Italian Village Fremantle

Performance Report

95 Samson Street   
WHITE GUM VALLEY WA 6162  
Phone number: 08 9430 8111

**Commission ID:** 7158

**Provider name:** Fremantle Italian Aged Persons Service Association

**Site Audit date:** 27 October 2020 to 29 October 2020

**Date of Performance Report:** 11 March 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) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the 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 and representatives
* the Approved Provider’s response to the Site Audit report received 4 December 2020.

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

The Assessment Team found overall consumers and representatives interviewed confirmed 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. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers and representatives said staff are respectful and through their caring attitude treat consumers with dignity and respect.
* Consumers said staff help them feel safe at the service.
* Cultural references for food are supported and provided.
* Representatives said when their consumer is unable to make decisions due to their capacity to understand they are asked to be involved.
* Consumers said they have choice over what they do day to day at the service.
* Consumers and representatives said they have access to information when they want it.

The service has initial and ongoing assessment and planning processes to identify each consumer’s interests, beliefs, cultural and spiritual needs. Information gathered is used to develop individualised care plans which assists staff to deliver care and services in line with consumers’ needs and preferences. Staff provided examples of how they ensure consumers are respected and how they are informed of consumers’ culture and diversity needs and preferences.

The service ensures care and services are culturally safe through consultation with the consumer and/or representative. The service has predominantly Italian and Portuguese consumers. The service has staff who are multilingual and provide support and translation of consumers’ choices and preferences. Consideration is given to rostering staff who understand the consumers’ first language. Care plans were sampled which showed cultural preferences for care and services are documented. Staff interviewed described how they support consumers to ensure the care they provide is culturally safe and how this is captured, including food preferences, religious requirements. Preferences in maintaining relationships are recorded and staff support this through activities, religious services and maintaining contact with others through telephones.

Care staff described how they support consumers to make their own decisions in relation to care and services. Additionally, consumers said they can make decisions on a daily basis of what they would like to do. Consumers and representatives confirmed they can communicate consumers’ wishes and feel staff respect their decisions.

The service provided evidence where risk is identified they discuss the risk with the consumer and agreement on the outcome is recorded on risk documentation. An example provided where several consumers have asked not to be disturbed during the night for repositioning. Consumers were informed of the risk of skin integrity issues and plans were devised to ensure skin integrity is maintained and monitored and evaluated for effectiveness. Strategies included pressure relief equipment and continence aids to promote dignity and comfort.

The Assessment Team sampled documentation which showed staff complete education related to this Standard including cultural diversity and choice and dignity.

The Assessment Team found the organisation has monitoring processes in relation to Standard 1 to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

## 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

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

The Assessment Team found the service did not meet Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(a) and have provided reasons below.

Consumers and representatives interviewed confirmed they are satisfied they are consulted in assessment, review and planning of their care and services. Consumers and representatives confirmed they participate in care conferences. Representatives said they are informed of changes to their consumer’s care and provided examples of when a consumer is unwell or has had a fall. Consumers said they have access to external medical and allied health specialists where required.

Documentation review at the service showed there is a schedule used to ensure regular assessments and reviews are completed. Consumers advance care directives are recorded, and end of life wishes discussed. Care plans show specialists, including medical officers, occupational therapists and dementia consultants are involved in assessment processes.

However, the service did not demonstrate each consumer’s assessments including where risks are identified result in documented strategies in the care plan to inform staff on managing the risks.

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found the service did not demonstrate assessment and planning informs the delivery of safe and effective care for two consumers. Relevant evidence included:

* One consumer with diagnosis of Alzheimer’s dementia was known to be resistive to being supported with their personal care and continence needs. The consumer developed a pressure injury on their heel and assessments conducted identified at the time a cause may have included urinary incontinence. The service did not identify the strategies in place were not effective in reducing the risk of further skin damage. Staff reported the toileting schedule or planned interventions were not effective. The service did not trial any new strategies to manage the continence and reduce the risk of further injury. Charting of personal care for the consumer in October 2020 recorded washing, drying and grooming completed however, staff said the consumer does not always allow them to provide personal care and does not have a shower very often as they dislike the water going on them. The consumer’s complex needs relating to their diagnosis of dementia, cultural needs and vision impairment are not addressed in her assessments and the service has not developed a plan of care to ensure their personal care needs are supported.
* One consumer was assessed as having a pressure area wound on their sacrum. The consumer was assessed as being resistive to support with their personal care. Assessments have identified they regularly refuse assistance, but the assessment information has not been used to develop or plan appropriate strategies to ensure personal care is provided to mitigate the risks associated with the consumer not being washed or showered daily. Following identification of the pressure wound the service did not undertake further personal care or behaviour assessments to identify the impact of the refusal of care on the consumer’s skin integrity.

The Approved Provider’s response on 4 December 2020 indicated they did not agree with the Assessment Team’s recommendation. The Approved Provider provided the following evidence:

* Dates of review of the behaviour management plan and, skin integrity and toileting assessments for both consumers completed and, charting of refusal of care for one consumer.
* Extracts of the behaviour management plan for one consumer and, toileting and skin integrity assessments for both consumers.
* Progress notes following assessment and evaluation of care including the continuation of strategies for one consumer in May 2018 developed by Dementia Services Australia (DSA) in February 2018. The service said they have referred the consumer for further review by DSA in November 2020.
* Medical officer notes for one consumer with pressure injury identified on their heel. The medical officer assessed the injury as being due to swollen feet and tight shoes.

I have reviewed the Approved Provider’s response and acknowledge the service has completed review and assessments for the consumers and, for one consumer provided further medical evidence following review from the consumer’s medical officer. However, the service has not provided evidence that evaluation and outcomes of the assessments have provided clear directions for staff to follow in care plans. One consumer who becomes resistive during care has not had known triggers and strategies recorded in the care plan to inform staff on how to provide safe and effective personal care.

Based on the summarised evidence above, I find the service Non-compliant in relation to this Requirement

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

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

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

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team found the service did not meet Requirement (3)(a) in relation to Standard 3 Personal care and clinical care. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(a) and have provided reasons below.

Consumers and their representatives interviewed confirmed staff understand their needs and preferences. Consumers confirmed they have access to medical officers and other health professionals when required. Representatives said they are informed when there are changes to their consumer or concerns about their health and well-being.

The service has policies and procedures to direct staff in providing personal and clinical care. Clinical staff demonstrated they were aware of high prevalence risks for consumers. Consumer clinical assessments and plans show consumers with complex clinical needs are provided clinical care. Health specialists are involved in the planning and provision of care including when changes or deterioration occurs. Consumers’ end of life needs, and wishes are identified, recorded in the care plan and staff interviewed demonstrated how they support the comfort of consumers at end of life.

The service did not effectively provide safe and effective personal care that is best practice. One consumer was not having their continence management tailored to their needs to optimise their well-being and dignity. Two consumers were not receiving personal care and hygiene which was tailored to their needs and three consumers’ wound care was not managed in line with best practice.

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team found the service did not demonstrate it effectively managed personal and clinical care for consumers that is best practice, tailored to their needs and optimises their health and well-being. Relevant evidence included:

* For one consumer their continence needs were not effectively managed. Strategies implemented to manage the consumer’s inappropriate voiding and defecating were not effective. Incontinence was not considered or reassessed following a change in skin integrity and development of wound. Reassessment of continence did not result in trialling of new strategies to manage the incontinence. Strategy of a dignity suit, its use and effectiveness were not consistently recorded.
* Two consumers did not have their personal care needs tailored to their requirements. Both consumers were assessed as resistive to staff supporting their personal care due their cognitive impairment which was assessed as having possible impact on their skin integrity.
  + One of the consumers was found to have a wound on their sacrum in October 2020. However, skin integrity assessments have recorded the consumer has no risk in maintaining their skin integrity and the skin assessment is inconsistent with other skin assessments which score the consumer as at high risk of pressure ulcers.
  + A behavioural assessment for the consumer identified their refusal of support for personal hygiene. The care plan did not include effective strategies to direct staff to provide personal hygiene and staff confirmed they are not able to assist the consumer with post toileting hygiene.
  + Charting for the consumer’s activities for daily living (ADLs) including personal care the service is not effectively monitored or used to identify effective strategies to manage personal care in line with the consumer’s needs. Progress notes did not show the refusal of personal care was reported to the registered nurse.
* Three consumers reviewed for skin care in October 2020 did not have wound care completed on the date directed by the wound care plan. Wounds were not attended to as per the wound management plan including where for one consumer the wound had not been attended to for four days. For another consumer the wound dressing was changed to daily dressing on 22 October 2020. However, the wound dressing was not changed on 24 and 25 October 2020 and then changed to second daily. The wound was not dressed on 27 October 2020 but completed on 28 October 2020.
* The Assessment Team noted following discussion over the two and half day site visit the service completed assessments for all consumers identified in this requirement and care plans updated.

The Approved Provider’s response on 4 December 2020 indicated they did not agree with the Assessment Team’s recommendation. The Approved Provider provided the following relevant evidence:

* For one consumer correction of staging of the sacral pressure injury from Stage three to two following reassessment by the Facility manager who is also a Nurse practitioner.
* Dates of when wound dressings were completed for three consumers and outcomes following the site visit.
* Acknowledgement staff may have read the meeting minutes from 6 October 2020 and taken the statement about the dignity suit for a consumer as a directive which was implemented.
* Extracts of care plans, assessments and progress notes.

I acknowledge the service has undertaken appropriate improvements following the site visit including:

* Staff are now instructed to document when they succeed in managing behaviours as previously only documented refusals.
* An external consultant was approached to discuss improvement process for best practice in wound care. A working party has been established that meets monthly. An external audit of wound care products has been completed and staff have attended offsite wound training on 23 October 2020 and another group attended onsite training on 18 November 2020.
* Plans to discuss with the provider of the electronic system capacity to be more user friendly when implementing changes in wound care management specifically, when changing frequency of dressing change. Paper documentation is being used until this is completed. Staff are to be provided guidance on the difference between actual change of dressing and evaluation of a wound.
* Wound charts are to be audited daily by the Care-coordinators to ensure compliance.
* The continence management policy has been reviewed and a pathway added to provide increased guidance for staff.

I acknowledge the service has since implemented improvements in the provision of personal and clinical care. For one consumer a referral has been made to a dementia consultant to review and suggest further strategies in the management of their personal hygiene and continence. For another consumer their acute health has been managed which has reduced risks for their skin integrity. The service has acknowledged there needs to be improvements made to their electronic system to provide clear instructions to staff when completing wound management.

However, at the time of the site audit, the service did not demonstrate it was providing safe and effective personal and clinical care that was best practice and tailored to each consumer’s needs. One consumer was not having their continence management tailored to their needs to optimise their well-being and dignity, two consumers were not receiving personal care and hygiene which was tailored to their needs and three consumers’ wound care was not managed in line with best practice.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

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

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

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

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

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

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

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

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

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

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

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

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 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 Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers said they were supported to do the things they liked to do and what was of interest to them. Consumers said they enjoyed the lifestyle program at the service.
* Consumers said they are supported by staff to connect or maintain relationships with others.
* Consumers said they were provided emotional support by staff through staff being with them or contacting family/others to have a chat.
* Consumers interviewed who had strong religious beliefs are supported to remain connected to their religion through regular services or through religious visitors.
* Consumers and representatives said they enjoyed the food provided and can provide suggestions at any time about the food provided.

The Assessment Team found assessment processes including a ‘This is Me’ profile are completed to provide staff with information about the consumer’s interests, what they would like to do, what emotional supports are important and a social history which provides staff some background to enable conversation. Each consumer has a lifestyle care plan developed by the occupational therapist. This information is used to inform the lifestyle program which is monitored and reviewed by an occupational therapist.

Where identified and assessed the service sources volunteers to provide ongoing cultural connections and emotional support for consumers, especially where English is not the consumer’s first language. Religious preferences are maintained through services conducted at the service.

Consumers confirmed they are encouraged to maintain community connections which are documented in care plans and ‘This is Me’ profile. Consumers provided examples where staff support them to be ready to attend activities, remain connected through using the telephone and go out into the community for socialising or to visit family.

The Assessment Team found consumers are satisfied with the food provided. The service has employed a new chef and feedback from consumers and representatives found they seek feedback to improve meals, provide alternatives when asked and ensure the menu reflects the culture of the consumers which is predominantly Mediterranean. Consumers confirmed they are consulted in the development of menus. Representatives said where food is modified due to dietary requirements the food is flavoursome.

The Assessment Team noted the service has a food safety program in place and they observed food safety hygiene being practiced.

The service supports consumers to have access to equipment to maintain their independence. Allied health staff provide assessment to ensure the equipment is safe and fit for purpose for the consumer. The Assessment Team observed equipment including walkers, wheelchairs, flotation chairs and exercise equipment to be clean and maintained. Staff said they have access to resources for the lifestyle program including for pain and exercise programs.

## Assessment of Standard 4

### 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

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

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

* Consumers said they feel safe living at the service.
* Consumers confirmed they can personalise their rooms.
* Consumers and representatives said they were satisfied the service was clean, homely and welcoming.
* Consumers said maintenance is timely and equipment used is well maintained.

The Assessment Team observed whilst the service is welcoming, they noted the dementia unit at the service was not easy to navigate and the lay out of the area could cause incidents of falls and agitation when consumers walked the narrow corridors and entered others’ rooms uninvited.

The Approved Provider’s response acknowledged the Assessment Team’s observations and said there is a redevelopment of the dementia unit area captured in their current strategic plan and there has been communication with consumers and representatives about the redevelopment. The service said the item is registered on the continuous improvement plan and is discussed as part of consumer and representative meetings. The service in their response provided evidence there has been an environmental audit completed by Alzheimer’s Australia with suggestions implemented including removal of noticeboards from the entrance to a less conspicuous area and replace with artwork.

The Approved Provider’s response included strategies implemented for falls prevention and agitation including referral to a dementia consultant who has provided strategies to improve recognition of consumer’s rooms, ideas on activities to prevent constant walking and reduction of agitation.

Observations by the Assessment Team found the service is clean and well maintained. Cleaning is completed after meal service and activities to ensure consumer safety from slips and falls. Maintenance processes are in place including ongoing preventative maintenance for all areas of the service and proactive maintenance is prioritised to be completed. External contractors are used where the maintenance staff are unable to complete maintenance due to the scope of the works required.

Outdoor areas were observed to be used throughout the site audit by consumers.

Furniture, fittings and equipment were observed by the Assessment Team to be clean, maintained and fit for purpose. The Assessment Team followed up with the service identifying call bells in an area of the service had lengthy response times. The service acknowledged there have been issues with call bells in the area and a technician was sourced to review the system. The service also provided evidence of a continuous improvement in the purchase of seven pagers which will be programmed to escalate calls to others when they have not been answered within agreed time limits in an area. The service has also provided feedback it will continue to educate staff to turn off the call bell once they have attended the consumer’s request for support.

## 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

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

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

* Consumers and representatives said they were aware about the feedback system and would feel comfortable in putting a complaint.
* Consumers said they will let staff know if they are unhappy and staff follow up for them.
* Representatives said they would make more serious complaints to management and believe their concerns would be addressed.

The service has systems in place to gather feedback and complaints. The Assessment Team found feedback and complaints are investigated, actioned and feedback provided of the outcome. Feedback is monitored by management and is discussed at staff and consumer meetings.

Staff support consumers with access to information and translation in their first language. There are staff available who speak the consumer’s preferred or first language.

Staff and management interviewed provided examples of supporting consumers and their representatives to provide feedback in line with the service’s policy and procedures. The service understands open disclosure and demonstrated how it is used in all feedback provided to consumers and representatives following a complaint. Where identified areas for improvement are transferred to the continuous improvement plan.

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

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

* Consumers said staff were kind and respected their privacy and were caring when delivering care and services.
* Consumers and representatives said staff knew what they were doing and did their jobs well.
* Consumers said they did not have to wait long for staff to attend to their call bell request.

The service demonstrated they have a roster which ensures an appropriate mix and number of skilled staff. Most staff confirmed they have adequate support to deliver care and services. However, some staff provided examples of where they said they needed staff available to provide assistance to consumers who require two care staff to attend to personal care need, particularly in the afternoon. Staff confirmed they were in discussion with management about the concern.

The service responded to the Assessment Team’s finding and said the only time there may be limited staff is during the handover meeting for afternoon staff which is a short meeting. The service said there were adequate staff in other areas who can be called upon should they be required to assist the care staff meet consumers’ assessed personal care and transfer needs.

Whilst consumers did not provide negative feedback about delays in answering call bells the Assessment Team found review of documentation did show there have been delays to some call bells being answered. The service provided a response and said they have had the call bell system inspected which identified faults in one area of the service. The service has said the call bell system will be upgraded as part of the renovation work to the dementia unit to include an annunciator and turn call bell off prompt. To provide reassurance to consumers the service has purchased extra pagers which call bells will escalate to should they not be timely answered.

The service has a system to ensure staff are provided training on commencing employment, annually and when specific training needs are identified. The service has systems to monitor staff practice to ensure staff are competent in performing their roles including regular and as required performance reviews.

## Assessment of Standard 7 Requirements

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

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

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

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

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

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

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

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

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

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

# STANDARD 8 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that overall consumers considered that the organisation is well run, and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* Consumers stated staff knew what they were doing, and they thought management ran the service well.
* Consumers and representatives said the service engages with them from admission about their needs, preferences, likes and dislikes for care and services.
* Representatives advised the service engages them through care conferences and if there are any changes that impact care, they are kept informed.
* Consumers and their representatives stated they are kept informed of improvements and feedback at resident and relative meetings and management and staff are open about any concerns raised.

The service demonstrated that it has an organisational wide governance framework with policies and procedures to guide staff practice delivering care and services. The organisation has systems and processes in place for information management, regulatory compliance, financial and workforce governance. The service provided a documented continuous improvement plan that indicated it has improvement projects that cover each of the Quality Standards. A review of feedback shows that consumer and staff feedback received in various methods is used to develop the continuous improvement plan for the service.

The service has reporting structures in place to ensure the Board, which meets monthly, is kept informed of all aspects of care and services.

The service demonstrated that it has an effective risk management system with policies and procedures to guide staff practice. Documentation reviewed showed risks are considered to consumer care and strategies to mitigate those risks are included in assessments and planning.

The service has a documented clinical governance framework that includes policies and procedures around antimicrobial stewardship, restrictive practices and open disclosure. The service is actively working towards minimising restraint use. However, the Assessment Team found monitoring of physical restraints is not consistently completed.

## 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.

* Standard 2 Requirement (3)(a): Ensure consumers assessed needs and identified strategies are documented and recorded in consumers’ care plans to inform the delivery of safe and effective care.
* Standard 3 Requirement (3)(a): Ensure consumers are provided safe and effective personal and clinical care that optimises their well-being and dignity in relation to personal hygiene, continence and wound management.