Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Heritage Care Botany |
| **RACS ID:** | 0519 |
| **Name of approved provider:** | Heritage Care Pty Ltd |
| **Address details:** | 31-33 Edgehill Avenue BOTANY NSW 2019 |
| **Date of site audit:** | 23 July 2019 to 26 July 2019 |

**Summary of decision**

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| **Decision made on:** | 02 September 2019 | | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | | |
| **Further period of accreditation:** | 30 September 2019 to 30 June 2020 | | |
| **Assessment of performance with the Aged Care Quality Standards** | | | |
| Standard 1 Consumer dignity and choice | | | Not Met |
| Requirement 1(3)(a) | | | Not Met |
| Requirement 1(3)(b) | | | Not Met |
| Requirement 1(3)(c) | | | Met |
| Requirement 1(3)(d) | | | Met |
| Requirement 1(3)(e) | | | Met |
| Requirement 1(3)(f) | | | Not Met |
| Standard 2 Ongoing assessment and planning with consumers | | | Not Met |
| Requirement 2(3)(a) | | | Not Met |
| Requirement 2(3)(b) | | | Met |
| Requirement 2(3)(c) | | | Met |
| Requirement 2(3)(d) | | | Met |
| Requirement 2(3)(e) | | | Met |
| Standard 3 Personal care and clinical care | | | Not Met |
| Requirement 3(3)(a) | | | Not Met |
| Requirement 3(3)(b) | | | Not Met |
| Requirement 3(3)(c) | | | Met |
| Requirement 3(3)(d) | | | Not Met |
| Requirement 3(3)(e) | | | Not Met |
| Requirement 3(3)(f) | | | Not Met |
| Requirement 3(3)(g) | | | Not Met |
| Standard 4 Services and supports for daily living | | | Not Met |
| Requirement 4(3)(a) | | | Not Met |
| Requirement 4(3)(b) | | | Not Met |
| Requirement 4(3)(c) | | | Not Met |
| Requirement 4(3)(d) | | | Met |
| Requirement 4(3)(e) | | | Met |
| Requirement 4(3)(f) | | | Not Met |
| Requirement 4(3)(g) | | | Not Met |
| Standard 5 Organisation’s service environment | | | Not Met |
| Requirement 5(3)(a) | | | Not Met |
| Requirement 5(3)(b) | | | Met |
| Requirement 5(3)(c) | | | Met |
| Standard 6 Feedback and complaints | | | Not Met |
| Requirement 6(3)(a) | | | Met |
| Requirement 6(3)(b) | | | Not Met |
| Requirement 6(3)(c) | | | Not Met |
| Requirement 6(3)(d) | | | Not Met |
| Standard 7 Human resources | | | Not Met |
| Requirement 7(3)(a) | | | Not Met |
| Requirement 7(3)(b) | | | Not Met |
| Requirement 7(3)(c) | | | Not Met |
| Requirement 7(3)(d) | | | Not Met |
| Requirement 7(3)(e) | | | Not Met |
| Standard 8 Organisational governance | | | Not Met |
| Requirement 8(3)(a) | | | Met |
| Requirement 8(3)(b) | | | Met |
| Requirement 8(3)(c) | | | Not Met |
| Requirement 8(3)(d) | | | Not Met |
| Requirement 8(3)(e) | | | Not Met |
| **Timetable for making improvements:** | | By 31 January 2010 | |
| **Revised plan for continuous improvement due:** | | By 17 September 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Heritage Care Botany (the Service) conducted from 23 July 2019 to 26 July 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 22 |
| Consumer representatives | 12 |
| Management | 8 |
| Clinical staff | 6 |
| Care staff | 16 |
| Hospitality and environmental services staff | 1 |
| Lifestyle staff | 4 |
| External contractors | 9 |
| Visiting service providers such as allied health professionals | 3 |
| Other | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

Of consumers and representatives randomly sampled and asked if the consumer thinks staff treat them with respect, 94% said always or most of the time and 6% said some of the time. Some consumers and representatives interviewed provided information indicating that consumers are not treated with dignity and respect and that their culture and diversity is not valued. Some consumers and representatives have provided feedback to the service about consumers’ dignity not being upheld and there has been lack of action to address this. Observations made and interviews with staff show staff practices which do not uphold consumer dignity and do not demonstrate respect for consumers or valuing of their culture and diversity. Management has acknowledged the service is not treating each consumer with dignity and respect, with their culture and diversity valued, rather is developing in this area.

Care and services are not culturally safe for consumers. Some staff do not know the consumer’s cultural background and/or the language/s they speak. Where a consumer comprehends/speaks a language other than English, management and staff do not take appropriate action to overcome language barriers for communication to occur. Cultural needs and preferences of some consumers are not being met through lifestyle services or the food service. Management has acknowledged the service does not provide care and services that are culturally safe, rather is developing in this area.

Consumers are generally supported to make connections and maintain relationships of choice at the service. Some consumers and representatives interviewed said they make decisions about care and service delivery and when others should be involved in their care, and that they can communicate their decisions. Some consumers and representatives interviewed said they are not able to do one or more of these things. Some consumers are not being supported to make decisions for themselves and to communicate these, including in relation to when family, friends, carers or others should be involved in their care. The organisation does not have contact details for at least one representative of each consumer for communication and decision-making purposes as appropriate. Management did not demonstrate effective monitoring and review processes.

Some consumers interviewed said they are supported to continue with activities of daily living, which carry some risks. Management and staff said they understood consumers have the right to take risks, although there was lack of understanding by staff about how to support and enable this to occur. With prompting staff explained how they manage risks relating to consumer cigarette smoking and other information gathered shows consumers who choose to smoke cigarettes are supported to do so. Monitoring and review processes are effective.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff explain things to them, 100% said always or most of the time. One positive comment was made about this and some negative comments were made. Consumers and representatives interviewed provided mixed feedback about other aspects of information provision. Review of meeting minutes shows consumers are being informed of decisions made by the organisation and service management, however this does not always enable them to exercise choice. It was not demonstrated through review of the key documents given to consumers, and interviews with management, that consumers and representatives are being given information about all aspects of consumer rights. Management did not demonstrate effective monitoring and review processes.

None of the consumers or representatives interviewed raised a concern about confidentiality of their records, however some provided feedback about other consumers intruding on them in their room impacting their privacy and one consumer provided information indicating a breach of confidentiality in the handling of a complaint. Observations are that some staff practices show respect for consumers’ privacy, whereas others show disrespect. There is guidance for staff about the maintenance of consumers’ privacy and confidentiality, and there are facilities and processes to support this. However, these are not consistently used and followed and as a result consumers’ personal and sensitive information is not adequately protected. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

Standard 1 Requirement 3(a) Not Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Not Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Not Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

Management and registered nurses described processes for initial and ongoing assessment and care planning and had some understanding of risks to the consumer’s health and well-being. Review of documentation shows while assessments and care plans are routinely being completed, they are not consistently reviewed and updated on an as needs basis. While care plans include some consideration of risks to the consumer’s health and well-being, some lack personalised and effective strategies and the care plans do not consistently inform the delivery of safe and effective care and services for the consumer. When risks emerge they are not being investigated and appropriate action is not taken to prevent reoccurrence, including further meaningful review of the care plan. Management did not demonstrate effective monitoring and review processes.

While assessment and care planning identifies and addresses advance care planning and end of life planning, it does not consistently identify and address other current needs, goals and preferences of the consumer. Management did not demonstrate effective monitoring and review processes.

Consumers are not being enabled to be a partner in their assessment and care planning, including as they are not recognised by staff as a partner and as communication with some consumers is not being facilitated. Clinical staff did not demonstrate an understanding of working in partnership with consumers and there has been a lack of education for staff about this. Management did not demonstrate effective monitoring and review processes.

While some consumers and representatives interviewed are aware of what is in the consumer’s care plan, other consumers provided feedback they are not aware and have not been involved in their assessment and care planning. It was not demonstrated the care plan is being made available to the consumer or their representative. Management did not demonstrate effective monitoring and review processes.

Care and services are reviewed regularly, however the processes for this are not effective. There are significant gaps in the assessment, planning and delivery of care and services with impact on consumers. This includes gaps occurring when the consumer’s circumstances change and when incidents impact their needs, goals or preferences. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

Standard 2 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Not Met

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.

Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

Of consumers and representatives randomly sampled and asked if the consumer thinks they get the care they need, 88% said they do always or most of the time and 12% said some of the time. Some consumers and representatives interviewed and asked that question provided comments indicating the consumer does not get the care they need. Observations, review of consumers’ care and service records, and interviews with management and staff show consumers do not get safe and effective clinical care that is best practice, is tailored to their needs or that optimises their health and well-being. Management did not demonstrate effective monitoring and review processes.

While the management of high impact and high prevalence risks associated with medication management and restrictive practices are generally effective, the management of other high impact and high prevalence risks associated with the care of consumers are not. This includes risks relating to hydration and nutrition, skin injury, falls, and pain. Interviews with consumers and representatives, observations made, discussions with management and staff, and review of care and services records show this. Management did not demonstrate effective monitoring and review processes.

Consumers and representatives interviewed and asked about palliative and end of life care confirmed they are being consulted regarding the consumer’s wishes. The care needs, goals and preferences of a consumer who is currently at end of life have been identified and are being met to maximise the consumer’s comfort and dignity. Management demonstrated application of the palliative care approach and that consumers and their representatives are being consulted about end of life wishes. No gaps in monitoring and review processes relating to palliation and end of life care were identified.

Consumers and representatives interviewed said consumers have access to their medical officer if they deteriorate or their condition changes; and most representatives said staff keep them informed when there is a change to the consumer’s health. Clinical staff described processes for identifying and actioning clinical deterioration of a consumer. However, recognition and responsiveness when there is a deterioration or change in mental health, cognitive or physical function was not demonstrated for some consumers. Management did not demonstrate effective monitoring and review processes.

Information about consumers’ condition, needs and preferences relating to special dietary needs are not well documented and communicated within the organisation and with the external catering service provider. Some other information about the condition, needs and preferences of consumers is not documented and communicated within the organisation. This is having an impact, or has the potential to impact, on their condition and care delivery. Management did not demonstrate effective monitoring and review processes.

Timely and appropriate referral is being made to some providers of care and services for consumers as needed, such as to a dietitian, podiatrist, optometry service and audiology service. However, timely and appropriate referral is not being made to behavioural specialists, wound consultants, the contracted physiotherapy service provider (for mobility and pain) for some consumers and to dental services for one consumer. Management did not demonstrate effective monitoring and review processes.

There was no negative feedback from consumers relating to infection control or anti-biotic prescribing and use, and observations and staff interviews show staff practices include precautions to prevent and control infection. However, practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics are not yet in place.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that 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 3 Requirement 3(b) Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Not Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Not Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Not Met

The organisation demonstrates 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: Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

Of consumers and representatives randomly sampled and asked if the consumer thinks they are encouraged to do as much as possible for themself, 80% said always or most of the time and 20% said some of the time or never. Most of those who said some of the time or never explained this is because the consumer can no longer do things for themself. However, one consumer who can said they used to receive encouragement from staff to be independent but no longer do. Lifestyle services are not meeting some consumers’ needs, goals and preferences or optimising their well-being and quality of life. Food services are not meeting some consumers’ preferences or optimising their health and quality of life. Management did not demonstrate effective monitoring and review processes.

Most consumers and representatives interviewed did not specifically raise a concern about provision of services and support for consumers’ emotional, spiritual and psychological well-being. However, one consumer said they do not receive emotional care; and some information provided by consumers and representatives indicates lack of emotional and psychological services and support. Some observations made show the consumer’s emotional and psychological well-being is not being supported. There is a lack of documentation to show services and supports to meet consumers’ needs, goals and preferences in relation to emotional, spiritual and psychological well-being. Management did not demonstrate effective monitoring and review processes.

Consumer and representative interviews, observations and review of consumers’ care and services records show there are supports for consumers to have social and personal relationships with their partners, relatives and friends. Some consumers and representatives interviewed provided feedback indicating the consumer is not being assisted to participate in their community within the service or to do things of interest to them; some representatives did not know if the consumer was being assisted or not. Information gathered from lifestyle staff, documentation reviewed and observations show planning and delivery of lifestyle supports is not consistent with some consumers’ needs, goals and preferences, including in relation to valuing culture and behavioural management. Management did not demonstrate effective monitoring and review processes.

Communication within the organisation, and with others where responsibility for care is shared does occur regarding consumers and their condition, needs and preferences relating to some services and supports for daily living. This communication is not effective in relation to food services, however as this predominantly relates to consumers’ clinically assessed needs this has been considered under Standard 3. There are also some gaps in relation to communication about consumers’ lifestyle support needs and preferences. Monitoring and review processes are generally effective.

Timely and appropriate referrals to individuals, other organisations and providers of other care and services do occur relating to some services and supports for daily living. Consumers and representatives spoke of support being provided to maintain relationships with National Disability Insurance Scheme service providers. However, timely and appropriate referrals are not being made for consumers with challenging behaviours, including for input regarding their lifestyle support needs. Monitoring and review processes are generally effective.

Of consumers and representatives randomly sampled and asked if the consumer likes the food, 75% said always or most of the time and 25% said some of the time. Some consumers and representatives interviewed provided feedback about dissatisfaction with the food service, including disliking the meals, lack of food choices and lack of culturally appropriate meals. Information gathered shows some choices relating to the food service have been withdrawn and there are gaps in processes to ensure consumers receive the right meals and drinks for them. Some representatives interviewed said consumers do not receive enough or timely assistance to eat and drink and observations show delays in meal service provision to consumers. Management did not demonstrate effective monitoring and review processes.

Consumers and representatives interviewed provided feedback that equipment to support consumers’ daily living is being provided and is safe, suitable, clean and well maintained. However, one consumer raised a concern about suitability of lifting equipment for staff to use in moving him. Review of maintenance records and interview with the maintenance officer shows equipment is maintained routinely and as needed. Staff interviewed, and observations made, show equipment is available and most equipment is safe, suitable and well maintained. However, a significant gap was found in the safety and suitability of pressure relieving equipment for consumers who have an identified clinical need for this. Management did not demonstrate effective monitoring and review processes.

#### Requirements:

Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Not Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

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

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Not Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Not Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

Of consumers and representatives randomly sampled and asked if the consumer feels at home at the service, 56% said always or some of the time and 44% said some of the time or never. Some consumers and representatives interviewed about the service environment more broadly provided positive feedback, whereas some provided negative feedback including about the service environment not being welcoming. Observations, interviews with staff and review of care and service records show the service environment is not easy to understand, particularly for consumers living with dementia. Management did not demonstrate effective monitoring and review processes.

Of consumers and representatives randomly sampled and asked if the consumer feels safe at the service, 94% said always or most of the time and 6% said some of the time. When asked this question some consumers and representatives said other consumers intrude on them in their room. Consumers and representatives interviewed about the service environment more broadly generally provided positive feedback about it being clean, well maintained and comfortable; and said consumers can move freely both indoors and outdoors. Observations mostly confirm this. However, there are some security related safety issues and comfort issues within the service environment. Management did not demonstrate monitoring and review processes are effective in relation to these.

Consumers and representatives interviewed generally provided feedback that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Interviews with maintenance staff and contracted cleaning personnel, review of related records and observations made generally confirm this. However, some furniture was not clean and some equipment not suitable. Monitoring and review processes are generally effective.

#### Requirements:

Standard 5 Requirement 3(a) Not Met

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

Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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 into 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.

#### Summary of Assessment of Standard 6:

Information is provided to consumers and representatives about avenues for feedback and complaint in various meetings and forums and in key documents. Feedback is pro-actively sought from them, and opportunities are also provided to make complaints, during regular case conferencing, in a catch up with the lifestyle coordinator and in interviews with a client liaison officer. Consumers and representatives interviewed were aware of ways to suggest an improvement or make a complaint and said they are encouraged to do so. However, feedback was provided by four consumers/representatives indicating they have not been encouraged and supported to make a complaint. This has had a significant impact on the well-being of one consumer and has resulted in two representatives being reluctant to make a complaint. Management did not demonstrate effective monitoring and review processes.

Advocacy and language services are promoted to consumers through key documents such as the consumer handbook and brochures which are available within the service environment. However, those services are not always used when needed to support consumers and representatives to give feedback and to make and resolve complaints. Management did not demonstrate effective monitoring and review processes.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff follow-up when the consumer raises things with them, 69% said always or most of the time and 31% said some of the time. Some consumers and representatives interviewed who had provided feedback or made a complaint said they were satisfied with the way this was handled. Some other consumers and representatives interviewed said they have given feedback and made complaints, but these have not been addressed. The service’s complaints handling records do not demonstrate appropriate action is consistently taken in response to complaints. The organisation’s complaints handling policy does not incorporate open disclosure, and senior staff interviewed lack knowledge about open disclosure. One example of open disclosure being applied in complaints handling was identified; the organisation did not demonstrate this has been applied in relation to complaints recently made. Management did not demonstrate effective monitoring and review processes.

The organisation has a system for review of feedback and complaints and for these to be used to improve the quality of care and services, however this has not been implemented at Heritage Care Botany. It was not otherwise demonstrated that feedback and complaints are systematically reviewed and, where appropriate, improvements are made. Management did not demonstrate monitoring and review processes are in place.

#### Requirements:

##### **Standard 6 Requirement 3(a) Not Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Not Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

There is feedback from consumers, representatives and staff about insufficient staff and staff not being responsive to consumers’ needs. There has been a reduction in staff numbers and skills mix in some areas, which has resulted in reduced services to consumers in some areas. Some consumers’ calls for assistance are not always answered in a timely manner. There is use of temporary (agency) nursing personnel with some impacts of this on care delivery to consumers. Management did not demonstrate effective monitoring and review processes.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff are kind and caring, 87% said always or most of the time and 13% said some of the time. Some other consumers and representatives interviewed provided feedback that staff are kind and caring, but others said some were not. Some observations made show staff are kind, caring and respectful in their interactions with consumers, but others do not. Effective monitoring and review of staff practices is not occurring.

Of consumers and representatives randomly sampled and asked if the consumer thinks staff know what they are doing, 87% said always or most of the time and 13% said some of the time. Some other consumers and representatives interviewed provided feedback that staff know what they are doing, others said they do not. Management did not demonstrate all staff have the knowledge needed to perform their roles effectively and consistent with these standards. Management did not demonstrate effective monitoring and review processes.

Interviews with management and staff and review of staff personnel shows staff are being recruited to deliver the outcomes required by these standards, however more registered nursing staff are needed to reduce reliance on temporary (nursing) agency personnel. It was not demonstrated that staff and nursing agency personnel are being trained, equipped and supported to deliver the outcomes required by these standards. Management did not demonstrate effective monitoring and review processes.

Regular assessment, monitoring and review of the performance of each member of the workforce is not undertaken. Staff performance appraisals are not being undertaken. It was not demonstrated that a staff performance issue was appropriately dealt with. It was not demonstrated management has an understanding of the performance of its workforce, despite some performance issues having arisen. Management has acknowledged that they are not regularly assessing, monitoring and reviewing the performance of each member of the workforce, rather is developing to do so.

#### Requirements:

Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Not Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Not Met

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

Standard 7 Requirement 3(d) Not Met

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

Standard 7 Requirement 3(e) Not Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

Some consumers and their representatives provided feedback that they are engaged in the development, delivery and evaluation of care and services, including that management of the service in the past two months has been pro-active in this regard. While some consumers said their feedback and suggestions have not been acted upon, this has been considered under Standard 6. Monitoring and review processes are generally effective.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services, however it was not demonstrated the governing body is accountable for delivery of such services. Deliverables from the organisation’s strategic plan, and key performance indicators and measures to monitor progress in relation to them, are yet to be established. Assessment findings from this audit are of significant gaps in performance across the Quality Standards; and it was not demonstrated that monitoring and reporting about this is effective within the organisation.

Of consumers and representatives randomly sampled and asked if the consumer thinks the service is well run, 75% said always or most of the time and 25% said some of the time. There are significant gaps in information management and in continuous improvement, including lack of self-assessment and demonstration of improvement. There have been reductions in staffing with impact on some consumers and some staff say they cannot complete their work. The organisation’s and service’s management personnel do not have an understanding of the workforce. There are significant gaps in regulatory compliance, including in relation to consumer rights.

The organisation’s management has an understanding of the organisation’s risk management systems for managing high impact or high prevalence risks and identifying and responding to abuse and neglect of consumers. However, it was not demonstrated that those systems are effective at Heritage Care Botany. Limited information was provided by management to demonstrate consumers are living the best life they can, and other information gathered shows some consumers are not.

While the organisation demonstrates a clinical governance framework for minimising the use of restraint, they do not demonstrate this for anti-microbial stewardship or for open disclosure.

#### Requirements:

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Not Met

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

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that 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.