Hope Aged Care Swan Hill

Performance Report

39-41 Acacia Street
SWAN HILL VIC 3585
Phone number: 03 9380 8028

**Commission ID:** 3796

**Provider name:** Sixth Eastway Pty Ltd

**Site Audit date:** 7 April 2021 to 9 April 2021

**Date of Performance Report:** 19 May 2021

# 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) | 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) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-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) | Non-compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 29 April 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

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.

Overall, sampled consumers 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. For example:

* Consumers and representatives expressed satisfaction that they are treated with dignity and respect. Feedback included that staff always treat them well and find the staff very respectful, and feel very comfortable at the service.
* Consumer and representative feedback demonstrates that consumers feel supported to exercise choice and independence around making care decisions, making connections and maintaining relationships. Staff were able to provide examples of how consumers are supported to make decisions and maintain social interaction.

Staff described how culturally safe care is provided to consumers at an individual level. Staff provided examples of how consumers are supported with decision making and maintaining social interaction. Staff explained steps to support consumers taking risks, managing the risk and assisting consumers in making informed decisions.

Staff interaction with consumers was observed to be respectful and kind. Staff practice respects consumer privacy. Care documentation sampled however contains limited information around consumer backgrounds and cultural needs and preferences.

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-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

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.

Consumers generally considered that they feel like partners in the ongoing assessment and planning of their care and services for optimising their health and wellbeing.

However, care documentation sampled does not include evidence of assessment and planning of care, including consideration for potential risk to health and wellbeing. Care documentation sampled shows assessment and care planning does not identify and address consumers’ current needs and are not tailored to the individual consumer.

Care and services plans are generally reviewed following incidents or when the consumer’s clinical condition and their related needs change.

Clinical staff described how they provide consumers and/or their representatives with an opportunity to discuss outcomes of assessment and planning with reviews or changes to care needs. Clinical staff described the process for reviewing care plans and when incidents impact on the consumer.

Consumers and representatives are generally aware care plan documentation is readily available to them.

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

## 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 found:

* Care documentation sampled does not include evidence of assessment and planning of care, including consideration for potential risk to health and wellbeing.
* Clinical staff did not identify the assessment and planning process, including consideration of risk, does not inform delivery of safe and effective care and services.

The provider’s response included action taken since the audit:

* The clinical care coordinator, who is supernumerary and full-time since 12 April 2021, has commenced reassessment for all consumers.
* A review has been undertaken of the assessment process and changes will include care staff being an integral part of a multi-disciplinary team for initial and ongoing assessment, review and evaluation.
* The assessment process has been discussed at compulsory staff meetings held during April 2021 and one to one education sessions commenced for clinical staff.

While I acknowledge the action taken by management since the audit to address the deficits, these steps have not been fully implemented and evaluated. I find the service Non-compliant with this requirement.

### 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:

* Care documentation sampled demonstrates assessment and care planning does not identify and address consumers’ current needs and are not tailored to the individual consumer.

The provider’s response included action taken since the audit:

* The clinical care coordinator, who is supernumerary and full-time since 12 April 2021, has commenced reassessment for all consumers.
* A review has been undertaken of the assessment process and changes will include care staff being an integral part of a multi-disciplinary team for initial and ongoing assessment, review and evaluation.
* The assessment process has been discussed at compulsory staff meetings held during April 2021 and one to one education sessions commenced for clinical staff.

While I acknowledge the action taken by management since the audit to address the deficits, these steps have not been fully implemented and evaluated. I find the service Non-compliant with this requirement.

### 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

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.

Whilst most sampled consumers and representatives consider consumers receive personal care and clinical care that is safe and right for them, the Assessment Team identified care and services some consumers is not best practice, is not always tailored to the consumer’s needs, and does not optimise the consumer’s health and well-being.

For example:

* Relevant staff did not demonstrate an understanding of chemical restraint resulting in chemical restraint is not always identified and the service’s processes inconsistently applied.
* The service did not demonstrate effective management for all consumers pain.
* High impact and high prevalence risks are not always managed effectively to ensure safe and effective care, including ineffective falls prevention and management, wound management, behaviour management and weight loss.
* Care documentation for the consumers sampled does not always reflect the identification of, and timely response to, changes in health status in relation to weight loss, behaviours of concern and wound management.
* Referrals are not made to other providers of care and services in a timely manner.
* The service did not adequately demonstrate preparedness in the event of an infectious outbreak, such as COIVD-19.

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

### 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 found:

* Relevant staff did not demonstrate an understanding of chemical restraint resulting in chemical restraint not always being identified and the service’s processes applied inconsistently.
* The service did not always demonstrate non-pharmacological interventions are maximised and or pain is managed prior to ‘as require’ anti-psychotic medication being administered.
* The service does not have processes to manage consent in relation to environmental restraint in relation to the dementia specific wing.
* The service did not demonstrate effective management for all consumers pain.

The provider’s response included action at the time of and since the audit:

* Management is currently reviewing chemical restraint processes following external education with the Commonwealth Pharmacist prior to the audit. Management acknowledge deficits in staff understanding.
* Compulsory education sessions for clinical staff on restraint has occurred and part of the service’s education calendar.
* Pain management practice guidelines have been reviewed to provide more in-depth guidance to all staff in relation to pain charting. Further education sessions are planned for all staff in relation to monitoring, assessing, documenting and review of pain.

The provider’s response disagrees with the Assessment Team’s environmental restraint evidence and stated a consent document is completed on admission in relation to the dementia specific wing, and is reviewed on an annual basis. The response describes accompanied consumer access to other areas of the service.

I note the provider’s processes in relation to consent for environmental restraint. I also note the action taken by management at the time of and since the audit to address identified deficits, however these actions are still to be fully implemented and evaluated. Thus, I find the service is Non-compliant with this requirement.

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

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

The Assessment Team found the service did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team evidence included post falls management, wound management, management of weight loss and nutrition, diabetes management and responsive behaviours.

The provider did not specifically respond to the Assessment Team’s evidence. However, I note the service’s response and actions commenced in relation to chemical restraint under Standard 3(3)(a) and considered this when evaluating the Assessment Team’s evidence regarding responsive behaviours.

I am satisfied the service does not comply in this requirement.

### 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) Non-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.*

The Assessment Team found care documentation for the consumers sampled does not always reflect the identification of, and timely response to, changes in health status providing examples in relation to consumers with weight loss, behaviours of concern and wound management.

The provider’s response described circumstances relating to the sourcing of other providers of care (see Standard 3(3)(f).

I note the action taken by the service prior to and since the audit to engage other providers of care and services. However, I have considered and place weight on the Assessment Team’s evidence and the wording of this requirement, specifically ‘deterioration or change…. responded to in a timely manner’. It is on this basis that I find the service Non-compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team’s evidence included examples of consumers who have not been referred, or referred in a timely manner, to other providers of care and services. This includes wound, pain and behaviour management specialists. The service currently only refers consumers to a general practitioner, physiotherapist and speech pathologist.

The provider’s response included:

* The physiotherapy and pain management provider ceased their contract mid-March 2021 as they were not able to provide a service in regional areas. The service has recently engaged a full time physiotherapist who has attended the site and undertaken full assessments of all residents. The home will continue to review allied health availability in the regional area.
* The home is in the process of completing a service agreement with the local district health service for further allied health including dietitian and wound consultants. This was in progress prior to the visit.
* A geriatrician attends the service when referrals are received from the general practitioner.
* A speech pathologist attends the service when required.
* A referral document with contact details has been put in place to guide staff and visiting general practitioners.

I note the service was at the time engaging, and has subsequently engaged, the services of providers of care and services. However, I also note the Assessment Team’s evidence in relation to the examples of consumers’ needs and lack of referral or timely referral. It is on this basis, drawing on the wording of the requirement, that I find the service is Non-compliant with this requirement.

### Requirement 3(3)(g) Non-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.*

The Assessment Team found management did not demonstrate the service is adequately prepared for COVID-19 outbreak. Evidence included:

* deficits in the outbreak management plan
* no site-based Infection Prevention and Control (IPC) lead
* insufficient personal protective equipment (PPE) supplies
* staff practice in relation to face masks
* lack of availability of disinfectant wipes
* unclear donning and doffing stations
* rate of completion of hand hygiene and PPE competencies.

The provider’s response included action taken since the audit:

* COVID 19 outbreak cleaning guidelines have been provided to cleaning staff
* the outbreak management plan has been reviewed and addresses the deficits identified during the audit and documents informal processes
* a clinical staff has been appointed the nominated IPC lead and has registered to undertake the appropriate training course
* additional supplies of PPE have been received
* correct face mask practice has been reinforced through staff meetings and monitored daily.

The provider’s response also refutes parts of the Assessment Team’s evidence including that adequate signage and disinfectant wipes were in place. The response notes a doffing bins had been temporarily relocated at the time, however an additional bin has been ordered.

I acknowledge the action taken by management since the audit to address the deficits and note the additional information addresses the Assessment Team’s evidence. However, the service was non-compliant at the time of the audit. Thus, I find the service Non-compliant with this requirement.

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

In general 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. For example:

* Consumers and representatives indicated satisfaction that consumers' emotional, spiritual and psychological well-being were promoted.
* Consumers are satisfied they are involved in activities of interest, and they are supported to maintain relationships of their choosing.
* Consumers and representatives expressed satisfaction with the quality, quantity and variety of food provided.
* Consumers and their representatives expressed satisfaction that their needs and preferences are communicated effectively to staff delivering their care.
* However, while some consumers expressed satisfaction with the activities, those living in the dementia specific wing are dissatisfied with the variety of activities.

Care plan documentation in relation to activities, consumers’ background and interest are mostly incomplete, and consumers’ goals generic. The service’s activity calendars did not reflect things of interest to consumers to optimise their independence, health, well-being and quality of life.

Staff described how they know consumers well and can tell when there is something wrong with their mood as they see and interact with the consumers daily. Management described how they work with external organisations and volunteers to help supplement the lifestyle activities Staff interviewed said they have access to equipment when they need it.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

The Assessment Team’s evidence included:

* Dissatisfaction from some consumers/representatives in relation to activities available within the dementia specific wing.
* Observations of lack of activities in the dementia specific wing and consumers predominantly watching television.
* Mostly incomplete assessments and care planning in relation to consumers’ backgrounds and things of interest.

The provider’s response noted that prior to the site audit a review of staffing and roles and responsibilities was in progress for the dementia specific wing to promote a holistic approach to care. The provider’s response states following actions have since occurred:

* an increase to staffing in the wing
* education in relation to roles and responsibilities and providing activities
* a review of the lifestyle calendar in the wing
* review of residents’ lifestyle needs.

Training for staff through Dementia Services Australia is planned.

While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I find the service Non-compliant with this requirement.

### 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

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 and representatives interviewed were satisfied with the service environment, indicating the service is welcoming and supports their independence and sense of well-being.
* Consumers confirmed living areas are cleaned regularly, and maintenance to equipment and furnishings occurs promptly.

Overall consumers were observed to be able to move freely indoors, outdoors, and externally if capacity allows consumers to do so safely. Furniture, equipment and fittings in the service appeared clean and well maintained.

While staff indicated consumer equipment is checked regularly as part of their duties, this is not always formalised through documentation processes.

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 NON-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

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.

Consumers/representatives interviewed generally considered they are encouraged and supported to give feedback and make complaints. For example:

* Most sampled consumers/representatives felt they could make complaints and felt safe to do so.
* Consumers sampled described in various ways how they can provide feedback and/or raise a concern. However, consumers/representatives sampled were not always aware of other methods such as external avenues for raising and resolving complaints.
* Consumers sampled agreed feedback is used to improve the quality of care and services. A consumer described how the introduction of the food focus meeting has improved meals.
* However, not all stakeholders interviewed were satisfied with actions taken in response to concerns.

Staff described in various ways how they would support consumers to provide feedback and/or raise a concern. Staff described how they would support a consumer to use external complaints mechanisms. Staff interviewed were not able to demonstrate an understanding of open disclosure.

Management did not adequately demonstrate appropriate action is always taken in response to consumer concerns and an open disclosure process used when things go wrong.

The service has a suite of documents and processes to inform and enable stakeholders to provide feedback or raise a concern, however these are not available to all consumers living throughout the service. While handbooks contained information in relation to language services, advocates and hearing services, this information was not promoted within the service.

The service has a suite of systems and processes to guide the management of comments and complaints, however record-keeping in relation to concerns and improvements does not always occur.

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

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team’s evidence included:

* feedback from some consumers/ representatives that appropriate action is not taken to complaints
* documentation of, and actions to, complaints are not always appropriate
* staff not understanding open disclosure.

The provider’s response stated open disclosure is addressed through the mandatory training days, and while staff have an understanding of open disclosure they are not familiar with the term. The response indicated this would be further addressed through education sessions within the home. The provider’s response stated all complaints are now escalated to the quality manager who has been appointed to review all complaints.

While I note the actions taken by the service address the deficits, the actions have not been fully implemented and/or evaluated. The service was non-compliant at the time of the audit, thus I find the service Non-compliant with this requirement.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-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

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.

Overall consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example:

* While consumers and representatives confirmed staff are kind, caring and respectful, they provided feedback about insufficient levels of staff at the service providing examples of what this means to them such as delays in their care and not getting the care when they require it.

Staff provided feedback about insufficient levels of staff at the service. Staff across clinical, lifestyle and administrative roles provided feedback they did not have all the skills and knowledge to perform their roles effectively. Staff generally said they participate in an orientation and have buddy shifts. Management demonstrated processes to review and monitor the performance of staff.

The organisation has a suite of recruitment systems and processes these include an interview, mandatory training, mandatory competencies and an orientation process.

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

## Assessment of Standard 7 Requirements

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

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

The Assessment Team’s evidence included feedback from consumers, representatives and staff about insufficient levels of staff at the service. Documentation showed care staff shifts were not always able to be replaced.

The provider’s response noted management had identified prior to the audit the need to review staffing and had commenced the appointment of a clinical care coordinator. The provider’s response states since the audit a full-time clinical care coordinator and part-time roster coordinator have been appointed. The roster has been adjusted to include additional care hours, lifestyle hours and weekend cleaning. Permanent and casual care staff have been employed. The response states all newly appointed staff have received a two-day induction and relevant training.

I acknowledge the action taken by management since the audit to address the deficits in this requirement. However, at the time of the audit the service was non-compliant. Thus I find the service non-compliant with this requirement.

### 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) Non-compliant

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

The Assessment Team found:

* Deficits in staff competency in relation to a number of the Quality Standards.
* Staff across clinical, lifestyle and administrative roles provided feedback they did not have all the skills and knowledge to perform their roles effectively.

The provider’s response states education sessions and one to one guidance has been provided to clinical staff in relation to deficits identified during the audit in Standards 2 and 3. Organisational management are temporarily based in Swan Hill to provide support and guidance for staff.

While I acknowledge the action taken by management since the audit to support the development of staff knowledge and skills, staff competency is being developed at the same time as the service is strengthening clinical processes, which have not been fully implemented and evaluated. Thus, I find the service non-compliant with this requirement.

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

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

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

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

# STANDARD 8 NON-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

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).

Management described how they engage consumers in the development, delivery and evaluation of care and services. Consumers expressed how they were supported in this engagement.

The organisation has a suite of systems, process and materials to promote a culture that is safe, inclusive and quality care and service and is accountable for their delivery.

The organisation has suite of systems, process and documents which underpin their risk management framework. The service demonstrated components of their risk management system.

However, while the organisation has a suite of governance systems, management did not demonstrate these are effectively applied within the service specifically in relation to information management and continuous improvement.

The service did not adequately demonstrate there are effective clinical governance systems and process in place to ensure positive clinical outcomes for consumers or these are understood by staff.

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

## Assessment of Standard 8 Requirements

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

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

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

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

### Requirement 8(3)(c) Non-compliant

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

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

The Assessment Team found that while the organisation has a suite of governance systems, management did not demonstrate these are effectively applied within the service, most specifically in relation to information management, continuous improvement and regulatory compliance. This is supported by evidence within the report, most specifically Standards 2, 3 and 4, that demonstrate the service is not identifying and responding to opportunities for continuous improvement or deficits in the management of information.

The provider’s response includes:

* Reference to action commenced in relation to deficits identified.
* Action taken to specific deficits such as review of the evacuation listing and introduction of an index to guide staff navigate the intranet.
* Clarification of the handover process and minute taking responsibilities.
* Additional information in relation to the absence of a site-based Infection Prevention and Control lead.
* The organisation’s quality manager has commenced a review of all continuous improvement activities.

While I acknowledge the action taken by management since the audit, which is still in progress and not yet evaluated, I am satisfied the service’s systems for managing information and continuous improvement are not yet effective. Thus, I find the service non-compliant with this requirement.

### 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) Non-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.*

The Assessment Team found:

* The organisation does not have a document outlining the clinical governance system.
* The organisation’s procedures do not provide sufficient guidance for staff on contemporary practices for the minimisation of use of chemical restraint.
* Staff have not received education on minimising the use of restraint.
* Staff are not using the organisation’s assessment resources in relation to minimisation of restraint.
* Staff generally do not demonstrate an understanding of open disclosure.
* The service does not provide antimicrobial stewardship training to staff.

The provider’s response provided clarification on identified deficits and included action at the time of and since the audit to address the deficits. This included:

* A description of the organisation’s clinical governance systems and states this has now been formalised in a clinical governance policy and reporting chart.
* Management is currently reviewing chemical restraint processes following external education.
* Management acknowledge deficits in staff understanding. Compulsory education sessions for clinical staff on restraint has occurred and part of the service’s education calendar.
* The recently employed clinical care coordinator has been trained in the clinical monthly reporting that is part of the organisation’s clinical governance framework.
* Antimicrobial stewardship education had been added to the education calendar.
* Additional education on open disclosure is scheduled.

I note the action taken by management at the time of and since the audit to address the deficits, however these actions are still to be fully implemented and evaluated. I am satisfied governance structures do not currently support or sufficiently monitor clinical practices at the service, most specifically in relation to minimisation of the use of restraint. Thus, I find the service is Non-compliant with this requirement.

# 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.

**Requirement 2(3)(a)**

* Implement effective processes to ensure assessment and care planning, including consideration for risk, informs delivery of safe and effective care.
* Ensure staff have the knowledge and skills to support the processes.

**Requirement 2(3)(b)**

* Implement processes to ensure assessment and care planning reflects the current needs, goals and preferences of consumers.

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

* Ensure processes and resources enable the minimisation of chemical restraint.
* Ensure staff have the skills and knowledge to understand and apply a minimisation of chemical restraint at the service.
* Ensure resources and staff skills and knowledge enable the effective management for all consumers pain.

**Requirement 3(3)(b)**

* Ensure processes enable the effective management of high impact or high prevalence risks associated with the care of each consumer.
* Ensure staff have the skills and knowledge to manage high impact high prevalent risks relevant to consumers living at the service.

**Requirement 3(3)(d)**

* Ensure the service’s processes enable deterioration or change to be responded to in a timely manner.

**Requirement 3(3)(f)**

* Processes ensure consumers have access to timely and appropriate referrals to providers of other care and services.

**Requirement 3(3)(g)**

* Ensure effective planning, preparation and practice is in place for a COVID-19 outbreak.

**Requirement 4(3)(a)**

* Ensure consumers’ needs, goals and preferences are assessed and care planned in relation to this requirement.
* Ensure the service has the resources in place to meet consumers’ needs, goals and preferences.

**Requirement 6(3)(c)**

* Ensure all complaints are actioned appropriately.
* Ensure staff are aware of and able to apply open disclosure.

**Requirement 7(3)(a)**

* Ensure the number and mix of staff is planned and enables, the delivery and management of safe and quality care and services.

**Requirement 7(3)(c)**

* Ensure staff have the competency to perform their roles in relation to the Quality Standards.

**Requirement 8(3)(c)**

* Ensure effective information systems are in place at the service.
* Ensure a timely and effective application of the service’s continuous improvement system.

**Requirement 8(3)(e)**

* Formalise a clinical governance framework.
* Ensure governance structures and resources support and monitor the practices at the service.
* Ensure staff have the knowledge and skills to apply the organisation’s clinical governance framework.