Infinite Care Cornubia

Performance Report

144 Beenleigh-Redland Bay Road
CORNUBIA QLD 4130
Phone number: 07 3445 3400

**Commission ID:** 5341

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

**Site Audit date:** 9 February 2021 to 11 February 2021

**Date of Performance Report:** 13 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** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the assessment team’s infection control monitoring checklist completed during the Site Audit on 9 February 2021
* the provider’s response to the Site Audit report dated 17 March 2021
* the performance report from the assessment contact conducted on 23 November 2020
* other relevant information held by the Commission including internal referrals received.

# 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

Overall sampled consumers and representatives confirmed that consumers are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers and representatives interviewed confirmed that consumers are encouraged to do things for themselves, supported to take risks and that staff know what is important to the consumers. Consumers described the way their social connections are supported both inside and outside the service. They said that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services are undertaken in a way that affords them dignity and respects their privacy.

Staff interviewed were aware of consumers’ preferences, culture, values and beliefs and were able to explain how those preferences influence how care is delivered, including support consumers to make choices which may involve risks. Staff were observed to interact with consumers respectfully and could identify consumers’ individual preferences and interests.

Care documentation includes consumer profiles and lifestyle planning, which reflect consumer cultural background, social information and preferences for activities. Review of care plan documentation demonstrated consumers’ choices are reflected in care plans including personalised information regarding cultural and spiritual needs. Electronic and hard copy documents are protected to preserve confidentiality of consumer information, consistent with policies and procedures.

The organisation’s policies and procedures outline what it means to treat consumers with respect and dignity and staff training programs provide examples of different ways to support consumers to feel valued and for service delivery to reflect their identity, culture and diversity. A ‘Dignity of Risk’ policy that describes the service’s duty of care to empower consumers to make their own choices is available to guide staff.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

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

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

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

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

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

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

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Most sampled consumers and representatives provided positive feedback about how the service works in partnership with them and generally expressed satisfaction with the information that is provided to them about assessment and care planning processes. Consumers and representatives advised they have generally been offered or received a copy of the consumer’s care plan and stated they feel confident that they can access the care plans when they want to.

Care planning documents sampled:

* reflect involvement from consumers and/or their representatives and others who provide care including medical officers, allied health professionals and medical specialists
* generally detail the individual’s current needs, goals and preferences, including advanced care and end of life planning.

The service is supported with a suite of organisational policies and procedures relevant to assessment and planning which identifies consumers/representatives as ‘partners in care planning’ that support delivery of care. In addition, the service has procedures to guide the referral process to relevant health professionals and to guide sharing of information about consumers.

The service did not demonstrate assessment and care planning processes consistently include consideration of all relevant risks to individual consumer’s health and wellbeing. This includes a lack of risk consideration and/or assessment for falls, bowel habit with medication change and aggressive behaviour for three sampled consumers.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team provided information that the service did not demonstrate assessment and care planning processes consistently include consideration of all relevant risks to individual consumer’s health and wellbeing. The assessment team identified deficiencies in risk consideration and/or assessment for falls, changed bowel habit caused by medication, aggressive behaviour, skin integrity such as bruise and pressure injury for five sampled consumers.

The approved provider refuted the team’s findings in its written response in regards to risk consideration and assessment in skin integrity (bruise and pressure injury) and provided evidence to support that skin integrity associated risks were addressed in assessment and care planning processes for the two identified consumers.

In relation to lack of risk consideration and/or assessment in falls, bowel habit with medication change and aggressive behaviour, the approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* Medical reviews by health professionals and consultation with consumers and/or representatives were arranged and completed in relation to falls risk, bowel management and behaviour management for the identified consumers.
* A full review of all consumers’ care plans is being conducted to ensure current information and individualisation; the review process is scheduled to be completed by 30 April 2021.
* A changed monitoring process includes a senior clinical team member attends all medical officer reviews and the Clinical Leadership Team monitors progress notes daily to ensure efficient follow up actions taken.
* Staff education on escalation, investigation and documentation of incidents is planned to be delivered in March 2021.

Whist I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, at the time of the Site Audit the service did not consistently consider and/or assess all relevant risks for individual consumers when completing assessments and care plans.

I find this Requirement non-compliant.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

Consumers/representatives sampled expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them. Staff demonstrated a shared understanding of their roles and responsibilities in recognising and addressing consumers nearing the end of their life.

Clinical records sampled reflect referrals and recommendations from a range of health professionals including medical officers, physiotherapist, dietician and speech pathologist.

The service is supported with documented policies and procedures in relation to minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff interviewed were able to describe how infection related risks are minimised.

However, the service did not consistently demonstrate that:

* each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being
* consumer high impact or high prevalence risks were managed effectively
* deterioration or changes in consumer’s physical function, capacity or condition is recognised and responded to in a timely manner
* consumer’s information is documented and communicated within the organisation and with others where responsibility for care is shared.

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.*

The assessment team provided information that the service did not demonstrate that each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being. The assessment team identified:

* pain management strategies not utilities in a timely manner following consumers voicing pain
* ineffective management of complex care needs including blood pressure monitoring, supra-pubic catheter changes and wound review
* continence care delivery is not tailored to consumers’ needs to optimise their health
* ineffective clinical oversight and monitoring mechanism at the service to ensure each consumer gets safe and effective personal and clinical care.

The approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* In relation to pain management:
	+ the service management consulted with one identified consumer who experienced delay in pain relief administration and implemented strategies to resolve the matter
	+ registered staff training in pain charting commencement following incident, pain review and monitoring has been planned
	+ a weekly review system is in place for consumers receiving regular and when required strong pain relief to monitor pain level variance.
* In relation to management of complex care needs:
	+ the service management conducted a review of all consumers with catheters to ensure all relevant care tasks are documented and followed up as planned
	+ a daily progress notes review by senior clinical team was implemented to ensure deviations outside normal parameters are followed up appropriately
	+ a weekly wound chart audit was implemented to monitor wound care delivery and documentation compliance
	+ a daily clinical team catch up and ongoing weekly review of complex care were introduced to ensure effective care delivery.
* In relation to continence care:
	+ the approved provider commenced an internal continence management review including continence aids audit
	+ an external continence trainer was engaged and continence care training was delivered to staff
	+ improved communication process and management oversight in continence care delivery at the service.

I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service did not consistently demonstrate that each consumer gets safe and effective personal or clinical care that is best practice, tailored to their needs and optimises their health and well-being.

I find this Requirement non-compliant.

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

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

The assessment team provided information that the service did not demonstrate effective processes to manage the high impact and high prevalence risk associated with the care of the consumers. The assessment identified:

* inconsistent reporting process with four consumers’ high risk associated care needs including monitoring of blood pressure and/or blood glucose level that are measured against individual acceptable parameters
* lack of consideration of possible cause or contribution factors when managing a consumer with high risk of falls
* delay in daily weight monitoring when a consumer was at risk of fluid overload
* delay in specimen collection when a consumer was having a high risk of urinary infection.

I note, from other parts of the Site Audit report, the assessment team identified deficiencies including:

* delayed antibiotics commencement for one consumer who was at high risk of wound infection
* ineffective clinical incident investigation in relation to one consumer’s high risk of bruising and one consumer’s medication incident.

The approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* The approved provider identified that consumers’ blood pressure and blood glucose reporting parameters were not individualised and was working with individual medical officers in updating all reportable parameters.
* The identified consumer who experienced recurrent falls was reviewed by their medical officer to consider and rule out possible contribution factors.
* Clinical monitoring and oversight allocation and responsibilities were reviewed and streamlined to ensure senior clinical team members are allocated to specific areas and are responsible for completing scheduled reviews, audits and follow up tasks.
* A daily progress notes review by senior clinical team was implemented to ensure outside parameter readings are reported as instructed and scheduled health directives are followed up appropriately.
* A new ‘clinical white board’ system was introduced to each area of the service to identify consumers with high risk and required care needs.
* Further actions taken to manage consumer high impact or high prevalence risks, including planned staff training on incident escalation, investigation and documentation, were included in Standard 2.

I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service did not consistently demonstrate that consumer high impact or high prevalence risks were managed effectively.

I find this Requirement non-compliant.

### 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 provided information that the service did not demonstrate that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to appropriately. The assessment team identified:

* a lack of documented evidence in the identification and monitoring of a consumer’s changed condition until the consumer received ‘urgent review as clinically deteriorating’ and required ‘urgent treatment’ in a hospital
* inadequate monitoring of a consumer’s deterioration before the consumer’s changed condition was identified by a visiting family member and requiring hospitalisation; the consumer was the only consumer resides in the area without dedicated area staff
* ineffective identification and monitoring of a consumer’s changed bowel habit following medication incident and medication change.

The approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* The approved provider conducted a ‘root cause analysis’ for the identified consumer who required urgent treatment in hospital.
* Weekly clinical reviews are being conducted in addition to daily registered staff monitoring of all consumers to ensure changes in condition are identified and responded to.
* Further actions taken to improve recognition and responded to consumers’ changed conditions were included in Standard 2 and other Requirements in Standard 3, for example, a senior clinical team member attends all medical officer reviews and the Clinical Leadership Team monitors progress notes daily to ensure timely identification of consumers’ changed conditions and efficient follow up actions.
* Targeted training around assessment of clinical decline, care planning responsibilities, behaviour and pain management, incident reporting and progress note writing has been planned and scheduled for 21 March 2021.
* Actions taken in relation to staffing level are discussed below in Standard 7.

I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service did not consistently demonstrate that deterioration or changes in consumer’s physical function, capacity or condition is recognised and responded to in a timely manner.

I find this Requirement non-compliant.

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

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

The assessment team provided information that the service did not demonstrate the information about the consumer’s condition, needs and preferences is consistently documented and communicated. The assessment team identified:

* medical officers are not consistently been made aware of consumers condition, include readings of blood pressure and/or blood glucose level that are outside of acceptable parameters
* 12 consumers/representatives don’t believe staff, including agency staff, have a shared understanding of consumer’s care needs and preferences
* agency staff do not consistently received handover where consumers’ conditions, needs and preferences is communicated
* agency staff unable to locate a consumer’s documented complex care needs information.

I note, from other parts of the Site Audit report, the assessment team identified deficiencies including:

* management’s acknowledgement and confirmation of sampled consumers’ assessment and care planning are not consistently undertaken and documented
* agency staff “don’t have time” to read consumer notes which include consumers’ condition, needs and preferences on the electronic documentation system
* agency staff sampled could not describe their understanding of the sampled consumers’ needs.

The approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* A process to update medical officers via emails in relation to consumers condition or changed needs was introduced.
* A senior clinical team member attends all medical officer reviews and daily progress notes monitoring mechanism to ensure appropriate communication including clinical follow up and referrals.
* Daily clinical meetings have been implemented where the clinical managers and staff have a brief meeting to improve communication and handover of daily priorities and clinical reviews.
* Handover processes have been improved to include all staff to ensure staff are updated with accurate consumers’ information on daily basis.
* Induction process for both permanent and agency staff has been introduced to ensure consumers’ information is communicated with all staff who are delivering care and services.
* Actions taken in relation to staffing levels are discussed below in Standard 7.

I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service did not consistently demonstrate that consumer’s information is documented and communicated within the organisation and with others where responsibility for care is shared.

I find this Requirement non-compliant.

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

Most sampled consumers and representatives considered that consumers get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers/representatives interviewed said:

* consumers have choices when it comes to meals, their preferences relating to personal hygiene care timing, sleeping and rising times and whether they wished to attend scheduled activities
* consumers are supported to attending outings with their families, friends, volunteers and support workers
* there is sufficient activity and choice available at the service which allows consumers to engage in activities at a level they feel comfortable with
* the service supports consumers to keep in touch with people who are important to them through visitors attending the service, consumers take social leave and connecting with loved ones via the telephone or video calls.

Reviewed of consumer care planning documentation demonstrates:

* assessment processes capture what and who is important to individual consumers to promote their well-being and quality of life
* care plans include information and strategies to support the emotional, spiritual and psychological wellbeing of consumers
* the service updates care plans when consumers’ activity needs and preferences change that are more permanent in nature.

Staff interviewed were able to explain how they identify when a consumer is experiencing a low mood and when they need to either provide additional support to the consumer or escalate an emotional need or concern to registered staff. staff explained how consumers participate in the community and how they keep in touch with the people important to them. Staff interviewed reported they have access to the equipment they need and can access it readily when they need it. The Assessment Team observed equipment used to provide and support lifestyle services to be safe, suitable, clean and well maintained.

The lifestyle team engage in discussions with registered and care staff to determine any changes that may impact on consumer involvement in lifestyle activities. The lifestyle team described how they work with external organisations or utilise volunteers to help supplement the lifestyle activities offered within the service. The service activity calendars are reviewed regularly, and activities are adapted or changed depending on consumer feedback and evaluation of attendance.

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

## Assessment of Standard 4 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

Overall sampled consumers and representatives considered that the consumers feel they belong in the service and feel safe and comfortable in the service environment. Consumers and representatives sampled confirmed:

* the service environment including furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers
* the service environment is open with accessible indoor and outdoor areas
* the service environment is welcoming and easy to navigate with communal spaces available for visitors and consumers to meet.

During the audit, the Assessment Team observed:

* consumers and their visitors were utilising both indoor and outdoor areas of the service
* consumers with cognitive impairment and at risk of wandering have readily access to a secured outdoor area
* furniture, fittings and equipment to be clean, safe, well-maintained and appropriate to consumer and visitor needs.

The service ensures the environment is safe and well maintained through scheduled preventative maintenance, staff ‘walk around’ auditing and reactive maintenance informed through reports made by staff. Staff interviewed described the processes they take when a potential safety hazard or equipment failure is identified. The service encourages and captures formal and informal feedback from consumers and representatives to ensure the service environment meets consumers’ needs and references.

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

## Assessment of Standard 5 Requirements

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

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

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

*The service environment:*

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

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

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

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 6

Overall sampled consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and that appropriate action is generally taken by management following concerns raised.

Staff interviewed were able to describe that if a consumer is “not happy with something”, they apologise, address or escalate the complaint and check with the consumer that the complaint has been addressed to their satisfaction. Management demonstrated an understanding of open disclosure and was able to give examples of how they work with the complainant to resolve the issues to the complainant’s satisfaction.

Feedback, complaints and suggestions from consumers/representatives are sought from written feedback forms, consumer meetings and informal ways including speak to staff or management. Information of access to external complaints options and/or advocacy services were observed to be available to consumers and representatives.

The service is guided and supported by organisational a complaints management policy that specifies the process around the management of lodging a compliment, complaint or suggestion and the open disclosure approach.

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

Overall sampled consumers and representatives were generally complimentary about the service’s permanent care and support staff and were confident that members of the workforce are competent and have the qualifications and knowledge to provide care and services that meet their needs.

Regular staff are provided with training in how to provide kind and respectful care and services. The service has system in place to monitor staff qualifications and competencies to ensure they remain up to date. The service has a staff performance framework that staff are required to complete annually.

Interactions between members of the workforce and consumers were observed to be kind, caring and respectful.

The service did not demonstrate that the workforce is planned, recruited and supported to enable the delivery and management of safe and quality care and services.

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 provided information that workforce limitations were negatively impacting on the service’s ability to ensure consumers receive timely delivery of safe and quality care and services. The assessment team identified:

* Most consumers and representatives reported concerns around the service’s capability in safe and effective care delivery because of a low and inconsistent staffing level and the frequent and ongoing use of temporary agency staff who are not familiar with individual consumer’s needs.
* Regular staff interviewed voiced concerns in relation to inconsistency of staffing level to deliver care and services and a lack of stable management to oversight care and service delivery.
* Sampled agency staff stated they don’t have sufficient time to access consumer information. Sampled staff advised that having agency staff most days place additional workload to the team as time is required to share consumer information with the agency staff which further delays consumer care delivery.
* Management confirmed frequent usage of agency staff at the service is due to the number of staff resignations and the service is recruiting new staff.
* Three key personnel at the service, including Facility Manager, Care Manager and Clinical Coordinator, have had recent change or are still to be recruited and appointed.
* Review of registered and care staff rostered hours identified inconsistent staffing level across different days and shifts between 1 February 2021 and 7 February 2021.

The approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* Management followed up with identified consumers and representatives in relation to staffing level issues caused delay in care delivery and not meeting consumer’s individual needs and preferences. Specific actions taken to ensure staff meet consumer’s individual needs have been discussed above in Standard 3.
* With ongoing staff meetings and improved workforce communication, staff sick leave has reduced by 55% since the site audit and agency staff usage has reduced by 60% due to reduction in staff sick leave.
* New Facility Manager commenced on 1 February 2021, an experienced Clinical Coordinator has been appointed and commenced on 1 March 2021 and the Care Manager position is due to commence.
* Rostered staffing hours across different days and shifts were addressed and the service has a consistent staffing level in place.
* Actions taken to support and improve agency staff’s understanding of the service and consumers’ care needs are discussed below in Requirement 7(3)(d).

I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service did not consistently demonstrate thatthe workforce is planned and deployed to enable the delivery and management of safe and quality care and services.

I find this Requirement non-compliant.

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

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

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

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

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

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

The assessment team provided information that the service was not able to demonstrate its workforce is recruited and supported to deliver safe and quality consumer care and services. The assessment team identified:

* Twelve consumers and representatives reported there was not enough staff recruited which resulted in delays in care delivery and not all staff have a shared understanding of consumer’s care needs and preferences.
* Permanent staff sampled reported insufficient time to attend training and inadequate clinical support from senior staff.
* Agency staff reported they are not always supported with consumers’ information about their care needs and preferences to assist with care and service’s delivery.

The approved provider did not refute the assessment team’s findings in its written response and provided information and supporting evidence of actions that have been taken since the Site Audit:

* Staff recruitment process is ongoing. Actions taken in relation to key personnel recruitment is discussed above in Requirement 7(3)(a).
* An induction process for both permanent and agency staff has been introduced to ensure staff are supported to understand of service-based protocols and consumers’ care needs and preferences.
* Handover processes have been improved to include all staff and to ensure staff are supported to deliver safe and quality consumer care and services.
* Targeted training sessions on assessment of clinical decline, care planning responsibilities, behaviour and pain management, incident reporting and progress note writing was planned and scheduled for 21 March 2021.
* Actions taken to address clinical and care delivery supervision and oversight were discussed above in Standard 3.

I acknowledge the approved provider has implemented some planned actions to address the deficiencies identified by the assessment team, however, at the time of the Site Audit the service the service was not able to demonstrate its workforce is recruited and supported to deliver safe and quality consumer care and services.

I find this Requirement non-compliant.

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

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

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Overall sampled consumers and representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers and representatives stated the organisation supports the consumer’s health, safety and well-being and is inclusive of their identity, culture and diversity.

Consumers are involved in the development, delivery and evaluation of care and services through regular consumers/representatives meetings, feedback mechanism and complaints processes. The organisation’s governance systems ensure that information from feedback and complaints is reviewed at the service level, regional level and Board level.

The organisation is supported with a documented Governance, Risk & Quality Guideline and an established risk and safety management system. Staff attend training in relation to risk management and were able to provide examples of relevance of risk management systems to their work. The organisation has policies and procedures and human resource management to ensure the workforce is managed in accordance with regulatory requirements.

The service has a Plan for Continuous Improvement that summarises improvement initiatives in aspects of each Standard. For each improvement initiative, the source of the improvement is identified, the goal of the relative requirement is considered and planned actions are developed and recorded.

The organisation monitors and implements changes to various legislative requirements with monitoring by the Board with monthly reporting. Changes to regulatory requirements are communicated to the service through systems such as the intranet, memorandums and staff meetings.

The organisation has a documented clinical governance framework that covers antimicrobial stewardship, minimising the use of restraint and open disclosure. A Clinical governance committee has been set up to manage clinical risks, clinical practices and staff training requirements in relation to clinical care.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

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

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

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

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

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

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

# Areas for improvement

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

* Requirement 2(3)(a) – The approved provider ensures that assessment and care planning processes consistently include consideration of all relevant risks to individual consumer’s health and wellbeing, particularly in relation to risk consideration and/or assessment for falls, medication, behaviour and skin integrity.
* Requirement 3(3)(a) – The approved provider ensures that each consumer gets safe and effective care that is best practice, is tailored to their needs, and optimises their health and well-being, particularly for those consumers with complex or specialised care needs.
* Requirement 3(3)(b) – The approved provider ensures that effective processes to manage the high impact and high prevalence risk associated with the care of the consumers, particularly in relation to risks associated with specialised care needs, falls and infection.
* Requirement 3(3)(d) –The approved provider ensures that consumers’ changed condition or deterioration in mental health, cognitive or physical function is recognised and responded to in a timely manner, including appropriate clinical monitoring, referrals/escalations as required and documentation.
* Requirement 3(3)(e) –The approved provider ensures that 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, particularly in relation to documentation of consumers’ assessments and communication with agency staff and medical officers.
* Requirement 7(3)(a) –The approved provider ensures that its 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, particularly in relation to having a consistent staffing level and a stable management team at the service.
* Requirement 7(3)(d) –The approved provider ensures that its workforce is recruited, trained and supported to deliver the outcomes required by the Quality Standards, particularly for permanent and agency staff who require further trainings and support in safe and quality care delivery.
* The Approved Provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Aged Care Quality Standards.