they could provide recent examples of when this had been applied.

The service demonstrated they seek regular feedback from consumers and the workforce and takes appropriate action. They use the input and feedback to inform continuous improvement processes.

The service maintains complaints documentation and was able to demonstrate it reviews feedback and complaints. However, in some instances the Assessment Team found that documentation relating to complaints was incomplete. This though did not appear to have a negative impact on consumer satisfaction with the complaints process.

Policies and procedures relevant to this standard are available to guide staff and include open disclosure.

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 said staff are kind, caring and respectful. They provided examples of how staff respect their privacy by knocking prior to entering the consumer’s room. The Assessment Team observed staff interactions with consumers to be kind and caring.

Consumers and representatives said staff know how to deliver care and services and provided examples of how they were aware of their lifestyle choices, dietary needs and preferences. Consumers said they felt safe when staff used equipment when delivering their care and services.

The organisation demonstrated that staff are competent and have the qualifications and knowledge to effectively perform their roles and this was confirmed by consumers and representatives.

Staff said they are provided with position descriptions and education and training to do their role and can access other courses if appropriate. Management said they monitor staff performance through a variety of ways including observations of staff practice, reviewing feedback from other staff and consumers and by undertaking performance reviews.

Management described, and provided documentation showing, staff are provided ongoing training and education, and processes are in place to monitor staff competency and performance. Staff said they are provided relevant training and education online and face to face.

Policies and procedures relevant to this standard guide staff practice and include recruitment and induction processes.

While consumers and representatives said staff were kind and caring, a large number of them expressed dissatisfaction with staff’s ability to spend time with them or to attend to their care needs in a timely manner. Staff said they do not always have enough time to attend to consumers’ needs and sometimes consumers must wait for assistance.

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

## Assessment of Standard 7 Requirements

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

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

Consumers and representatives expressed dissatisfaction with staffing and said there are insufficient staff to meet consumers’ care needs. They said consumers experienced delays when waiting in bed or when requiring assistance in the dining room. They said that consumers feel rushed and that staff do not have time to spend with them. Consumers said that on occasion they have had to forego a shower or wait to use the toilet. For one consumer this had resulted in an episode of incontinence.

Staff said they do not have enough time to attend to consumers’ needs in a timely manner and that this was primarily due to staffing shortages. Staff provided examples of how they did not have time to spend with consumers and that they are not able to attend to consumers promptly. Staff confirmed that consumers had experienced episodes of incontinence as a result of this.

Staff said that the organisation was not always able to replace staff who take leave at short notice and that this occurs regularly.

Management provided the Assessment Team with information indicating that on occasion staffing at the service fell below allocated hours.

The approved provider in its response acknowledges that there has been an issue with staff taking leave at short notice and that at times it is difficult to replace those staff. However the approved provider refutes the Assessment Team’s findings and states that consumer and staff feedback is representative of a small minority of consumers and staff and that the organisation has taken action to improve recruitment and reporting relating to workforce.

I am not persuaded by this argument as significant negative feedback was provided by consumers and representatives and was confirmed by staff. Additionally, the approved provider’s response includes evidence that in some instances consumers are waiting more than 20 minutes for staff to respond to consumers’ requests for assistance.

This requirement is Non-compliant.

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

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

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

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

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

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

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

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

# STANDARD 8 NON-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

Consumers and representatives generally considered they feel like partners in the ongoing assessment and planning of their care and services. Management described how consumers provide feedback and have input into the development, delivery and evaluation of care through six-monthly care plan reviews, consumer meetings and lifestyle and consumer surveys.

The organisation’s governing body comprises a Board of Directors supported by a Chief Executive Officer and the executive team. Management prepare monthly reports including incident data, issues, feedback and improvement initiatives; these were discussed at regular Safety, Quality and Risk meetings and were provided to the executive.

Risk management systems and processes including a risk management framework were in place and include management of high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Policies relative to these areas were available to guide staff.

Staff have received training in risk management and demonstrated an understanding of the associated policies and could provide examples of how they related to their work.

A clinical governance framework and associated policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and open disclosure was in place.

Clinical care was monitored through incident reporting, review of progress notes and regular care reviews.

Infection trends and the use of antibiotic therapy was monitored to minimise the adverse effects of antibiotic use including resistance, toxicity and cost.

Where restraint is in place, appropriate risk assessments and care plans were completed in consultation with the consumers, representatives and medical officer.

The organisation has effective organisation wide systems in relation to information management, regulatory compliance, continuous improvement, financial governance and feedback and complaints. However, the organisation has not demonstrated effective workforce governance and has not identified and effectively addressed issues with the workforce. Consumers and representatives reported dissatisfaction with the availability of staff and with their responsiveness. They provided examples of how this had impacted negatively on their health and well-being.

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) Non-compliant

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

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

The organisation has effective systems in place for information management, regulatory compliance, continuous improvement, financial governance and feedback and complaints.

Information management systems and processes ensure staff have access to relevant and up to date information that supports them in their role.

Consumers are encouraged to contribute to continuous improvement initiatives through feedback, surveys and participation in meetings. A continuous improvement plan is in place and tracks improvement initiatives and includes details of those improvement activities that have been actioned from consumer feedback.

The Finance and Property Committee meet monthly and service reports relating to budgets, monthly expenditure, staffing and occupancy were considered. The Assessment Team were provided with evidence that demonstrated expenditure to support consumers’ changing care needs.

The organisation demonstrated that it had identified changes in legislation and communicated these to staff. Processes were in place to monitor ongoing compliance with relevant legislation.

However, workforce governance has not effectively ensured sufficient staff were available to consistently deliver quality care and services. Consumers and representatives reported dissatisfaction with staff availability and responsiveness and provided examples of how consumers’ health and well-being had been impacted negatively.

The approved provider in its response states that the organisation has invested in a new rostering system that will be implemented by June 2021. The new system has features that are intended to improve workforce reporting, identify trends, address gaps in rosters and improve communication with staff who may want to nominate for additional shifts. I acknowledge too that the service has a recruitment program in place. However, workforce governance systems and processes were not effective as the service did not have enough staff to meet consumers’ needs and preferences at the time of the Site Audit and Requirement 7(3)(a) was found to be Non-compliant.

This requirement is Non-compliant.

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

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

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

### 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.

* Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* The service environment:
  + is safe, clean, well maintained and comfortable; and
  + enables consumers to move freely, both indoors and outdoors.
* 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.
* Effective organisation wide governance systems relating to the following:
  + workforce governance, including the assignment of clear responsibilities and accountabilities.