Infinite Care Cornubia

Performance Report

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CORNUBIA QLD 4130  
Phone number: 07 5667 0800

**Commission ID:** 5341

**Provider name:** Infinite Aged Care (SEQ) Pty Ltd

**Site Audit date:** 28 January 2020 to 31 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-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) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Non-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) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **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 2 March 2020.
* Referral information including feedback via the national call line.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

The Assessment Team overall found that for the sampled consumers interviewed 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 interviewed confirmed that they are treated with respect by regular staff. However, some consumers said agency staff are not always respectful or mindful of their needs.
* Consumers interviewed confirmed they are encouraged to do things for themselves and that regular staff know what is important to them.
* Consumers interviewed confirmed that their personal privacy is respected.

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.

* Feedback from staff interviews confirmed regular staff know what is important to each of the sampled consumers and could describe how they ensure that consumer preferences are known and respected. Care documentation provided guidance regarding people who are important to the consumer and their individual preferences in relation to care and services.

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 make connections with others and maintain relationships of choice, including intimate relationships.

### Requirement 1(3)(d) Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

### Requirement 1(3)(e) Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

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

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

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team found that for most consumers sampled, they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers sampled generally expressed their satisfaction with how they and the people important to them are involved in assessment and planning on an ongoing basis.
* Consumers and representatives generally expressed their satisfaction with the information that is provided to them about, and their involvement in, care planning processes.
* A high proportion of consumers and representatives sampled did not consistently have an understanding of what a consumer care plan was, said they had not seen their care plan and/or were not aware they could request this information. Staff however confirmed consumers and/or their representatives are able to have access to their care plan and the service has identified further plans to improve consumers’ awareness.

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.

* Care planning documents generally evidence initial comprehensive assessment and planning occurs for all consumers on entry to the service. Care planning documents reflect consumers and/or their representatives are involved in assessment and planning and generally includes other providers of care and services including for example the medical officer and allied health specialists. The service’s care planning processes are electronically based; a summary care plan and an extended care plan are maintained.

However, the Assessment Team identified:

* The service is not able to adequately demonstrate assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.
* The service is not able to adequately demonstrate 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.

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

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

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

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

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

I have decided the service does not comply, as the service’s processes are not effective in ensuring assessment and planning identifies and addresses the current needs of consumers, especially in relation episodes of pain, changes in mental health status and the assessment of risks associated with the use of bed rails.

While the Assessment Team found overall aspects of consumers’ preferences are known by staff and there are processes to support the advance care planning and end of life planning for consumers, the service’s assessment and planning processes have not consistently identified and addressed consumers’ current needs. For example:

* A consumer had exhibited signs of depression and increased need for emotional support; however, no further assessments had been completed or additional strategies identified to support the management of their emotional wellbeing.
* A consumer who experienced episodes of pain, did not have pain assessment completed to guide care planning.
* A consumer with bed rails had not been assessed to support the identification of potential risks.

The approved provider’s response disagreed with the Assessment Team’s findings and provided further evidence such as the monitoring of pain for one of the two consumers identified. However, it acknowledged that documentation had not been consistently undertaken by external service providers and advised this would be addressed.

In addition, the approved provider’s response also included support networks and options to refer the consumer who was experiencing increased emotional needs and had subsequently raised this with the consumer’s medical officer. Although these are in place, at the time of visit, the service had not undertaken further assessment of the consumer’s needs to support appropriate planning of interventions.

In relation to bed rails, the approved provider identified that bed rails were not use at the time of the incident and there was no negative outcome for the consumer. However, the Assessment Team observed bed rails continued to be in place and there had been no assessment of the potential risk associated with their use.

The approved provider’s response also included an action plan to address the identified deficits such as the completion of a comprehensive assessment of all consumers, completion of a risk assessment, appropriate referral and the updating of care plans.

Although improvements are being made to address the identified deficits, the service had not ensured assessment and care planning reflected consumers’ current needs. Furthermore, improvements by the service are yet to be fully implemented and evaluated to demonstrate their effectiveness.

### 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) Non-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) Non-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.

I have decided the service does not comply as the service was not able to demonstrate care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer such as in response to falls or increased behaviours.

The Assessment Team found that for the consumers sampled, planning documentation does not consistently support a review by staff when circumstances change, or incidents occur. For example:

* Progress notes identified behaviours are escalating for a consumer, however a majority of the incidents to inform incident reporting had not been completed and behavioural strategies had not been reviewed to determine their effectiveness.
* For two consumers who were experiencing ongoing falls, falls prevention strategies had not been reassessed or reviewed, following request from a health professional or representative.

The approved provider’s response disagreed with the Assessment Team’s findings as there are monthly reviews conducted on consumers. Although the approved provider’s response included information to support the consumer had been reviewed, this did not demonstrate behaviour management strategies were effective and the Assessment Team noted these behaviours continued to escalate.

In relation to falls management, the approved provider advised it has alternative equipment installed however, the Assessment Team identified this equipment was not activated. It further advised it had since implemented additional sensor equipment for a consumer and additional improvements are planned including the trialling of new technology for incident detection, ensuring all consumers have been comprehensively reviewed, a review of fall prevention strategies with further education to be provided to staff.

Although improvements and actions are being undertaken to address these deficits, the service has not been able to demonstrate the care and services are regularly reviewed for effectiveness following changes and incidents that impact on consumers’ needs. Furthermore, improvements are yet to be fully implemented and evaluated by the service to demonstrate their effectiveness.

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

# 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

The Assessment Team found that for some sampled consumers and representatives identified they receive personal care and clinical care that is safe and right for them. However, a high proportion of consumers and representatives expressed their concern that consumers do not get clinical and personal care that is tailored to their needs and optimises their health and well-being. For example:

* Consumers/representatives spoke of their concern about aspects of their care and expressed their concern that consumers do not have timely access to the medical officer and/or that a medical officer was only available during the night.
* Consumers/representatives also advised of their concerns in relation to insufficient staff and knowledge of temporary agency staff to provide appropriate care at the service, is impacting negatively on their ability to receive appropriate care.

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.

* Organisational policies and procedures are available to guide the provision of clinical care by staff. Registered and care staff generally demonstrated an understanding of consumer’s individual personal and clinical care needs, the way care delivery changes for consumers nearing end of life, and practical ways in which consumers’ choices and comfort are supported and maintained. Care planning documents and/or progress notes generally reflect the identification of, and response to, deterioration or changes in the consumer’s condition and/or health status and generally provide adequate information (for example via care plans and progress notes), to support effective sharing of the consumer’s care needs.

However, the Assessment Team identified:

* The service is not adequately able to demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care; that is best practice, is tailored to their needs and optimises their health and well-being.
* The service is not able to adequately demonstrate they are ensuring effective management of high impact or high prevalence risks associated with the care of each consumer, in relation to falls and the use of restraint.
* The service is not able to adequately demonstrate timely and appropriate referrals to individuals, other organisations and providers of other care and services consistently occur.

The Quality Standard is assessed as Non-compliant as four 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.

I have decided the service does not comply, as the service was unable to demonstrate its approach to clinical and personal care was tailored to consumers’ needs to ensure safe and effective care especially in relation monitoring and responding to consumers’ complex care needs such as falls, diabetes management, emotional support, behaviour management and the monitoring of possible infections.

The Assessment Team found a high portion of consumers and representatives expressed their concern that consumers do not get clinical and personal care that is tailored to their needs and optimise their health and well-being. Clinical documentation demonstrated staff did not consistently adhere to medical officers’ directions in relation to clinical monitoring, that timely and appropriate response to a change in the consumer’s condition or needs (such as following return from hospital) had occurred along with referring the consumer to other relevant health specialists. Care plans did not consistently include strategies to support the delivery of care and interventions were not consistently evaluated for their effectiveness.

The approved provider’s response included further evidence to support aspects of consumers’ care where this had been provided in accordance with their needs and an acknowledged that previously inconsistencies in clinical oversight had been identified. The approved provider’s response also included an action to support improvements to its clinical systems and monitoring such as daily clinical monitoring and follow up of incidents, referrals to health professionals, enhanced handover processes, staff education and a comprehensive review of all consumers including those identified by the Assessment Team.

Although the approved provider has commenced action to address these deficits, the service was not able to demonstrate effective processes for ensuring consumers received safe and effective care. Furthermore, improvements identified are still yet to be fully implemented and evaluated to determine whether these changes are effective.

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

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

I have decided the service does not comply, as the service has not ensured the effective management of high impact or high prevalence risks associated with the care of each consumer specifically in relation to falls and restraint management.

The Assessment Team found that clinical documentation for the sampled consumers identified falls management strategies are not consistently implemented (including following a health specialist review), strategies are consistently tailored to the individual needs and that strategies are reviewed for their effectiveness.

In relation to falls management, falls prevention strategies had not consistently been reviewed for two consumers including request for equipment by an allied health professional and representative. Progress notes identified strategies implemented by staff did not consistently consider their cognitive abilities.

In relation to restraint,

* The Assessment Team identified that the service’s processes for monitoring psychotropic medications and use of chemical restraint was not accurate and it did not consistently ensure appropriate assessments and authorisations had been completed, alternative strategies had been trialled, chemical restraint monitored for its effectiveness and care plans updated to guide staff practice.
* The Assessment Team also noted appropriate assessment (including a risk assessment) and consent for the use of physical restraint had not been in place for three consumers where a split bed rail had been requested to be used.
* Staff interviewed demonstrated inconsistent knowledge about restraint management.

The approved provider’s response identified ongoing improvements being undertaken in relation to its clinical oversight and monitoring and had development an action plan to address these deficits. Actions included a full review of those identified consumers by the Assessment Team including in relation to physical and environment restraint and a review of the service’s falls prevention strategies. In addition, the service commenced the development of a centralised methodology for tracking consumers who are high risk and is undertaking a full review of consumers who are receiving psychotropic medications.

Although the service is undertaking improvements in relation to the management of high impact or high prevalence risks, the service was not able to demonstrate these were being effectively managed for individual consumers during the visit. Furthermore, improvements actions are still yet to be fully implemented and evaluated by the service to demonstrate their effectiveness.

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

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

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

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

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

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

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

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

I have decided the service does not comply as the service has not ensured consumers are referred to relevant health professionals or specialists in an appropriate and timely manner following a change in their condition or recommendation by another health professional.

The Assessment Team found that some consumers and representatives interviewed identified dissatisfaction with access to their medical officer. Review of clinical documentation identified for consumers sampled, they had not been referred to their medical officer, dietician or other specialists to inform care delivery. Registered and clinical staff are not consistently aware of consumers that required referral or review.

The approved provider’s response included an acknowledgement regarding the difficulties with accessing a specific medical officer and had already commenced actions in order to improve access for consumers. In addition, the service has now engaged with a new clinic; a local health network and is strengthening its engagement with allied health professional. The approved provider’s response also included an action plan to address these deficits such as a review of its referral process and ensured those identified consumers have now been referred to an appropriate health professional or specialist for review.

Although actions are being undertaken, the service’s referral process was not effective, and consumers had not been referred in a timely manner. Furthermore, improvements identified are still yet to be fully implemented and evaluated to determine whether these changes are effective.

### 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

The Assessment Team found overall sampled consumers confirmed that they get the services and supports for daily living that are important for their health and well-being; however, some consumers and representatives said consumers experience boredom and would like to participate in more leisure activities.

For example:

* Consumers and representatives interviewed said consumers are not provided with enough activity and engagement to meet their needs and preferences. They said consumers get bored.
* Consumers advised they have choices when it comes to meals, and whether they wish to attend scheduled activities. They said they are supported to attend outings with their families and friends.
* Consumers interviewed confirmed that they are supported to keep in touch with people who are important to them by means of receiving visitors at the service, going out on social leave, and through contact by telephone.
* Consumers interviewed advised that they like the food and they have input into the menu. They said their feedback leads to improvements in meals and variety.

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.

* Assessment processes generally capture what and who is important to the individual consumer and this information informs care plans to guide staff. Care documentation, inclusive of progress notes and assessments, provide information to support effective and safe sharing of the consumer’s care and reflect the involvement of others in provision of lifestyle support. For consumers who require or would like additional emotional or spiritual support, referrals to appropriate services are made and visits are organised. Care documentation also reflect consumer’s individual dietary needs and preferences. However, assessments have not consistently identified how consumers prefer to spend their leisure time and staff report they do not have time to provide activities to engage consumers who say they are bored.
* While the service has policies to guide in provision of consumer engagement and activities, and has plans to introduce a new lifestyle program, the current program is not supporting consumers to participate in activities of interest to them. Consumers report they are bored and would like to have things of interest to engage them. Staff said they don’t have time to provide activities to engage consumers. Assessments have not identified what consumers like to do or how they prefer to be engaged.

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) Compliant

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

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

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

### Requirement 4(3)(c) Non-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.

### I have decided the service does not comply as the service does not support consumers to participate outside the service’s environment and to do things of interest to them.

The Assessment Team found consumers and representative interviewed expressed consumers are bored and there is not enough engagement or activities. Consumers’ lifestyle assessments and care plans have not been consistently completed to identify their likes or how they prefer to be engaged. Staff feedback identified they do not consistently have time to undertake activities in specific areas of the service; they are not aware of resources available to support consumer engagement and activities are not provided during times where there is a specific need. Although the service has identified consumers expressed an interest in external outings, actions are yet to be implemented.

The approved provider’s response acknowledged the Assessment Team’s findings and advised following a review conducted in December 2019, the service identified the lifestyle program was not meeting consumers’ needs. Although a number of improvements and changes had been implemented, it acknowledged further improvements are required. An action plan has been developed to address these deficits which has included the appointment of new staff member, the actioning of a wellness program to support the service’s consumer wellbeing and quality of life model of care.

While the service had identified areas of improvement in relation to its lifestyle program for consumers, at the time of the audit, the current program was not supporting consumers to participate in activities of interview to them. Furthermore, improvements identified are still yet to be fully implemented and evaluated to determine whether these changes are effective.

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s services 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

### Consumer outcome

The Assessment Team found overall sampled consumers said they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed they feel safe and find the environment comfortable and welcoming.
* Consumers said they can find their way around the service and staff are always available if they need assistance.
* Consumers interviewed confirmed that they feel at home, providing examples of how their visitors feel welcome and what makes the service nice to live in.
* Consumers interviewed confirmed that the service is clean and well maintained.
* Consumers said they feel free to go outside when they want and can go out with family and friends.

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.

* The environment was observed to be welcoming, clean, well-maintained and easy to move around, inside and outside. Consumers reside in single rooms with ensuite; a secure wing provides a safe environment for consumers who are confused and at risk of harm if they leave unattended.
* Equipment was observed to be clean, well maintained and appropriate to consumer needs.
* Maintenance staff monitor the environment to ensure it is safe and well maintained. Any maintenance issues are reported and actioned within a timely manner when possible. If they cannot be rectified, there is an escalation process to management and other strategies are implemented until the issue is rectified.

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

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

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

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

The service environment:

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

The Assessment Team found overall consumers sampled 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 felt they could make complaints and felt safe to do so.
* Consumers and representatives interviewed felt that changes were made at the service in response to complaints and feedback.

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 and representatives sampled who had raised complaints or concerns said their feedback was acknowledged and changes were implemented in response; they said management and relevant staff had apologised and that care/services had improved following their raising of the issue. The Assessment Team also reviewed the feedback and complaints register and noted that consumer suggestions and complaints are recorded along with actions taken to address the complaint or implement the suggestion, where relevant. Results are documented and generally include evaluation of the effectiveness of actions taken.

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

The Assessment Team found that for the sampled consumers, most indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* The majority of consumers interviewed confirmed that staff are kind and caring.
* Consumers interviewed confirmed that regular staff know what they are doing but said that there are a lot of different “agency” staff who do not know their specific needs and they (the consumers) have to remind staff of their needs and how they like things done.
* However, consumers/representatives also advised of their concerns in relation to insufficient staff and knowledge of temporary agency staff to provide appropriate care at the service, is impacting negatively on their ability to receive appropriate care.

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.

* Consumers interviewed said most staff are wonderful and gave examples of staff who do special things for them. They said, for example, that staff know what is important to them; staff bring them a cup of tea if they wake in the night; and, on their return from hospital, how staff made them feel as though they had really come home. Staff described how they receive education and new staff are buddied with experienced staff until they are confident. Staff rosters show that unplanned leave is generally replaced.
* While the service has policies to guide in provision of consumer engagement and activities, and has plans to introduce a new lifestyle program, the current program is not supporting consumers to participate in activities of interest to them. Consumers report they are bored and would like to have things of interest to engage them. Staff said they don’t have time to provide activities to engage consumers.
* However, the service has had a period where performance appraisals have not been completed and these are now being recommenced by new management. Management also advised of ways they are monitoring performance and there are plans for further training for staff based on feedback.

The Quality Standard is assessed as non-compliant as one 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.

I have decided the service does not comply, as the service has not ensured the workforce is adequately planned to enable and the number of staff deployed to deliver quality care and services especially in relation to the provision of activities and the timely provision of care.

The Assessment Team identified a majority of consumers and representatives interviewed did not consider there are sufficient staff at the service. Some consumers and representatives reported this had impacted on care and service delivery due to delays in staff response to their requests for assistance, agency staff are not consistently aware of their care needs and there are insufficient activities provided. Some staff identified on occasions, they not replaced and do not consistently have sufficient time to supervise or engage consumer in specific activities. Lifestyle staff have not consistently been replaced or monitored to ensure the activities program meets consumers’ needs. There are ineffective processes for the monitoring and identification of delays in call bell response times for consumers.

The approved provider’s response acknowledged challenges with staffing were attributed to the reliance on agency staff and advised of its ongoing strategies to hold weekly workforce review meetings, internally recruit staff and enhance its orientation program. Additional staff had since been employed and continuing to be supported by the service. The approved provider’s response also included an action plan to review staffing, improve the activity program and monitoring of call bell response times.

Although strategies are being undertaken, these strategies had not been fully implemented or evaluated to ensure the workforce supports the delivery and management of quality care and services. Furthermore, not all actions have been implemented or evaluated to demonstrate the effectiveness of these changes.

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

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

### Requirement 7(3)(c) Compliant

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

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

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

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

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

# STANDARD 8 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

The Assessment Team found most sampled consumers indicated the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers and representatives interviewed said the management team does a good job and that they listen and take appropriate action to address any issues.
* Consumers and representatives could provide examples of how they are involved in the development, delivery and evaluation of care and services.

The Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

* The organisation demonstrated they involve consumers in the delivery and evaluation of care and services, providing examples of how consumers are engaged and consulted in the planning of changes as well as on a day to day basis.
* The Board meets regularly, sets clear expectations for the organisation and regularly reviews risks from an organisational and consumer perspective.
* The clinical governance framework generally addresses anti-microbial stewardship, best practice and minimising the use of restraint.
* There are generally organisational governance systems to support complaints management, open disclosure and clinical care.
* However, the organisation was not able to demonstrate effective governance systems in relation to the workforce and regulatory compliance.

The Quality Standard is assessed as Non-compliant as one 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.

While the organisation demonstrated effective governance systems in relation to continuous improvement, information management and financial governance, the Assessment Team identified deficiencies in relation to workforce governance and regulatory compliance.

In relation to regulatory compliance systems and processes, although the service demonstrated it has a system for reporting and following up of incidents, the Assessment Team identified this process has not been consistently effective as incidents of aggression between consumers has not been consistently reported as an incident. The approved provider’s response in relation to incident reporting, identified improvements being undertaken included a full review of the incident management process, the implementation of a weekly operations report to allow for increased monitoring of incidents and analysis and the service was implementing a governance meeting with clinical leaders to review monthly indicators.

Furthermore, the service was not able to demonstrate effective processes to ensure compliance with the new restraint requirements specifically relating to the documentation of restraint in consumers’ care plans. The approved provider identified it had already commenced reviewing all forms of restraint during the visit and would be enhancing its monitoring of these. (Refer to Standard 3).

Workforce governance processes failed to ensure the organisation had sufficient staff to deliver safe and quality care to consumers in a timely manner and in accordance with their needs. The approved provider’s response outlines actions that are being taken to address workforce issues including review of the workforce in specific areas of the service, continued recruitment of internal staff, review of its escalation processes for call bell response times and implementation of its revised orientation program. (Refer to Standard 7)

### 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 2(3)(b)
* Requirement 2(3)(e)
* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(f)
* Requirement 4(3)(c)
* Requirement 7(3)(a)
* Requirement 8(3)(c)