Japara Balmoral Grove

Performance Report

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**Commission ID:** 3540

**Provider name:** Japara Aged Care Services Pty Ltd

**Site Audit date:** 4 August 2021 to 6 August 2021

**Date of Performance Report:** 11 October 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) |  Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | 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) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* The Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The approved provider’s response to the Site Audit report received on 7 September 2021.

# 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

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

Consumers said they are treated with dignity and respect, can maintain their identity, direct their lives and that their privacy is respected.

Consumers gave examples of staff being respectful and kind and overall consumers said they feel supported to exercise choice, maintain their independence and continue and/or create friendships and relationships.

The level of satisfaction with the information consumers received was high and this information is effective at informing their day to day decisions on how to live their lives.

Staff provided examples of how consumers are supported in decision making and maintaining social connections and had an understanding of delivering culturally safe care.

Throughout the site audit the Assessment Team observed staff interactions with consumers to be respectful.

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The Assessment Team’s report outlines that the service demonstrated the processes for assessment and planning on entry, including consideration of health and wellbeing risks, generally informs the delivery of safe and effective care and services. However, the Assessment Team found that not all care plans reflect current risks to consumers well-being. The service has acted on this feedback and a review is underway.

The service has a system in place to make care plans available on request and is doing further work to promote this option to consumers and representatives. Consumers and others they wish to be involved in care planning are satisfied with their level of engagement in the process.

In instances where a review of the planned care and services for a consumer is required, the Assessment Team found these reviews are not always holistic. The approved provider is putting in place training to address this deficit.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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’s found that the service has processes for assessment and planning when a consumer enters the service. These processes include consideration of risks to health and wellbeing and these risks are used to develop plans to inform staff how to deliver safe and effective care for the consumer. However, the Assessment Team’s report also noted some inconsistencies in documentation.

The approved provider’s response for the consumers sampled, demonstrates that assessment did occur, and multidisciplinary input was sought in relation to planning for assessed needs.

The approved provider’s response acknowledges that inconsistencies in language used to describe assessment outcomes regarding skin integrity is an area for improvement.

While the language used in documentation could be more contemporaneous, based on all the available evidence, the approved provider complies with this Requirement.

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

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

The service demonstrated that processes for assessment and planning address advanced care and end of life planning. However, the Assessment Team found that not all care plans reflect current risks to each consumer’s well-being.

The approved provider’s response outlines that care planning documentation for all consumers will be reviewed to ensure that information reflects each consumer’s preferences and that assessments reflect the current needs and goals of individuals. This activity will include engagement with consumers and representatives and include ‘care planning and evaluation’ training for relevant staff.

The approved provider does not comply with this Requirement as, at the time of the site audit, the service did not have effective processes to identify the current needs and goals of each consumer.

### 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.*

The Assessment Team found that the service had demonstrated outcomes of assessment and planning are generally communicated to consumers and representatives. However, some consumers and representatives interviewed said they had not seen a copy of the care plan and were unclear how to access a copy.

The approved provider’s response provided evidence that management had circulated an advice to all consumers and representatives that care plans had transitioned from a paper-based format to an electronic format. This advice included the ability to request a copy of the care plan from the nurse at any time. Meeting minutes submitted by the approved provider also demonstrate the availability of care plans was discussed at a ‘resident and relative meeting.’

Based on all the available evidence the approved provider complies with this Requirement.

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

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

The Assessment Team found care and service plans undergo scheduled reviews and ‘as required’ reviews when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. However, when an aspect of care or service delivery is changed, staff do not ensure that the change has had its desired effect.

The Assessment Team found when consumers had a fall, the review staff undertook did not consider broadly enough the risk to the individual consumer of further falls and how this consumer’s risk could be minimised. Similarly, skin integrity reviews which occurred did not always document accurate pressure injury staging to effectively inform new strategies, or proactively flag specific equipment for the prevention of any further deterioration.

It was unclear to the Assessment Team how incident reports related to falls and pressure injuries were monitored by staff for the effectiveness of any new strategy introduced or any change to an existing strategy as this information did not form part of the incident report. Allied health staff said there is no multidisciplinary falls prevention meeting held at the service to investigate trends thoroughly.

While noting that the Assessment Team’s sample was too small to fully assess falls management and did not reflect the service’s overall practice. The approved provider’s response clarified:

* the service’s process regarding incident reports is that once the incident is reviewed by the clinical care coordinator the incident is closed
* the service does not use the incident report as an open document to monitor the strategies put in place, this can be tracked in care documentation.
* trending is completed each month for incidents that occur.

The approved provider asserts the service does consult with the physiotherapist, occupational therapist, general practitioners and others when a fall occurs, however, as a result of the audit process the service will adopt a more formal approach to this aspect of care and has established a Falls Prevention Committee.

The approved provider accepts documentation of skin integrity management has room for improvement and plans to deliver further staff education led by a wound consultant.

The approved provider does not comply with this Requirement as at the time of the site audit, the service did not have adequate processes in place to understand the effectiveness of the care being delivered.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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

The Assessment Team reviewed the files of consumers and found deficits in the delivery of best practice and effective clinical and personal care and how known risks to consumers of aged care are managed by the service. Specifically, deficits were in relation to falls management, skin integrity and the monitoring of psychotropic medication on consumers’ wellbeing.

Overall staff worked effectively with general practitioners and allied health staff and were able to identify and respond appropriately to any change or deterioration in a consumer’s health or wellbeing.

The service has a good referral network and uses other services such as speech pathologists and dietitians where required. Information flow between those people providing different types of support to the consumer was general coordinated well.

Consumers are engaged in their care to the extent they wish, and the service has committed to reminding consumers and other nominated people how to access the new electronic care plan.

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

### Assessment of Standard 3 Requirements

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

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

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

The Assessment Team reviewed the files of consumers and found deficiencies in the delivery of best practice and effective clinical and personal care.

The Assessment Team’s report notes a consumer, who is immobile, and requires full staff support for showers and daily care, developed a pressure injury. Staff were slow to recognise the pressure injury and put in place strategies to resolve it. The wound has deteriorated and is now under the management of a wound specialist. The consumer complained of being in pain and was dissatisfied with the quality of continence care at the service.

Representative and consumer feedback identified responsiveness to continence care needs and use of pressure relieving equipment to be an area for improvement.

Staff did not demonstrate an understanding of pressure relieving strategies and these are not consistently taking place as a result.

The Assessment Team also found deficits in the monitoring or consumers on psychotropic medications and how this monitoring informs care delivery, care plan evaluations and medication reviews.

The approved provider’s response notes staff support consumers to comply with pressure relieving strategies to the greatest extent possible, however, co-operation is not always achieved. Several significant equipment purchases were noted in the response.

The response asserts that wounds noted by the Assessment Team had not deteriorated and provided some additional evidence which conflicts with the Assessment Team’s evidence.

The approved provider also asserts that pain management is well managed at the service, and notes the complex care needs of consumers.

The service has reviewed their use of psychotropic medications / register and some medications have been ceased or reduced.

The approved provider has also initiated further training on skin integrity / pressure area care and wound management for staff.

While acknowledging the work undertaken / underway by the service, and that some evidence from the Assessment Team and the approved provider is contradictory, the direct feedback from consumers and representatives supports the Assessment Team’s finding.

At a minimum the service did not demonstrate that consumers subject to chemical restraint were receiving best practice care prior to the audit occurring. Further, staff did not demonstrate they followed recommendations or understood how to use purchased equipment to optimise consumers’ skin integrity.

Based on all the available evidence the approved provider does not comply with this Requirement.

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

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

The Assessment Team reviewed the management of falls at the service which was an area identified by staff as one of the high prevalence risks they manage. The report outlines two unwitnessed falls by consumers requiring support or monitoring when mobilising. On both occasions a sensor mat alarm was triggered. Specifically, the Assessment Team found the falls investigations which were undertaken did not demonstrate a full review of the circumstances, such as medications and staff responsiveness and if this had occurred strategies to prevent further falls may have been more relevant and effective.

The report outlines the Assessment Team’s observation of a meal service and poor staff practice in relation to a consumer at risk of choking. Staff did not follow the speech pathologist’s recommendations on how to position the consumer in their chair and staff had not escalated that they had difficulty manoeuvring the consumer’s chair in a way that would minimise the risk of choking.

Consumers and representatives provided mixed feedback on management of risk and noted at times staff have been unable to respond to consumers’ needs in a timely manner.

The approved provider’s response outlines how the service manages incidents and clarifies some of the dates and actions the service undertook in response to consumers who fell. For example, one consumer who fell, and would ordinarily have been transferred to hospital was not transferred as their general practitioner requested this did not occur. The consumer was visited by the general practitioner promptly after the fall.

It is acknowledged on one occasion that the timeliness of staff responding to the call bell was not noted as part of the incident review. The response notes the impulsive behaviour of consumers is a contributing factor to falls.

On balance clinical review of high-risk incidents has not resulted in strategies that have been effective in preventing further occurrences of similar events.

It is acknowledged that some consumers may be impulsive however, this needs to be reflected in the strategies deployed to support their care needs. Equipment such as sensor mats have been put in place as a strategy to alert staff to a need, and staff have not attended to that need in a timely manner.

The approved provider’s response does not provide further evidence about the consumer at risk of choking, however, the Assessment Team’s report notes that a new chair was provided to that consumer during the site audit. It is unclear why this risk, which was present since the speech pathologist’s review, was not addressed prior to the site audit occurring.

Based on all the available evidence, the approved provider does not comply with this Requirement.

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

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

### Requirement 3(3)(d) 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.*

The majority of the Assessment Team’s evidence for this Requirement is considered as part of Standard 2 Requirement 2(3)(e) which is non-compliant.

The Assessment Team noted some deficits in handover information, the approved provider’s response outlines further training for staff is being undertaken in the service’s electronic care management system, which is relatively new.

The remaining evidence for this Requirement supports a finding of compliance. It is evident from the information throughout Standard 3 that information is shared where other organisations are involved in the consumer’s care. Evidence includes consultations occurring with physiotherapists, occupational therapists, dietitians, wound consultants, general practitioners and specialists.

Based on all the available evidence the service complies with this Requirement.

### 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

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the Requirements. The team also examined relevant documents.

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

For example:

* Consumers and consumer representatives interviewed confirmed that consumers are supported by the service to do the things they like to do. Consumers of various physical and cognitive abilities are supported attend lifestyle activities or are visited by lifestyle staff one on one.
* Consumers and consumer representatives interviewed confirmed that consumers are supported to keep in touch with people who are important to them. Consumers and representatives described being able to keep in touch via various means, with staff stating that most consumers have access to either a mobile phone or a landline.
* Mixed feedback was received from consumers and consumer representatives interviewed regarding the food at the service. Discussion with kitchen staff and review of dietary needs and preferences confirmed that the service is working to ensure that consumers are satisfied with the meals provided.

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

To understand the consumer’s experience and how the organisation understands and applies the Requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers and consumer representatives interviewed confirmed that consumers feel safe at the service.
* Most consumers and consumer representatives interviewed confirmed they feel at home at the service.
* In general, consumers and consumer representatives interviewed confirmed that the service is clean and well maintained. One representative, however, felt that their loved ones’ room was not always clean due to the limited staff numbers at the service.
* The service environment was observed to be well lit with natural light in communal areas around the service, where consumers were observed to spend time engaging in lifestyle activities or personal pursuits such as reading or doing jigsaw puzzles.

Management confirmed, however, that they would be increasing the amount of high touch point area cleaning. They would investigate how to better mitigate risks around the use of hydronic heating and that a review of pressure-relieving chairs would be added to the preventative maintenance schedule.

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

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

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

For example:

* All consumers in the Assessment Team’s sample considered that they are encouraged and supported to give feedback, make complaints, and are confident their feedback will be actioned.
* Management demonstrated how complaints are encouraged, and consumers are supported to provide feedback. Consumer feedback is used to inform continuous improvement.
* Staff could describe how they support consumers with communication or cognitive issues to make complaints.
* The service has a system to monitor and review complaints and includes action items to provide improvement opportunities for the service.

An improvement opportunity was identified around the monitoring of actions implemented to address consumers’ complaints, especially those relating to personal care.

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-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

Overall sampled consumers considered they get quality care and services from people who are knowledgeable, capable, and caring. However, challenges in staffing the service during the COVID-19 pandemic has impacted the delivery of care, some episodes of which have resulted in a poor-quality experience for consumers.

While consumers and representatives did not identify any areas of concern where staff need more training, the Assessment Team noted some gaps in staff knowledge. In response, the approved provider has scheduled further training to address these gaps which were not systemic.

Overall feedback on staff was positive.

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has 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.*

Overall consumers and representatives are dissatisfied with the responsiveness of staff to consumer care needs, including on the weekend.

There is conflicting information from the Assessment Team and the approved provider regarding the actual number of unfilled shifts in the days preceding the audit. At a minimum there were nine vacant shifts across four days.

Examples given by staff of the impact on consumers of unfilled shifts included care being not being delivered as planned, care being rushed and staff not being able to respond to call bells as fast as they would like.

The approved provider’s response outlines the challenges of maintaining optimal staffing in the context of the COVID-19 pandemic. It is also noted that the service is undergoing an extensive refurbishment and currently 21 beds are offline.

The approved provider has acknowledged the feedback of consumers and while the service’s roster has been reviewed frequently in line with the refurbishment, the response states the service will consult with staff on workloads.

The service does not comply with this Requirement as the quality of the care being delivered is not optimal and one of the factors for this is staff are not available at the time when consumers need them or when care is expected to be delivered by consumers.

### 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.*

The Assessment Team’s provided mixed evidence in this Requirement. The team found the workforce is generally competent, knowledgeable and qualified however noted some gaps in knowledge in optimising skin integrity and some gaps in the management of incidents which impact on consumers’ well-being.

The approved provider submitted an education matrix which provides evidence of how the service monitors staff knowledge and outlined that further education is planned in key areas.

On balance the deficits the Assessment Team have identified do not reflect a systemic failure by the service regarding monitoring of staff skills. The service complies with this Requirement.

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

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

The Assessment Team’s report outlines that consumers and representatives did not identify any areas of concern where staff need more training, however the team’s documentation review identified that the service was behind in its scheduled training in some areas.

The approved provider’s response outlines its approach to training and notes that most training has had to transition to on-line modules to adhere to social distancing protocols. The approved provider is developing a specific training package for relevant staff to address areas highlighted by the Assessment Team.

On balance it is reasonable during the COVID-19 pandemic for the service to prioritise training on infection prevention and control. The issue of the required training on Serious Incident Response Scheme is considered in Standard 8 Requirement (3)(d).

Based on all the available evidence, the approved provider complies with this Requirement.

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

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the Requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. Management provided evidence of the ways in which consumers provide input into system-wide improvements. Consumers felt included and valued as individuals.

While the service has a comprehensive governance framework and risk management system, the Assessment Team found areas where clinical oversight was not fully effective.

A governance framework is in place however it does not adequately address restrictive practices.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service does not comply with this Requirement. The team’s report outlines that the service does not have an adequate system for the Governing Body to understand the level of risk at the service. The Serious Risk Incident Scheme is not fully understood by relevant staff at the service.

The approved provider accepts the findings of the Assessment Team and their response provides a plan to return to compliance.

Based on all the available evidence the approved provider does not comply with this Requirement.

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

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

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

The Assessment Team found, while policies are in place, the Governing Body does not have line of sight to the level of restrictive practices in use at the service.

The approved provider’s response outlines its commitment to minimising the use of restraint, that a review has been undertaken and that the service’s goal is to always to holistically manage consumers and only use pharmacological options as a last resort. The response provides a plan to return to compliance.

Based on all the available evidence the approved provider does not comply with this Requirement.

# Areas for improvement

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

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

Embed a process to ensure that all care planning documents reflect the current needs, goals and preferences of consumers.

Ensure all staff understand their responsibilities in documenting care needs and care delivered.

Monitor that care planning remains current.

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

Embed a process to ensure any change in circumstance or incident triggers a holistic review of care and services.

Monitor that holistic care evaluations occur and that relevant care plans are updated accordingly.

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

Review each consumer for care needs and ensure best practice care is occurring with a focus on skin integrity and restrictive practices.

Undertake training with relevant staff to ensure they understand what best practice care requires in areas of the consumer’s care that they are involved in, such as the proper use of pressure relieving devices to prevent pressure areas.

Observe staff practices to ensure they adhere to training directives and seek staff feedback on any barriers to delivering best practice care.

Ensure consumers know what the staff are required to do to support that they receive best practice care and seek timely feedback on whether staff are delivering the care accordingly.

Where a change in care has been implemented ensure the consumer / representative has a revised copy of the care plan if they wish to have an updated one.

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

Review each consumer for risks associated with their care, based on known risks common in aged care settings, such as falls, and risks specific to the consumer such as choking.

In consultation with consumers put in place strategies to manage / mitigate the risk to the extent it is possible to do so.

Ensure staff understand these strategies and adhere to them.

Establish a system for trialling new strategies and understanding the effectiveness of a strategy or a combination of strategies.

Where a similar risk re-occurs ensure that a holistic risk review occurs and that strategies which have not worked (the incident has re-occurred) are re-viewed for the reason for failure(s).

Observe staff practices to ensure they adhere to risk management / mitigation strategies outlined care plans and seek staff feedback on any issues with delivering care according to the care plan.

Ensure consumers know what the staff are required to do to support risk management / mitigation for them and seek timely feedback on whether staff are delivering the care accordingly.

Where a change in care has been implemented ensure the consumer / representative has a revised copy of the care plan if they wish to have an updated one.

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

Ensure systems within the service can identify and address when staff do not respond to consumer care needs in a timely way, or in a way that is not in line with the consumer’s care plan or expectations.

Seek consumer feedback on their satisfaction with the responsiveness of staff and the quality of care that staff are delivering.

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

Ensure systems within the service inform the governing body of the status of the items below and alert the governing body that corrective actions may be required. In particular address the service’s adherence to the requirements of The Serious Risk Incident Scheme.

Items:

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

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

Ensure systems within the service inform the governing body of the status of the items below and alert the governing body that corrective actions may be required.

Items:

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