Hillside Residential Care Centre

Performance Report

177 Longwood Road
HEATHFIELD SA 5153
Phone number: 08 8339 4815

**Commission ID:** 6176

**Provider name:** Allity Pty Ltd

**Site Audit date:** 1 November 2021 to 2 November 2021

**Date of Performance Report:** 17 December 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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) | Non-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** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **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** | **Compliant** |
| Requirement 7(3)(a) | 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 Commissioner’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 consumer, representatives, staff and management
* the provider’s response to the Site Audit report received 7 December 2021.

# STANDARD 1 COMPLIANTConsumer 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

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

The Assessment Team found overall, consumers sampled considered that 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers are treated with dignity and respect and their identity, culture and diversity is valued;
* representatives felt informed about care and services consumers receive and information is provided in a timely manner;
* consumers are supported to do things they want to do;
* privacy is respected and consumers believe their personal information is kept confidential; and
* consumers are supported to make choices about the care and services provided and information provided is clear, easy to understand and enables them to exercise choice.

Information collected from consumers and/or representatives on entry and ongoing assists to identify each consumer’s cultural, spiritual, life events, likes and dislikes, family relationships and cultural safety needs and preferences. Personalised care plans are developed from information collected and are considered in provision of care and services. Staff sampled spoke of consumers with respect and kindness and demonstrated familiarity of sampled consumers’ care needs, backgrounds and preferences. Additionally, staff identified cultural needs of consumers and demonstrated an understanding of what cultural identity meant for individual consumers.

Documentation sampled demonstrated information provided to consumers is current, accurate and timely. Information is made available to consumers through activity calendars, menus, newsletters, handbooks, meeting forums and noticeboards. Staff described ways they communicate with and provide information to consumers, including in relation to meal choices and daily activities. Staff were observed to deliver care in a way which promoted and respected consumers’ privacy and personal information was observed to be securely stored.

Consumers and representatives indicated they can make decisions in relation to consumers’ care, including who is involved in the delivery of care, and consumers can communicate their decisions and are able to maintain relationships. Staff described how they support consumers to make choices about the care and services they are provided. Care plans sampled included information relating to consumers’ personal preferences, important relationships and strategies to assist staff to support consumers to exercise choice.

Consumers indicated staff support them to do the things that they want to do and provided positive feedback in relation to the support they receive from staff to live the best life they can. Where consumers wish to undertake an activity, which involves an element of risk, discussions relating to risks are undertaken with the consumer and/or representative to ensure risks are understood, strategies to mitigate risks developed and Dignity of risk consultation forms are completed.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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-COMPLIANTOngoing 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

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

The Assessment Team have recommended Requirement (3)(a) in Standard 2 not met. The Assessment Team were not satisfied the service demonstrated assessment and planning processes consistently ensured consideration of risks to each consumer’s health and well-being and informs the delivery of safe and effective care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d) and (3)(e), the Assessment Team found overall, consumers sampled considered that they felt like partners in the ongoing assessment and care planning process. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* consumers have a say in daily activities and the way they want their care and services provided;
* confirmed staff had spoken to them about consumers’ end of life and palliative care needs and preferences;
* described occasions where they had been consulted about assessments, review and changes to consumers’ care and service needs, including following Medical officer and allied health reviews;
* were aware of care plan documents and stated staff had discussed consumers’ care with them and are aware they can access a copy of the care plan at any time; and
* staff speak with consumers about care and services to ensure the care they need is being delivered.

Consumer files demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Clinical staff indicated conversations relating to consumers’ advance care directives are undertaken on entry, reviewed during care evaluation and on an as needed basis for those consumers’ who have expressed their wish to discuss end of life wishes ‘when the time comes’. Representatives confirmed staff had spoken to them in relation to consumers’ end of life and palliative care needs and preferences.

Care files demonstrated staff involve consumers and/or representatives and seek input from Medical officers and other providers of care and services to ensure care and service provision is in line with consumers’ needs and preferences. Outcomes of assessment and care planning are communicated to consumers and documented in care plans which are available to consumers and guide staff in the provision of care and services. Care plans are updated in response to changes in consumers’ circumstance, health and incidents. Additionally, care plans are reviewed on a six monthly basis in consultation with consumers and/or representatives.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

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

The Assessment Team were not satisfied the service demonstrated assessment and planning processes consistently ensured consideration of risks to each consumer’s health and well-being and informed the delivery of safe and effective care and services. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* Inconsistencies in information relating to repositioning and assistance with mobility were noted in sleep and skin assessments in Consumer A’s care plan. The consumer currently has a stage 3 pressure injury.
* Two of five clinical and/or care staff sampled were unable to identify how often Consumer A was required to be repositioned.
* Consumer A’s care plan had not been updated to reflect specialist’s recommendations relating to repositioning following a review in October 2021.
* Clinical staff indicated specialist’s recommendations are captured in the Wound management plan, however, assessments had not been updated in line with organisational processes and the recommendations were not being followed.

Consumer B

* An initial care plan indicated the consumer required regular blood glucose level monitoring. However, the consumer does not have a diagnosis of diabetes, a specialised care plan or blood glucose monitoring directives.
* Staff sampled confirmed Consumer B does not have diabetes and nor require blood glucose level monitoring.
* The care plan was updated during the Site Audit.
* Consumer C
* Specialist’s recommendations in October 2021 indicated the consumer could tolerate thin fluids. However, a Nutrition and hydration assessment dated 11 days post the specialist review indicated the consumer required thin consistency fluids and fluids that are slightly thick in consistency.
* The Nutrition and hydration assessment indicated a diagnosis of dysphagia and to refer to the dysphagia assessment for more details. However, dysphagia is not noted on the diagnosis list and an assessment has not been completed.

Consumer D

* Consumer D’s Nutrition and hydration assessment referred to another consumer. This was updated during the Site audit.

Consumer E

* A hospital discharge letter dated October 2021 indicated blood glucose levels are to be monitored three times a day.
* An initial care plan indicated blood glucose levels are to be monitored monthly and three times a day. The care plan also indicated to refer to the specialised care plan for diabetic management, however, this had not been completed.
* While a Medical officer review, five days post entry, outlined frequency of blood glucose monitoring, the care plan had not been updated to reflect the directive.

Assessment and planning processes are monitored through audits. However, an audit completed in September 2021 did not identify inconsistencies in care planning and assessment documentation as identified by the Assessment Team.

The provider’s response acknowledges inconsistencies in documentation as identified by the Assessment Team as well as acknowledging there are some areas where improvement is required. The provider’s response outlined actions taken to address the deficiencies identified. Additionally, a Continuous improvement plan, directly addressing the deficiencies identified by the Assessment Team has been developed and was included as part of the provider’s response. Actions completed and/or planned include, but are not limited to:

* Consumer A’s skin and sleep and rest assessments have been updated to reflect specialist’s recommendations and the care plan has been updated to reflect assessment information.
* All consumers skin and sleep and rest assessments and care plans to be reviewed to ensure repositioning is only referenced in the Skin assessment and Skin integrity care plan.
* Consumer B’s care plan has been updated.
* A review of all care plans to be conducted to ensure only consumers who require blood glucose monitoring have this documented in care plans.
* Education to be provided to Registered nursing staff relating to updating of dysphagia and nutrition and hydration assessments following specialist review.
* A review of all dysphagia and nutrition and hydration assessments and care plans to be conducted to ensure consistency of information.
* A Specialised care plan for diabetic management, reflective of Medical officer directives, has been completed for Consumer E.
* A review of all medical directives to be conducted to ensure they are reflected in care plans.
* Audits to focus on high impact high prevalence risk consumers.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning processes did not consistently inform the delivery of safe and effective care and services. For five consumer files sampled, inconsistent information relating to specialised care needs, nutrition and hydration and pressure area care was noted in assessments and care planning documentation, used by staff to guide provision of consumers’ care and services.

In relation to Consumer A, I have considered that inconsistencies in frequency of pressure area care detailed in documentation has the potential to impact the consumer’s health and well-being. Care staff sampled were unaware of the frequency of repositioning and care planning documentation, used to guide staff in delivery of consumers’ care, had not been updated to reflect specialist’s recommendations relating to repositioning. The consumer currently has a stage 3 pressure injury.

In relation to Consumers A, B, C and E, I have considered that inconsistencies in information has the potential to impact on effective delivery of care and services, particularly where staff delivering care are not familiar with consumers’ assessed care and service needs. I acknowledge the actions taken by the service in relation to the inconsistencies highlighted both at the time of the Site Audit and since receiving the Assessment Team’s report. However, I have considered that these actions were initiated subsequent to the Site Audit and not as a result of the service’s monitoring processes, including care plan review and audit processes.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### 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 Non-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team have recommended Requirement (3)(a) in Standard 3 not met. The Assessment Team were not satisfied the service demonstrated each consumer receives effective personal and clinical care that is tailored to their needs and is best practice, specifically in relation to restrictive practices, falls management and skin integrity.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g), the Assessment Team found most consumers sampled considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* consumers expressed satisfaction with management of medications and mobility;
* satisfied with regular reviews by Medical officers and feel staff advise them of outcomes of the review and of any changes initiated; and
* are confident staff would identify changes to their health and well-being and will refer them to the Medical officer and/or allied health specialists where necessary.

A sample of consumer files demonstrated assessment and monitoring of high-impact or high-prevalence risks associated with the care of consumers, including risks related to mobility, diabetes, behaviours and weight loss. Staff described high impact or high prevalence risks for consumers sampled. There are processes to monitor effectiveness of strategies to manage high impact or high prevalence risk, including through the organisation’s ‘What’s up with Graham’ program.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Where consumers enter the end of life phase, additional information relating to care measures is added to care plans, and following commencement of an end of life pathway by the Medical officer, a terminal care assessment is completed. Staff provided examples of care provided to consumers during the end of life phase, including in relation to clinical, emotional, spiritual and cultural aspects of care.

Where changes to consumers’ health are identified, additional charting, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health specialists initiated. Care staff stated they report changes to consumers’ health and well-being to clinical staff. Care files demonstrated changes in consumers’ condition are reported and acted upon.

The service has an effective infection control system in place to prevent and control infection. Clinical staff were knowledgeable of antimicrobial stewardship principles and described strategies they implement to minimise the need for antibiotics. Policies and procedures relating to infection control, including outbreak management are readily available to staff. An annual influenza vaccination program is in place and there are processes to monitor staff and consumer COVID-19 vaccinations. Infection rates are collated and monitored on a monthly basis and reported through site and organisational meeting forums.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team were not satisfied the service demonstrated each consumer receives effective personal and clinical care that is tailored to their needs and is best practice, specifically in relation to restrictive practices, falls management and skin integrity. The Assessment Team’s report provided the following evidence relevant to my finding:

* Throughout the two days of the Site Audit, most consumers were observed to have ultra-low beds placed at the lowest setting. This included six consumers who were observed on the first day of the Site Audit to be in bed with the beds in the ultra-low position.
* Two care staff stated consumers who wander have the beds at the lowest setting to ensure safety and that they do not wander around the service at night. However, the staff members did not disclose the names of the consumers they were referring to.
* Of the six consumers, Consumers F, G and D are able to weight bear with assistance of staff. No behaviour assessments were provided indicating the consumers displayed wandering behaviours. A Behaviour assessment for one of the six consumers, Consumer H, identified the consumer as having wandering behaviours.
* For all four of these consumers, a Medical officer assessment and consultation with representatives, including discussion related to associated risks had not occurred and authority forms, in line with legislative requirements, had not been completed.
* Restraint authority forms including new restrictive practice legislation were released by the organisation in August 2021. These forms have not been implemented by the service.
* For Consumer A, wound treatments were not completed in line with the wound treatment plan, wound measurements were not consistently completed and photographs of the wound were not clear.
* Clinical staff were not able to locate treatment recorded on the electronic system.

The provider’s response outlined actions taken to address the deficiencies identified as well as further information to clarify evidence presented in the Assessment Team’s report. Additionally, a Continuous improvement plan, directly addressing the deficiencies identified by the Assessment Team has been developed and was included as part of the provider’s response. Actions completed and/or planned include, but are not limited to:

* For Consumers F, G, D and H, Mobility assessments and Mobility and falls prevention care plans have been updated following a Physiotherapist review to reflect safe bed height.
* A Physiotherapist review in December 2021 confirmed Consumer G is unable to weight bear and based on this, do not believe the bed in the lowered position was a restraint.
* Since Consumer D’s relocation within the service, previous behaviours are no longer a concern. Consumer D has since been reassessed and the Behaviour assessment updated.
* Consumer H does not require the bed to be lowered to the lowest position. Staff incorrectly assumed as the consumer has an ultra-low bed, this was to be lowered to the ground. The bed has now been changed to a regular bed.
* Reportable incidents were submitted through the Serious Incident Response Scheme on 3 and 6 December 2021 relating to inappropriate use of restraint for Consumers D, F and H.
* Physiotherapist to assess all consumers and provide appropriate height for beds to enable safe ambulation or to mitigate injury.
* Bed height tags to be introduced for all consumers and education to be provided to staff.
* Education to be provided to staff in relation to restrictive practices and the electronic wound management system.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, personal care and clinical care provided to each consumer was not best practice, tailored to their needs or optimising their health and well-being, specifically in relation to restrictive practices and wound management.

In relation to Consumers F, G, D and H, I have considered that care being provided was not tailored to their needs or optimising their health and well-being. Use of ultra-low beds had not been recognised by the service as a restrictive practice. All four consumers were all observed to be in beds which were placed at the lowest setting. However, authorisation and consultation relating to use of the restrictive practice had not been undertaken, in line with legislative requirements. Additionally, two care staff indicated for consumers who have a tendency to wander, beds are placed at the lowest setting. This would indicate that this is a practice staff initiate to minimise consumers’ behaviours. I acknowledge the actions taken by the service in relation to the deficits highlighted, including Physiotherapist review, reassessment of mobility and behaviours and reporting to the Serious Incident Response Scheme for three consumers relating to inappropriate use of restraints. However, I have considered that these actions were initiated subsequent to the Site Audit and not as a result of the service’s monitoring processes.

In relation to Consumer A, wound treatment records had not been consistently completed, photographs were not clear and treatments were not completed in line with documented timeframes. Consumer A’s wound was noted as a stage 3 pressure injury. I find it is reasonable, considering the nature of the wound, that wound treatments are completed at required timeframes and monitored at each treatment, including consideration of wound measurements. Such practices would ensure wound progression is monitored and wound deterioration is identified in a timely manner. I have also considered that during the Site Audit, clinical staff had difficulty locating wound treatment records on the electronic care system.

For the reasons detailed above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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 COMPLIANTServices and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team found overall, consumers sampled 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. The following examples were provided by consumers during interviews with the Assessment Team:

* staff support them to do things they want to do and which optimise their independence and quality of life;
* felt connected and engaged in meaningful activities which are satisfying to them;
* are assisted with daily living activities and are supported to maintain social and personal relationships and participate both within and outside of the service environment;
* believe referrals happen promptly when their needs, goals and preferences change; and
* provided positive feedback relating to food indicating they are provided choice, meals are varied and of suitable quality and quantity.

Initial and ongoing assessment and consultation processes assist to identify consumers’ goals, needs and preferences for care and to ensure health and well-being is optimised. Care plans sampled outlined information relating to consumers’ lifestyle and activity preferences, important relationships, preferences and needs in relation to emotional, social, spiritual and cultural aspects of care and life history. For consumers sampled, staff described what was important to them how they assist and support consumers to do things they want to do and described how they provide emotional and psychological support when required.

A monthly well-being and lifestyle activities calendar is maintained and is based on consumers’ preferences and interests. Activities are provided either in a group setting or one-to-one with individual consumers. Consumers’ attendance is monitored and reviewed to ensure activities continue to meet the needs of consumers. Consumers who do not attend activities or at risk of isolation are identified and extra support provided. Most consumers were observed participating in a range of activities doing the Site Audit. However, consumers residing in the memory support unit were not observed attending or interacting in activities.

Care plan documentation included information relating to consumers’ social relationships, interests supports to enable them to participate in the community, within and outside of the service environment. Additionally, consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff stated they have access to and are provided information about consumers to enable them to provide care and services.

Each consumer’s nutrition and hydration needs and preferences, including allergies and likes and dislikes are identified on entry and incorporated into dietary assessments and care plans. This information is available to staff, including hospitality staff. Staff described how they accommodate consumers’ needs and preferences and indicated alternative meal options are available for consumers.

The Assessment Team observed equipment provided to consumers to be safe, suitable, clean and well maintained. Maintenance processes, including involvement of contracted services, ensure equipment is safe and maintained.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* confirmed the service was a lovely place to live, has a home-like feel and is always clean;
* enjoy sitting outside on nice days; and
* furniture and equipment is clean and maintained and staff ensure their safety when using equipment.

The Assessment Team observed the service environment to be welcoming, easy to understand and encourage consumers to interact socially in common areas. Additionally, the environment was noted to be clean and well maintained. Consumers are encouraged to bring in personal belongings to furnish their rooms and make it feel personalised and comfortable. Consumers are able to move freely both indoors and outdoors and were observed throughout the Site Audit to be sitting on the outdoor deck enjoying the nice weather.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. There are preventative and reactive maintenance processes in place to maintain and inspect aspects of the service environment and equipment. Staff described how maintenance tasks are reported, actioned and resolved and processes they follow where safety hazards are identified. Cleaning processes are in place and are guided by cleaning schedules.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANTFeedback 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

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

The Assessment Team found overall, most consumers and representatives sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are satisfied with how complaints are managed, feel comfortable to raise concerns with staff and are aware of mechanisms for providing feedback;
* described how representatives advocate on behalf of consumers; and
* are happy with the care and services and have either not needed to make complaints or they have been minimal in nature and the service has responded appropriately and provided an apology where required.

Consumers and representatives are provided with information in relation to internal and external complaints avenues and advocacy on entry. Information in relation to feedback mechanisms, including internal feedback forms was also observed to be displayed throughout the service. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys, case conferences and directly to management and staff. Staff described how they support consumers to provide feedback, and how they report and escalate concerns to ensure they are addressed.

Policy and procedure documents are available to guide management and staff in complaint handling, including application of an open disclosure approach. A complaint and feedback log is maintained and documentation demonstrated appropriate actions had been initiated in response to complaints. Management described how feedback and complaints data is regularly reviewed to identify trends and provided examples of improvement initiatives initiated from data gathered to improve the quality of care and services.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found overall, consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* there are adequate staff numbers to provide safe and quality care and services;
* staff attend to their care needs promptly and their call bells are answered in a timely manner;
* were complimentary of staff and confirmed they are kind, caring and respectful; and
* confident staff have adequate skills and knowledge and confirmed staff meet their care and service needs.

There are systems and processes to ensure 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. There are processes to manage planned and unplanned leave. Most staff stated there are enough staff rostered each day to enable them to undertake their duties in a timely manner. Complaints data sampled for a six month period indicated there had been no complaints received in relation to staffing levels.

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

The service demonstrated processes to ensure the workforce is competent and has the qualifications and knowledge to perform their roles effectively. Staff competency is monitored through trends identified through feedback and incident data. Staff are required to complete mandatory training components and additional training is arranged where training deficits have been identified. There are processes to monitor completion of training requirements. Consumers sampled stated staff are skilled and knowledgeable and meet their care needs.

There are processes to ensure theis recruited, trained, equipped and supported. A recruitment and induction framework is in place and includes induction checklists and processes, probationary reviews, appraisals and buddy shifts. Competence is tested through assessment, observation and feedback gathered through audits and surveys. A training schedule is in place and includes mandatory training components and staff are supported to identify additional training needs. There are processes to monitor completion of training requirements. Staff stated they have been provided enough training opportunities and considered training sufficient to enable them to conduct their role confidently and competently.

A staff performance appraisal and development process is in place, including probationary and annual reviews. Staff performance is monitored on an ongoing basis through feedback, incident data, audits, progress notes and observation of staff practice. There are processes to manage under performance; management provided an example of where performance management processes had been initiated in response to an allegation.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

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

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

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

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

### Requirement 7(3)(c) 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 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of services through a number of avenues, including meeting forums, surveys, care plan review processes and feedback mechanisms.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of a Board of directors who are supported by a Chief executive officer, an executive leadership team and operational managers ensuring the Board is aware of undertakings within the service and is accountable for delivery of care and services. The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported on.

The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. Incidents are managed and recorded through an electronic clinical management system and Serious Incident Response Scheme (SIRS) register. SIRS reports are monitored at an organisational level for trends, accuracy and opportunities for improvement.

The organisation has an effective clinical governance framework, supported by policy and procedure documents to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled stated they had been educated about the policies relating to these aspects and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find Allity Pty Ltd, in relation to Hillside Residential Care Centre, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* review and update care plans and associated documentation to reflect consumers’ assessed needs.
* undertake care plan review processes ensuring inconsistencies are identified and addressed.
* update care plans and associated documentation in response to specialists’ recommendations.
* Ensure policies, procedures and guidelines in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.
* Review the service’s processes relating to monitoring of assessment and care planning.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* identify restrictive practices, initiate appropriate assessments and consultation processes and implement management strategies, in line with legislative requirements.
* review and undertake wound treatments in line with wound treatment plans, ensuring wound measurements are routinely documented.
* Ensure policies, procedures and guidelines in relation to restrictive practices, behaviour and wound management are effectively communicated and understood by staff.
* Monitor staff compliance with legislative requirements and the service’s policies, procedures and guidelines in relation to restrictive practices, wound and behaviour management.