Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Jeremiah Donovan House |
| **RACS ID:** | 7216 |
| **Name of approved provider:** | Southern Cross Care (WA) Inc |
| **Address details:**  | 138 Lewis Road FORRESTFIELD WA 6058 |
| **Date of site audit:** | 29 October 2019 to 31 October 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 02 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 21 December 2019 to 21 December 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met  |
| Requirement 1(3)(c) | Met  |
| Requirement 1(3)(d) | Met  |
| Requirement 1(3)(e) | Met  |
| Requirement 1(3)(f) | Met  |
| Standard 2 Ongoing assessment and planning with consumers | Met  |
| Requirement 2(3)(a) | Met  |
| Requirement 2(3)(b) | Met  |
| Requirement 2(3)(c) | Met  |
| Requirement 2(3)(d) | Met  |
| Requirement 2(3)(e) | Met  |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Met  |
| Requirement 3(3)(c) | Met  |
| Requirement 3(3)(d) | Met  |
| Requirement 3(3)(e) | Met  |
| Requirement 3(3)(f) | Met  |
| Requirement 3(3)(g) | Met  |
| Standard 4 Services and supports for daily living | Met  |
| Requirement 4(3)(a) | Met  |
| Requirement 4(3)(b) | Met  |
| Requirement 4(3)(c) | Met  |
| Requirement 4(3)(d) | Met  |
| Requirement 4(3)(e) | Met  |
| Requirement 4(3)(f) | Met  |
| Requirement 4(3)(g) | Met  |
| Standard 5 Organisation’s service environment | Met  |
| Requirement 5(3)(a) | Met  |
| Requirement 5(3)(b) | Met  |
| Requirement 5(3)(c) | Met  |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met  |
| Requirement 6(3)(b) | Met  |
| Requirement 6(3)(c) | Met  |
| Requirement 6(3)(d) | Met  |
| Standard 7 Human resources | Met  |
| Requirement 7(3)(a) | Met  |
| Requirement 7(3)(b) | Met  |
| Requirement 7(3)(c) | Met  |
| Requirement 7(3)(d) | Met  |
| Requirement 7(3)(e) | Met  |
| Standard 8 Organisational governance | Met  |
| Requirement 8(3)(a) | Met  |
| Requirement 8(3)(b) | Met  |
| Requirement 8(3)(c) | Met  |
| Requirement 8(3)(d) | Met  |
| Requirement 8(3)(e) | Met  |
| **Timetable for making improvements:** | By 01 March 2020  |
| **Revised plan for continuous improvement due:** | By 17 December 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Jeremiah Donovan House (the Service) conducted from 29 October 2019 to 31 October 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Occupational therapy assistants | 2 |
| Housekeeping staff/laundry | 1 |
| Facility manager | 1 |
| Cleaning staff | 1 |
| Clinical nurse manager | 1 |
| Consumers | 14 |
| Enrolled nurses | 2 |
| Representatives | 7 |
| Care staff | 5 |
| Physiotherapy assistant | 1 |
| Physiotherapist | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found that all six requirements in relation to Standard 1 were met.

The consumer experience interviewed show that all consumers interviewed felt staff always treated them with respect. Staff were observed engaging with consumers in a respectful way that maintained their privacy and dignity.

Staff were able to provide meaningful examples of how they supported consumers choices and preferences, and valued their culture, identify and diversity. Staff were able to describe individual consumers needs in terms of their culture and diversity and how they can assist meet those needs for consumers.

The organisation protects the privacy and confidentiality of consumers and their personal information, consumers reported satisfaction with this and staff were observed maintaining privacy and confidentiality. The organisation provided evidence of a risk management framework that enabled and supported consumers wishing to take risks to live the best life they can.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

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

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected, and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that four of five requirements in relation to Standard 2 were met.

The service undertakes assessment and planning that includes consideration of risks to the consumers health and well-being. The assessment informs the delivery of safe and effective care and services. Assessment includes the consumer’s current needs and goals and advanced care planning is conducted when consumers wish to do so. The assessment and planning is undertaken in partnership with the consumer, or others the consumer wishes to be involved in their care. This includes other organisations such as mental health services, podiatry and allied health services.

The assessment and plan of care is discussed with the representative and consumer and the service plan is accessible to staff and the consumer. Staff reported that have adequate information to provide services that are safe and optimise the consumers health and well-being. Consumers and representatives reported staff are very kind and caring.

However, the service was unable to demonstrate that although consumers care needs are reviewed regularly, the review is not always used effectively to optimise consumers’ needs, goals, preferences and well-being. Consumers with anxiety that is increased in the evening are not reviewed or assessed to identify effective strategies to minimise or manage these consumers unmet needs. Pain management assessments are not always used to identify improvements to support consumers pain management. Consumers reported they are not always satisfied with the response by staff to the consumers unmet needs.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found six of the seven requirements in relation to Standard 3 were met.

The organisation generally demonstrated management of high-impact or high prevalence risks associated with care of the consumer. Of consumers randomly interviewed100% said they feel safe living at the service most of the time or always. Representatives interviewed said consumers are provided safe care by staff. The service monitors incidents and undertakes actions to reduce consumers risk. Consumers nearing the end of life have their needs and preferences recognised and addressed, with their comfort and dignity preserved.

A change in consumers health is recognised and clinical staff respond to a deterioration in consumers cognitive or physical function in a timely manner. Information regarding the consumers conditions is documented and communicated appropriately to medical staff and others who may share responsibility for the care. Referrals are undertaken to other organisations including allied health staff and dementia services.

The services demonstrated an understanding of infection-related risks and have precautions to prevent and control infection. Staff are trained in infection control vaccination programs are conducted. Consumer infections are monitored, including the use of antibiotic treatment. The service identifies infectious outbreaks and undertakes appropriate outbreak management including signage and contacting of representatives.

However, the service was unable to demonstrate each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. The service does not monitor consumers unmet needs and identify strategies to minimise behaviours of concern. Consumers displaying anxiety during the evening are not provided additional support to ensure care is tailored to their needs. Best practice is not followed in the use of pharmacological intervention to reduce behaviours that impact on other consumers. Care is not tailored to consumer’s needs including pain management. Assessed needs and directives for consumers health and well-being related to walking is not followed according to care plans. Consumers reported they are not always satisfied with the care and services provided to consumers with a diagnosis of dementia.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

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

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission-based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that six of seven requirements in relation to Standard 4 were met.

The service generally demonstrated that consumers are supported in their emotional, spiritual and psychological well-being. Consumers were observed to be participating in activities and representatives and visitors spent time at the service with consumers. The service has programs that include consumers accessing the community and local organisations spending time at the service. Consumers reported they maintain personal relationships with representatives and do things of interest to them such as attend concerts held at the service.

Information regarding consumers needs and preferences is available to those who require it and consumers are referred to other services to assist meet their needs. Meals are varied and 93% of consumers randomly interviewed reported they like the food served at the home. One consumer reported they eat the salads as they don’t like the other food.

The service if clean and well maintained. Consumers are provided equipment that is serviced as required by the organisation.

However, the service was unable to demonstrate each consumer gets effective services and supports for their daily living to meet their goals and preferences and optimise their independence, health, well-being and quality of life. Although 100% of consumers felt safe living at the service, 64% of consumers randomly interviewed said they have a say in their daily activities some of the time or never. One consumer said they don’t like the activities held at the service while another reported they just sit here during the day. Observation by the Assessment team showed limited activities were held at the service. Interventions for consumers with specialised needs due to dementia and sensory losses is not included on the support program. Staff were unable to describe how they undertake interventions for consumers with vision impairment or special needs. Monitoring of consumer’s lifestyle need is not monitored to ensure effective support is provided to optimise consumer’s health, well-being and quality of life.

#### Requirements:

##### Standard 4 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

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

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found that all three requirements in relation to Standard 5 were met.

The service demonstrated that the environment is welcoming, and consumers have a sense of belonging. Of consumers randomly interviewed 86% reported they feel at home at the service most of the time or always. One consumer reported they would rather be at home while others said they find the service is very homely and feel comfortable living there. The service has signage to assist consumer’s find areas throughout the service and staff were observed to be available to direct and assist consumers who required direction or support.

The service has cleaning schedules which are undertaken by designated staff to ensure the service is clean and comfortable. Maintenance staff are available to ensure the service has regular maintenance requests completed. The service has courtyards and gardens for consumers and representatives to spend time in and the garden is serviced on a regular basis. The Assessment team noted consumers and representatives seated in the outdoor areas and consumers interviewed reported the home is clean and comfortable, and they enjoy the outdoor areas.

The service has regular maintenance undertaken that is scheduled by the organisation to ensure it is well maintained and suitable for the consumer. Regular treatment for pest control is undertaken, and air-conditioning is serviced according to the schedule. Staff reported they identify when equipment requires maintenance and it is fixed within a timely period.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

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

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

**Standard 6:
Feedback and complaints Met**

**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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found that all four requirements in relation to Standard 6 were met.

Consumers interviewed as part of the consumer experience stated that staff followed up things for them always or most of the time. Whilst consumers could not provide specific examples, they stated they knew who they could talk to if they had any suggestions or concerns.

The service demonstrated consumers knew how to provide feedback and make a complaint if they needed to and had supports in place for them to do so. Representatives interviewed reported feeling comfortable in providing feedback on behalf of their loved ones and were able to go directly to management if they needed to. There are processes in place to assist non-English speaking consumers to provide feedback if they wish to. Consumers have access to advocacy services with information about this included in welcome packs and available around the service.

Staff were able to describe the feedback system in place and were happy to assist consumers provide feedback when requested. The service demonstrated it used an open disclosure policy when something goes wrong and provided examples of where this had been done.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found that all five requirements in relation to Standard 7 were met.

Consumers interviewed as part of the consumer experience reported they get the care they need always or most of the time, staff were always kind and caring and 93% stated staff knew what they were doing.

The organisation demonstrated the number and mix of staff is planned to support safe, quality care and services. Vacant shifts are filled using a casual pool and where a vacancy remains after the pool is exhausted agency is used. Staff were not observed to be rushing with consumers and call bells were not observed unanswered. Staff described how a float shift assists during peak times across all houses at various times during the day. Consumers and representatives reported they were satisfied with the continuity of staff in each of the houses.

Staff were observed interacting with consumers in a kind, caring and respectful manner and were familiar of preferences and routines for individuals. The service was able to demonstrate and provide examples of regular assessment of staff performance through the performance appraisal system and provided evidence of performance management where staff practice had been identified as requiring development.

Police checks, mandatory training, qualifications and all other essential requirements for staff was managed corporately for the service by the organisations human resources team.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

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

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found that four of five requirements in relation to Standard 8 were not met.

Whilst 93% of consumers interviewed as part of the consumer experience stated they thought the place was run well, the service was unable to demonstrate they have organisational wide systems that support effect information management.

The service has a set of policies and procedures and a risk management framework to management high impact, high prevalence risks, recognition of abuse and neglect and supporting consumers to live the best life they can, and staff are able to describe these processes. However, consumers are not always engaged or supported to engage, in the development delivery and evaluation of their care and services.

The organisation has a clinical governance framework that oversees antimicrobial stewardship and open disclosure. However, it was unable to demonstrate that the clinical governance framework was effective in minimising the use of restraint.

#### Requirements:

##### Standard 8 Requirement 3(a) Not Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Not Met

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

##### Standard 8 Requirement 3(c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints.

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can.

##### Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure.