IRT Links Seaside

Performance Report

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**Commission ID:** 0834

**Provider name:** Illawarra Retirement Trust

**Site Audit date:** 16 March 2021 to 19 March 2021

**Date of Performance Report:** 21 April 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | 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) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Non-compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Non-compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Site Audit report received 20 April 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

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:

Some consumers interviewed said staff are always respectful of their dignity and privacy when speaking to them and while delivering care. Some consumers also confirmed they are being supported by the service and staff to exercise choice and independence. Other consumers and representatives stated the service values their culture and diversity, and that care and services are generally culturally safe. However, this is not the same experience for all consumers. Some stated they did not believe their dignity and privacy has been respected in relation to personal care services being attended to with the door open, or that they are not always enabled to be independent. Most of the consumers and representatives interviewed by the Assessment Team said the service does not provide culturally appropriate meals or activities.

While the feedback from some consumers reflected that they feel they are treated with dignity, respect and their privacy is being maintained. For other consumers however, this was not the same experience. The Assessment Team observed instances where the consumers dignity was not being respected with personal care being attended to without the door being closed or continence aids being on display. Observation by the Assessment Team confirmed consumers privacy is not always respected in common areas. Consumers documentation including doctors’ records were not secured but stored on the benches of the nurses’ station, being easily accessible to any one passing.

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

The Assessment Team’s report provided examples from sampled consumers experience which demonstrate that most of the consumers report that they are treated with respect and that their dignity is maintained most of the time. However, the Assessment Team observed instances which indicated that consumer dignity is not being maintained and respect is not consistently being shown to consumers.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They provided the results from their lifestyle survey which was conducted prior to the site audit, which support an overwhelmingly positive response when consumers were asked about whether their privacy had been protected. I have considered this in my compliance finding regarding requirement 1(3)(f).

While I accept that the feedback provided by the Assessment Team was acted on by the Service during the audit, and this shows a willingness to return to practices consistent with compliance with this requirement, the Approved Provider acknowledged that actions were required, as practices observed by the Assessment Team were not always consistent with respectful behaviour which recognises consumers identity, culture and diversity.

While the Assessment Team observed practices by some staff to not be consistent with this requirement, I am not persuaded that this demonstrated systemic non-compliance with this requirement.

When considering all of the information before me, I am of the view that the Approved Provider does comply with this requirement. They have adequately demonstrated that consumers are treated with dignity and respect and their identity, culture and diversity valued.

### Requirement 1(3)(b) Non-compliant

*Care and services are culturally safe.*

The Assessment Team’s report described the experience of sampled consumers. While the service demonstrated that there was respect for each culture, they did not demonstrate that each consumer was supported to maintain their cultural identities. Some cultural and linguistically diverse (CALD) consumers expressed or were observed to have less ability to proactively exercise choice and live their lives the way they would like, compared to the other consumers.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. While I accept that recent actions have been implemented to improve the service’s ability to deliver care and services that are culturally safe, and there is an active review in progress I am satisfied that the observations of the Assessment Team and feedback from consumers and staff indicates that further improvement is required before care and services are delivered in a way that demonstrates they understand the important issues for sampled consumers based on their cultural backgrounds.

After considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement as they do not adequately demonstrate that care and services are delivered in a culturally safe way at the time of the audit.

### 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.*

The Assessment Team’s report described the experience of sampled consumers. The Assessment Team found that while consumers choose to take risks to enable them to live their best life, the service was not able to demonstrate risks are identified or documented consistently for all consumers choosing to take risks. This is not in line with the organisations risk management framework. Not all consumers who choose to take risks have had risk assessments plan in place. There was limited evidence of discussion with consumers about the risks of certain activities to show that they understood and accepted the risk, to evidence they were supported to take those risks. The service was not observed to have a system in place to regularly review the risk assessments within the recommended time frames the organisation set.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They described risk assessment processes undertaken for the sampled consumers and for outings. I accept that a risk activity record is not required if there is no risk identified for the sampled consumer, however the Approved Provider could afford to improve their documentation to show that the assessment was conducted, and no risks were identified which required mitigation strategies. This would improve confidence that risks would be appropriately identified and acted upon.

While I accept that there was limited evidence of documentation of discussion with consumers about the risks of certain activities to show that they understood and accepted the risk, interviews with staff confirmed that these conversations had occurred, and that staff were aware of consumers choices, and risks associated with their choices. Consumer feedback supported this finding. Examples were described where consumers had been supported to engage with risk and had a conversation about the risk.

When considering all of the information before me, I am of the view that while there is improvement required in documentation, the Approved Provider does comply with this requirement. They have adequately demonstrated that consumers are supported to take risks 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.*

The Assessment Team’s report described the experience of sampled consumers. For the consumers sampled, most confirmed they receive accurate information that helps them make day to day decisions about their care and services. The service provides them with information that is clear and easy to understand, and this helps them exercise choice. However, there was several documents and information made available for consumers with incorrect or out of date information recorded.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They agree with the Assessment Team that some information in documents provided to consumers was out of date. They described actions taken to correct these.

While I accept that there is room for improvement with documentation reflecting the most recent version I am satisfied when considering all of the information before me, particularly the overwhelming positive consumer feedback and observations made by the Assessment Team around the service, that the Approved Provider does comply with this requirement. They have adequately demonstrated that information provided to consumers is communicated in a way that consumers easily understand and allows them to exercise choice.

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

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

The Assessment Team’s report described the experience of sampled consumers. Although a majority of consumer’s feedback is positive, observations by the Assessment Team are, that the consumers right to privacy is not always exercised by the way staff assisted some consumers personal care tasks and with consumers documentation not be secured area.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider acknowledged that observations made by the Assessment Team required corrective action during the audit. They also provided the results from their lifestyle survey which was conducted prior to the site audit, which show an overwhelmingly positive response when consumers were asked about whether their privacy had been protected. This was supported by consumer feedback during the audit. Staff interviews confirmed that staff are knowledgeable about expectations regarding privacy and confidentiality. Staff have documented guidance to follow concerning privacy and confidentiality.

While there were isolated occasions where privacy was not always ensured for consumers, I am not satisfied that this demonstrated systemic failure to comply with this requirement. Any observations made by the Assessment Team concerning practice variation were immediately addressed by the Service. When considering all of the information before me, I am of the view that the Approved Provider does comply with this requirement. They have adequately demonstrated that consumers privacy is usually respected, and personal information is kept confidential. Of the practice variations observed by the Assessment Team, there was no significant impact for consumers.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

Most consumers interviewed said they are involved in care planning to some extent.

Consumers interviewed confirmed that they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish. Most consumers elect not to receive a copy of their care plan which is available in writing and a pictorial version from the electronic documentation system. Others said that their representative is involved in the process as well and may have requested a copy.

The service demonstrated a commitment to the ongoing updates of consumer assessments and care plans documentation. Sampled consumer records evidenced the assessments and care plans had been reviewed and updated appropriately both ongoing and as care needs changed. Care and plans have been reviewed, evaluated and updated to reflect current care needs, goals and preferences for most consumers.

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

## Assessment of Standard 2 Requirements

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

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

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

Most sampled consumers and representatives considered that consumers receive the personal care and clinical care that is safe and right for them. They confirmed that they had access to doctors, allied health and specialist care when required

Most consumers generally receive the clinical and personal care that is required to maintain their wellbeing. However, the Assessment Team identified that while the identification of a consumer’s deteriorating health status was adequately documented in both the assessments or in the care plan there was insufficient evidence of documentation and reference of referral to others in a timely manner.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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’s report described examples of sampled consumers experience. This supported that the service was unable to demonstrate that all consumers are provided with safe and effective care specifically for those consumers with changes in clinical care needs. Whilst care planning demonstrates frequent updates and evaluation, consumers do not always receive specialist support in a timely manner. Inadequate clinical care and insufficient monitoring was observed. Whilst the service identified the commencement of a diabetic wound, the follow up care of the wound was not sufficient enough to prevent eventual breakdown of the wound. Gaps were also observed relating to the delivery of care and services for the sampled consumers in the area of catheter management, nutrition and hydration, and restraint.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They have described actions undertaken after the site audit by the Service, to address the gaps identified in the delivery of care and services for the sampled consumers in the area of catheter management, nutrition and hydration, and restraint. They accept that there are gaps in repositioning records of sampled consumers. The Service recognises that having multiple areas to document care is not ideal, and there are ongoing discussions regarding the documentation requirements and how these can be simplified in order to provide a better overall picture of the care provided to the consumer. They did not provide a response concerning the follow up care of a diabetic wound.

While staff were able to describe how they know the care they deliver is safe and consumer feedback indicates they are satisfied with the care they receive, when considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement as there is sufficient practice variation from their documented guidance, and the Approved Provider agrees this required corrective action. They have not adequately demonstrated that consumers receive effective personal care and clinical care in the areas of catheter management, nutrition and hydration and management of restraint. There are also opportunities for improvement with the documentation of repositioning to demonstrate they’re adequately preventing pressure injuries and in follow up actions relating to diabetic wound management.

### 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) 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’s report described the experience of sampled consumers. For most consumers sampled, their care planning documents and/or progress notes reflect the identification of and response to deterioration or changes in function/capacity/condition. However, the service was not able to demonstrate that care staff always recognise the deterioration of consumers’ physical and mental wellbeing until it has impacted significantly upon the consumer.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider reflected that in hindsight and upon further review of the uploaded photos, it was identified that there was still a crack present in the consumers foot, and as such the wound form should have remained open for skin monitoring due to the risk of deterioration. They stated that if this had been done the skin would have continued to be reviewed regularly and any deterioration may have been identified earlier than occurred. I accept that the delayed recognition of the wound was investigated by the management team, and education was held with staff providing care for the consumer. A case conference utilising the principles of open disclosure was held with the consumer’s family regarding the wound identification.

While staff could describe examples for where deterioration or change in a consumer’s condition was recognised and responded to appropriately, the occasion described for a sampled consumer where deterioration was not recognised, had a significant impact for that consumer. When considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that deterioration or change in consumers 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.*

The Assessment Team’s report described the experience of sampled consumers. It reported several referrals placed with Dementia Support Australia, geriatricians, the local mental health team, clinical specialists and the local palliative care team. However, not all consumers are referred to appropriate specialist support in a timely manner.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. I accept the information provided relating to a consumer which demonstrates that appropriate intervention and referrals were made in a timely manner in order to maximise the consumer’s wellbeing. I am also satisfied that there is sufficient evidence to show there is a systemic practice of referring to appropriate individuals and specialists where required.

When considering all of the information before me, I am of the view that the Approved Provider does comply with this requirement. They have adequately demonstrated that consumers consistently get timely and appropriate referral to specialist support.

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 NON-COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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.

Most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do, however some did not.  For example:

* Consumers confirmed that they felt they were able to communicate with staff, and that the staff were lovely and like a family to them.
* The Assessment Team interviewed some consumers who needed assistance showering. The consumers spoke about only being able to shower every two to three days due to staffing shortages.
* Consumers reported that they were able to have family members visit, or to attend social activities outside the service with family members; However, several consumers spoke about missing cultural connections. Some consumers reported that they used to garden and enjoyed being outdoors but could now only access the courtyard if family members visited, or if there were staff who could assist.
* Consumers reported that the service did not provide food based on their cultural background, and several consumers reported the quality of the food fluctuated.  All consumers reported that there was sufficient food, and they knew they could receive more if needed. Several consumers reported that the tea trolley often did not arrive.

The service demonstrated that spiritual care and religious service is provided to consumers, and external services were used if required. Care plans sighted for activities and lifestyle reflect the preferences of the consumer, and staff interviewed demonstrated their knowledge of the consumer. The service could demonstrate individualised care and services for some of the consumers interviewed.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

The Assessment Team’s report described the experience of sampled consumers. Most consumers discussed enjoying going outside and out into the community with family and participating in activities run by the service. Some consumers said that they were only able to shower every two to three days as they needed assistance and there wasn’t enough staff to help them have daily showers or to go outside to the courtyards when consumers wanted to go outside. Care plans sighted for consumers reflected goals that consumers had discussed.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They described the Lifestyle Survey results which demonstrate residents actively contribute to the planning of their own leisure activities. They also described a high attendance rate at activities which demonstrates that preferences and goals are incorporated into the calendar of activities.

When considering all of the information before me, I am of the view that the Approved Provider does comply with this requirement. They have adequately demonstrated that consumers get safe and effective services and supports for daily living that meets their unique needs, goals and preferences which optimises their independence.

### Requirement 4(3)(b) Compliant

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

The Assessment Team’s report described examples from sampled consumers experience. Consumers spoke about missing cultural connections and no longer being able to do the things they did previously such as gardening. Consumers reported that family often provided social and cultural connectiveness including food. Pastoral care was provided monthly with catholic services held at the service, and visitation by other religious groups such as Jehovah Witnesses. Consumers spoke about the staff being like their family and were lovely, however staff were unable to spend the time taking them outdoors and into the garden as often as they would like.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They agreed with the assessment team that consumers interviewed, and care plans reviewed demonstrated goals of care are achieving CALD backgrounds where residents choose to continue their cultural diversity engagements. The service has many community engagements as listed within the report. Spiritual needs were also identified throughout observation, feedback and documentation to be supported through church services and spiritual leaders from the community. They also described activity daily records, Activity programs and the lifestyle survey conducted in February 2021 to support their view. They did not however, describe how staff recognise when consumers emotional and psychological needs change, or describe what they do when consumers are feeling low.

When considering all of the information before me, I am of the view that it is more likely than not, that the Approved Provider does comply with this requirement. They have adequately demonstrated that consumers receive services and supports for daily living which promote their 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.*

The Assessment Team’s report described examples of sampled consumers experience. Consumers interviewed reported concerns with the meals such as the variety of pureed meals, fluctuations with taste and quality, no culturally appropriate meals and meals being undercooked. Care plans reviewed showed dietary needs, goals and preferences are recorded. Management and catering staff could describe the various needs and preferences of consumers and described the system for how they ensure consumers needs are met with regards to dietary requirements. The Assessment Team observed that pureed food choices do not provide variety for consumers.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They described the outcomes from food focus group meetings where consumer provide feedback about the menu and provided information about the menu options that cover 31 different nationalities and religious needs of consumers. They also submitted a report from a dietician’s review of the current menu. The recommendation seven dietary guidelines related to food variety and quality were used to assess the menu. They found great meat variety with good variation from one week to the next. The four week menu offers a great mix and variety of dishes from all food groups. The portions provided for each group meet (and often exceed) the daily recommended portions for each food group.

While I acknowledge that some consumers interviewed were dissatisfied with meals at the service, when considering all of the information before me, I am of the view that the Approved Provider does comply with this requirement. They have adequately demonstrated that consumer meals are of a satisfactory quality and quantity.

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

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

The Assessment Team’s report described their observation of broken furnishings. Fire safety signs were not operational, and equipment used to transfer or weigh consumers was broken and unclean in the corridors. The Assessment Team noted that the service repaired the fire safety signs during the assessment, removed broken furnishings, and cleaned and stored the equipment for consumer use.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The service admitted there was a breakdown of communication regarding the prioritization of work orders which was captured in the continuous improvement plan, but this was already in progress prior to the site audit. The fire signs had already been logged and were already being fixed at the time of the audit.

The duty statements and cleaning schedules were provided during the visit that captured the clinical equipment. The service also explained that the organisation is currently reviewing the cleaning across the organisation and with this is the development of cleaning specifications for all areas. This is part of the continuous improvement plan which was given during the service. Refer to the cleaning specifications attached. The service recognizes under standard 5 that there was clutter and a requirement to develop a management plan which is in progress.

When considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that equipment was safe, suitable, clean and well maintained at the time of the site audit.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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.

For example:

Overall sampled consumers did not consider that they feel they belong in the service and feel safe and comfortable in the service environment.   
  
All consumers interviewed had reported that they felt safe at the service, but that the service did not feel like their home. Most consumers reported that they were happy with the cleaning of their rooms and the service environment, however a number of consumers and a consumer representative reported that there was cockroach infestation. Two consumers reported to the Assessment Team that they had found cockroaches in their bed.  
  
The Assessment Team observed cluttered corridors of broken and disused furniture, emergency exit lights broken, and fire escape doors and fire equipment cupboards blocked by furniture. The Assessment Team observed equipment used by consumers to be unclean.

Areas of the service and equipment was observed to not be clean. The service was unable to provide information or documentation on cleaning schedules for consumers aids and equipment. However, there was one for the wound care and medication trolleys. The service was unable to demonstrate any monitoring or evaluation of the cleaning of equipment is in place. A consumer representative of the starfish area said that some other families and staff feel they have to lock up their possessions/rooms as people steal. It was also expressed that even after many years of living at the service it does not feel like home.

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

## Assessment of Standard 5 Requirements

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

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

The Assessment Team’s report described examples from consumers experience. Consumers expressed that the service doesn’t feel like home. While the consumer bedrooms generally optimise their sense of belonging and independence, they stated the rest of the service does not provide a welcoming or inviting environment. The Assessment Team observed corridors to be used as storage for obsolete or broken furniture, and to store items such as lifters, weigh chairs, and wheelchairs are currently not in use. Items being used for consumers were observed to be unclean.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider did not dispute the findings of the Assessment Team.

I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that the service environment was welcoming, easy to understand and optimises consumers sense of belonging, independence, interaction and function.

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

*The service environment:*

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

The Assessment Team’s report reflects the experience of sampled consumers. The service was unable to demonstrate it has an effective way of identifying, monitoring or reviewing the service environment. The service environment was not always observed to be safe, clean, well maintained or comfortable. The service’s layout is difficult for some consumers to move freely or independently due to having to access the outdoor courtyard, by pressing a button on a wall.

Several consumers and one consumer representative reported cockroach infestations at the service, with one consumer reporting that the cockroach problem seemed to be getting better. Two consumers reported that they have had cockroaches in their bed.

Most consumers were happy with the frequency and quality of the cleaning to their rooms. Consumers interviewed reported that the service is well maintained.

The Assessment Team observed corridors to be used as storage for obsolete or broken furniture, and to store items such as lifters, weigh chairs, and wheelchairs currently in use. Items being used for consumers were observed to be unclean.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider did not dispute the findings of the Assessment Team.

When considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that the service environment was safe, clean, well maintained and comfortable and enables consumers to move freely both indoors and outdoors.

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

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

The Assessment Team’s report described the experience of sampled consumers. Consumers reported that the call bell system worked, and the service was able to demonstrate regular testing and maintenance.

The Assessment Team observed furniture stored in corridors that was broken or obsolete. The management team discussed staff training on reporting broken furniture but could not explain to the Assessment Team why or how long items had been in the corridor.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The Approved Provider did not dispute the findings of the Assessment Team.

When considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

Consumers and representatives interviewed said they know how to raise concerns, make a complaint or give feedback and felt comfortable and safe in doing so.

Consumers and representatives interviewed were able to identify changes or improvement made at the service due to feedback or complaints such as the service looking into the air-conditioning system.

The service uses an open disclosure approach and staff are educated on what this means and how to manage complaints. Whilst not all staff interviewed could explain open disclosure, or how it was applied in the service they stated they would seek assistance from a team leader or RN.

Complaints are actioned in line with organisational new comments and complaints system, framework, policy and procedure, and the service identified areas of improvement by implementing templates for acknowledgement of complaints letter and response to complaints.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall most sampled consumers did consider that they get quality care and services however they were not delivered when they needed them. Most sampled consumers felt that they get care and services from staff who are knowledgeable, capable and caring.

For example:

Most consumers interviewed considered staff to be kind, caring and gentle when providing care. Consumers stated they feel they get care and services from staff who are knowledgeable, capable and well trained.

The service has robust systems in place to ensure staff are qualified and trained appropriately and competent in their roles. However, data provided by management indicated some staff are behind in their mandatory training modules.

All staff interviewed considered that they are well trained and have never had any training request declined or not supported by management. Most staff interviewed confirmed they regularly had opportunities to provide feedback via staff surveys and meetings with management.

The Assessment Team observed respectful and kind interactions between staff and consumers.

Feedback received from most consumers and representatives identified that there are insufficient staff to meet the needs of consumers to ensure they receive timely, quality care on a consistent basis.

Generally, most consumers felt that staff answered their call bells in a timely manner and the call bell data reflected this also. However, some consumers and their representatives stated that their continence care was not addressed promptly which resulted in re-occurring incontinence.

The service’s roster reflected low levels of registered nurses working at the service and supervising other staff. Management stated they are aware the service is currently understaffed and confirmed they regularly ask staff to undertake double shifts and have trouble filling vacant shifts. Management advised of their on-going attempts to recruit new staff and the reasons why this had been unsuccessful to date.

Most staff interviewed felt that the service was understaffed and that this affected their ability to provide timely, consistent, safe and quality care to all consumers.

Most staff interviewed confirmed they did not have an up to date performance assessment plan in place. Data provided by the service also confirmed this was the case.

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 report described examples from the experience of sampled consumers. Consumers and representatives interviewed provided mixed feedback about the adequacy of staff numbers, with most stating that they felt the service needed more staff, and that call bell response times were too long.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The service admitted that recruitment was a challenge across the industry, there are times where staff are required to work overtime and where agency staff were sourced.

The described their view that challenges are due to border closures, job keeper and the number of aged care providers in the local region all competing for the same applicants. At the audit, the service went through the recruitment plan which outlined that in the past two months applicants had increased applying for vacancies. Weekly recruitment meetings are held with local managers, recruitment team and Human Resource Manager to ensure we are focused on improving our staffing levels.

A full review of nurse call response times demonstrated that staff were attending to residents with average times of a 5 to 7 minute timeframe.

When considering all of the information before me, I am of the view that while the service described reasons for its circumstances, the Approved Provider does not comply with this requirement. They have not adequately demonstrated that the workforce is suitably planned to enable the number and mix of workforce to ensure the delivery and management of safe and quality care and services at the time of the site audit.

### 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) Non-compliant

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

#### The Assessment Team’s report described the process and application of the assessment and monitoring of the performance of the workforce. The service did not demonstrate that regular assessment, monitoring and review of the performance of each staff member is completed in line with the organisation’s staff performance framework.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. The service explained that they had changed over to an electronic performance review system at the start of 2021 and were still embedding the change. This is also part of their continuous improvement plan to engage and support their employees through annual performance reviews. They did not provide any new evidence which was contrary to that of the Assessment Team. Changes implemented require time to demonstrate that they have been effective.

When considering all of the information before me, I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that the service is appropriately monitoring, reviewing and evaluating the performance of its workforce.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

Overall some sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Most consumers interviewed knew how they could take part in deciding how things are run or how care is delivered at the service, including through monthly resident meetings, surveys or speaking directly to management.

Management were able to provide examples of how the Board promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Management were generally able to demonstrate the effectiveness of the majority of the organisation wide governance systems, for example, in relation to various established committees who report directly to the Board an independent review of the annual financial report, and an updated continuous improvement plan. However, the Assessment Team identified issues in staff numbers and how it is negatively impacting consumers. Further, the service was unable demonstrate that regular assessment, monitoring and review of the performance of each staff member is completed in line with the organisation’s staff performance framework.

Staff were able to demonstrate their knowledge on the service’s risk management system, policies and procedures and clinical governance framework, including how these apply to their day-to-day work.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has 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’s report described how the organisation has governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team also observed some recorded information had been recorded in the incorrect consumer progress notes or was attached to the incorrect complaint log or dates had been written incompletely. The Assessment Team identified issues in staff numbers and how it is negatively impacting consumers. Also, the service was unable demonstrate that regular assessment, monitoring and review of the performance of each staff member is completed in line with the organisation’s staff performance framework.

In their response, the Approved Provider submitted information about the issues raised by the Assessment Team. They disagree with the findings of the team. The service has an individual CI plan which they provided, and the Business manager explained that he is the person accountable for ensuring this is updated for standards 1 to 7. The Quality Compliance and Executive General Manager for Aged Care Centres are accountable for standard 8. They also reported that regarding the incorrect recording in progress notes this was for two consumers and there was no direct impact to the resident where risk was identified.

When considering all of the information before me, in particular, the findings of the team in relation to workforce governance and information management, I am of the view that the Approved Provider does not comply with this requirement. They have not adequately demonstrated that all governance systems are operating effectively.

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

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

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

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### Requirement 1(3)(b)

*Care and services are culturally safe.*

The Approved Provider must demonstrate that:

each consumer is supported to maintain their cultural identities; and

cultural and linguistically diverse (CALD) consumers are satisfied that they have the ability to proactively exercise choice and live their lives the way they would like; and

* care and services are delivered in a culturally safe way.

### Requirement 3(3)(a)

*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 Approved Provider must demonstrate that:

* all consumers are provided with safe and effective care specifically for those consumers with changes in clinical care needs; and
* consumers always receive specialist support in a timely manner; and
* adequate clinical care and sufficient monitoring; and
* follow up care of wounds is sufficient enough to prevent eventual breakdown of the wound; and
* Gaps observed relating to the delivery of care and services for the sampled consumers in the area of catheter management, nutrition and hydration, and restraint have been adequately addressed.

### Requirement 3(3)(d)

*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 Approved Provider must demonstrate that:

* care staff always recognise the deterioration of consumers’ physical and mental wellbeing and there are no significant impacts upon consumers.

### Requirement 4(3)(g)

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

The Approved Provider must demonstrate that:

* the following improvements made during the site audit remain resolved -broken furnishings are repaired, Fire safety signs are operational, and equipment used to transfer or weigh consumers is fixed and cleaned and not stored in the corridors.

### Requirement 5(3)(a)

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

The Approved Provider must demonstrate that:

* Consumers express that the service feels like home; and
* the rest of the service aside from bedrooms, provides a welcoming and inviting environment.

### Requirement 5(3)(b)

*The service environment:*

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

The Approved Provider must demonstrate that:

* The service environment is always observed to be safe, clean, well maintained and comfortable; and
* The service’s layout is easy all consumers to move freely or independently and have access to the outdoor courtyard.
* consumers do not report pest infestations at the service,

### Requirement 5(3)(c)

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

The Approved Provider must demonstrate that:

* furniture stored in corridors that was broken or obsolete is repaired or replaced and appropriately stored.

### Requirement 7(3)(a)

*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 Approved Provider must demonstrate that:

* Consumers and representatives are satisfied about the adequacy of staff numbers, and that call bell response times meet their expectations.

### Requirement 7(3)(e)

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

The Approved Provider must demonstrate that:

#### There is regular assessment, monitoring and review of the performance of each staff member and it is documented.

### Requirement 8(3)(c)

*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 Approved Provider must demonstrate that:

* recorded information is in the incorrect consumer progress notes and attached to the correct complaint log and dates are written completely.
* issues in staff numbers and review of the workforce don’t negatively impact consumers.