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Performance Report

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**Commission ID:** 1476

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 2 September 2020 to 3 September 2020

**Date of Performance Report:** 2 October 2020

# 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Non-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 |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the Assessment Contact - Site report received 25 September 2020.
* Other information provided for consideration on this assessment contact such as referrals and previous reports.

# STANDARD 1 NON-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, and their representatives, sampled considered that most staff treat them with dignity and respect and they have choices about some aspects of their care and services. Consumers interviewed were satisfied their privacy was respected.

Staff were observed to treat consumers with dignity and respect and engage with them in a caring manner. However, a consumer survey conducted by the service in July 2020 shows that not all consumers feel respected or empowered to make choices and informed decisions about their care and the way care and services are delivered. In response, the service has provided additional training for staff and continuing reinforcement of consumer choice through workforce culture change.

The service continues to work towards empowering consumers in their daily lives through consultation with the consumer and/or their representative. Consumers are provided with information regarding their rights and the care and services available, initially on entry to the service and in an ongoing way.

The Quality Standard has been assessed as Non-Compliant. While not all requirements of the Standard have been assessed, one of six specific requirements of the Standard were assessed as Non-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.*

### The Assessment Team reported overall, consumers and their representatives said most staff treat consumers with respect and maintain their dignity. Consumer/representatives said staff are courteous and consider their privacy, by knocking and waiting for their response before entering their room. They said they are able to preserve their identity and staff support them to do so. However, they did raise some individual concerns around the use of agency staff, some poor staff communication. The Assessment Team observed appropriate staff practices and interactions with consumers. They acknowledged the steps taken by the service to improve practices under this requirement including updating relevant documentation and providing staff education.

The Assessment Team identified an internal consumer/representative survey (July 2020) that contained considerable negative feedback on how staff managed consumers dignity and respect. The Assessment Team and the approved provider confirm that results of this survey were being addressed by the service’s management at the time of the assessment contact and the approved provider submitted further evidence to support this in their response. While they did not have a continuous improvement action plan at the time of the visit, I am satisfied they were responding to consumer feedback and provided documents to support this. In their response the Approved Provider submitted an up-to-date action plan showing actions have been taken to address many of the issues raised. They also provided evidence of spot checks to ensure the changes were effective and staff were treating consumers with respect.

While I acknowledge the Assessment Team’s observations of the internal consumer survey which occurred more than two months prior to the assessment contact, I acknowledge the response from the Approved Provider, and have given weight to their evidence for this requirement. I am also persuaded by the positive feedback provided by consumers at the time of the visit, together with the observations by the Assessment Team, of staff interacting appropriately with consumers. I am satisfied   
  
  
the service has taken steps to address the issues raised in its survey. I find this requirement is compliant.

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

*Care and services are culturally safe.*

The Assessment Team reported consumers, and their representatives said they feel comfortable at the service. Staff received training in February 2020 on cultural safety. The assessment Team identified the organisation has a draft cultural diversity policy and procedure and that the service has completed ‘Key to Me; documentation to better understand the specific cultural requirements of individual consumers. However, they believe this aspect is still in progress and found this requirement was not compliant.

In their response the Approved Provider identified the ‘Key to Life’ is not the sole mechanism used to gather information about consumers. They included examples of other mechanisms including ‘Reflections’ and ‘My Life’ stories to support a more comprehensive picture for each consumer being available. Further to this they stated regular case conferences occur which ensure information on the consumer remains current.

On the balance of the information provided I find this requirement is compliant.

### Requirement 1(3)(c) Non-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.*

The Assessment Team found at the time of the visit that there was considerable negative feedback from consumers and their representatives about how consumers are not supported to make connections and maintain relationships with people outside the service during visitor restrictions imposed by COVID-19 prevention, and about not having their care needs, goals and preferences acknowledged and implemented. This is consistent with themes from the internal survey that was conducted by the Service in July 2020. However, staff interviewed were able to describe individual consumer’s connections with the people important to them.   
  
Staff described how they support consumers during visitor restrictions. They do this by arranging appointments for visits and supporting connections via telephone and video calls. The lifestyle staff maintain a daily checklist for supporting consumers connections with their loved ones, and an online booking system has been introduced. The service has also implemented a document called ‘Key things about me’ to summarise goals, needs and preferences of consumers from their perspective. The Assessment team found that this is completed for a proportion of approximately 40% of consumers.

In their response, the approved provider submitted information about the issues raised by the Assessment Team. They confirmed that while only 40% of consumers have a ‘Key things about me’ document, they have had other forms and processes applied which collect information about consumer needs, goals and preferences, such as reflections form, case conferences, ‘My Story’ and ‘Life Story’. While I acknowledge that the service collects information about consumer needs, goals and preferences and records it, having a summary in a document like ‘Key things about me’ is better practice as it is a single point of reference for all staff about preferences of consumers and would increase the likelihood that staff know and implement these preferences, instead of searching for the information in a variety of other sources. The considerable negative feedback from consumers at the time of the visit indicates that despite staff recording information about preferences, these choices are not honoured. While I accept that the service has processes to help consumers engage with people outside the service and maintain relationships, I have given weight to the considerable negative feedback which demonstrates this is not meeting the satisfaction of consumers and representatives.

I am of the view that the approved provider does not comply with this requirement as while they allow consumers to express their choices and these are communicated in a variety of ways, they have not demonstrated that consumers choices are supported and executed. They have also not demonstrated that relationships are maintained with those outside the service to a level that is satisfactory to most consumers and representatives.

### 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.*

Overall, the Assessment Team identified consumers and their representatives were receiving a range of information but that this was not always supporting their ability to exercise choice. In particular, as regards to their care plan being available to them and accurately containing information relevant to their care. They identified staff were able to describe individual consumer’s preferences and provided examples of how they adapt to accommodate consumer choices.

In response the Approved Provider has provided a care plan tracker to ensure care plans are regularly reviewed and updated. This includes that each consumer and/or their representative is provided a copy of the care plan. The service said they continue to ensure each consumer is provided with information that is accessible and easy to understand for them, including, where required, in the language of their choice. Although the Assessment Team found this requirement was not compliant, on the balance of the information provided I find it is now compliant.

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

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

The Assessment Team reported consumers, and their representatives are satisfied that consumer’s privacy is respected. They said staff do knock on their door and wait for their response before entering their room. Staff provided examples of how they maintain the privacy of consumers. Observation of staff practices established that they are mindful of consumer’s personal privacy, including when approaching them in shared areas. The assessment Team did raise issues from a July 2020 consumer/representative survey and found this requirement was not compliant.

In their response the approved provider highlighted the positive findings of the Assessment Team at the time of the assessment contact visit as justification that this requirement should be met. They have also satisfied me in their response to other requirements that while there was negative feedback in an internal survey two months prior to the assessment contact, they have taken appropriate actions to address this.

I have given weight to the considerable positive feedback from consumers, together with positive observations from the Assessment Team. I am satisfied that consumer privacy is respected and systems are in place to ensure this is monitored and maintained. I differ in my finding from the Assessment Team and on the basis of the information provided find this requirement is compliant.

# 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

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.

Most sampled consumers or their representatives said they are consulted regarding the care and services provided. Some consumers were unable to confirm involvement in the ongoing assessment and planning of their care and services.

The service has several improvement activities underway and planned to provide increased partnership with consumers to ensure they get the care and services they need for their health and well-being.

There was mixed feedback about consumers access to their care plan documentation.

For example:

* One consumer said they were not aware of a care plan and not sure if they had one.
* One representative said staff often contact them to discuss changes in the consumers care however they haven’t seen a care plan.
* Two consumers said they had heard about a care plan however are not sure how they access it.
* One consumer reported they had “had a look at their care plan but couldn’t tell you what it is”.

While improvements have been made the Assessment, Team identified assessment and care planning does not consistently include their consideration of risks to inform the delivery of safe and effective care and services. Management report they have informed consumers and/or their representatives they can access their care plans or have a copy if they wish.

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

## Assessment of Standard 2 Requirements

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

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

The Assessment Team found that assessments and care plans of sampled consumers have assessments for risks to their health and wellbeing however, information is not always included in care plans.

In their response the Approved provider has refuted the Assessment Team’s findings and included documentation to address the matters raised. They report that whilst not always in the care plan, risks are documented in their electronic case management system using the risk activity assessments, and that staff are aware of risks at daily handover.

Whilst I accept that the approved provider has made changes to the care plan of a sampled consumer after the assessment contact to address the issues raised by the Assessment Team, I do note that that process includes consideration for risk. While the approved provider has debated that the inclusion of only one consumer file review in the report does not show systemic issues, I accept that the example provided by the Assessment Team was illustrative of their wider observations. They have reviewed more than one care plan and are of the view that this is not an isolated occurrence. The care plan is the summary of consumers care needs, goals and preferences. While the approved provider has considered risk in assessment, by not communicating this in the consolidated care plan, these risks may not be easily considered by care staff, especially those who are unfamiliar with the consumer.

I am of the view that the approved provider does not comply with this requirement as their consideration of risks is not adequately informing delivery of safe and effective care and services.

### 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.*

The Assessment Team’s finding is that the service is not consistently capturing consumer’s current needs, goals and preferences through its care planning system, as the service has not completed all consumer’s ‘Key Things About Me’ documentation to support this outcome.

In their response, the Approved Provider said all consumers have advanced care planning and end of life planning in place. The Assessment Team also recorded this was the case. Overall, the report shows staff are aware of the needs and preferences of consumers in their care. The service is working towards completing ‘Key Things About Me’ documentation for all consumers. Although the Assessment Team found this requirement was non-compliant I find, based on the information provided this requirement is compliant.

### 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.*

The Assessment Team found that consumers’ representatives interviewed said they are contacted by staff if there are any changes. Nominated representatives are documented in the care plans of consumers sampled. The files of consumers sampled demonstrates improvements to ongoing partnership with consumers and others, including referral to other organisations or individuals. They also recommended the requirement not met as the service could not demonstrate, in one instance, that referrals were occurring in a timely manner.

In the information provided by the Approved Provider in their response, they submitted documentation to show this referral had been followed up and in a timely manner. Documentation showed actions from this referral were included in the consumer’s care plan. Although the Assessment Team found this requirement was not compliant, based on the overall information provided I find it is compliant.

### 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 reported on gaps in the care planning system and that some consumers/representatives were not entirely clear about their access to care plans. The Approved provider has addressed the issues raised in care planning and is taking steps to ensure all consumer/representatives can access and be involved in the development of care plans. Although I am satisfied the Approved Provider has addressed these matters they should continue to monitor this aspect of the requirement. Although the Assessment Team found this requirement was not compliant, I find on consideration of all the information provided it is now compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

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.

Most consumers or their representatives sampled said consumers get good personal and clinical care. Consumers said they have access to the doctor when they need them. The service has increased physiotherapy hours to ensure consumers mobility and rehabilitation needs are addressed appropriately. The service acknowledges negative consumer feedback received from consumers in the July 2020 satisfaction survey.

The Assessment Team identified some consumers personal and clinical care is not best practice, tailored to their needs or optimising their health and well-being. While a program is underway to identify personal needs, goals and preferences not all consumers have been involved in this assessment. High impact, high prevalence risk associated with the care of each consumer has not been effectively identified and managed. Changes in consumers’ condition is not consistently recognised or responded to in a timely manner.

While the service has improvement plans underway to improve analysis of clinical data such as weekly clinical meetings, and monthly Quality and Governance Meetings, it currently does not demonstrate effective monitoring of this Standard.

The Quality Standard is assessed as non-compliant as three of the seven specific requirements assessed are 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 found most consumers sampled said they get the care they need. The service was able to demonstrate improvements in their understanding of this requirement. However, the service could not consistently demonstrate all consumers get safe and effective personal care, clinical care, or both personal and clinical care. The Assessment Team provided examples of this under the requirements assessed under this Standard.

Whilst the response of the approved provider disagrees with the finding of the team, they did not provide any contrary evidence to that of the Assessment Team, to support their view. I have therefore preferred the evidence of the Assessment Team.

I acknowledge the response of the Approved Provider to this requirement but note they did not respond adequately to the Assessment Team’s findings to demonstrate best practice in clinical care was being consistently delivered to consumers. Based on the information provided I find this requirement is not complaint.

### 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 reported the service is working to improve clinical oversight and clinical data analysis. However, they found these processes were still not yet mature. The service was unable to demonstrate effective and consistent systems were in place to support the review of high impact, high prevalence risks associated with the care of each consumer. For example, the Assessment Team recorded data to show there has been an increase in psychotropic use at the service since the Site Audit in November 2019.

The approved provider did not submit a response to this requirement. I can only consider the evidence of the Assessment Team. On that basis I am of the view that the approved provider does not comply with this requirement as they did not demonstrate that they have effective management of high impact or high prevalence risks associated with the care of consumers.

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

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

The Assessment Team reported the service has systems to recognise changes in consumers mental health, cognitive and physical function, capacity or condition, However, their review of documentation identified that not all consumers’ changes or deterioration is recognised and responded to in a timely manner. They outlined these matters in their report.

The approved provider did not submit a response to this requirement. I can only consider the evidence of the Assessment Team. On that basis I am of the view that the approved provider does not comply with this requirement as they did not demonstrate that there is adequate action taken to recognise or respond to deterioration or change of a consumers mental health, cognitive or physical function, capacity or condition in a timely manner.

# STANDARD 4 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.

Consumers, and their representatives, interviewed said that the service supports them in daily living and that they are supported to attend and participate in activities of their choice. Consumers and representatives said they are able to remain connected with each other during the visitor restrictions in place due to COVID-19.

The service is working towards consulting with each consumer and/or their representative, to capture and document each consumer’s needs, goals and preferences including the services and supports that are important to them in order to inform review of the consumer’s care plan.

Consumers have provided feedback to the service regarding the quality of the food, through consumer meeting and the food focus group. Consumers have had the opportunity to review the new menu and make suggestions. The service has worked to improve the dining experience for consumers and continues to work towards increasing satisfaction with the catering service.

A rating for the Quality Standard is not provided as not all requirements under this Standard were assessed. The requirements that were assessed have been found 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.*

Overall the Assessment Team found consumers get effective supports and services that optimise their independence, health and well-being. Consumers, and their representatives, told the Assessment Team they are supported by staff with the services they need. They recommended this requirement as not met because not all consumers ‘Key Things About Me’ documentation had been completed.

The Approved Provider in their response submitted other documents which supported staff to deliver this requirement. On the basis that staff demonstrated that they understand and deliver this requirement and that consumers are satisfied their daily living supports are safe and meet their needs I find this requirement is now compliant.

### 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.*

The Assessment Team reported that consumers do participate in things of interest to them and allowing for restrictions due to the pandemic of COVID-19, this includes within the outside community. Consumers indicated they are satisfied with social and personal relationships and they are supported to maintain these by the service. The Assessment Team did raise the poor condition and safety of the bus used by the service.

In their response, the Approved Provider took immediate action at the time of the assessment contact and responded to the Assessment Team’s feedback about the bus. The report confirms that this occurred. The approved provider provided information to confirm that they are in the process of leasing a new bus and will include consumer feedback in the selection. Although the Assessment Team found this requirement was not compliant, based on the actions taken and the information provided by the Approved Provider I find it is now compliant.

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

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

Overall, the Assessment Team reported consumers were satisfied with the meals provided and that these were varied and of a suitable quality. They identified several forums and feedback mechanisms at the service were ensuring consumer concerns about food were being addressed in a timely way. Based on the information provided in the Assessment Team’s report, this requirement is now compliant.

# STANDARD 5 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.

Overall interviewed consumers considered they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers felt that they are safe and being very well cared for during the COVID pandemic. They are especially appreciative of the steps the staff are taking to maintain their physical safety such as wearing masks.
* Consumers who were interviewed confirmed that the service is clean and well maintained. If they have any requests, they are confident that they can ask the maintenance officer and it will be attended to.
* One group of consumers was able to verbalise how nice the service is to live in by praising the staff and showing the Assessment Team the expansive views of the countryside, they can enjoy throughout the service.
* The service is clean and well maintained. It is a well-lit building with many large windows and unimpeded access to outside areas.

The Assessment team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided. The requirement that has been assessed is found to be Compliant.

## Assessment of Standard 5 Requirements

### 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.*

The Assessment reported the service was clean and consumers said overall it is comfortable and well maintained. Consumers said they can move freely within the environment and the Assessment Team observed this occurring. The Assessment Team noted significant improvements had been made to appliances and furnishings. Based on the information provided this requirement is compliant.

# STANDARD 6 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.

Consumers, and their representatives, interviewed said that they are encouraged and supported to give feedback and make complaints, however not all consumers are satisfied that appropriate action is consistently taken in response.

The Assessment team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided. The requirement that has been assessed is found to be Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team reported that consumers, and their representatives, said although they are encouraged and supported to give feedback and make complaints, not all consumers are satisfied that appropriate action is consistently taken to address their concerns. Service management informed the Assessment Team they are engaged in ensuring improvements to this aspect of the complaint’s procedure is ongoing and effective.

In their response the Approved Provider submitted the updated complaints register showing timely response and follow up actions. Although the Assessment Team found this requirement was not compliant, considering the information provided I find this is now compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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.

While some consumers interviewed considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring, negative feedback regarding the provision of care and services was also received. See further details under the other Standards of this report.

For example:

* All consumers who were interviewed were complimentary about the staff especially the care staff. They said that everyone is supportive and caring and friendly.
* Some consumers noted that even though the current situation of the COVID pandemic may be impacting staff at a personal level they always made the consumers feel included and are spending extra time with them having chats because of the absence of family and friend due to the restrictions.
* The service now employs staff to permanent positions to promote and provide continuity of care for the consumers. All staff receive an orientation programme on commencement and receive regular training.

Most consumers are confident in the level of care they are receiving. Several consumers observed that staffing is more stable since the new manager commenced in January. There are now more permanent staff. It was acknowledged that even though staffing was more stable there were occasions when agency staff needed to be employed which the consumers understood but were not happy about. However, with reference to Standards 1,2,3, there are gaps in the delivery and management of safe and quality care and services.

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

## 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.*

The Assessment Team reported the service demonstrated that following a positive recruitment drive, it had filled most positions with permanent staff, and built a strong casual work-force pool. However, the Assessment team found overall that the workforce planning and the numbers and mix of the workforce was not supporting the delivery and management of safe and quality care and services and found this requirement was not compliant.

The service identified that it has increased its range of staff, including allied health and has reduced its use of agency staff. Consumers expressed their overall satisfaction with new levels staffing and the reduction in use of agency staff.

I am of the view, with the findings of the July 2020 survey, the service should continue to monitor this aspect of human resources to ensure it remains effective and staffing levels are sustained. Although the Assessment Team found this requirement was not met, I am of a different view. Having considered the information in the report and the Approved Provider’s response I am satisfied this requirement is now compliant.

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

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

The Assessment Team reported that although overall consumers found staff to be kind and caring and respectful, some were not. In particular, regarding agency staff. Service management demonstrated actions taken to address this including reducing the number of agency staff used and increasing permanent staff. The Approved Provider in their response provided details of recent training in this area that has occurred and will be occurring. In considering this information and the finding in Requirement 1a, I am of the view that the requirement is compliant.

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

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

The Assessment Team reported the service was unable to demonstrate staff training was responsive to changes in clinical data. Including through the review of incidents, infections, abuse, pain, skin care and the use of restraint. The service identified they have a permanent pool of registered and enrolled nurses.

The Approved provider submitted a continuous improvement plan which includes training and education for clinical staff in these areas. However, based on the information provided I believe the service is not yet compliant, and requires further time to demonstrate this training occurs and is effective and can support clinical staff to provide best practice care. I find this requirement is non-compliant.

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

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

#### The Assessment Team reported that not all staff have been trained in the Standards. Although most had received recent training in Standard 1, training on the other Standards had yet to be delivered. Likewise, as with Standard 7 Requirement (3) (c), the Assessment Team identified deficiencies in clinical training and in particular, in response to clinical data or incidents.

#### The Approved Provider submitted a continuous improvement plan outlining further education and training. However, I note this does not cover training and education for staff on the other Standards. Based on the information provided I find this requirement in non-compliant.

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

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

The Assessment Team identified staff appraisals were not being completed. They identified there had been issues during 2020 where staff had been performance managed and/or stood down. They reported this is ongoing. Consumers in the July 2020 consumer/representative survey did raise issues and concerns regarding how staff interacted with them, including some were rude and/or rough. Management reported during the assessment contact that they are continuing to complete appraisals and are moving to a different appraisal system ‘Lets Chat’. They said they are continuing to provide training and education to ensure staff are always respectful to consumers.

The approved provider did not submit a response to this requirement. I am only able to consider the evidence of the Assessment Team. It is my view this requirement requires further time for the service to demonstrate the changes being made are effective in these areas and can be sustained. Based on the information provided I find this requirement is not compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

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).

Most consumers, or their representatives, interviewed considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Consumers who were interviewed in the Men’s Group identified that they are involved in the food focus group and can comment about the service in the consumer surveys.
* Other consumers were aware that others have been involved in interviewing new staff or are involved in the quality and compliance committee meetings. There is a consumer representative for the consumer meetings.
* However, the majority of consumers who participated in the consumer survey conducted in July 2020 do not think the service is well run and do not know how they can take part in deciding how things are run or their care and services are delivered.
* The three main ways the governing body knows that the standards are being met are through regular reports being sent through from the service. This includes quarterly operational and quality reports; resident survey results; identification of resident involvement at service level and letters to the Board from consumers and representatives.

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

## Assessment of Standard 8 Requirements

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

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

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

The Assessment Team reported improvements have been made across this requirement. However, they found gaps were evident in information systems, continuous improvement, workforce governance and regulatory compliance. For example, not all care plans were accurate or current. The continuous improvement plan was not up-to-date. Clinical indicators were not consistently analysed, reported on or followed up. They also reported on high rates of psychotropic medication/chemical restraint use within the service and that this did not appear to be in line with the guidelines or organisational policy for reducing the use of restrictive practices.

I acknowledge the Approved Provider is in process of addressing these issues and that the report confirmed the provider stated that the Board is implementing changes in the policy and procedures; and organisational structures – roles are more clearly defined and expected to provide quick and responsive support to the services.

The approved provider did not provide any contrary information in their response to that of the Assessment Team. Based on the information provided in the Assessment Team’s report I am of the view that the Approved Provider requires more time to demonstrate these changes are effective and can be sustained. I find this requirement is not compliant.

### 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.*

The Assessment Team acknowledged progress is being made in areas of this requirement. However, they reported the service was unable to effectively demonstrate its systems are sufficiently robust to manage the high impact or high prevalence risks associated with the care of consumers. For example, the high use of psychotropic drugs in the service. Likewise. they also identified issues in the effectiveness of the service’s response to managing incidents of abuse and neglect of consumers.

I acknowledge the steps taken by the Approved Provider to address these matters including additional training and education for staff on elder abuse. The risk management framework that is now in place and a review of the relevant policies and procedures.

The approved provider did not submit a response to this requirement, so I can only consider the evidence provided by the Assessment Team. I am of the view the service requires further time to demonstrate these changes are working effectively and can be sustained. I find this requirement is not compliant.

### 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.*

The Assessment Team acknowledged improvements being made by the service under this requirement and that open-disclosure and antimicrobial stewardship structures are effectively working sufficiently to support the service across these areas. The Assessment Team identified gaps in the services application of the organisation’s draft policy and procedure in minimising the use of restraint. The Approved Provider and service management identified steps taken to address this including the appointment of a quality and compliance officer and ongoing training and education for staff in this area. It is my view the organisation should continue to monitor the reduction in the use of restraint and the effectiveness of the draft policy and procedures used to support this. Based on the information provided I find this requirement is compliant.

# 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 1: Requirement (3)(c)** Demonstrate that staff understand and support consumers in exercising choice and independence, including decisions about their care and services.
* **Standard 2: Requirement (3)(a)** Demonstrate that assessment and care planning consider all relevant consumer information and that this is incorporated into care processes, ensuring the consistent delivery of safe and effective care.
* **Standard 3: Requirement (3)(a)** Demonstrate that consumer care is best practice and appropriate to each consumer’s clinical needs. That clinical care is reviewed and evaluated in a timely and effective manner and demonstrating appropriate actions are taken.
* **Standard 3: Requirement (3)(b)** Demonstrate the service can effectively manage high impact or high prevalence risks associated with the care of each consumer.
* **Standard 3: Requirement (3)(d)** Demonstrate the deterioration of consumers is identified, addressed and managed in a way which is timely and supports the ongoing care of such consumers.
* **Standard 7: Requirement (3)(c)** Demonstrate that workforce competency is maintained and that they have sufficient knowledge and skills to conduct their roles.
* **Standard 7: Requirement (3)(d)** Demonstrate staff are equipped, educated and supported to deliver the outcomes required of these Standards
* **Standard 7: Requirement (3)(e)** Demonstrate that regular assessment, monitoring and review of performance of each member of the workforce is undertaken and that this supports staff performance across the Standards.
* **Standard 8: Requirement (3)(c)** Ensure organisational systems are effective in information management, continuous improvement, workforce governance and regulatory compliance. That these systems are monitored to ensure they meet the required outcomes.
* **Standard 8: Requirement (3)(d)** Ensure implemented risk management systems are effective in identifying and managing high prevalence risk in consumer care. In particular restraint management, use of psychotropic medications and wound care.

# Other relevant matters

On 26 November to 29 November 2019 following a site audit the provider was assessed as non-compliant with the following requirement of the Quality Standards; this non-compliant requirement was not assessed during this performance assessment:

* Requirement 2(3)(e)