Heritage Kingswood

Performance Report

29 George Road   
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**Commission ID:** 2480

**Provider name:** Heritage Care Pty Ltd

**Site Audit date:** 16 March 2021 to 18 March 2021

**Date of Performance Report:** 14 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** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **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** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the 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 Assessment Team’s infection control monitoring checklist completed during the Site Audit on 16 March 2021
* the provider’s response to the Site Audit report received 12 April 2021 including a written response and supporting documents attached.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found most sampled consumers considered 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. For example:

* Consumers described staff as pretty good, very kind, patient and understanding.
* Consumers confirmed they are encouraged to do things for themselves and that staff know what is important to them.
* Most consumers confirmed their personal privacy is respected by staff at the service. Specific examples provided by consumers included but were not limited to staff awareness of their personal backgrounds, enabling their independence wherever possible and celebrating important days with them.

Staff were consistently able to demonstrate their knowledge and understanding of consumer’s backgrounds and how they provide culturally appropriate care to the consumers; the way they support consumers to exercise choice and independence, to live their best lives and maintain relationships; and how they ensure consumer privacy is respected.

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 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team found overall sampled consumers and representatives considered they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Representatives interviewed confirmed they are regularly consulted regarding the care and services their consumers receive. Documentation reviewed from care conferencing reflects consumers and representatives are offered copies of care plans at each meeting.
* Consumers and representatives interviewed confirmed they are kept informed regarding the outcomes of assessment and planning.

The Assessment Team found that generally care planning was found to address each consumer’s individual needs goals and preferences. However, the Assessment Team identified care plans prepared by physiotherapists were found to be similar for all consumers sampled and not individualised. For consumers entering a palliative care pathway, care plans were found to not outline all assessed needs, goals and preferences of these consumers and were not always tailored to meet their specific needs when entering this pathway.

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

The Assessment Team found assessment and care planning is not always individualised to outline the consumer’s current needs and preferences. On review of care planning documentation for sampled consumers, the Assessment Team found that care plans generally reflected consumer’s needs goals and preferences documented. However, the Assessment Team identified there was some repetition between care plans, particularly in the physiotherapy domain.

The Assessment team reviewed care planning documents for sampled consumers and found most care plans had identical goals of therapy, personal goals and personal strategies. The Assessment Team found care planning for consumers receiving comfort or palliative care did not adequately reflect the differentiation of care needs when a change in need was identified for those consumers.

The approved provider submitted a written response and supporting documents that included further information about the sampled consumers and service processes for end of life care. It includes the provider acknowledges that some goals of care, personal goals and strategies in place for consumers were identified to be generic and that this information was current and an accurate record of the consumers physiotherapy assessment and care needs at the time of the site audit. It includes further information that the service has undertaken discussions with the physiotherapists to address the Assessment Team’s feedback and undertake improvements to review assessment and planning to ensure individualised care plans.

The provider’s response acknowledged that for one sampled consumer, their mobility and transfers care plan was not current during the site audit. It includes the sampled consumers care plan has since been reviewed and updated to reflect the consumers current mobility and transfer care needs. The provider’s response also includes it disagrees with the Assessment Team’s findings about the processes regarding the activation of end of life care plans. It includes further information about how active care plans are reviewed, updated and evaluation to reflect the current care needs of each consumer and the use of the services ‘Guide when resident becomes Palliative or End-of Life’.

While the approved provider gave information to show the departure from practice had not negatively impacted on the consumers sampled by the Assessment Team, this does not negate that assessment and planning did not always identify and address each individual consumer’s current needs, goals and preferences. The approved provider has undertaken and is undertaking improvement activities however, this does not confirm they were compliant at the time of the site audit. For this reason, I find this requirement Non-compliant.

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers and representatives considered they receive personal care and clinical care that is safe and right for them. For example:

* Consumers and representatives confirmed they receive the care they need.
* Consumers and representatives were able to provide details of recent consultation with medical officers, speech pathologist, dietician and physiotherapists as examples of other service providers.
* Consumers and representatives advised they are able to choose how their care is provided. Representatives expressed appreciation for staff’s recognition of when their consumers became unwell and their prompt response.

The Assessment Team found a review of consumers care plans identified safe and effective care that is designed in accordance with best practice to be delivered by the staff. Documentation reviewed incorporated each consumer’s needs, goals and preferences into the care plan.

The Assessment Team found care staff and registered nurses did not have a clear understanding of what it means to deliver palliative or comfort care. This was reflected in the design of the palliative care plans reviewed by the Assessment Team. The Assessment Team found the practice of effective documentation and communication of each consumer’s condition, needs and preferences was not always undertaken in accordance with best practice guidelines including the review, currency or accurate recording of information when being shared.

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

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

Consumer/ representative feedback confirmed they were satisfied with the care that has been received. However, the Assessment Team found care staff and registered nurses interviewed were unable to advise what care principles are applied for consumers receiving palliative care without prompting. Care planning documents were found to not adequately reflect the assessed care needs for consumers recorded as being on a palliative care pathway. The Assessment Team found there is no transitional plan of care between the standard care received on a day to day basis and for those consumers at the acute end of life phase of palliation.

The approved provider submitted a written response and supporting documents. It includes that the provider acknowledged that a sampled consumers care plan was updated following the Assessment Team’s feedback and updated further following the site audit. It includes that the service has delivered further training including one to one training with the Clinical Care Coordinator in relation to end of life needs, goals and preferences of consumers on palliative and end of life care and, and a one to one education session was undertaken with the lifestyle coordinator in relation to the documentation of social charting for consumers. It also includes an education session that was provided to the registered nurses on 20 and 22 January 2021 regarding updating assessments and care plans when a consumer becomes palliative, or when end of life care is required.

The approved provider has undertaken immediate actions during and following the site audit to address matters raised by the Assessment Team. The provider is committed to continued work on improvement strategies relating to ensuring the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. While the approved provider has undertaken and is undertaking is improvements, these occurred following feedback from the Assessment Team at the time of the site audit.

I find this requirement is Non-compliant at the time of the site audit.

### 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) Non-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.*

The Assessment Team found consumers and representatives agreed they do not have to repeat themselves when directing how their care is to be delivered. Registered nurses advised changes to consumer’s care plans are communicated to staff through many channels at the service such as the staff message board in the electronic care documentation system, handover sheets and verbal handover.

While the Assessment Team found the service maintains handover sheets and provides access to relevant consumer information for visiting service providers, progress notes did not always demonstrate a clear reflection of information about the consumers’ condition, needs and preferences. The Assessment Team found on review of progress notes, the practice of copy and pasting progress notes from one shift to the next was occurring by various nursing staff.

The approved provider submitted a written response and supporting documents. It includes the provider takes this finding seriously and the provider undertook an immediate investigation following the Assessment Team’s feedback. While the provider gave information to show the departure from practice had not negatively impacted on the consumers sampled by the Assessment Team, this does not negate that best practice was not followed. The approved provider has undertaken immediate actions during and following the site audit to address the matters raised by the Assessment Team including performance management of staff involved and further education about the scope of nursing practice and effective communication.

While the approved provider has undertaken and is undertaking improvements, these occurred following feedback from the Assessment Team and at the time of the site audit. The approved provider also needs time to demonstrate that the actions taken, results in sustained improvements in effective communication about the consumer’s condition, needs and preferences and documentation is completed in accordance with best practice guidelines.

I find this requirement is Non-compliant at the time of the site audit.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

The Assessment Team found most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

Consumers interviewed confirmed they are supported by the service to do the things they like to do. They stated the restrictions with COVID-19 have made things challenging but the lifestyle staff are doing everything they can to support them, including arranging culturally specific activities for individual consumers.

Consumers interviewed confirmed they are supported to keep in touch with people who are important to them. During the COVID-19 restrictions, visiting has been limited but the service has procedures in place to enable consumers to have visitors.

Most consumers interviewed advised that they like the food. Some said at times they do not always like the food. The chef described alternatives that are provided when consumers do not like the meal.

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

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

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

*Services and supports for daily living assist each consumer to:*

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. For example:

* Consumers interviewed confirmed they feel safe at the service.
* Consumers interviewed confirmed they feel at home and their visitors feel welcome outside of COVID-19 restrictions. Consumers stated the service is always kept clean and staff are always available to help them make their rooms homely.
* Consumers interviewed confirmed the service is clean and well maintained. Consumers said the cleaning and maintenance staff are very good, and any requests are attended to in a timely manner.

The Assessment Team observed the service environment to be clean and appeared to be well maintained. A review of the service’s electronic maintenance schedule supported the existence of an effective preventative and reactive maintenance system, to ensure that equipment is safe and clean at all times in accordance with their schedule.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. Most consumers sampled said they felt safe in making complaints to staff members and the management team, and the service responds and implements changes to resolve their complaints. Most consumers sampled said they feel supported to give feedback and make complaints through regular resident meetings.

The management team demonstrated they listen to feedback and complaints from consumers, representatives and staff members and take appropriate action through continuous improvement initiatives. The management team demonstrated to the Assessment Team that they investigate and analyse feedback and complaints information and recommendations are made by management and the executive teams, who are effectively the Board of the organisation.

The Assessment team found that most consumers and staff members interviewed were not aware of advocacy services and had not previously used language interpretation services for consumers who were not fluent in communicating in English. In response to the Assessment Team’s feedback, the service implemented measures before the end of the site audit to inform consumers, representatives and staff members of advocacy services and implement a digital interpretation application.

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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Some sampled consumers considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers interviewed reported most staff members are kind and caring, and are knowledgeable and capable in providing them with quality care. However, most consumers stated they need to wait long periods of time for staff members to answer their call bells and staff members often appear to be rushed in providing care.

The Assessment Team found the service has increased the number of staff members in the past three months; however, most consumers and staff members report the service has an inadequate number of staff members to be able to provide timely and quality care.

The Assessment Team’s report includes the service acknowledged it will investigate and review staff numbers, staff mix and hours and take appropriate action to ensure consumers are receiving safe and quality care and service. The service has increased workforce numbers in January 2021 in response to consumer and staff feedback. However, feedback from staff and consumers indicated that the service does not have a workforce sufficient to provide quality care and service.

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

The Assessment Team found most of the consumers sampled said they feel there is an insufficient number of staff to provide safe and quality personal care. The Assessment Team interviewed nursing staff and care staff and received mixed feedback in relation to the mix and number of staff to enable delivery and management of safe and quality care and services. The Assessment Team found that four care staff interviewed stated they do not have enough time to provide quality care to consumers and only have time to provide basic needs.

Most consumer feedback identified they feel the service does not have adequate numbers of staff members to provide timely and quality care. Consumer feedback identified negative impacts on their care and services including staff responding to their personal care needs in a timely manner, long wait times for consumers that require assistance from care staff to undertake activities of daily living including showering, dressing and toileting.

The Assessment Team was advised by management that there has been no recent feedback or complaints from staff members or consumers to indicate the service is short staffed. The service reported a known shortage in December 2020 and the management team increased staff numbers by January 2021 and made a number if improvements to the staff roster. The Assessment Team found the service does not have an electronic call bell system and call bell audits are completed manually by service management who reported an average of one to six minutes in response times. The service is scheduled to have the call bell monitoring system upgrade to occur in May 2021.

The approved provider submitted a written response and supporting documentation including additional information about the sampled consumers care needs. In their response, the approved provider disagrees with the team’s findings and provided further information and a table of the staff roster from January to March 2021.

The provider’s response also includes information about the processes used to try replace staff who call in sick, and extend shift hours if unable to replace a shift. It also includes an audit report undertaken by management to monitor the workforce including number and mix of numbers and the delivery and management of safe and quality care and services to meet each consumer’s needs. The roster shows allocations of staff between each area of the service including care staff, nursing staff and lifestyle staff and indicates staff leave such as personal, annual, education. While the roster indicates replacement of most shifts, it is unclear of the expected number of staff required each shift due to inconsistent numbers of staff each day on the roster. For example in relation to a sample of morning shifts on Monday 1 March 2021 there was a total of 14 care staff, Tuesday 2 March 2021 a total of 12 care staff and on Wednesday 3 March 2021 a total of 13 care staff.

While the work the approved provider has undertaken and is undertaking is recognised, this work was still underway at the time of the site audit and will take some time to implement and understand the effectiveness of the improvement strategies. The approved provider also needs time to demonstrate that the actions taken reduce the likelihood of any impact to consumer care and service needs when delays in delivery of care and services and call bell responsiveness is experienced.

I find this requirement 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 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment Team found overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers interviewed confirmed improvements have been made as a result of their involvement in the development, delivery and evaluation of their care and services. Consumers are actively involved in regular consumer, relative and friends meetings which provide direct feedback to the governing body and executive management team.

The Assessment Team found that the service’s governing body and the executive management team are proactively involved in the continuous improvement of care and services. The service has governance systems, a risk management plan and clinical governance framework in place for the delivery of safe and quality care and services. The service has oversight across a range of management systems which includes audits and surveys to monitor the performance of key performance indicators. The service has an efficient line of information sharing which informs all levels of staff and management across a range of indicators to enable the service to monitor and respond to trends and concerns and implement strategies to minimise risks to consumers and deliver of safe and quality care and services.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

**Standard 2: Ongoing assessment and planning with consumers**

Required improvements

Ensure 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.

Continue to work on improvement strategies relating to the individualisation of consumer needs, goals and preferences, in particular relating to the physiotherapy and end of life/ palliative care domains of the care plan.

**Standard 3: Personal care and clinical care**

Required improvements

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

Continue to work on improvement strategies relating to the delivery of assessment and planning to ensure it identifies and addresses the consumer’s current needs, goals and preferences.

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

Monitor the effectiveness of the actions taken to ensure the scope of nursing practice is maintained, and information about consumers is documented and communicated in accordance with best practice guidelines and organisational policies and procedures.

**Standard 7: Human resources**

Required improvements

Ensure the workforce deployed enables the delivery and management of safe and quality care and services to consumers.

Monitor the effectiveness of the actions taken to ensure timely and appropriate care and service provisions to consumers, including by consulting consumers and representatives.

Continue to monitor the staffing levels to determine suitability of numbers to deliver safe and effective care and services.

Continue to monitor actions taken reduce the likelihood of any impact to the consumer care and service needs when delays in delivery of care and services and call bell responsiveness is experienced.